

# **Changing Public Opinion towards organ donation**

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Abstract

## **Changing Public Opinion and Organ Donation**

When promoting social change, public opinion plays a crucial role regarding the way different groups in society react to the proposed change. In this paper I will discuss how the Theory of Social Representations could inform social marketing campaigns to facilitate change in public opinion. This case study is about changing public opinion towards organ donation and as a result, increasing the number of donor card holders. To do this, formative research was carried out before the campaign. Attitudes towards organ donation were investigated using three data collecting tools: (i) a survey using a quota sample of 400 people; (ii) five focus groups and (iii) interviews with doctors, donor families and recipients. The data collected from the survey was subjected to statistical analysis including hierarchical log-linear analysis and homogeneity analysis. Transcripts from the focus groups and interviews were analysed using thematic analysis. The survey was repeated four times over a period of ten years to track the change in public opinion regarding organ donation. It was found that public opinion changed partially as a result of the campaign. Some changes were sustained for ten years after the campaign.

## **Changing Public Opinion towards organ donation**

The unfamiliar and the unknown nearly always trigger fear in people. Organ transplantation is one such phenomenon. Few people know what organ transplantation really entails with the result that even fewer people carry organ donor cards and pledge their organs after their death. This problem exists in many countries some of which carry out national campaigns with the aim of increasing the number of organ donors. As a result of various initiatives, the use of human organs for transplantation has steadily increased in the past decades. Organ transplantation is now the most cost-effective treatment for end-stage renal failure. It is also the only available treatment for end-stage failure of organs such as liver, lung and heart (EU Consultation Document on Organ donation, 2006).

### **Public opinion and organ donation**

It is not easy to discover the real reasons for people not wanting to donate organs. The reluctance to sign a donor card is very often the result of unstated motivations, perceived risks and unarticulated fears about death and donation (Shanteau and Harris, 1990). This finding is supported by Prottas (1983) who points out that the “primary cost of involvement in organ donation is confronting fear. One must admit and deal with one’s own mortality” (p.290). Prottas argues that since the topic of death is almost taboo in our society, it is very difficult to find out whether fear of death is indeed the major reason for refusing to donate organs. It is also the fact that organ donation reminds people of their death that makes it difficult to change public opinion towards organ donation. To think about organ donation is to think about one’s mortality.

Researchers have tried to discover the reasons why people refuse to donate their organs. They found that non-donors were afraid that if they carried a donor card indicating their wish to donate their organs, doctors could declare death prematurely for the purpose of obtaining their organs (McIntyre, Barnett, Harris, Shanteau, Skowronski and Klassen, 1987). Sanner (1994) also found that some of the fears were the result of an illusion of lingering life, that is, an uneasiness at the thought of cutting up the dead body and a certain discomfort about not keeping the dead body intact. Another reason mentioned by these respondents was that organ donation and transplantation were seen as presenting a conflict with nature or with a superior being. The underlying feeling seemed to be that a person's lifespan is part of a biological system and it would be presumptuous and dangerous to go against this system.

In their effort to increase the number of organs for transplantation, researchers have also attempted to find out what motivates people to donate their organs and those of their relatives. Batten and Prottas (1987) report that respondents in favour of organ donation said that the gift of an organ would help some other person live and that functional organs should not be wasted. These reasons, the authors argue, point to the altruistic nature of these people. Another very common reason found by some researchers was that organ donation makes something positive come out of death (e.g. Fulton, Fulton and Simmons, 1987). It helps the donor family in the grieving process. These respondents thought of donation as a memorial to the deceased. Prottas (1983) found that some donor families

felt that by donating a relative's organs, the deceased would "live on" through the donated organ.

Other psychological variables which are associated with the willingness to donate one's organs after death and with carrying a donor card include low death and body anxiety (Kopfman, Smith, Yun and Hodges, (1998), altruism (Kopfman and Smith, 1996), empathy (Skumanich and Kintsfather, 1996) and acceptance of mortality (Robbins, 1990).

The intention to donate organs after their death is higher in urban dwellers, females who are practicing Catholics, those who do not agree totally with the notion that the body remains intact after death, those who have a favorable attitude towards autopsy, those who are blood donors or who have donated blood in the past, and those who know the 'favorable' opinion of their relatives regarding donation and transplantation (Calvo, Blanca and de Frutos, 2002; Perkins; 1987).

The need for organs is a very pressing issue in many countries. Organs are a resource that cannot as yet be manufactured hence the only way to increase the number of transplantable organs is to persuade people of the value of organ donation. One way in which this can be done is by designing effective social marketing campaigns to change public opinion. Campaigns provide information about the procedures involved in organ donation. This is especially important when people do not know what is involved in such interventions and often have wrong impressions and perceptions about what happens

during and after transplantation. Lack of information is often the cause of unnecessary fear and the reason for the creation of myths and rumours. Social marketing campaigns can also change the attitudes of people who are against organ donation or who are ambivalent. Although this is harder to achieve, researchers have found significant changes brought about as a result of campaigns (e.g. Lewis and Snell, 1986). A more recent campaign which was successful in changing public opinion regarding organ donation and increasing the numbers of donor cards holders was held in Malta in 1996 (Lauri, 2001). This campaign was based on the Social Marketing Model which has proved to be a very good tool for changing public opinion.

### **Social marketing.**

Since Kotler and Zaltman introduced the term social marketing in 1971, much has been written about the subject. They describe social marketing as the systematic applications of marketing alongside other concepts and techniques to achieve specific behavioural goals for a social good. In a more recent text, Kotler, Roberto and Lee (2002) define a social marketing campaign or “a social change campaign” as an organized effort conducted by the group (the change agents) which attempts to persuade others (the target adopters) to accept, modify, or abandon certain ideas, attitudes, practices or behaviours. The concept has been put into practice and used extensively to change public opinion and behaviour and promote social change. Governments in several countries, such as the US, Canada, Australia, New Zealand and the UK have adopted a strategic social marketing approach to tackle social problems. Literature reports the effective use of social marketing to promote safer sex (a.g. Dahl, Gorn and Weinberg, 1997); road safety (e.g. Bachand, 1988) environmental awareness (e.g. Maibach 1993), healthy eating habits (e.g.

Glascoff, Taylor, Glascoff and Raff, 1986) and immunization (Gore et al. (1998). Social marketing was also used in the prevention of, for example, substance abuse (e.g. Backer and Marston, 1993), cardiovascular disease (e.g. Flora, Maccoby and Farquhar, 1989) and AIDS (e.g. Wyld and Hallock, 1990).

In spite of the successes which the Social Marketing Model has achieved, it has some limitations which, if addressed could increase its effectiveness. The major shortcoming is that most of the literature on social marketing treats the change of public opinion and the change of attitudes as governed by the same processes. In this chapter I will argue that this assumption is incorrect and that the kind of social change which social marketing is expected to bring about cannot be equated with individual attitude change. Attitude change is individual while social change is collective. Social change involves both a change in the privately held attitudes of individuals as well as a change in societal beliefs and public opinion. It is therefore essential that social marketing principles should include the study of both public opinion as well as attitudes. Change agents must work on two levels: (i) on a societal level, that is what public opinion will be regarding the issue and (ii) on an individual level, that is how the individual attitudes impacts on the private lives of individuals.

The change of public opinion and the change of individual attitudes have important implications for the theoretical underpinnings of social marketing. Much of the literature on campaign research, including that of social marketing, is very much influenced by the research on attitudes. Farr (1996) points out that the study of attitude and attitude change

has developed in two different directions following trends established by two different models of social psychology, the European and the American. These different approaches resulted in different definitions of attitude. Some perceive attitudes to be shared constructs while others see attitudes as being idiosyncratic and individualistic. It is being argued that if social marketing incorporates both the European and the American trends in attitude research, it could become even more effective. In the next section I will discuss the implications of adopting the theory of Social Representations as a conceptual framework underpinning social marketing.

### **Social Representations and social marketing**

The theory of Social Representations explains the nature of public opinion and widespread beliefs, the functions they serve and also the processes of how they work. Moscovici defines social representations as ‘systems’ of preconceptions, images and values which have their own cultural meaning and persist independently of individual experience (Moscovici, 1982, p.122). They are lay theories which people create and use to understand and explain the world around them. Social representations are not simple opinions but lay theories about issues, concepts or events, which enable people to understand and make sense of various aspects of their material and social world and to master it (Moscovici, p.xiii in his forward to Herzlich, 1973). The theory of Social Representations provides an ideal framework for the model of social change put forward by Kotler in the Social Marketing Model.

Farr (1990,1993) argues that the theory of Social Representations is highly relevant to the study of social change, including changes in public opinion. He explains, for example, how Herzlich's study on health and illness sheds light on why campaigns designed to increase the fluoride levels in local water supplies have failed when this issue was put to the vote at a community level. On one hand, scientists claimed that an excess of fluoride is bad for the health. On the other hand, the campaigners were proposing an increase in the fluoride level of water, as a measure to reduce the incidence of dental caries. The public could not understand why one should add a "bad" chemical to water which was considered pure and natural and therefore they voted against the initiative. Farr concludes that health professionals ought to have taken into account the public's conceptions of health and illness before devising the campaign (Farr, 1993).

Thus, in order to change public opinion through campaigns, change agents must work at a level other than that of individual attitudes. This level is that of social representations. In practical terms this point of view is not merely a slight shift in emphasis. Rather, it has impact on every step of the social marketing process: the type of formative research, the segmentation of the target audience, the analysis of the target segments, the encoding of the messages and the way feedback is obtained and evaluated. In the next section I shall suggest four developments to the Social Marketing Model based on the theory of Social Representations. These propositions address the social dimension of social marketing, and if applied, can make social campaigns more effective. The modifications to the Social Marketing Model have been put in practice in the Organ Donation Campaign which was carried out in Malta between 1996 (Lauri, 2001).

*(i) Social Representations should be at the foundation of planned social change*

Kotler and Roberto (1989) claim that to succeed in marketing social ideas or practices, “requires being able to predict how the target adopters will behave. Prediction, in turn, requires knowing the processes that guide and determine the behaviour of target adopters” (p.91). In order to understand these processes, Kotler and Roberto propose two major tasks: the analysis of the social marketing environment, and researching the target adopter population. The former involves the study of the macro-social factors that could have an effect on the behaviour of target adopters such as political decisions, laws, and physical and economic conditions of the country. The latter, on the other hand, involves the study of attitudes and behavioural styles of the target adopters. The model put forward by Kotler and Roberto considers these two tasks as the foundations on which the social marketers can design the social marketing strategies and plan the marketing mix.

While both analyses are of extreme importance to the understanding and prediction of future behaviour, there is a third element which is also essential and which must be integrated into the model. This element is the analysis of the macro-social environment as *perceived by the public*. In the Social Marketing Model, the analysis of the political, religious, legal, economic, demographic and socio-cultural environment is carried out by the change agents themselves. However these macro-social elements must also be analysed from the point of view of the different publics, that is, how different groups of people view the political situation of the country, how *they* understand the economic and

religious aspects, how *they* look upon laws and the legal system of the country, how *they* experience culture and traditions of their country. This analysis could yield a totally different picture from that which is obtained by an objective analysis of statistics and legislative trends. One is an objective analysis as reflected through demographic trends and records and scholarly study, while the other is a subjective analysis of the environment, as perceived by the public. The latter is separate and different from the former and is equally essential for the change agents to know when trying to change public opinion. Ignoring this crucial part of the total picture can result in a less effective campaign. On the other hand, taking this element into consideration can reduce the gap between private attitudes and public opinion and can therefore result in a more accurate prediction of how new ideas will be adopted and how they will diffuse among the target population.

The way the target adopters perceive and understand the world around them is best studied through the framework of Social Representations. Moscovici points out that there are two distinct and different types of reality: the *reified universe*, that is the world of science and the *consensual universe*, that is, the world of common sense (Moscovici, 1984). The reified universe is the one of the expert scientist – one in which the scientist subjects reality to rigorous scrutiny and experimentation. The laws of science govern the reified universe in which human thinking takes a logical and rational form. The consensual universe on the other hand “is comprised of social representations which are created, used and reconstituted by people to make sense of everyday life.” (Augoustinos and Walker, 1996, p.141). “The contrast between the two universes has a psychological

impact. The boundary between them splits collective and indeed physical reality into two. It is readily apparent that the sciences are the means by which we understand the reified universe, while social representations deal with the consensual” (Moscovici, 1984, p. 22). Moscovici argues that to understand how ordinary people create and use meanings to make sense of their world, social scientists must understand the consensual universe. This can be applied to social marketing. When Kotler and Roberto (1989) advocate the analysis of the social marketing environment, they stress the analysis and understanding of the *reified universe*, the social marketing environment as studied and understood by experts and how experts believe these processes are influencing the target audience. What is also important however is the understanding of the *consensual universe*, the way the different publics make sense of the environment in which they live.

*(ii) The methodology employed during formative research should be social in nature*

When Kotler proposed the Model of Social Marketing, he highlighted the importance of research as the basis for all major decisions. Research was proposed at every stage of the social marketing process and was seen as being an essential part of any effort to promote a new product or idea.

Kotler and Roberto (1989) suggest various methods to collect data such as focus groups projective tests and interviews, however they consider the survey as being one of the major tools (p.74). They propose that in implementing marketing research techniques, the following questions have to be answered:

1. Who should be surveyed?
2. How many should be surveyed?

3. How should the respondents be selected?
4. How should their responses be gathered?
5. How should their responses be interpreted? (Kotler and Roberto, 1989, p.73)

Such an approach to consumer research is a result of an individualist orientation to social phenomena. Survey research methods, while being highly efficient in collecting a large volume of data which can be analysed quantitatively and at a relatively low cost in time and effort, often lead to the neglect of the social context and the very complex processes that are constantly interacting and giving rise to public opinion.

Jaspars and Fraser (1984) suggest that studying attitudes through surveys, ignores the socially-shared aspects of beliefs. They argue that within a population, people might hold different attitudes about a particular issue or subject, yet they might share the same social representations of the topic or issue on which they are holding the attitude. For example although people might not agree whether or not irregular immigrants should be allowed to stay in the country, yet they may agree that illegal immigrants have a right to be treated humanely because of the social representations they hold of illegal immigrants. Traditional attitude research, which concentrates upon finding differences between subjects, ignores such socially-shared aspects. “A much better understanding can be achieved if we go beyond the manifest responses which Ss provide in many attitude surveys and concern ourselves with the representations which are implicit in these responses” (Jaspars & Fraser, 1984, p.122).

Similarly, Billig (1993) argues that fixed instruments of measurement, such as the questionnaire, cannot tap social representations, which are themselves fluid phenomena. Public opinion research is very often a descriptive snapshot. It is not enough for researchers to know the percentage of people favouring this or that position. “The social scientist should be seeking how social representations are created and how they are transformed through usage. ...Such transformations of meanings, and the way they are transformed, ...cannot be captured in the thick netting of the standard opinion questionnaire. ...To use the pollster’s measuring devices to understand these meanings would be like trying to entrap the morning mist in an elephant net” (Billig, 1993, p. 44).

In a similar vein, Farr (1993) argues that “while the techniques of the opinion poll can identify just how widespread a particular belief might be within a given population, we need the theory of Social Representations to account for the dynamics of the change in public opinion and why the distribution of opinion takes the particular form it does” (p. 35).

Farr, Trutkowski and Holzl (1996) argue that attitude theory and opinion polling is based upon a strong individualistic notion of the person. “The shaping of public opinion is a genuinely innovative and social process i.e. it is a public matter rather than a private affair. The method of investigation should reflect the theory” (p. 23). In advocating the use of discussion groups in the study of social representations and public opinion, researchers are seeking to restore the social context in which individuals form opinions and express attitudes.

The theory of Social Representations, gives importance to the information that circulates in society concerning the object of study. This is why Moscovici suggests listening to people in various settings, in pubs and cafes, in academic institutions and work places, in churches and village halls, in other places where people meet and talk in an informal atmosphere about the issues which are of importance to them (Moscovici, 1984). Survey results and official statistics may not be enough to study public opinion.

This line of thinking is reflected in the arguments put forward by Farr, Trutkowski and Holzl (1996) when they claim that focus groups are the ideal tools to study social representations because there is an equivalence between Moscovici's conception of "the thinking society" and the discussion group. They propose that the discussion group is the thinking society in miniature. When people talk in a group they generate as well as transmit opinions. In a focus group it is possible to explore "local knowledge and understandings" more successfully than in the one to one interview or questionnaire.

This debate on the social nature of research has direct implications for the use of formative social marketing research to change public opinion. In social marketing, the research tool most often used to assess attitudes, behaviours and needs is the survey. It is here being suggested that a more accurate representation of social reality can be obtained if social marketers complement the survey with other more qualitative and social data collecting tools such techniques as organised focus group discussions, interviews, mass media analysis and especially informal conversations with members of society coming

from different backgrounds. This aspect of formative research should be given more importance so that change agents would take into consideration not only the occurrence and frequency of particular beliefs but also how these change, develop and influence social change.

*(iii) Target groups should be defined in terms of social representations*

Segmenting the target-adopter population into homogeneous groups is the second phase of the social marketing process proposed by Kotler and Roberto (1989). Marketers employ various criteria for segmentation. These criteria include demographics, psychographics, values and lifestyles, geographic regions, product benefits and purchase situations.

Which variables should social marketers use in segmenting their market? The answer given by Kotler and Roberto (1989) to this question is that the “most appropriate segmentation variables are those that best capture differences in the behaviour of target adopters. In certain cases, the differences in behaviour are a function of demographics. In other cases, geographic or psychographic characteristics are the primary segmentation variables” (Kotler and Roberto, 1989, p.149). I would like to argue that there are times, when the variable most suitable for segmenting the target audience is the social representations which the target groups hold on the issue in question.

Groups are often defined in terms of having the same lifestyle, same psychographics or same socio-economic background. However, within these groups, it could also be the case that members in same groups based on age, gender, socioeconomic status, lifestyle, have different social representations of the issue being promoted. In this case, the message should target groups with the same social representations rather than on the traditional demographic characteristics. When the same group has members with different social representation, then it cannot be considered as one group when designing a social marketing campaign. If for example a social marketer is designing a campaign to promote condom use among teenagers and young adults, the traditional market research may divide the target audience into different age brackets and studies the psychographics of various groups, say university students, secondary and post-secondary students, factory workers and others. Usually the message is designed on this classification. However, it could be that within the same group, for example in the university students group, there are different social representations of condoms and birth control. In this case university students cannot be considered as one group. It would be more effective to discover the social representations which the target audience have about condoms and design the campaign on such data. Attempts to change attitudes will not be effective if the differences in social representations are not taken into consideration (Jaspars and Fraser, 1984).

Groups having different social representations, have different definitions of reality and as such belong to separate groups. They have to be persuaded using different arguments. Messages need to be designed within the framework of the target groups' social

representations. Thus whereas the message for one group might stress the fact that condoms do not decrease sexual pleasure, another group might be better persuaded by conveying the message that using a condom is a feministic issue.

When social marketers come to position their message, they cannot afford to be ignorant of the social representations that will influence the understanding of the idea or the acceptance of the product being promoted. Social representations should, in some cases, be the foundations on which segmentation and positioning are carried out. Moreover, the way the message is designed must also take into account the social representations of the target group. If this is not done, the social marketers run the risk of being misunderstood or rejected.

*(iv) Change agents must use group strategies to effect change*

When planning social change, the problem of focusing on individual behaviour without giving due consideration to group behaviour was recognised in the 1950's by several researchers. For example Cartwright insisted that the problems he and his colleagues met in understanding the way in which people change their behaviour or resist such change, had their roots in taking the individual as "the unit of observation." Cartwright believed that it was not possible to change individuals because the pressure to conform would make it difficult for the individual to depart from the norm. Hence he believed that "social management" should take this fact into consideration and thus should target groups rather than individuals (Cartwright, 1951).

Another classic study pointing to the importance of group strategies to change public opinion is that of Lewin and his colleagues. Among the many studies on group change, Lewin (1958) conducted a series of experiments with the aim of investigating the effectiveness of individual instruction versus group discussion in bringing about a change in attitudes and behaviour. These experiments were later repeated under more carefully controlled conditions by Pennington, Harary, and Bass (1958) who found that opinion change was greater when group discussion was allowed than when no discussion took place. Group decision making, they argued, was effective in causing opinion change. The opportunity to discuss one's beliefs and come to a decision, helped group members change their attitude. The advantages of the group-decision method result primarily from the fact that group discussion facilitates decision-making and perception of consensus.

Lewin believed that it is very difficult to change individual beliefs that are rooted in groups by efforts which are directed at the individual. He claimed that "many social habits are anchored in the relation between the individuals and certain group standards. ...If the individual should try to diverge 'too much' from group standards, he would find himself in increasing difficulties. ...Most individuals, therefore stay pretty close to the groups they belong or wish to belong" (Lewin, 1958, p. 209). For this reason, strategies to change public opinion aimed at individuals and which use individual change strategies are bound to be less effective than ones based on group strategies.

These classic studies by Cartwright and Lewin indicate that in the 40's and 50's, social psychologists had a more collective notion of attitudes. This notion seemed to become

less and less important in later years. It is perhaps pertinent to reconsider these studies in new light and apply them to changing public opinion.

Studies on group decision-making have important implication for social marketing campaigns. Such campaigns very often emphasise the use of mass media with the aim of reaching many people. However most of the time, the media reach people when they are alone. In such situations, the isolated individual is more likely to ignore or reject the message. Media campaigns based on the faulty assumptions of the Hypodermic Needle Model may fail to bring about the desired effect. Therefore campaigns aimed at changing public opinion should incorporate group strategies which encourage and facilitate group discussion and decision-making. Talks, discussions, participation in projects and other such initiatives help to encourage group members to change their beliefs and reduce the perceived risk of making a change on one's own.

### **Organ Donation – A case study**

In this section, I will be discussing how the four propositions discussed above were incorporated into the Social Marketing Model used to change public opinion regarding organ donation in a campaign launched in Malta in 1996 and its short term and long term effects.

To address the problem of organ shortage in the island of Malta, it was decided that there should be a coordinated national campaign to create greater awareness about organ

donation, to change public opinion regarding the risks involved and to encourage people to carry a donor card. The organ donation campaign was spread over ten weeks. Formative research was carried out prior to the campaign. This included a national survey with a quota sample of four hundred people, five focus groups with people coming from different walks of life, interviews with donor families, recipients, and doctors.

### **(I) National Survey**

In order to get a first idea of public opinion regarding organ donation, a national survey was carried out. This was important since no previous research or data had been carried out in Malta and no statistical information was available regarding the Maltese people's public opinion of organ donation. The survey was administered to a quota sample based on age and gender of 400 persons aged eighteen years and over living in Malta and its sister island, Gozo, carried out in twenty areas randomly selected within the six regions as given in the "Demographic Review of the Maltese Islands" (Central Office of Statistics, Malta, 1994). The only exclusion was of persons living in an institution at the time of the survey. Sixteen trained interviewers carried out face to face interviews in the respondents' homes according to a quota representative of the age and sex of the Maltese population.

All the responses to the questionnaire were classified by gender, age and socio-economic status of the respondent. Age was coded into one of three categories (18-34 years, 35-54 years and 55 years or more) and socio-economic class was recorded in one of four categories (A-B, C1, C2 and D-E categories).

## Survey results

The responses indicated that the majority of the sample approved of donation. When asked whether they would agree to donate their organs after their death, 55% of the respondents answered “Yes definitely” and 26% answered “Probably yes”. Only 14% of the respondents said that were against organ donation and would not give their organs after their death.

To analyse the responses to this question in terms of socio-demographic characteristics, it was decided to filter out the responses of those who, in answer to the first question, had said that they had never heard about organ donation (26 respondents out of 400). Such respondents would have had organ donation described to them for the first time by the interviewers, and consequently it was felt that their reactions to the subsequent questions would not be truly indicative of the beliefs about organ donation held by the general Maltese public. Therefore only responses of those who had heard about organ donation (374 respondents) were considered in the following more detailed statistical analysis.

Chi-square tests of independence were carried out for the contingency tables classifying the response to this question (willingness to donate organs after death) and each of the three socio-demographic characteristics. The strongest association found was that between the responses to the question and socio-economic class ( $\chi^2=16.6$ ,  $df=9$ ,

p=0.06). Positive attitudes towards organ donation were strongest amongst the A-B classes and weaker amongst the D-E classes.

The associations measured between willingness to donate and gender and between willingness to donate and age were both not significant. However, this question, dealing with respondents' willingness to donate organs, was very crucial especially from the point of view of designing a campaign in order to promote donation. It was therefore felt that this data warranted a multivariate statistical analysis in order to probe more deeply into the relationship between the response and the socio-demographic characteristics and to discover any significant higher order associations.

A hierarchical log-linear analysis (running the *HILOGLINEAR* procedure from the *SPSS* package) on the variables in question was carried out, that is, the response to the question (willingness to donate organs after death), gender, age, and socio-economic class. Hierarchical log-linear analysis constructs multiway crosstabulations involving all the variables and provides many procedures to help unravel complex relationships which might exist between the variables. The backward elimination variable-selection method was employed. With this method *HILOGLINEAR* removes interaction terms which are not significant until it reaches a model containing interactions of the variables which best fit the data.

The result of running this procedure indicated that, apart from the association between the response and socio-economic class which was noted and considered above, an interaction between gender and age could have an important contribution in explaining the associations amongst the data. This question was explored further by analysing contingency tables of response by age for male and female respondents separately. It was found that although for males the association between their willingness to donate and age was not significant, it became highly significant for females (chisq=14.0, df=6, p=0.03). Younger female respondents were more willing to donate their organs after their death than older ones.

The SPSS package also provides an implementation of homogeneity analysis by means of the procedure *HOMALS* which can be helpful to visualise graphically, relationships between several categorical variables. The idea of homogeneity analysis is to give scores to all subjects (called *object scores*) on one or more variables (called *dimensions*) so that different categories are separated from each other as much as possible by these object scores.

The *HOMALS* procedure was run on the variables gender, age and socio-economic class together with responses to this question. A two-dimensional solution was computed, producing eigenvalues of 0.34 and 0.29 for Dimensions 1 and 2, respectively. The eigenvalues measure how much of the categorical information is accounted for by each dimension. The maximum possible value of each eigenvalue is 1, and larger eigenvalues indicate dimensions that are of more importance in the overall solution.

A plot of the category quantifications along the two dimensions is shown in the figure below. For each category therefore, this graph plots the average scores on the two dimensions of all the subjects falling within that category.

**Figure 1: Homogeneity Analysis of Maltese Sample by Sex, Age and Class**

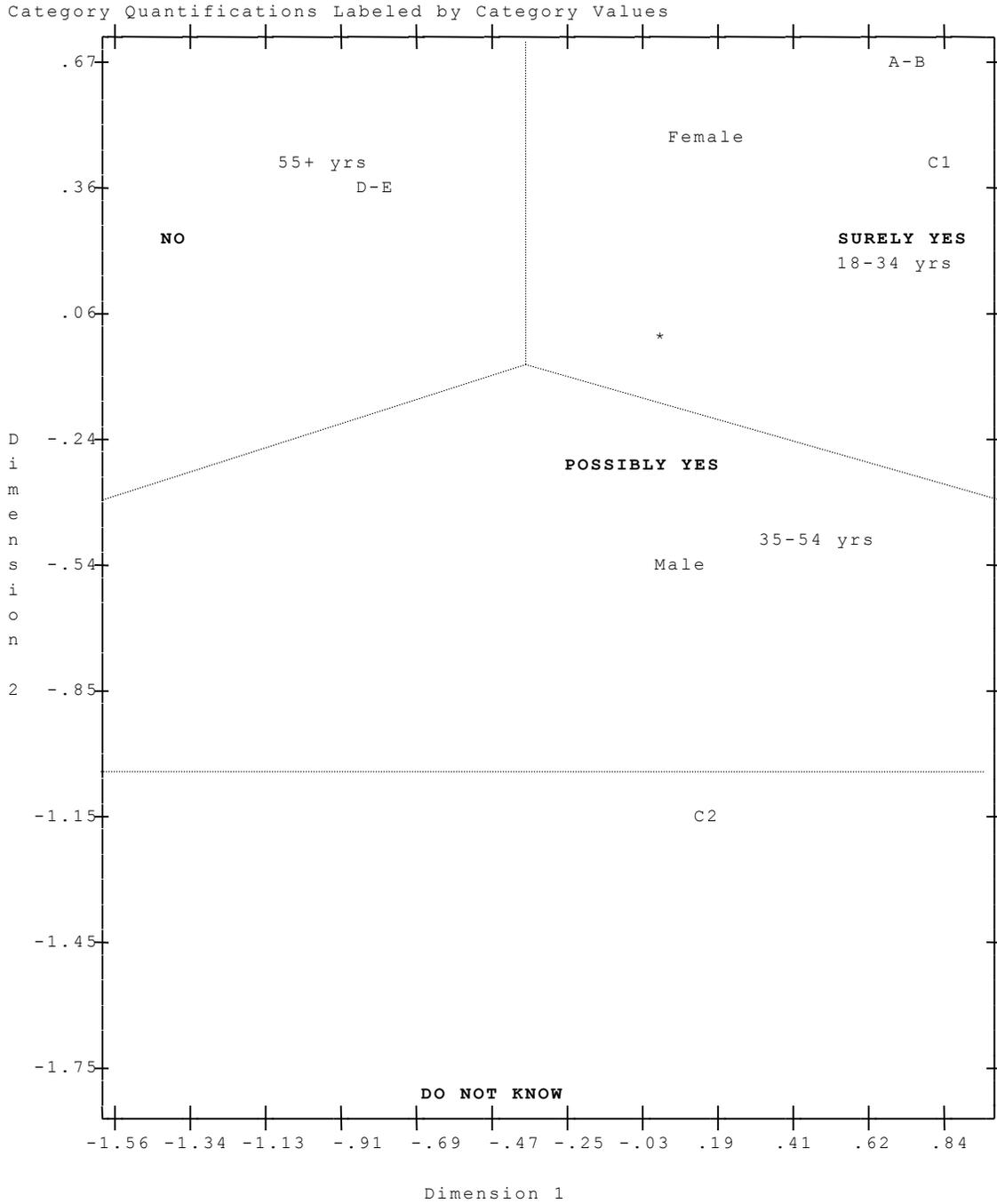


Figure 1 suggests that Dimension 1 of this plot opposes unwillingness to donate organs versus willingness to donate, while Dimension 2 opposes uncertainty versus clear views

about the topic. The dashed lines indicate a plausible separation of the two-dimensional plot into four areas:

- Those who would not want to donate their organs after death, the D-E classes and the older age group;
- Those who are certainly in favour of organ donation, the A-B and C1 classes, females and the youngest age group;
- Those who, although somewhat uncertain, tend to be in favour of organ donation, males, and the middle age group;
- Those who are undecided and the C2 class.

Although the distances between categories in a *HOMALS* plot need to be interpreted with some caution, these four categorisations are, broadly speaking, also supported by other statistical analysis, and they therefore seem to give a good description of the interplay between willingness to donate and the socio-demographic characteristics of the respondents. Moreover, the findings were similar to those found by other researchers, for example, Perkins (1987) and Manninen and Evans (1985).

In an effort to find out what helps respondents come to a decision in donating the organs of a family member, they were asked whether or not they would be willing to donate the organs of a relative who had just died. They were presented with three different situations.

*Suppose you had a relative who died and the doctors asked you your permission to take the organs. Would you give permission in the following situations?*

*(Situation 1).Your relative was not carrying a donor card and had never made his or her views clear.*

*(Situation 2).If this time your relative was not carrying a donor card, but had made it clear that he or she was willing to donate their organs.*

*(Situation 3).If this time your relative was carrying a donor card but had not made it clear that he or she was willing to donate their organs.*

In the first scenario 35% said they would definitely agree to give the permission while 32% thought that they would probably say yes. In the second scenario the percentage of respondents who answered that they would agree to give permission to doctors to remove organs (56%) was higher than in the previous scenario. An additional 34% answered that they would probably agree. The results for the third scenario were very similar to those in the second. 53% agreed to give permission while 34% said that they would probably say yes if asked. This indicated that for most respondents, knowing a person's view about organ donation carried the same weight as knowing that the person is a donor card holder.

This was an important finding vis-à-vis the campaign. The fact that knowing a relative's view on organ donation was considered as important by respondents as knowing that a relative carried a donor card, meant that one of the campaign messages should be to encourage discussion of organ donation in the family.

Other major points which emerged from the survey were that:

1. While many were in favour of organ donation, few of the respondents (7%) had a donor card. Moreover a high proportion (23%) did not know about the existence of the card.
2. While many of the respondents were willing to donate their own organs after their death, they found it more difficult to donate the organs of their relatives. Only 67% said that they would give permission if they did not know the relative's wishes about the matter. This difficulty seems to be greatly resolved if the dead person had talked about his or her wishes before dying. 90% said that they would allow donation of organs if they knew that the dead relative had wanted to be a donor.
3. More than half of the respondents (52%) were against the opting out system and felt that organ donation should be voluntary and should not be taken for granted by the state.
4. There was no significant difference between males and females in their willingness to donate their organs after their death.
5. Respondents from the A-B and C1 classes tended to have more positive attitudes towards organ donation.
6. The respondents who were most favourable towards carrying a donor card were those in the 18-34 age bracket and those in the A-B and C1 classes.

The analysis of the survey results, suggested that the campaign should focus on those who, while in favour of organ donation, did not feel comfortable enough to carry the donor card. Discussing one's wishes to donate organs with one's family was promoted as being as important as carrying the donor card. It was also evident that while participants had heard about organ donation, they did not have enough information, and this can give rise to several irrational fears. It was decided that one of the objectives of the campaign should be the provision of accurate information on what goes on from the moment a person was approached to give permission to donate his or her relative's organs right

through burial. It was important to address the fears mentioned in the responses. The survey also made it clear that the ‘opting out’ system would not be accepted at that stage and that the campaign should not address that issue. Organ donation, it was decided should be promoted as a gift, given freely and without compulsion.

These findings gave a preliminary first picture of public opinion about organ donation but this needed to be complimented by in-depth qualitative research.

## **(II) Focus groups and interviews**

In order to understand more in depth people’s perceptions of organ donation, twelve interviews were held with donor families, recipients of organs and medical authorities involved in the transplantation of organs. Concurrently, five focus groups with members of the general public were carried out. Each group was made up of seven to eight people chosen after they accepted to take part in a discussion on organ donation. They were evenly distributed between women and men, between young and middle-aged, with different levels of education and coming from different towns and villages. The focus group discussions and the interviews were recorded with the permission of the participants and transcribed. The transcriptions were analysed using thematic analysis. The following representations of organ donation were identified.

### **Representations of organ donation**

Since organ donation was a relatively new concept and not very well understood, people tried to make sense of it by comparing it to more familiar concepts and phenomena. They anchored the concept in acts such as giving a gift or giving charity. The words they used to describe it were in themselves indications of the ideas they borrowed to understand this new concept. The following were twelve representations which participants used to describe organ donation.

*(i) organ donation is like giving a gift*

Very often people looked upon organs as possessions. Hence they considered it their right to do what they wanted with them. Amongst these people there were some who compared the donation of organs to the donation of a gift. The notion of gift-giving provided a context in which to understand organ donation. Just like persons may give away their money and possessions to somebody, so could one bequeath organs after one's death. These people could not understand why they could not choose to whom they should give the organs. When one gives a gift to somebody, one knows the recipient. In the case of organ donation one is expected to give a gift without having a say in the decision of who should receive it.

*(ii) organ donation is like giving charity*

Some compared the donation of organs to giving charity. This has different connotations to giving a gift. It is giving from one's excesses to people who are in need. It is less personal in the sense that the people who donate charity do not necessarily know the people who will receive their charity. This presented a better metaphor because in the case of organ donation one does not know the recipient of the donated organ. The

representation of organ donation as giving charity was the most popular amongst the participants of the focus groups maybe because the notion of charity and of helping one's neighbour is a basic foundation of the Catholic religion which is the predominant religion in Malta. It was also the most popular representation mentioned by the donor families and by the recipients.

*(iii) organ donation is doing one's duty*

Indeed some believed that organ donation was more an act of duty towards God rather than an act of altruism. While being an act worthy of praise, it was only doing what was expected of a person who called himself or herself a Christian. It was accepting God's way of helping another person through oneself. Not accepting to donate one's organs, for these people, meant that the person was not doing God's will. Donating one's organs after one's death was a way of thanking God for giving them a healthy life. One was partly paying back one's dues.

*(iv) organ donation is like giving new life*

Some attached more honour to the idea of donating organs and considered it a heroic act. These people looked at it from the point of view of the donor family who, in the midst of their sadness at losing somebody they love, most often in a tragic way, rose above their sadness and thought of those people who were suffering and who would die unless they receive an organ transplant. They saw it as saving a person's life and even as giving life back to a person, both of which were considered outstanding acts of heroism.

*(v) organ donation is like recycling spare parts*

The idea of recycling was less common than other metaphors, however it was mentioned by some focus group participants and also by many of the doctors interviewed. Some compared the body to a car and others to a machine which needed maintenance. Just like mechanical engineers used second-hand parts for cars and machines when new parts were not available, so do doctors use parts of dead people to “maintain and service” living people whose body was not working well.

*(vi) organ donation is like an insurance policy*

Some people looked upon organ donation as an insurance policy. They believed that people who pledged to donate their organs after their death should be given preference if they needed an organ transplant at some stage in their lives. They saw it as an investment which you made in order to cover yourself if disaster hits. The concept of investment was also extended to the spiritual sphere. Some people saw organ donation as a ticket to heaven. Having done such a good deed on earth would entitle one to gain eternal happiness in heaven.

*(vii) organ donation is like living on, in another person*

On the other hand some people saw in organ donation a chance of keeping the memory of the dead person alive. Some even saw in organ donation a way of keeping the deceased person or parts of him or her, living in another person. For these people, the blow of losing somebody dear to them would be softened and made more bearable through organ donation because the relationship with the deceased could continue under a different form in the relationship with the recipients of the organs.

*(viii) organ donation desecrated the human body*

People who had doubts about organ donation saw this act as lacking in respect towards the dead person. They believed that organ donation went against the “teachings” of the Catholic Church which claimed that a dead person cannot be touched before several hours have passed from its death and that the body was to be treated with the utmost respect. Removing organs from the body was seen as an act of disrespect. These people also considered cremation as lacking in respect and that ground burial of the whole person is the “proper” way a person should be buried.

*(ix) organ donation is butchery*

Among those who were against organ donation there were those who called it an act of butchery. These people had vivid images of doctors, cutting up people into bits and pieces and actually leaving a dismembered body after they took the organs they needed. They compared it to vultures preying on dead animals. To them organ donation was the worst act a person could do to his or her loved ones. It destroyed the dead person physically and removed, from him or her, all human dignity.

*(x) organ donation destroyed a person's immortality*

Many people believe in the resurrection of the body after death as this is a cornerstone of the Catholic faith. Organ donation was seen by some of these believers as interfering with or even preventing the resurrection of the body. Hence organ donation was seen as an act which took away from a person his or her chance of gaining eternal life and immortality.

*(xi) organ donation destroyed a person's identity*

Since, for some people, their identity depended on their body image, taking away some organs from the body meant destroying the body and consequently destroying the person's identity. These people believed that since each and every person is unique, their organs were also unique and carried part of the person's personality. Hence donating organs would mean donating parts of one's personality, of fragmenting and hence destroying the person's identity and uniqueness.

*(xii) organ donation is 'like playing God'*

Some participants believed that each person had a predetermined life span which was decided upon by God. Medicine, but especially new scientific discoveries of how to prolong life, were seen as attempts to thwart God's plan. Organ donation was seen as an attempt to play God. These people felt that persons should accept their fate, whatever that might be, because that would be God's plan for them. Interfering with this plan was presumptuous and could only land them in more trouble. These participants believed that people should accept God's will peacefully because only then can they be at peace with themselves and gain eternal life.

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The representations of organ donation discussed above formed the basis of the various messages which were designed to target different population groups through various channels. The title of the campaign was chosen verbatim from the words used by various participants of the focus groups. "Give back life" could be found repeatedly in the transcripts. Positive representations were reinforced by mentioning them, using the

participants' ideas and words, in press releases, radio and television programmes. Popular public television and radio personalities were asked to record 30 second testimonials and to do so they were given the results of the focus groups to inspire their own message. Negative representations were also addressed and misconceptions were highlighted and discussed. Great emphasis was directed at the perceptions which people had of organ donors. Research had shown that positive perceptions of organ donors and organ donation were the best precursors of people becoming organ donors (eg. Morgan and Miller, 2002). Therefore it was important that the positive perceptions which people had of organ donation were reinforced with information to remove fears.

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### ***The Social Marketing Model***

The campaign was based on the Social Marketing Model developed by Kotler and Roberto (1989) within the theoretical framework of Social Representations.

The social marketing management process as proposed by Kotler and Roberto (1989) involved five major steps or phases.

#### **(i) Analysis of the Social Marketing Environment**

In order to analyse and assess the social marketing environment it was important to study the various forces acting on and interacting within this environment. Kotler and Roberto (1989) refer to six such forces: demographic, economic, physical, technological,

political/legal and socio-cultural forces. In addition to these, it was also important to address the religious forces. Religion can be considered both as a political force and as a socio-cultural force in Malta. However, it is more than just that in the Maltese context and therefore it had to be considered as an independent force in this campaign.

In the context of organ donation, the analysis of each area addressed the following questions.

- Demographic: How can the population be described in terms of potential donors? What is the demand and what is the supply?
- Economic: Are the hospital authorities willing to channel more funds to back up the increase in the number of transplants?
- Physical: Is the geography of the island in any way contributing to end-stage organ failure? Is it presenting any barriers towards successful organ transplants?
- Technological: Does the island have adequate medical expertise and the right equipment to cope with an increase in the number of transplants?
- Political/Legal: Is the Government going to support this initiative? Is there a legal framework governing organ donation and organ transplantation?
- Sociocultural: What are the attitudes of the Maltese people towards organ donation? What are the factors influencing these attitudes?
- Religious: What stand will the Church authorities take on this issue?

Analysis of these seven areas was used to map out the current environment and to anticipate future changes which could influence the social change process. However, this analysis carried out by the campaign planners did not use only official data and information. There was another kind of analysis carried out. The campaigners found out

what the public had to say about organ donation. The experiences of the donor families, the recipients and the doctors were also important to get a full picture of the social marketing environment.

#### (ii) Researching and Selecting the Target Adopter Population

Segmentation of the population into target groups helps the marketing team design a message which appeals to each particular group, thus increasing the probability of the message persuading its intended audience.

The way segmentation was carried out in this project is new to the marketing literature. Segmentation was based on the representations which the population had of organ donation and of the body. These were mainly derived from the analysis of the focus group discussions. The survey had indicated that young people were more in favour of organ donation than older ones, that people in the A-B and C1 socio-economic class were more willing to donate their organs than those in the C2 and D-E classes. The focus groups, however, brought to light the fact that a better predictor of attitudes towards organ donation and intention to become a donor card holder was the way people viewed organ donation. This complex set of lay representations gave greater insight into the way organ donation was socially constructed.

#### (iii) Designing Social Marketing Strategies

One major development to the Social Marketing Model of social marketing which is being proposed in this chapter is to design marketing strategies which address social groups rather than individuals. The kind of decision we were asking the target-adopter

population to make was one which depended very much on what other family members, friends and the social group thought about the issue. It was a “social” decision.

Hence the overall strategy used in this campaign was to encourage people to take the decision to become donor card holders, together as a group. This helped people feel that they were not alone in taking the decision and that many other people were doing it. The main “decision-group” which was targeted was the family unit. However, group-decision strategies were also proposed for other groups such as parish groups, student groups, prayer groups and work groups.

#### (iv) Planning Social Marketing Mix Programmes

Once the broad strategy was agreed upon and formulated, a more detailed marketing mix programme had to be prepared. This included the decisions of how to position the product, what messages to give to different target groups and which channels to use. These objectives had to be chosen in the context of the financial and human resources available. In this case, there were limited financial resources and therefore all services and activities had to be given free or be sponsored. The objectives were informed by the target adopter’s perceptions, attitudes and motivations.

#### *Positioning*

It was important to find the right fit between the needs of the target-adopter group and the XXXXt. The main target-adopter group in this case was made up of people for whom it was important to be faithful to their religious beliefs. Helping someone live by giving one's organs after death was put in a Christian perspective, that of loving others by giving back life to somebody who was suffering or might even die.

Other targeted groups, such as those who saw organ donation as an investment and those who saw organ donation from the point of view of recycling, had different needs, so the positioning was different for these groups.

### *Message*

It was decided that besides giving information about organ donation, the marketing programme should focus on the following messages:

- i. Organ donation saves lives.
- ii. Organ donation is an altruistic act worthy of praise
- iii. The Church encourages organ donation
- iv. It is important to carry a donor card
- v. It is equally important to let your family know about your intention.

### *Channels*

Both interpersonal and group techniques as well as the media were used to disseminate messages. The mass media were mainly used to impart information while interpersonal and group strategies were used to change public opinion. For providing information, it was decided to use the following media:

- (i) Broadcast media: news items, programmes on radio and television stations; public service announcements
- (ii) Print media including national newspapers, information leaflets, stickers and donor cards;
- (iii) Other media, such as, posters and a booklet for general practitioners and a video.

#### Interpersonal and group communication included

- (i) A contact telephone number for information;
- (ii) Information stands at the annual Trade Fair at Naxxar with trained volunteers to answer questions, give leaflets and donor cards and register people on the National Donor Register. This fair is the biggest national fair organised in every calendar year;
- (iii) Seminars for specially targeted groups like family doctors and parish priests who were considered as gate keepers and therefore could influence other groups;
- (iv) Work groups. Discussions were held in different work places such as factories and offices;
- (v) School visits. Various heads of schools and individual teachers organized meetings for both students and parents;
- (vi) Church groups. Many prayer and discussion groups were sent material, including a video, on organ donation and asked to discuss it during their meetings;
- (vii) Meetings were held with media personalities like journalists, anchor persons and media owners to persuade them to help put organ donation on the public agenda.

#### *Designing the message*

Professional graphic artists were asked to help out in the designing of three major advertisements: (i) a 30cm on 2 columns newspaper advert, (ii) a 40 second advert for radio and (iii) a 30 second clip for television. These had to have the message “Give back life” which was chosen to be the main slogan for the campaign. These graphic artists

were made familiar with the research that had been carried out, the social representations which people had of organ donation, the main messages which needed to be put forward and the characteristics of the target groups. All public service announcements were pre-tested and feedback was given to the designers.

Cooperation was sought from the leading newspapers, radios and television stations to broadcast and print these public service announcements free of charge. In most cases, their cooperation was forthcoming.

#### (v) Organising and Implementing the Social Marketing Programme

Implementing a programme involves two major requirements (i) financial resources and (ii) human resources. Most of the items produced, like stickers and donor cards, and the activities carried out were sponsored by various organisations.

With regards to human resources, the implementing of the programme required many people who were knowledgeable about organ donation and who had the right skills to be able to direct and monitor programme activities. These people were chosen from volunteers who offered to help with the campaign. Where needed, these people were given more training in particular skills and several meetings were held for them to become acquainted with each other and to become more familiar with the social marketing programme and its aims.

In order to evaluate the campaign, every activity was monitored. Radio and television stations informed the campaign team beforehand when a particular programme was going to discuss organ donation. These programmes were recorded and analysed. Similarly, all newspaper articles mentioning organ donation were filed. The feedback given through radio phone-ins was invaluable in assessing where the campaign was heading and whether the main messages were being taken up by the public. Kotler (1982) points out that evaluating the full effects of a social marketing campaign is not an easy task. According to him, to be considered successful, a campaign would have to have (i) high incidence of adoption, (ii) high speed of adoption, (iii) high continuance of adoption, (iv) low cost per unit of successful adoption and (v) no major counter-productive consequences. The organ donation campaign fulfilled most of these criteria.

## The Campaign

The initial phase of the campaign targeted the print media. These included all the newspapers published daily or weekly. Several newspaper managers agreed to carry a public service announcement promoting the campaign free of charge. The advert included a form which the public could use to request information, a picture of a donor card, and a form to register one's name in the National Organ Donor Register. Press releases sent regularly kept interest in the campaign alive. Newspapers also featured interviews with people who had donated organs and also with those who had received organs.

During the second phase of the campaign, radio was included. Radio is the ideal medium for instant feedback. People could phone during programs on organ donation, ask

questions and get immediate answers. The radio campaign run on the seven national stations was strengthened by three 40 second public service announcements made by well-known Maltese public personalities.

Use of television started in the third phase of the campaign. Advertising during prime time was used to give the widest possible coverage to the campaign's messages. The family environment was used to emphasize that organ donation should be a family decision. The television advertisement was 30 second long and depicted a typical Maltese family discussing organ donation while having dinner. One of the major misconceptions was that the Catholic Church was against organ donation. To address this issue, the message on television took the form of a short drama with the leading actress being the television personality who hosted a popular religious programme. Priests were also asked to speak about organ donation during their Sunday homily and the Archbishop addressed organ donation in the yearly pastoral letter read out in all churches. Church attendance in Malta was over 65% in 1996. Emphasizing that the Catholic Church was in favor of organ donation was important since the analysis of the focus group data showed that the public gives great importance to what the Church says. This advert was run on the two national television stations. Besides the adverts, many presenters of discussion programs accepted to discuss the topic of organ donation in their programs putting the topic on the public agenda. This phenomenon was further reinforced with the coverage of all media events related to organ donation on the news bulletins on the two main television stations seen by a big number of Maltese viewers.

Concurrent with these media activities, trained members of the campaign team were visiting schools, offices, factories and other groups to discuss organ donation and to encourage them to become donor card holders. Applications were available for those who wanted to fill in the form after the discussions. Members were also told that should they change their mind, they could write to the same address printed on the card and ask for their name to be deleted from the organ donor register. These group visits were a very important part of the campaign because they made it possible for those who were thinking of sending for the donor card to do so without postponing the decision.

### **Change in public opinion after the campaign**

In order to find out whether there were changes in public opinion following the campaign two surveys were carried after the campaign, one after five months and measured the short-term effects of the campaign. Another survey was held thirty months after the campaign and this measured intermediate/long term effects of the campaign. Each survey was carried out on a sample of 400 people survey as in the pre-campaign survey.

**Table 1: Changes in Public Perception of Organ Donation**

	1 <sup>st</sup> survey	2 <sup>nd</sup> survey	3 <sup>rd</sup> survey	Difference between 1 <sup>st</sup> /2 <sup>nd</sup> surveys: <i>p</i> values	Difference between 1 <sup>st</sup> /3 <sup>rd</sup> surveys: <i>p</i> values
Never heard about card	17%	5%	5%	<0.0001	<0.0001
Have card	9%	17%	15%	0.001	0.01
Do not want to carry card	14%	12%	10%	n.s.	n.s.
Consider getting card	47%	61%	57%	0.0001	<0.005
Would give permission to	43%	53%	48%	0.005	n.s.

remove relative's organs					
Would not give permission	17%	10%	15%	<0.05	n.s.
Agree with opting out system	22%	37%	23%	<0.0001	n.s.
Sample base for percentages: All who had heard about organ donation and were in favour	316 respondents	314 respondents	328 respondents		

**Copied from thesis.** The greatest change occurred in the percentage of people who had never heard about the donor card. Before the campaign 17% of those in favour of organ donation had never heard about the card (95% confidence interval: 17%  $\pm$  4%). This percentage went down to 5% ( $\pm$  2%) in the second survey and when surveyed again 30 months later this percentage remained 5% ( $\pm$  2%) (All these and subsequent intervals are 95% confidence intervals).

This change was accompanied by a considerable increase in the number of people who said that they were considering getting a donor card. The percentage went up from 47% ( $\pm$  6%) to 61% ( $\pm$  5%) after the campaign. In the third survey this figure declined to 57% ( $\pm$  5%). The difference in proportions between the first and third surveys was still significant ( $z=2.76$ , one-tailed  $p<0.005$ ). In the long run therefore, the effects of the campaign were maintained but declined from the peak achieved immediately after the campaign. The number of people who were definitely in favour of the “opting out system” increased significantly from 22% ( $\pm$  5%) to 37% ( $\pm$  5%) in the first survey carried after the campaign. This percentage went down to 23% ( $\pm$  5%) in the third survey.

Again, this could indicate that unless the issue is kept in the public sphere, the salience and therefore the support for the issue tends to diminish.

Other changes registered by the surveys were a change in the number of respondents who said that they would certainly give permission to doctors to take organs from a family member after death even when not knowing the deceased's views on organ donation. This figure went up from 43% ( $\pm 5\%$ ) to 53% ( $\pm 6\%$ ) in the second survey and then went down again to 48% ( $\pm 5\%$ ) in the third survey. Whereas the difference between the first and second survey was statistically significant ( $z=2.58$ , one tailed  $p=0.005$ ), the difference between the first and third survey was not statistically significant ( $z=1.30$ , one-tailed  $p=0.10$ ). The percentage of those who replied that they would not give permission to donate organs of their relatives in this situation went down significantly from 17% ( $\pm 4\%$ ) to 10% ( $\pm 3\%$ ), but in the third survey this went up again to 15% ( $\pm 4\%$ ).

A significant increase from 9% ( $\pm 3\%$ ) to 17% ( $\pm 4\%$ ) ( $z=3.08$ , one tailed  $p=0.001$ ) took place in the number of respondents who had a donor card. This increase was largely maintained in the third survey with 15% ( $\pm 4\%$ ), the difference between the first and the third survey remaining statistically significant ( $z=2.38$ , one-tailed  $p=0.01$ ). These figures are summarised in Table 1.

The changes registered by the survey were confirmed by the changes in the way participants talked during the focus groups carried out after the campaign. There were

changes in the way people perceived organ donation. After the campaign more people came to look upon organ donation as giving back life to someone who is dying, as doing God's wish and as doing one's duty. Some people came to look upon organ donation as an investment and as a possibility of living on in another person.

The surveys also investigated whether participants were more or less willing to donate the organs of members of their families. Like in the first survey, three scenarios were presented. These scenarios were used to find out what carries most weight when family members came to make a decision whether or not to donate the relative's organs, whether it was the knowledge that the person wanted to donate or whether the deceased actually carried the donor card.

THE TABLE MUST BE CHANGED. NOT IN THESIS

**Table 2: Respondents who would donate organs of dead relatives**

	Survey 1	Survey 2	Survey 3	Difference between 1 <sup>st</sup> /2 <sup>nd</sup> surveys: <i>p</i> values	Difference between 1 <sup>st</sup> /3 <sup>rd</sup> surveys: <i>p</i> values
Situation 1	35%	44%	41%	0.004	0.04
Situation 2	56%	63%	62%	0.03	0.03
Situation 3	53%	59%	62%	0.05	0.005

The results indicate that, in all three situations, the campaign seemed to have a lasting effect on the proportion of respondents who would agree to donate a deceased relative's organs. It is also clear that in situations 2 and 3, when the relatives would have known the wishes of the deceased, this decision would be greatly facilitated.

### **Public opinion towards organ donation over a ten year period**

It was important for the researcher to find out whether the opinion change registered after the campaign was sustained over the years so another survey was carried out 10 years after the campaign. It is to be pointed out that the campaign held in 1996 was followed by a number of initiatives such as the setting up of an association Transplant Support (Malta), activities organised by Life Cycle which is another association working to support people who are waiting for organ transplants and programmes on popular television and radio programmes. All these initiatives helped to keep the issue of organ donation on the public agenda and to sustain the positive attitudes and behaviour towards organ donation.

The survey results showed that in most cases the results of the two surveys carried out just after the campaign and three months after the campaign were sustained, pointing out to the possible internalization of the campaign messages. There was one clear exception regarding the opting out system. Promotion of the opting-out system was not one of the campaign's objectives.

### **HOW DIFFICULT IS IT TO INTRODUCE ANOTHER LINE NOT WILLING TO DONATE?**

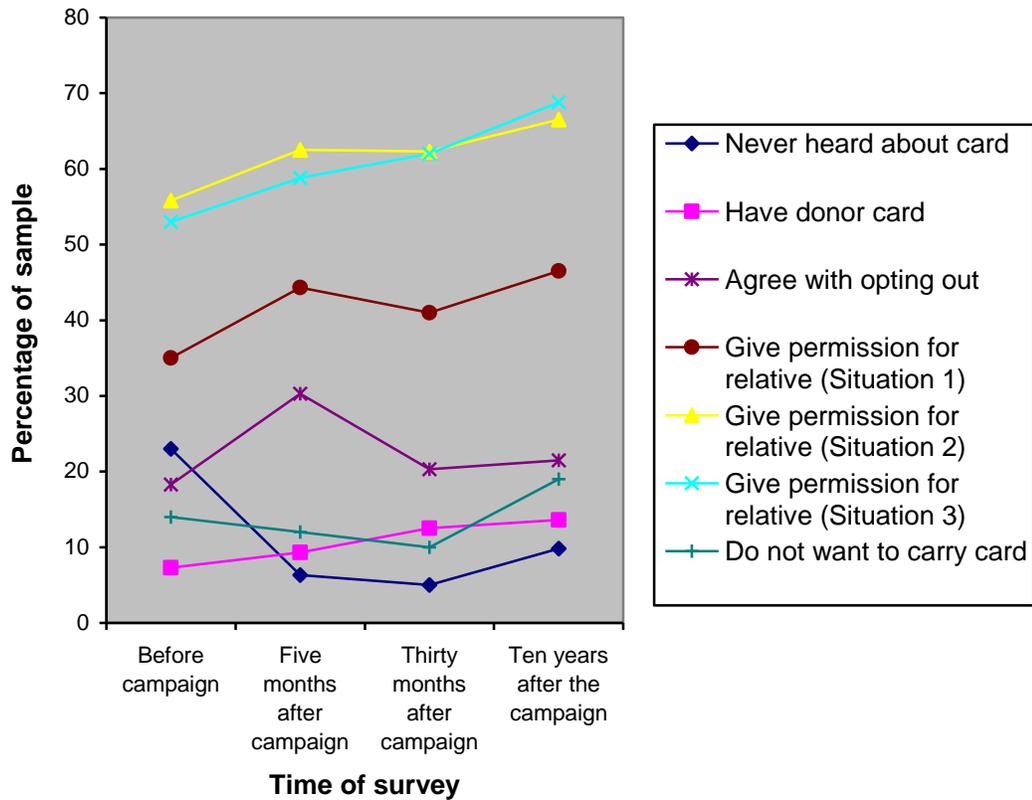
**1 SURVEY: 14%**

**2 SURVEY: 12%**

**3 SURVEY :10%**

**4 SURVEY: 19% WITHOUT THE FILTERING**

**Figure 1: Summary of survey results**

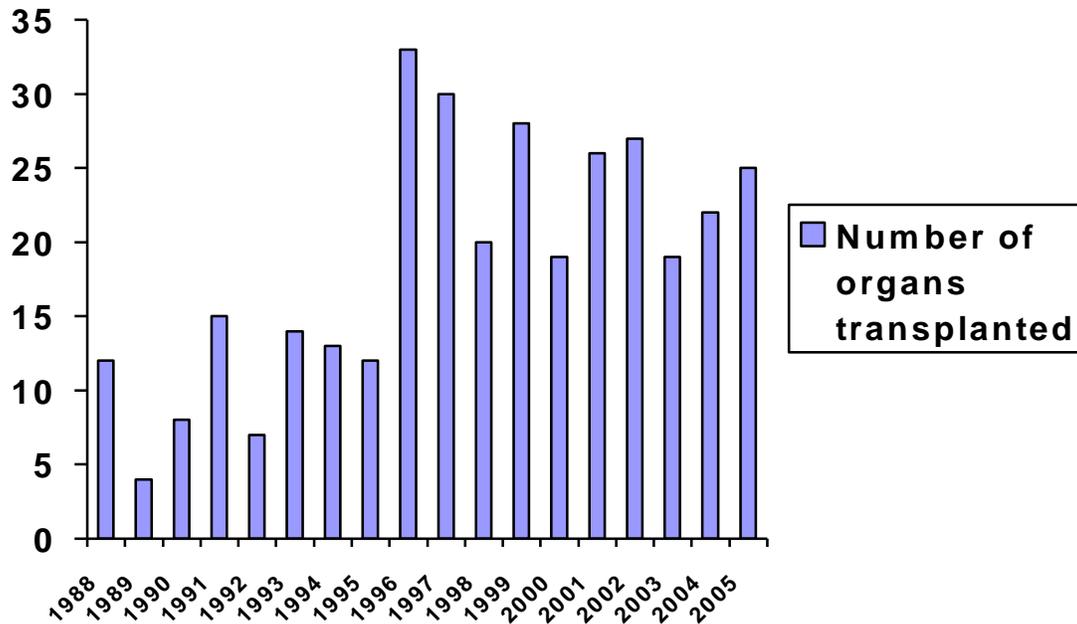


CHECK WHETHER TAKEN FROM THESIS I DO NOT THINK SO

**Other measures of effectiveness**

Another measure used to evaluate the effectiveness of the campaign was the number of organs donated and the number of organ transplants carried out. It is of course impossible to claim that the increase in the number of organs donated were solely the result of the campaign. There were other reasons which gave rise to this increase for example the expansion of ITU beds, the appointment of another transplant surgeon and better donor

testing. The number of donations in the year 1996, immediately after the campaign, was



substantially higher than the previous years. This could have been instigated by the fact that because organ donation was so much part of public discourse, relatives of dead patients themselves initiated the discussion of a possible donation with the doctor. It is also significant that the first heart transplant was performed in 1996, the year after the campaign possibly because the morale of doctors and donor families was high (Zarb Adami, 1996). However the fact that the increase in the number of organ transplants was sustained over a ten year period, indicated that the campaign had left its effects on the public as well as on the hospital authorities.

ASK TONY FOR 2006 DATA

## **Conclusion**

Advocating the promotion of organ donation and advertising to sell the latest model of a particular car, clearly require different marketing strategies. The processes involved in persuading people to take a decision in the two cases mentioned, involve different cognitive, affective and behavioural processes. Bringing change in public opinion is different from changing attitudes of individuals. Marketing and social marketing may be similar in that they both aim at changing behaviours. However social marketing is very often more difficult because for the campaign to be a success, the uptake of the message must be far greater than a normal marketing campaign. Moreover, the type of the change being advocated very often is not one that gives pleasure to people. It normally involves asking people to do something which the person prefers not to do or the opposite, to stop doing something which the person normally enjoys doing. It is for this reason that change agents must draw upon different approaches and schools of thought to inform the strategies that are to be used in changing public opinion. As pointed out in the Social Marketing Resource Guide (2002), sometimes education is not enough to bring about change in public opinion. On the other hand, regulation or legislation may prove to be too extreme. Social marketing can bridge the gap between these two forms of approaches.

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