SOCIAL MARKETING

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ALWAYS LEARNING

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Social Marketing

Chapter 5

Ethical issues in social marketing

Chapter objectives

On completing this chapter, you should be able to:

- compare, contrast and critically evaluate the strengths and weaknesses of the main ethical frameworks discussed in the business literature;
- critically evaluate the relevance of each of these frameworks to social marketing activity;
- evaluate ethical dilemmas that may occur in social marketing activity, drawing on these frameworks, and make reasoned recommendations as to how these dilemmas may be resolved;
- critically evaluate the role of codes of ethics in ensuring ethical behaviour from all participants in social marketing interventions and make reasoned recommendations as to how codes might be successfully implemented among social marketing practitioners.

Ethics defined

Ethics is a term which is debated vigorously within academic literature, with multiple definitions evident, depending on the perspective of the discipline within which the debate is occurring.

For example, within philosophy, the focus may be on moral choices – i.e. choices regarding what is right or just behaviour, as opposed to simply remaining within the provisions of the law – that a person may be faced with, and the nature of morals themselves. Within specific professions such as medicine or accountancy, the debate may be more focused on the rules or standards governing the conduct of members of that profession.

In terms of ethical choices that may be encountered in everyday life, the following quotation may help to illustrate the nature of the issues covered by ethical decision-making:

> Typically defined as the study of standards of conduct and moral judgement, [ethics] is particularly useful to us when it helps us to resolve conflicting standards or moral judgements.

> It is not as simple as deciding what is right and what is wrong. The toughest ethical dilemmas arise when two seemingly right principles are in conflict.[1]

As with social marketing itself, there is no common agreement regarding a definition of ethics as it applies in the business/marketing context, although many definitions are similar to each other, as shown below:

> Business ethics comprises moral principles and standards that guide behaviour in the world of business.[2]

> Ethics is about norms and values of a certain seriousness, about standards and ideals, i.e., ones that people cannot easily neglect without harming others, or without being looked at disdainfully by significant others.[3]

Ethics should be viewed within the wider context of formal government structures. Every community has its own system of laws enacted by a central parliament. Member states of the European Union are also subject to endeavours to harmonise legislation and regulation across all members.[4] Beneath, and subordinate to, broad legislation is a series of regulations. These generally apply to a specific business sector or occupational category such as medicine. In the context of marketing, marketing communication is, in many countries, self-regulating.[5, 6]

The various marketing communication industry sectors, including advertisers, advertising agencies and the media, have co-operated in drawing up codes of practice. In the UK, this operates via the Committee of Advertising Practice. A major regulatory body, such as the Office of Communication (OFCOM) in the UK, oversees the processes by which advertising conforms to both the letter and the spirit of the relevant codes. Supporting this structure, joint industry bodies (in the UK, the Advertising Standards Authority) may exist to maintain and administer the codes and ensure consistent advertising standards across media. Additionally, they may provide an advisory service, interpreting relevant statutes and industry codes and applying them to scripts of proposed ads and vetting completed ads prior to their first screening. For an example of current codes, see http://www.asa.org.uk/asa/codes/.

These regulations do not explicitly state precise ethical principles. They provide only general guidelines regarding activity, such as decency, and circumstances under which fear and distress might be considered acceptable, yet the 'fishhook' ruling feature in Chapter 1 suggests that a de facto framework exists. This issue is discussed in more detail later in this chapter; however, the generation of fear is by no means the only dilemma facing social marketers, as the following section demonstrates.

Ethical dilemmas within social marketing

There is some evidence to suggest that some misgivings regarding the ethics of social marketing stem from a wider distrust of commercial marketing, particularly marketing communication/advertising.[7] The main criticisms of marketing communication overall include allegations that it is inherently untruthful, deceptive, unfair, manipulative, offensive and in bad taste. Other assertions relate to the creation and perpetuation of stereotypes, causing people to buy things they do not really need and playing on people's fears and insecurities.[8]

Doubts as to the ethicality of social marketing in particular mirror many of these concerns. For example, while concerns have been identified about the appropriateness of

tactics used for social marketing and the use of fear appeals, issues have been identified relating to how competing wants might be judged and what information is reasonable to seek from people in order to develop social marketing campaigns.[9]

A surprisingly wide range of potential unintended effects of health communication campaigns have been reported in the academic literature; these have been summarised in Table 5.1.[10]

VIGNETTE 5.1

Give It Up For Baby: bribery or exchange?

Give It Up For Baby is a smoking cessation scheme, launched in 2007, aiming to reach areas of high social disadvantage. Focus groups revealed that using rewards gave mothers an excuse to opt out of the social norm of smoking within their peer group and did not isolate them from that group. So, Give It Up For Baby used financial incentives to reward sustained positive behaviour amongst its target audience. An incentive of £12.50 a week is paid for every week a woman demonstrates she is smoke-free. When mothers joined the scheme at the pharmacist (after a CO test) they received their National Entitlement Card (NEC) through which the payments have been monitored since.

By the end of year one, 55 mothers had quit in Dundee and a total of 140 had quit across Tayside. This was compared with the total of six pregnant women who made contact with smoking cessation services across Tayside in 2006, the previous year. None of the women in 2006 had remained on the smoking cessation programme for longer than four weeks.

Question to consider

Do you believe that paying people to cease unhealthy behaviour is an effective and ethical strategy? Justify your response.

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Given the potential negative effects outlined in Table 5.1, there is a clear need for systems or structures to help prevent or resolve these issues.

Ethical frameworks

While there are a number of potential frameworks available which derive from the field of philosophy, there is no consistency in the literature as to which framework might apply in specific circumstances. The frameworks most commonly cited focus either on intentions (**deontology**, from the Greek word for 'duty') or consequences (**teleology**, from the Greek word for 'ends'; also referred to as **consequentialism**), with the latter being broken down further into utilitarianism and egoism.[11, 12, 13] Thus a social marketing intervention that was driven by good intentions without consideration of potential negative consequences would be acceptable under deontological reasoning but not under teleological reasoning.

Others suggest that there is no universal set of ethics that can apply across all sectors of society. In view of the increasing diversity of society and the different perspectives that

Table 5.1 Unintended effects of health communication campaigns

Effect	Definition
Obfuscation	Confusion and misunderstanding of health risk and risk prevention methods
Dissonance	Psychological discomfort and distress provoked by the incongruence between the recommended health states and the audience's actual states
Boomerang	Reaction by an audience that is the opposite of the intended response of the persuasion message
Epidemic of apprehension	Unnecessarily high consciousness and concern over health produced by the pervasiveness of risk messages over the long term
Desensitisation	Repeated exposure to messages about a health risk may over the long term render the public apathetic
Culpability	The phenomenon of locating the causes of public health problems in the individual rather than in social conditions
Opportunity cost	The choice of communication campaigns as the solution for a public health problem and the selection of certain health issues over others may diminish the probability of improving public health through other choices
Social reproduction	The phenomenon in which campaigns reinforce existing social distributions of knowledge, attitudes and behaviours
Social norming	Social cohesion and control accompanying marginalisation of unhealthy minorities brought about by campaigns
Enabling	Campaigns inadvertently improve the power of individuals and institutions and promote the images and finances of industry
System activation	Campaigns influence various unintended sectors of society, and their actions mediate or moderate the effect of campaigns on the intended audience

may be held within cultures or groups, each group's ethical perspective should be held to be equally valid. An additional perspective is suggested by **social contract theory**, which suggests that there is an implicit contract between the state/government and/or individuals within society.[14] This is reflected in documents such as the UN Charter, which makes reference to basic assumptions about the right of all citizens to health[15] and is consistent with the principle of exchange which is discussed in Chapter 2. Table 5.2[16] provides a brief overview of the main provisions of these frameworks.

A further problem is the lack of clear and unambiguous interpretation of the frameworks. For example, using the Ferrell and Fraedrich interpretation, the Department of Health (DoH) fear-based smoking cessation 'fishhook' intervention discussed earlier would be acceptable under deontological reasoning, given that its intention was to help smokers take steps to quit smoking. Others would argue that it is unacceptable to knowingly cause anxiety under deontological reasoning.[17, 18] Their argument is that, even though the intention was to help a specific segment of society, the methods used caused harm (anxiety) to others. This, they reason, violates the utilitarian principle of ensuring the greatest good for the greatest number.

Many social marketing texts provide, at best, only brief discussions of ethical challenges; much of the material promoting the potential benefits of social marketing is devoid of any significant consideration of ethical issues.[19, 20, 21] The one edited text that specifically focuses on ethics in social marketing[22] does not provide a consistent framework across the various contributions.

Table 5.2 Overview of common ethical frameworks

Ethical framework	Key provisions	Comments
Deontology (based on the work of 18th-century philosopher Immanuel Kant)	Holds that there are ethical 'absolutes' that are universally applicable, with the focus on means or intentions.	Accepts that actions intended to do good may have unintended negative consequences.
Teleology/ Consequentialism	Focuses on the outcomes or effects of actions. Usually divided into: (a) *Utilitarianism* in which behaviour is ethical if it results in the greatest good for the greatest number (b) *Egoism,* in which the benefits to the individual undertaking action are stressed and the impact on other people is de-emphasised.	Difficulties arise when comparing alternative courses of action with different levels of potential impact – for example, a programme that provides minor benefits to all, versus one that provides major benefits to many but no, or negative impact on others.
Relativism	There is no universal set of ethical principles; individual cultures, societies or social groups may have their own ethical frameworks. No set of principles is superior to others and no group should judge the ethical standards of other groups.	Ignores: (a) the possibility that a group's principles are based on incorrect information, and (b) the implications of a group's principles being repugnant to other groups (e.g. sexism or racism).
Social contract theory	Implicit contract exists between the state and/or organisations and individuals or groups regarding rights and responsibilities as a member of society.	Given that the contract is implied rather than stated explicitly, there is no shared understanding of what rights and responsibilities apply to the various parties.

Box 5.1 Ethical issues to consider

Considerable effort and expenditure are needed to treat health problems brought about by unwise lifestyle and behaviour choices made by individuals. For example, an unhealthy diet, unprotected sex, drug use, lack of physical exercise, smoking or excess alcohol consumption have all been shown to link to potentially serious health problems. Justify your responses to each of the following issues.

1. What role do commercial marketers play in reinforcing consumption decisions that might not be in the best interest of people's long-term health? Think specifically of the activities of marketers of food deemed to be of low nutritional value, and those of the alcohol industry.
2. What actions should commercial marketers take voluntarily or by legislation/regulation to minimise any harm that may result from their activity?
3. What role is there for legislation versus personal choice in reducing potentially harmful behaviours?
4. How would you respond to the suggestion that people whose health is affected by poor consumption or lifestyle decisions should pay for their own medical costs and not expect others to pay (via taxes, etc.) for their treatment?
5. How would you respond to the suggestion that there should be increased taxes on products such as alcohol or foods deemed to be of low nutritional value in order to treat those whose health has been affected, even if it was their personal choice that led to their subsequent health problems? Do you think such taxes would actually change people's behaviours?

Ethical issues in targeting

Some specific areas of communication activity that raise ethical issues relate to targeting. A fundamental strategy for marketers is to 'select target markets they can best affect and satisfy'.[23] This strategy, when applied to social marketing activity, may result in some segments of the target population being excluded because they are difficult, or comparatively costly to reach.[24]

Literacy issues tend to be largely ignored in the provision of health information material.[25] Varying definitions of literacy make cross-study comparisons difficult; however, there appears to be agreement that some 20% of the population of most developed countries have severe literacy problems and a further 20% have limited literacy.[26, 27] The specific needs of these groups must be taken into account, acknowledging their difficulties but avoiding the appearance of condescension in the design and delivery of appropriate interventions.[28]

Where social marketing campaigns are directed at children or adolescents, additional factors must be considered, starting with data collection. Depending on the age of the potential participant, **parental consent** may be required for the participation to commence and/or continue. An ethical dilemma may arise if the child or adolescent does not wish to participate; in such circumstances, they should not be made to feel that they are being coerced into participation in research, **treatment trials** or social marketing intervention trials simply to please 'parents or other authority figures'.[29]

A factor that appears to be overlooked are the needs of immigrant populations who may retain substantial influences, including cultural values and language preferences, from their country of origin for a considerable time and may be confused by messages such as those that recommend limiting intake of some foods when these are not restricted in their home countries.[30] Further, failure to take their (culturally-based) perceptions of health-related issues[31] into consideration may result in interventions not succeeding.

Is it ethical to target sectors of the population who are easiest to reach or likely to be the easiest to reach or the most receptive to an intervention (**low-hanging fruit**) rather than those who might benefit the most from changes to their behaviour? If the latter are targeted, but their intervention costs significantly more than interventions aimed at lower-priority groups, is it ethical to focus resources on one specific group at the expense of others? Is it ethical to target specific behaviours without considering the socio-economic or wider environmental factors that may drive the behaviours? These are not simple questions to answer and the solutions will be situation-specific.

An example of the type of challenge that needs to be considered relates to interventions aimed at improving medication compliance. Those who are least compliant with their medication regimen are also likely to miss hospital appointments or other forms of medical monitoring.[32] Thus, those who would benefit most from help may be difficult to reach or to persuade to participate in interventions aimed at improving their health and quality of life. Consider the arguments for and against allocating resources to trying to reach them, as compared to those who are easier to reach. The nature of proposed interventions also presents ethical challenges. For example, adolescents with epilepsy do not want to meet others with complications or problems as they perceive these patients' problems as both frightening and depressing, therefore interventions that could include peer support from others with the same medical condition are unlikely to be successful.[33]