

Religion in Mass Media Social Marketing Campaigns: A Paradox

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Abstract

Religion and mass media social marketing (MMSM) are considered major influencing factors within popular culture. Unfortunately, both researchers and practitioners of MMSM campaigns either lack religious intellect or intentionally mitigate against its logical use whilst on the other hand; empirical research into healthy behaviours indicates an efficacy between religion and desired behaviours/outcomes, however; these elements receive minimal attention from health campaign researchers and practitioners. Remarkably, other social marketing research has used different models/theories of behaviour change, some acknowledge the 'religion' concept and its application, yet they fail to recognise and address it as a variable during the data analysis phase. As a result, discussions about the possible intersect and/or inter-relationship of religion and MMSM is often disputed, intentionally abandoned and generally not well informed.

Keywords: deliberate intent, mitigate, risky, dimensions of religion, social marketing, mass media campaigns, semi-structured interviews, qualitative research

1. Background

The possible link between MMSM campaigns and the dimensions of religion: (1) Practical and ritual, (2) Experiential and emotional, (3) Narrative or mythic, (4) Doctrinal and philosophical, (5) Ethical and Legal, (6) Social and institutional and (7) The material; merits investigation, as this could be one technique to reach people (a targeted social audience) on a large scale to drive mass voluntary behaviour change. While a substantial body of work is available for both concepts, there is limited, literature on this intersect. Hence, it is unclear whether and how the dimensions of religion are used in MMSM campaigns. Furthermore, it is unclear if social marketing practitioners can identify and accept the link between the dimensions of religion and social marketing and their willingness to apply the dimensions of religion to MMSM campaigns.

2. Methodology

Using a qualitative research methodology under an interpretive paradigm within a social science setting, five MMSM practitioners who were identified from government and/or private agencies located in Australia that specialise in the design, creation and evaluation of MMSM campaigns and who have been directly related to or have experienced the topic under investigation formed the sample to participate in recorded semi-structured interviews against eight questions (Table 1).

Table 1. Semi-structured interview questions

Question 1	Do the dimensions of religion have application in MMSM campaigns?
Question 2	The campaigns often use a preaching context; do you think this is related to religious practices?
Question 3	Is a preaching context, an appropriate driver for mass voluntary behaviour change?
Question 4	Some campaigns utilize a theme of Assurance of Salvation without using explicit religious language; do you think the campaign would benefit or suffer from the use of religious language?
Question 5	Is an Assurance of Salvation theme, an appropriate driver for mass voluntary behaviour change?
Question 6	Whilst five of the seven dimensions were evident, many of the identifiers were not; would the increased use of the identifiers in an implicit and/or explicit way reinforce a campaign message?
Question 7	Two dimensions that are explicit in religious content were not evident in the campaigns; would this represent a deliberate extent to mitigate the use of Religion in MMSM campaigns?
Question 8	The two non-evident dimensions: The Material and Narrative or Mythic, do they or their identifiers have application within MMSM campaigns?

Source: Van Esch et al. (2014).

3. Findings

The participant responses indicate that when specifically related to MMSM campaigns, there is a deliberate intent to mitigate the use of religion because the use of religion or religious application within a campaign is considered risky:

“Yes it is deliberate. It is to ensure that the campaign does not receive a bad reaction from the audience. There are many religions, all with their different nuances, all of which culminates into a very contentious topic; especially if it is being used to drive mass behaviour change” (Participant 2). *“It is a balance because too much emphasis incorporating religious vocabulary or religious direction may damage the campaign message and ultimately anger or put the target audience offside”* (Participant 5). *“It would have to be a really great and carefully constructed message or maybe the slogan could be loaded with religious language, I think that industry would consider this far too risky”* (Participant 4). *“I think that they should never be used within a campaign to bring about a bad reaction in people or cause aggression, as this would be detrimental to the success of the campaign and potentially to a society that is united by religion”* (Participant 3).

4. Discussion and Conclusion

In terms of mass media, journalists and media centres are under fire as to both their political orientation and religious beliefs, if any. Olasky (1988) suggests that journalism whilst predominantly Christian through until the mid-18th century, has since been heavily influenced by both humanism and pantheism which could be deemed as anti-Christian and may be forcing journalists to abandon their religious heritage (Shoemaker & Reese, 1996). From their 1981 study of leading American media organisations, Lichter et al. (1986) found that journalists within accounted for: 13% Catholic, 14% Jewish, 20% Protestant and 53% had no religious affiliation. Interestingly, 86% of the journalists studied, reported either never or seldom attending religious ‘services’. In their 1982 to 1983 study of over 1000 American journalists (i.e. random sample), Weaver and Wilhoit (1991) reported: 27% Catholic, 6% Jewish, 60% Protestant and 7% had no religious affiliation.

These findings indicate a direct correlation with American society in terms of ‘general religious background’ and directly oppose those of Lichter et al. (1986). The study was replicated in 1992 and reported 29.9% Catholic, 5.4% Jewish, 54.4% Protestant and 5.5% had no religious affiliation. Despite the slight changes, again the religious affiliation results mimic those of American society in general (Shoemaker & Reese, 1996). Mass media does not give much coverage on religion or religious matters, rather extending that coverage to more recognisable social institutions. This is supported by the minimal space attributed in newspapers as well as personnel assigned to report on such matters. Clearly, the message from newspaper editors is that religion/ religious phenomena is peripheral and/or non-existent when compared with what is deemed as ‘decent-coverage’ (Duin, 1992, p. 52).

Whilst it appears that mass media practitioners deliberately mitigate against the use of religion, social marketing practitioners are faced with further complexities. Whilst social marketing campaigns can be designed to target a myriad of topics, imagine a ‘safe sex’ MMSM campaign that is promoting the use of condoms as the behavioural intervention. The perception of a condom to mass media practitioners, social marketing practitioners, religious groups, sexual-abuse victims, societies’ conservatives, sexually active sex-positive individuals and sub-cultures and ethnic women will be completely different which is compounded with the symbolic meaning of what a condom is and what it represents (Perloff, 2009). Rogers (1995) highlights a case where campaign practitioners in India identified condoms to be taboo because symbolically they were known as ‘French letters’. In an attempt to not offend any cultural and/or sub-cultural groups, the word condom was replaced with ‘Nirodh’ (i.e. Indian word for protection). Whilst the initial campaign was unsuccessful, the word change initiated new market testing of the product in New Dehli and was a success that led to the roll-out of the campaign across the nation (Perloff, 2009).

Religion, societal norms as well as micro and macro social factors all influence MMSM campaigns. In terms of sexuality from a social marketing perspective, society remains unsure and practitioners remain hamstrung when promoting behavioural interventions. Australia’s liberal sex culture may be embraced by society, yet many religious groups resent ‘safe sex’ campaigns as it contradicts their beliefs of abstinence as well as invading their parental prerogatives (Bayer, 1994). Perloff (2009) argues that interpreting specific countries MMSM campaigns related to ‘safe sex’ could be perceived as a threat to that societies’ deep-seated beliefs in promiscuity and polygamy. According to Fitzgerald (1993) religion in MMSM will in most cases be deliberately mitigated because *“religious figures fear being misunderstood and misrepresented and social marketing practitioners fear making mistakes and incurring religious wrath”*.

Whilst the participant responses indicate that the use of religion or religious application is considered risky in MMSM campaigns, Ahmad and Harrison (2007) suggest that within every society, culture is a foundation

element that contributes to attitudes, behaviours, creating identity as well as the feeling of community. Dependent on age, gender, social class are traditions that reflect the 'norms' within a particular society. Furthermore, religious traditions help cement cultural beliefs and practices. Therefore, when promoting or influencing specific groups' interests, religion as a cultural identity remains and persists in framing the cultural context. Inglehart and Baker (2000) argue that in industrial societies, religion and religious beliefs still persist and further report the growth in both individual and societies spiritual concerns. Smelser and Swedberg (1994) cite further findings to support the view that societies traditional values, including religion, despite economic development; will continue to be an independent influencer on any cultural changes that may be caused by such economic development. Furthermore, the findings emphasise that despite modernisation, traditional values (i.e. religion) will continue to persist and play their role in the development of society. Sullivan (1989) and Koenig, McCullough and Larson (2001) have traced historically, the relationship between religion and MMSM campaigns (e.g. health promotion).

The link between religion and health promotion is mainly in the areas of: conduct of behaviour, coping and healing. Koenig, McCullough and Larson (2001) suggest that the connection between religion and health promotion is not a new phenomenon as previous studies have been conducted in terms of religion in: clinical applications, disease prevention, health promotion, health services and physical disorders. Whilst studies of religion in contemporary society have been well reported for some time now, (Eister, 1974; Weaver et al., 2006), further studies report findings that religion is a major element in discouraging unacceptable health risk behaviours (Frank & Kendall, 2001; Furby & Beyth-Marom, 1992; Lorch & Hughes, 1985).

The extant literature identified theories of behaviour change that explain how information and persuasion are able to influence voluntary behaviour change in a target audience (Ajzen, 2002b; Janz, Champion & Strecher, 2002; Petty & Cacioppo, 1986b). Whilst there is efficacy of theories, they can only be attributed, in some instances, to small modifications when it comes to health behaviour (Norman & Conner, 1996). Predominantly, target audiences align their behaviour with their moral/religious values when attempting to achieve desired outcomes (Chassin et al., 1995). Furby and Beyth-Marom (1992) argue that adolescents are the exception to the rule as their behaviours may lead to health-endangering actions whilst they are developing their own values in an attempt to become autonomous from their parents or demonstrate their own perceived maturity. Interestingly, Amonini and Donovan (2006) and Frank and Kendall (2001) argue that through religious teaching, desired behaviours that are linked to moral values can provide a platform for adolescents/children to make cognitive assessments when making healthy choices. Whilst empirical research into healthy behaviours indicates the efficacy between religion and desired behaviours/outcomes, the converse applies with the relationship between religion and alcohol abuse and religion and licentious sexual behaviour (Abraham, Sherran & Abraham, 1992; Bree & Pickworth, 2005; Hassett, 1981; Wallace & Bachman, 1991). Furthermore, strong negative correlations apply with the relationship between religion and drug use (Adlaf & Smart, 1985; Amonini & Donovan, 2006; Burkett & Warren, 1987; Lorch & Hughes, 1985; Lugo & Biswal, 1997).

Woldehanna et al. (2006) conducted a qualitative study (i.e. semi-structured interviews) with a sample of 206 participants from HIV/AIDS organisations globally, findings indicated the prospect that strategically, religious organisations/institutions could play a role in HIV/AIDS prevention. Interestingly, all sample participants worked predominately for secular organisations. Further findings indicate the involvement of religious organisations/institutions utilises social resources and also helps with the alignment of the specific context of the socio-cultural environment and the specific scientific prevention effort (Woldehanna et al., 2006). The findings from Woldehanna et al. (2006) substantiate what Warwick and Kelman (1973) describe as cultural and ideological biases. In regards to the change effort, choices in terms of outcomes are often ignored due to a particular hierarchy of values. A target audience may not necessarily question the source of such values due to simply taking them for granted, regardless whether or not they are considered controversial or bad behaviour.

Geist-Martin, Ray, and Sharf (2003) suggest that the cultural sensitivity approach in health campaigns, including the socio-cultural component justifies the intervention to drive behaviour change. Extending campaign design to include the knowledge-attitude-practice (KAP) framework which may include religious elements and their latent normative components. Amonini and Donovan (2006) argue that religious elements are empirically proven as predictors of positive healthy behaviours, however; these elements receive minimal attention from health campaign researchers and practitioners (Frank & Kendall, 2001; Lorch & Hughes, 1985). Remarkably, religion as a predictor of a target audience's behaviour, appears in many behaviour change theories. The theory of reasoned action (Fishbein & Ajzen, 1975) is arguably the most applied theory to health problems/campaigns and initially comprised the moral/personal norms (i.e. religion) concept (Montano & Kasprzyk, 2002).

Whilst other social marketing research has used different models/theories of behaviour change, some acknowledge the 'religion' concept and its application, yet they fail to recognise and address it as a variable during the data analysis phase (Ajzen, 2002b; Janz, Champion & Strecher, 2002; Petty & Cacioppo, 1986a).

Koenig, McCullough and Larson (2001) and Salem (2006) argue that for health related problems, religion is widely used as an effective strategy for coping and prevention. In terms of society, Koenig, McCullough and Larson (2001) deemed religion as the social glue encouraging societies as a whole to accept basic values, which are used to both integrate and control individuals/groups. Religious values help maintain cultural traditions, helping societies survive by ensuring people share general common beliefs about what is right and wrong behaviour (Ahmad & Harrison, 2007). Therefore, linking religious/spiritual themes or religious dimensions with social marketing campaign messages (i.e. health promotion) could be deemed as an appropriate motivational and/or behavioural change strategy (Ahmad & Harrison, 2007). This can be achieved by deliberately manipulating social effects, similar to that of linking specific biblical commandments to the desired behaviours as a source of identifying what is accepted, in terms of being either positive or negative outcomes (Glanz, et al., 2002). Campbell et al. (1999), proved this notion by demonstrating how a target audience feelings of religious pride or shame can invoke particular attitudes/behaviours towards specific health practices (Ahmad & Harrison, 2007).

To date, there does not appear to be any empirical research in the extant literature surrounding fear-arousal messages and religion (i.e. faith-based institutions). Such research is required to determine the effectiveness of message outcomes and/or responsiveness when directly related to religion. Ahmad and Harrison (2007) hypothesize that any links between religion and fear-arousal messages through a salutogenesis orientation (Antonovsky, 1996) could possibly lead to lower disease risks as well as the enhancement of an individual's well-being (i.e. health promotion). McQuail (2000) and Preiss (2007) report on the effects of mass media across a number of disciplines on the global stage as modern society's prime socialising agent and how it influences thinking and behaviour as well as shaping the perceptions of target audiences, communities and societies to assist the construct of social reality, in making sense. Arthur (1993) raises the question as to the source of the mass media message as well as the peripheral concerns how a message is told, received and the value system they align to. When specifically related to religion two viewpoints are raised.

The first viewpoint considers religious themes in mainstream media whilst the second viewpoint considers how religious principles are indirectly used within mass media campaigns. Meyer and Moors (2006) have identified the evolution of religion and media relationship and how it extends beyond academia, into public debate. Whilst predominantly health behaviour is promoted via mass media within society, both local industry organisations', and interpersonal networks are extended to assist with the desired behaviour change.

It has been identified that this social marketing concept reduces the economic, practical distance, psychological and social gaps between the desired behaviour and the target audience (Ahmad & Harrison, 2007). Katz, et al., (1973) suggests the use of media for the gratification of five human needs: affective, cognitive, personal integrative, social integrative as well as tension release. These human needs identify with both the religious and individual values of target audiences through mass media from a socio-cultural perspective (Stout & Buddenbaum, 1996; Vries & Weber, 2001). Seale (2001) suggests that both scientific ideas and medical practices are sometimes unable to "address existential questions of ultimate meaning or justice that often trouble people when they face a life-threatening illness" and whilst this problematic area would normally be addressed by religious discourse, unfortunately this does not occur due to the media's marginalisation of religion.

Kline (2006) evokes the argument of whose views, values, interests and/or messages are privileged or more privileged than another, specifically when religion is proven to have foundations for behavioural interventions (Ahmad & Harrison, 2007).

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