

**THE INFLUENCE OF CAUSE-RELATED MARKETING
CAMPAIGN STRUCTURAL ELEMENTS ON
CONSUMER INTENTION, ATTITUDE AND PERCEPTION**

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DECLARATION

By submitting this dissertation electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

Cause-related marketing is a transaction-based approach characterised by an offer from a firm to make a contribution to a donation recipient when consumers purchase a particular cause-linked product. It is a technique that offers benefits to firms, non-profit organisations and consumers in an era where firms are held responsible for their societal actions, non-profit organisations are confronted with increasing social demands and decreasing funding, and consumers value the social identity and *warm glow* provided by charitable involvement.

Cause-related marketing campaigns are constructed from various campaign structural elements. Such elements include the product featured in the campaign, the donation promised and the donation recipient. Research has indicated that consumers are generally positive toward cause-related marketing and that campaign structural elements influence consumer responses, both independently and interactively. Given the number of potential campaign structural elements, the multiplicity of their possible permutations, the simplicity of some previous studies and the contextual nature of cause-related marketing, further inquiry into the influence of these elements on consumer responses have been recommended. The current study responded to this call for research. The purpose of the research was to explore South African middle- to high income consumers' knowledge and opinions about cause-related marketing, and to investigate the independent and interactive influence of selected campaign structural elements on consumer responses. The research was conducted by means of qualitative focus groups and a quantitative 2 X 2 X 2 X 2 factorial experiment.

The study adopted a communications approach and therefore focused on the campaign structural elements that are typically communicated to consumers as part of a cause-related marketing offer. The campaign structural elements that were investigated as independent variables in this study were product involvement (high; low), donation recipient specificity (specified; vague), donation magnitude (high; low) and donation expression format (actual amount; percentage-of-price).

Product involvement and donation recipient specificity have received limited attention within the cause-related marketing research arena, whilst previous donation magnitude and donation expression format findings have been elusive and indicative that their influence often occur in interaction with other elements.

As previous studies focused extensively on cause-related marketing outcomes derived from the campaign, the purpose of this research was to investigate those consumer responses pertaining to the communicated campaign itself. The consumer responses that exert the most determinant influence on cause-related marketing effectiveness are attitudes and behavioural intentions. Given this knowledge, purchase intention, participation intention, attitude toward the cause-related marketing advertisement, cognitive and affective attitude toward the communicated cause-related marketing offer and attitude toward the alliance featured in the offer were investigated as dependent variables along with perceived firm motives for participating in cause-related marketing.

The qualitative research revealed that South African consumers are positive toward cause-related marketing and that they prefer positive prosocial campaign messaging. The experiment confirmed that campaign structural elements exert significant independent and interactive influences on consumer intentions, attitudes and perception. A low involvement product, a specified donation recipient and a high magnitude actual amount donation were found to have the most positive impact on consumer responses.

OPSOMMING

Saakverwante reklame is 'n transaksiegebaseerde benadering wat gekenmerk word deur 'n aanbod van 'n firma om 'n bydrae te maak aan 'n donasiebegunstigde wanneer verbruikers 'n spesifieke saakgekoppelde produk koop. Dit is 'n tegniek wat voordele bied aan firmas, nie-winsorganisasies en verbruikers in 'n era waar firmas aanspreeklik gehou word vir hul sosiale aksies, nie-winsorganisasies gekonfronteer word met toenemende sosiale behoeftes en afnames in befondsing, en verbruikers waarde heg aan die sosiale identiteit en warm gevoel wat verkry word uit liefdadigheidsbetrokkenheid.

Saakverwante reklame word gekonstrueer deur verskeie veldtogstruktuurelemente. Sulke elemente sluit in die produk wat in die veldtog verskyn, die donasie wat belowe word en die donasiebegunstigde. Navorsing dui daarop dat verbruikers oor die algemeen positief is teenoor saakverwante reklame en dat veldtogstruktuurelemente verbruikersreaksies beïnvloed, sowel onafhanklik as interaktief. Gegewe die aantal potensiële veldtogstruktuurelemente, die meervoudigheid van hul moontlike permutasies, die eenvoud van sommige vorige studies en die kontekstuele aard van saakverwante reklame, word verdere ondersoek oor die invloed van hierdie elemente op verbruikersreaksies aanbeveel. Hierdie studie is 'n reaksie op daardie oproep.

Die doel van die navorsing was om Suid-Afrikaanse middel- tot hoëinkomsteverbruikers se kennis en opinies oor saakverwante reklame te verken, en om die onafhanklike en interaktiewe invloed van bepaalde veldtogstruktuurelemente op verbruikersreaksies te ondersoek. Die navorsing is uitgevoer aan die hand van kwalitatiewe fokusgroepe en 'n kwantitatiewe 2 X 2 X 2 X 2 faktoriale eksperiment.

Die studie het 'n kommunikasiebenadering gevolg en daarom gefokus op die veldtogstruktuurelemente wat tipies aan verbruikers gekommunikeer word as deel van 'n saakverwante reklame-aanbod. Die veldtogstruktuurelemente wat in hierdie studie as onafhanklike veranderlikes ondersoek is, is produkbetrokkenheid (hoog; laag), donasiebegunstigde-spesifisiteit (spesifiek; vaag), donasiegrootte (hoog; laag) en donasie-uitdrukingsformaat (werklike bedrag; persentasie-van-prys).

Produk-betrokkenheid en donasiebegunstigde-spesifisiteit het sover beperkte aandag ontvang in navorsing oor saakverwante reklame, terwyl vorige bevindinge oor donasiegrootte en donasie-uitdrukingsformaat ontwykend was en daarop gedui het dat hierdie elemente se invloed dikwels in interaksie met ander elemente voorkom.

Aangesien vorige studies breedvoerig gefokus het op saakverwante reklame se uitkomst wat uit die veldtog afgelei word, was die doel van hierdie navorsing om die verbruikerreaksies te ondersoek wat verband hou met die gekommunikeerde veldtog self. Die verbruikerreaksies wat die mees bepalende invloed op saakverwante reklame se effektiwiteit uitoefen, is houdings en gedragsvoornemens. Gegewe hierdie kennis is aankoopvoornemens, deelnamevoornemens, houding teenoor die saakverwante reklame-advertensie, kognitiewe en affektiewe houdings teenoor die gekommunikeerde saakverwante reklame-aanbod, en houding teenoor die alliansie wat in die aanbod verskyn, as afhanklike veranderlikes ondersoek tesame met die firma se waargenome motiewe vir deelname aan saakverwante reklame.

Die kwalitatiewe navorsing het getoon dat Suid-Afrikaanse verbruikers positief is teenoor saakverwante reklame en dat hulle positiewe pro-sosiale veldtogboodskappe verkies. Die eksperiment het bevestig dat veldtogstruktuurelemente 'n beduidende onafhanklike en interaktiewe invloed uitoefen op voornemens, houdings en persepsie. Daar is bevind dat 'n laebetrektheid-produk, 'n gespesifiseerde donasiebegunstigde en 'n hoë werklike donasiebedrag die mees positiewe impak op verbruikerreaksies het.

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LIST OF ABBREVIATIONS

CARE	cause-related marketing
NPO	non-profit organisation\
NPOs	non-profit organisations
CSE	campaign structural element
CSEs	campaign structural elements
CSR	corporate social responsibility
PIC	purchase intention
PARI	participation intention
AAD	attitude toward the advertisement
ATOT	cognitive attitude toward the cause-related marketing offer
ATOF	affective attitude toward the cause-related marketing offer
AAL	attitude toward the alliance
FM	perceived firm motives
PI	product involvement
DRS	donation recipient specificity
DEF	donation expression format
DM	donation magnitude

*To give away money is an easy matter
and in any man's power.
But to decide to whom to give it
and how large and when,
and for what purpose and how,
is neither in every man's power nor an easy matter.*

Aristotle

CHAPTER 1

INTRODUCTION

*Were there none who were discontented with what they have,
the world would never reach anything better.*

Florence Nightingale, war nurse and founder of modern nursing

1.1 INTRODUCTION

Business and society have existed in close juxtaposition for centuries with firms often assuming a superior role in this relationship (Burchell & Cook, 2013). However, the scandals which have characterised the corporate world in recent years have brought many profit-oriented powerhouses in disrepute and have raised consumer scepticism about their ability to make ethical and sound decisions. As recent as 2015 Volkswagen revealed that it had deliberately misled stakeholders into thinking that their vehicles are more environmentally friendly than they actually were, electronics conglomerate Toshiba admitted to overstating its earnings for almost a decade, and FIFA officials were accused of fraud, impelling several large sponsors such as Coca Cola and McDonald's to call for a FIFA leadership change and dramatic reforms (Matthews & Gandel, 2015). Alongside these corporate scandals, consumers are becoming more sophisticated, connected, and empowered by technology, while they also increasingly demand good corporate citizenship (O'Guinn, Allen, Semenik & Scheinbaum, 2015). No longer can firms that want to satisfy the needs of their consumers, continue with *business as usual* without considering the needs of society as well and contributing to making a difference.

Cause-related marketing is a strategy that provides firms with the opportunity to engage with society in a creative manner that holds benefits not only for firms, but also for non-profit organisations (as social partners) and consumers (Barnes, 2015). In an era where collaboration and measurable returns are business imperatives, the importance of social involvement and investment is growing (Deng, Kang & Low, 2013). Cause-related marketing (CARE) represents a collaborative approach that allows for mutually beneficial interactions and measurable returns (Varadarajan & Menon, 1988).

In this study, the relationship between firms and society will be addressed from both a broad business and a marketing-specific perspective. CARE will be introduced as a strategy that

allows for positive returns and a societal impact, depending on the campaign structural elements that are selected for the campaign. Several different structural elements can be selected for CARE campaigns. Different permutations and combinations of these elements will affect consumer responses differently and ultimately determine the effectiveness of the CARE campaign.

In this chapter, a brief background to the study will be provided, followed by the problem statement. In response to the problem statement the purpose of the research and the methods adopted to address this purpose will be delineated. The research endeavours to explore the knowledge and opinions of South African consumers pertaining to CARE, and to assess the influence of particularly relevant campaign structural elements (CSEs) on consumer responses. Both qualitative and quantitative research methods were used and will be introduced in this chapter, along with the sample, data collection and data analysis process. The chapter will conclude with an orientation of the study in which the content and purpose of each of the ten chapters of the research will be delineated.

1.2 BUSINESS, MARKETING AND SOCIETY

Business and society have existed in close collocation for centuries (Burchell & Cook, 2013). However, this co-dependency has often been negated and the potential benefits from it neglected. The introduction of Adam Smith's Invisible Hand concept laid the groundwork for greater acknowledgement of the positive outcomes that could arise from improved business and society interaction (Bevan & Werhane, 2015; Nickels, McHugh & McHugh, 2008; Parkin & King, 1995; Rosten, 1990). Other transformations, such as the Industrial Revolution, the World Trade Centre tragedy and the global financial crisis have confirmed the importance of a positive relationship between firms and society (Matthews & Gandel, 2015; Steiner & Steiner, 1994).

In the 1970s Milton Friedman criticised the social responsibility of businesses by stating that "the business of business is business" (Friedman, 1970:5). However, at that time, transformation in the functional areas of business had already commenced – firms were realising that their behaviours and those of society had a reciprocal effect on one another. The idea of a firm's responsibility toward society slowly emerged and was later referred to as *corporate social responsibility*. This terminology became an umbrella term for a host of corporate involvements with society and many firms continue to use it.

Corporate social responsibility (CSR) is an evolutionary concept that is relevant across industries and contexts (Bhaduri & Selarka, 2016; O'Brien, 2001). In recent years it has become a strategic business imperative rather than a philanthropic initiative with the purpose of contributing to sustained business value and success (Barnett, 2016; Pirsch, Gupta & Grau, 2007; Harvey & Schaefer, 2001; Argandoña, 1998; Freeman, 1984).

Although the CSR practices of many firms are criticised for contributing less to society than their public image suggests and for misusing the influence that stems from their societal contributions, the necessity of firms' involvement with society has become an accepted veracity (Burchell & Cook, 2013).

As mentioned earlier, in the 21st century the importance of firms' interrelation with and responsibility toward society was highlighted by events such as the global financial crisis, the World Trade Centre tragedy and recent cases of unethical and corrupt behaviour by firms such as Enron, BP, Volkswagen, Toshiba and FIFA (Matthews & Gandel, 2015). These occurrences have increased consumer sensitivity toward corporate conduct and have placed renewed emphasis on the dire needs experienced by many communities around the globe and the failure of governments to address these needs. Governments' social neglect has contributed to increased pressure on non-profit organisations (NPOs) that act as societal custodians and providers of much-needed social services (Stuart, 2013; Mitchell & Taylor, 1997). The task of NPOs is becoming increasingly challenging due to a decrease in and greater competition for funding that coincide with growing societal needs. Therefore, many NPOs are in search of creative ways for generating funding and are reaching out to firms for potential collaborations. NPOs are also becoming more willing to adopt branding and marketing strategies to pursue and fulfil their goals (Cotten & Lasprogata, 2012).

Nowadays, many firms are using and continuously seeking for creative approaches to reach target audiences and grow their profits, whilst acting as a responsible societal role player (O'Guinn et al., 2015). The global business domain is dynamic and noteworthy shifts are continuously occurring (Prajogo, Prajogo, Oke & Oke, 2016). One such an evolution, for instance, is the growing economic power of emerging markets. The exciting business opportunities in emerging markets have forced many firms in developed markets to take note of the unique requirements in emerging markets – the cultural codes that exist, the unique needs of consumers, rules of conduct and societal challenges are but a few examples (Lenssen & Van Wassenhove, 2012). A growing body of research is emphasising that the rules and approaches that are effective in a developed market context are often less successful in emerging markets (Hochstetler, 2013; Lenssen & Van Wassenhove, 2012;

Achrol & Kotler, 2012; Sheth, 2011). The lucrative opportunities, however, warrant the effort of learning more about emerging markets and how to elicit positive consumer responses (e.g. product purchases, favourable attitudes) in such markets.

These contentions are applicable to societal involvement as well. The needs of society and effective CSR approaches may differ in emerging markets when compared to developed markets. Therefore, further research that assesses whether the approaches that are used in developed markets are suitable for emerging market contexts is called for (Hochstetler, 2013; Lenssen & Van Wassenhove, 2012; Achrol & Kotler, 2012; Sheth, 2011). In addition, inquiry into creative options for contributing to society in emerging markets is encouraged by both researchers and practitioners (Galan-Ladero, Galera-Casquet & Wymer, 2013).

Given many firms' need for creative CSR initiatives and the need of NPOs for increased funding, collaboration between these entities to realise their respective objectives, is increasing. Nowadays, alliances between firms and NPOs are becoming more prevalent. Alliances with firms provide NPOs with a new funding stream and increased publicity, whilst firms have the opportunity to reach new markets, improve their reputations and leverage their competitive positions (Lamb, Hair, McDaniel, Boshoff, Terblanche, Elliott & Klopper, 2010; Hawkins, Mothersbaugh & Best, 2007; Dickinson & Barker, 2006; Hawkins, Best & Coney, 2001; Samu & Wymer, 2001).

The growing consideration of societal involvement by business in general, is also reflected in the domain of marketing (Lamb et al., 2010). Over time, marketing has evolved from a product-focused function to one where relationships are important, consumer need satisfaction is a primary focus and the preservation of society is critical (Lamb et al., 2010). In the early 1950s, the marketing concept originated and emphasised the importance of identifying, understanding and satisfying the needs and wants of consumers (Lazer, 1969). The societal marketing orientation followed in the early 1970s and stated that the responsibility of a firm extends beyond profit generation and includes serving the goals of society and protecting society's long-term interest (Schiffman & Kanuk, 2015). The emergence of a service-dominant logic suggests that the focus on consumer needs and societal interests are not only relevant in a product context, but also in a services context (Lusch & Vargo, 2014). Nowadays, firms are encouraged to adopt:

1. an experience-dominant logic where the stimulation of consumer senses is important;
2. a new consumption philosophy referred to as customer care, and;

3. a network orientation in which marketing, branding and co-creation is viewed as core functions of the firm and acting as the consumer's agent is viewed as its primary role (Liu, 2013; Achrol & Kotler, 2012).

Cause-related marketing represents a co-creation process in which the firm acts as the consumer's agent to enable a donation to a beneficiary/donation recipient when a consumer purchases the firm's product.

1.3 CAUSE-RELATED MARKETING AND CAMPAIGN STRUCTURAL ELEMENTS

Cause-related marketing (CARE) is viewed as a strategy where firms act as a giving agent on behalf of the consumer (Barnes, 2015). Embedded in the societal marketing orientation, CARE as a strategy requires a network orientation and subscribes to the principles of responsible marketing (Achrol & Kotler, 2012). It holds benefits for firms, consumers and NPOs or causes as societal agents, if effectively implemented. CARE is defined as a "process of formulating and implementing marketing activities that are characterized by an offer from the firm to contribute a specific amount to a designated cause when customers engage in revenue-providing exchanges that satisfy organizational and individual objectives" (Berglind & Nakata, 2005: 444; Nowak & Clarke, 2003: 138; Wymer & Samu, 2003: 12; Larson, 2001: 34; Bennett, 2002: 42; Webb & Mohr, 1998: 226; Varadarajan & Menon, 1988: 60).

The appropriate combination of campaign structural elements (CSEs) is critical for the development of effective CARE campaigns. CSEs refer to the various components that form the CARE campaign (Grau & Folse, 2007). Some elements (e.g. campaign geography, and strategic versus tactical orientation) are determined by the campaign developers, but are not necessarily communicated to consumers. Other CSEs are visibly communicated to consumers during campaigns to ensure that they are aware of the campaign and what it entails. CSEs such as the cause-linked product to be included in the campaign, the donation recipient with whom to partner and the donation promised in the campaign are all typically communicated to consumers during a campaign and are therefore particularly important. Despite not always being visibly communicated to consumers, other CSEs such as the strategic orientation of the campaign, campaign duration and campaign geography also have to be contemplated by the firm.

Research has indicated that consumers are generally favourably inclined toward CARE, but that campaign structural elements influence consumer responses, both independently and interactively (Folse, Niedrich & Grau, 2010). Therefore, multiple combinations of CARE can exert an influence on consumer responses. However, researchers thus far have often opted for the inclusion of a maximum of three CSEs to avoid experimental complexity, resulting in a lack of clarity about the interactive influences of these elements (La Ferle, Kuber & Edwards, 2013; Chang, 2008).

Researchers have further suggested that different combinations of CSEs result in different outcomes in different contexts (La Ferle et al, 2013; Subrahmanyam, 2004; Strahilevitz, 1999). Despite the fact that the South African market can benefit from CARE campaigns, relatively few empirical studies have addressed CARE or cause-brand alliances (Tustin & Pienaar, 2005; Engelbrecht & Du Plessis, 2004). South African studies have largely focused on the effects of internal and external communication aspects related to CARE (Tustin & Pienaar, 2005). No monetary and/or contribution-related studies have been conducted and no studies have investigated CARE endeavours as concurrently being co-branded efforts. It is thus evident that there is ample scope for expanding knowledge regarding CARE planning and implementation.

Given the number of potential campaign structural elements (Grau & Folse, 2007), the multiplicity of their possible permutations, the simplicity of some previous studies, the contextual nature of cause-related marketing (La Ferle et al., 2013; Subrahmanyam, 2004) and the limited research that has been conducted in the South African context, further inquiry into the influence of these elements on consumer responses have been called for. The current study responded to this call for more extensive research and deeper insight.

The campaign structural elements that are of particular relevance for investigation in this study are product involvement (high; low), donation recipient specificity (specified; vague), donation magnitude (high; low) and donation expression format (actual amount; percentage-of-price). As noted earlier, these are CSEs that are typically communicated to consumers as part of a CARE offer. Product involvement and donation recipient specificity have received limited attention in the CARE domain, as many researchers focus more on the for-profit than the non-profit brand during their research and most often assess the role of the hedonic-utilitarian product framework (Chang, 2008). The ability of this framework to provide a comprehensive view of the role of the product in CARE has been questioned (Chang, 2008) as results pertaining to this framework have differed across contexts (Galan-Ladero, Galera-Casquet, Valero-Amaro & Barroso-Mendez, 2013). Also, the framework does not take into

consideration the co-branding nature of CARE and the product classifications, such as product involvement, that are prominent in this field of research.

Previous findings concerning donation magnitude and donation expression format are limited and inconclusive (Chang, 2011; Strahilevitz, 1999). However, previous research has suggested that the influence exerted by these elements often occur in interaction with other elements rather than in isolation (Chang & Cheng, 2015; Chang, 2008; Strahilevitz, 1999). CARE research thus far has also failed to provide an indication of the most suitable donation magnitude to include in CARE campaigns (Folse et al., 2010). Against this background, the assessment of the role of these independent variables in CARE was deemed suitable as the broad purpose of this study.

1.4 CAUSE-RELATED MARKETING AND THE CONSUMER

CARE offers several benefits to the consumer, amongst others, the pleasant so-called *warm glow* of giving, and an enhanced self-concept and social identity (Hessekiel, 2014). Further, the firm acts as a donation agent to the consumer and eliminates complex donation-related decision-making.

As mentioned earlier, consumer responses to CARE have shown to be contextual and dependent on the influence of CSEs. The consumer responses that exert the strongest influence on CARE effectiveness are attitudes and behavioural intentions. Research has confirmed the relationship between attitudes, intentions and behaviour. Attitudes and intentions can then be viewed as suitable measurements for a more comprehensive appreciation of consumer conation (Schiffman & Kanuk, 2015).

Previous CARE studies have focused extensively on assessing the psychological consequences of a campaign (e.g. attitude) that are derived from components of the campaign that would exist even if the campaign did not (e.g. the product, the brand or the donation recipient) (Lafferty & Edmondson, 2014; Youn & Kim, 2008). Examples of such consequences include attitude toward the product brand and attitude toward the cause (Lafferty & Edmondson, 2014; Youn & Kim, 2008). The purpose of this study was to investigate consumer responses (i.e. consequences of the campaign) resulting from exposure to CARE elements that formed part of the campaign itself and would not exist independently of the campaign. For instance, intentions to purchase the cause-linked product and attitude toward the CARE offer relate to campaign-specific aspects. Purchase intention,

participation intention, attitude toward the CARE advertisement, cognitive and affective attitude toward the communicated CARE offer, and attitude toward the alliance featured in the offer were all investigated as dependent variables along with perceived firm motives for participating in CARE. These variables are defined and discussed in Chapter 5 and Chapter 6 along with the relevant theories that underly each variable.

In recent years, the influence of emotion in decision-making has become more prominent and has contended the view that consumers are primarily rational decision-makers (Anderson & McLaren, 2012). The growing acknowledgement of the influence that emotion can exert on consumer decisions has also influenced the manner in which marketers construct their persuasion attempts (Merikangas, 2011). Prosocial strategies, such as CARE, have become more prominent due to their ability to evoke consumer emotions and thus influence consumer behavioural intentions as a result of those emotions (Xu, Bègue & Bushman, 2012). However, emotion has received little research attention in the CARE domain. Therefore, in this study consumer attitude toward the CARE offer was assessed both cognitively and affectively.

1.5 PROBLEM STATEMENT

The business domain has changed to such an extent over the past decades that firms are compelled to increase their societal involvement by means of approaches that provide measurable returns (Misra, 2014). CARE represents such a strategy and offers several benefits for firms, NPOs and consumers (Kim & Johnson, 2013; Pharr & Lough, 2012; Sheikh & Beise-Zee, 2011; Krishna, 2011; Tustin & Pienaar, 2005; Varadarajan & Menon, 1988). However, the effectiveness of CARE seems to depend on the CSEs that are selected for the campaign (Grau & Folse, 2007). These elements transmit cues to consumers and have an impact on their responses to CARE (Grau & Folse, 2007). Research has suggested that CSEs are contextual, thus resulting in different consumer responses across cultural contexts (La Ferle et al., 2013; Subrahmanyam, 2004; Strahilevitz, 1999). Further, CARE studies have indicated that the influence exerted by CSEs often occur in an interactive manner rather than in isolation (Chang & Cheng, 2015; Chang, 2008). To avoid complexity, many CARE studies have assessed only two or three independent variables simultaneously and insights about the combined effect of several CSEs are lacking (Chang & Cheng, 2015). Given the number of potential CSEs, the multiplicity of their possible permutations, the simplicity of several previous studies and the contextual nature of CARE (La Ferle et al.,

2013; Subramanyan, 2004; Strahilevitz, 1999), further inquiry into the combined influence of these elements on consumer responses is the broad purpose of this study.

A limited number of previous studies have assessed the influence of CSEs such as campaign duration, geography and strategic orientation (Ellen et al., 2000; Skitka, 1999). Although providing meaningful insights, these elements are often not revealed to consumers in CARE campaigns. Therefore, more research about the CSEs that are visibly communicated to consumers during CARE campaigns is required to enable the development of more effective campaigns. These CSEs include the cause-linked product, the donation recipient, donation magnitude and the donation expression format.

Most CARE studies that have investigated the role of the cause-linked product have focused on the hedonic-utilitarian framework (Strahilevitz, 1999). The approach has yielded inconsistent findings in different contexts (Subrahmanyam, 2004; Strahilevitz, 1999). Researchers have also mentioned the limitations of assessing only the hedonic-utilitarian framework and have called for inquiry into the influence of alternative product classification systems (Christofi, Leonidou, Vrontis, Kitchen & Papasolomou, 2015; Christofi, Vrontis & Leonidou, 2014). CARE also represents a co-branding relationship – a field in which product research often utilises the product involvement framework (Li & He, 2013; Simonin & Ruth, 1998). Given the above-mentioned co-branding guidelines, the call for research and the differential product-related findings deriving from different contexts, this study focused on the involvement framework as guideline for assessing the influence of the cause-linked product in CARE.

The majority of CARE studies have focused on investigating the for-profit partner (Lafferty & Edmondson, 2014; Chang, 2011; Chang & Liu, 2012; Lavack & Kropp, 2003; Strahilevitz & Myers, 1998; Strahilevitz, 1999). Despite indications that the donation recipient fulfils a key role in driving CARE effectiveness, research pertaining to this CSE has been scant (Lafferty & Edmondson, 2014; Engelbrecht & Du Plessis, 2004) Further, many firms promise a donation to a vague recipient (e.g. cause or charity in general) in their CARE campaigns (Kim, 2005; Pracejus, Olsen & Brown, 2003). Such an approach hampers the positive affect transfer that could happen from a branded donation recipient to the firm or the cause-linked brand and also contributes to consumer scepticism (Chang & Cheng, 2015; Galan-Ladero et al., 2013; Kim, 2005). However, whether a specified (branded) donation recipient would have a more positive impact than a vague donation recipient in CARE has not yet been assessed and was therefore addressed in this study.

Donation magnitude and donation expression format have been investigated in previous CARE studies (Das et al., 2014; Chang & Liu, 2012; Chang, 2011; Chang, 2008). The results have suggested that the influence exerted by these elements often occur in interaction with other elements, but research consensus has been elusive (Chang, 2011; Chang, 2008). Also, an indication of the most suitable donation magnitude to feature in CARE has not yet been confirmed. This study acknowledges the interactive nature of donation magnitude and donation expression format and therefore explores it in conjunction with the other two CSEs that are typically communicated to consumers, namely the product and the donation recipient. The study also attempts to provide donation magnitude guidelines for CARE campaign design.

In CARE studies, researchers often focus on assessing consumer responses pertaining to aspects that exist irrespective of the CARE campaign, such as attitude toward the brand or attitude toward the cause (Lafferty & Edmondson, 2014; Ellen et al., 2000). However, few studies have focused on those aspects that exist only as a result of the campaign. These aspects include the CARE advertisement, the CARE offer and the CARE alliance. Therefore, in this study, consumer attitudes toward these attitude objects were assessed. As the acknowledgement of the importance of emotion in marketing is growing and limited research has been conducted about this construct in the CARE domain, both cognitive and affective attitude toward the CARE offer were assessed in this study. To influence affection and cognition effectively, different persuasion attempts are required (Friestad & Wright, 1994). The lack of knowledge about whether CARE appeals more to consumers' affection or cognition makes it more difficult to develop effective persuasion attempts (Friestad & Wright, 1994).

Behavioural intentions are extensively influenced by consumer attitudes (Schiffman & Kanuk, 2015; Ajzen & Fishbein, 1977). In this study, purchase intention and participation intention were assessed. CARE studies often assess participation rather than purchase intention as an indication of consumer conation (Folse et al., 2010). However, successful CARE strategies require that consumers purchase the products and therefore participation intention may be a misguided indication of success. The similarity and differences pertaining to these two constructs have not been assessed and was thus addressed in this study.

Research about CARE in South Africa has been limited despite the potential value of the strategy and evidence of its contextual nature (Corbishley, 2014; Corbishley & Mason, 2011; Tustin & Pienaar, 2005; Engelbrecht & Du Plessis, 2004). Whether CARE results from other countries are applicable in the South African market is unclear. Likewise, South African

consumers' perceptions, knowledge, opinions, attitudes and intentions pertaining to CSEs are not known, thereby hindering local effective CARE campaign design.

1.6 RESEARCH PURPOSE AND METHODOLOGY

The purpose of the current study is to contribute to knowledge about CARE in the South African context by addressing the research gaps that were delineated in the problem statement.

As a result of the CARE knowledge deficiency in South Africa, there is an absence of clear CARE planning and implementation guidelines for marketing practitioners. The results from the current study will provide greater insights about: the process of CARE partner selection; brand-related impacts in the partnering process; the role of all partners in the CARE campaign development and implementation; the selection and design of CSEs; contextual impacts, and; the influence of campaign framing. More detail about the specific research objectives will be provided in Paragraph 1.7 and Paragraph 1.8 that follow.

Throughout the research process care was taken to conduct the research according to a method that bridges the shortcomings identified in previous studies. Consequently a mixed-method research design was adopted. The design included initial secondary research in the form of a literature review and qualitative focus groups to explore the concept of CARE in the South African context. The focus groups also aided preparation for the quantitative factorial experiment that followed to assess the simultaneous influence of several CARE elements on consumer responses. The qualitative and quantitative phases of the research will subsequently be discussed.

1.7 QUALITATIVE RESEARCH

The first phase of the study's primary research was qualitative in nature and consisted of consumer focus groups. Focus groups allow for the exploration of extant consumer knowledge and opinions and the development of new ideas. A phenomenological research approach was adopted to gain an understanding of the focus group participants' everyday knowledge, opinions and experiences pertaining to CARE in the South African context (Zikmund & Babin, 2016). The focus groups were conducted with the assistance of

Columinate, a qualitative research agency, to ensure professional moderation, trustworthy transcribing and the appropriate fulfilment of the purpose of the qualitative research.

1.7.1 Purpose of the qualitative research

The purpose of the qualitative focus groups was threefold. Firstly, the purpose of the focus groups was to explore the opinions and knowledge of South African consumers about CARE. Secondly, the focus groups allowed for an improved initial understanding of South African consumers' perspectives on the CSEs of CARE. Thirdly, the focus groups assisted in the development of the quantitative research design by guiding the selection of CSEs and dependent variables for inclusion in the research and contributing to the stimuli creation process.

1.7.2 Focus group composition and procedure

Seven consumer focus groups were planned for the study, including one pilot group. The purpose of the pilot group was to assess (1) the suitability of the planned focus group procedure, (2) the ability of the discussion guide to achieve the research objectives, and (3) a short questionnaire developed for capturing initial quantitative insights to assist in the planning of subsequent research phases. The questionnaire is provided as Addendum 6.2 in this document. The questionnaire addressed the following aspects: demographic characteristics of the participants; current knowledge, attitudes and perceptions about CARE; participant personality traits; spirituality and religion; product involvement levels; donation magnitude; donation expression formats; donation recipient familiarity and preference; congruence between the preferred for- and non-profit partners; high and low involvement product traits and associations; and consumer responses to sample CARE advertisements. Due to respondents' negative responses to the inclusion of spirituality and religion in a marketing-related questionnaire, the data resulting from the questions were excluded from the focus group analyses and similar inquiry was not repeated in the final quantitative data collection process. Similarly, the personality-related questions were not deemed necessary for the quantitative phase of the research and were therefore excluded from further consideration.

Where necessary, input from the pilot group directed revisions to the focus group discussion guide and questionnaire. The final discussion guide for the focus groups will be mentioned again in Chapter 6 and can be viewed in Addendum 6.1. Its structure includes an introduction and warm-up, a discussion about CARE advertisement examples, an exploration of the

CARE concept, a process of designing the ideal CARE campaign and thus selecting the ideal CSEs, and provision for the completion of the aforementioned short questionnaire for initial quantitative insights.

Six more focus groups followed the pilot group. These groups were compiled based on income, gender and race. Only consumers complying to the Living Standards Measure (LSM) group 7 and above were considered for the research. The LSM is a segmentation tool that is unique to the South African market (Lamb et al., 2010). LSM 7 and above represent middle- to high-income individuals who are more likely to have discretionary income available for prosocial behaviour, such as donating. Male and female participants were included in separate focus groups to prevent gender-biased discussions. Likewise, white and black participants were included in separate focus groups. The focus group discussions were transcribed and prepared for analysis, while the data from the short questionnaire were also analysed.

1.7.3 Focus group analysis

The qualitative analyses were conducted manually according to themes from the discussion guide, the literature review and the focus group conversations. The insights from the focus groups are discussed in-depth in Chapter 7, according to the identified themes.

The quantitative data from the short initial questionnaire were analysed by means of Microsoft Excel and IBM SPSS. The findings assisted with decision-making about the CSEs that were assessed in the final quantitative research of this study, the most appropriate research design and the research stimulus.

1.7.4 Important consequences of the secondary and qualitative research

The secondary research – conducted on the form of a literature review – and focus groups provided various insights that were of key importance for the design and implementation of the quantitative research. Firstly, education is a field that most South Africans are positive toward (UMajozi, 2015). Education is also one of the development areas most selected by firms for their sponsorship involvement or social investment initiatives (The Trialogue 2015 CSI Handbook, 2015). Therefore, education and its accompanying associations were selected as the broad theme guiding product and donation recipient decisions for the study. Pritt glue stick was subsequently selected as representing the low product involvement

scenario, whilst an HP laptop computer was selected as representing the high product involvement scenario.

Secondly, donation recipient familiarity and congruence between the for- and non-profit partner featured in a CARE campaign are key to the campaign's success. Therefore, Reach for a Dream was selected as the specified donation recipient in this study. It is a familiar brand and its congruence with both Pritt glue stick and an HP laptop computer was confirmed by means of the data collected during the focus groups.

Thirdly, high and low magnitude donations represent different amounts when accompanied by high as opposed to low involvement products. The donation magnitudes that featured in the advertisement stimuli of this study were derived from the focus groups and fitted with both the product and the donation expression format shown in the stimuli.

Finally, consumers prefer donation expression formats that are as transparent as possible. Therefore, actual amount and percentage-of-price donation expression formats were adopted in this research.

1.8 QUANTITATIVE RESEARCH

The quantitative research phase followed the qualitative research and was conducted to gain further insights about the influence of CARE on consumer responses.

1.8.1 Research objectives

The purpose of the quantitative research was to assess the individual, interactive and collective influence of the selected CSEs on consumer responses to CARE. The selected CSEs for this study were product involvement, donation recipient specificity, donation magnitude and donation expression format. These variables represent the CSEs that are typically communicated to a consumer in a CARE campaign. As this study adopted a communications approach, the inclusion of the mentioned CSEs was deemed suitable and relevant for investigation. In addition, the independent variables were selected owing to their potential to contribute to CARE knowledge based on the following:

1. The hedonic-utilitarian product framework is most often adopted in CARE (Christofi et al., 2015; Christofi et al., 2014; Strahilevitz, 1999). Therefore, the inclusion of different frameworks in the form of product involvement allows for novel perspectives.
2. The donation recipient has received little attention in CARE despite its apparent importance as most studies rather focus on the for-profit product or brand (Lafferty & Edmondson, 2014). For firms the assessment of donation recipient specificity will contribute to knowledge about CARE partner selection. For NPOs it will provide an idea of whether cultivating a strong non-profit brand holds value in CARE.
3. The donation-related variables, namely donation magnitude and donation expression format, have been assessed before, but results thus far have been inconclusive (Chang, 2011). Research has shown that the donation elements interact with one another and other CSEs. The inclusion of these elements in this study will contribute to an improved comprehension of the donation element's influence in CARE.
4. Most previous CARE studies have included two or, at the most, three independent variables in their experimental inquiry (Chang, 2011; Folse et al., 2010). In this study, the influence of four variables was assessed simultaneously, allowing for a deeper understanding of CARE complexities.

The consumer responses that were investigated as the dependent variables in the study were: purchase intention, participation intention, attitude toward the CARE advertisement, cognitive and affective attitude toward the CARE offer, attitude toward the portrayed campaign alliance, and perceived firm motives. These constructs pertain to behavioural intentions, the attitudinal variables related to aspects that exist due to the CARE campaign itself, and the motives perceived by consumers as a result of the communicated campaign. Considering the overall purpose of the study, eight quantitative research objectives were formulated and are summarised in Table 1.1.

Table 1.1
Quantitative research objectives

Number	Research objectives
0	To assess the collective influence of product involvement, donation recipient brand specificity, donation magnitude and donation expression format on the following consumer responses: a) purchase intention b) participation intention c) attitude toward the CARE advertisement d) cognitive attitude toward the CARE offer e) affective attitude toward the CARE offer f) attitude toward the alliance g) perceived firm motives

Table 1.1 (continued)

Number	Research objectives
1 _{a-e}	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables on consumer intention to purchase the cause-linked product portrayed in the CARE campaign.
2 _{a-e}	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables on consumer intention to participate in the CARE campaign.
3 _{a-e}	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables on consumer attitude toward the CARE advertisement.
4 _{a-e}	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables on cognitive consumer attitude toward the CARE offer.
5 _{a-e}	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables on affective consumer attitude toward the CARE offer.
6 _{a-e}	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables on consumer attitude toward the CARE alliance portrayed in the campaign.
7 _{a-e}	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables on perceived firm motives for participating in the CARE campaign.

The objectives listed in Table 1.1 coincide with the research hypotheses, which are mentioned throughout the literature review in Chapters 4 and 5, and summarised in Chapter 6 and in Table 1.2.

Table 1.2
Research hypotheses

Number	Research hypotheses
H ₀	All group means are equal (the independent variables of the study did not influence the dependent variables).
H _{01a-e}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables will not influence consumer intentions to purchase the cause-linked product featured in the CARE campaign
H _{02a-e}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables will not influence consumers' campaign participation intentions
H _{03a-e}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables will not influence attitude toward the CARE advertisement.
H _{04a-e}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables will not influence cognitive attitude toward the CARE offer.
H _{05a-e}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables will not influence affective attitude toward the CARE offer.

Table 1.2 (continued)

Number	Research hypotheses
H _{06a-e}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables will not influence attitude toward the alliance portrayed in the CARE campaign.
H _{07a-e}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude, (d) donation expression format, and (e) the interaction between these variables will not influence how the firm's motives for participating in the CARE campaign are perceived by consumers

A discussion about the research design that was adopted to guide the hypothesis testing will follow.

1.8.2 Research design

A factorial experimental design was deemed most suitable to address the study's objectives. It allows for the assessment of both the independent and interactive influence of multiple independent variables and can encompass multiple dependent variables as well. In this study, a 2 X 2 X 2 X 2 between-subjects, post-test only factorial experiment was used. The influence of the following four independent variables (main effects), each featuring two levels of manipulation, was assessed, namely: (1) product involvement (high; low), (2) donation recipient specificity (specified; vague); (3) donation magnitude (high; low), and (4) donation expression format (actual amount; percentage-of-price). The design resulted in 16 experimental groups with each individual in each group being exposed to one stimulus only. The design thus required 16 stimuli differing only in terms of the experimental manipulations. The dependent variables were only assessed after exposure to the stimulus, although additional data were collected before exposure for descriptive and screening purposes.

1.8.3 Stimulus development

Advertisements resembling a print format were used as experimental stimuli for this study (a summary of the stimuli advertisements are available as Addendum 6.4). Print advertisements are prevalent communication media in magazines and newspapers, but similar formats can also be found online.

Sixteen print advertisements reflecting the different combinations of the experimental manipulations were developed (see Chapter 6 and Addendum 6.3 for a summary of the independent and dependent variables of the study). Stimulus one, for example, featured the low involvement Pritt glue stick product, the specified donation recipient in the form of Reach

for a Dream and a high donation magnitude expressed as a percentage-of-price (20 per cent).

In addition to the manipulated main effects, each stimulus included the following standardised elements: the advertisement concept and design elements; the product's logo; where applicable, the NPOs logo; a heading; an amplification featuring the manipulated elements; the product's characteristics, and; the product's website address. The print advertisements were introduced to respondents during the data collection process.

1.8.4 Questionnaire development and data collection

A questionnaire was selected as the data collection instrument for the quantitative phase of the study. By means of the questionnaire manipulation checks were conducted. The questionnaire was also used to measure familiarity with and existing attitudes toward the for- and non-profit partner prior to exposure to the experimental stimulus. It further collected data pertaining to the demographic characteristics of the respondents and the dependent variables that were introduced earlier.

The questionnaire included a word of welcome and general information, gender and race group screening questions to ensure equal representation in each experimental group, other demographic measures, brand attitude and familiarity pre-measures, the stimulus, manipulation checks, perception-, attitude- and intention-related post-measures, and a conclusion. The pre- and post-measures were based on reliable scales and collected data by means of seven-point Likert and bipolar semantic differential scaled items (Zikmund & Babin, 2016).

The dependent variables of the study were purchase intention, participation intention, attitude toward the advertisement, cognitive and affective attitude toward the CARE offer, attitude toward the alliance and perceived firm motives. Consumer responses to these variables were recorded after exposure to the experimental stimuli. The constructs that were measured are further delineated in Chapter 5, whilst the nature and origin of the measurement scales are discussed in Chapter 6.

An example of the questionnaire is available as Addendum 6.5. The sample questionnaire featured stimulus 1 and was prepared for completion by experimental group 1. The questionnaire was the subject of several pre-tests and input from marketing experts. The pre-tests confirmed the reliability of the scales.

The questionnaire was transformed into an electronic format to enable online data collection. To ensure recruitment of the desired sample, the online data collection was administered by Columinate, a specialist marketing research agency.

1.8.5 The sampling process

The overall population of interest for this study was male and female South Africans from a black or white racial background who were earning an income and belonged to a household that formed part of LSM 7 and above, i.e. LSM 7 to LSM 10.

Research indicates potential differences in male and female responses to non-profit marketing and cause-linked campaigns (Corbishley, 2014; Youn & Kim, 2008) and therefore the study included an equal representation of male and female respondents. The official racial classification in South Africa comprises of four categories, namely: black, coloured, Indian/Asian or white (Alexander, 2006), of which the black and white groups represent the majority of citizens. Despite criticism toward the racial classification system, it is used continuously in the South African context (Race in South Africa – Still an Issue, 2012). For the purpose of this study, an equal representation of white and black respondents was included in the experimental groups.

The respondents for the final data collection process of this study were selected by means of a lengthy sampling process from the marketing agency Columinate's online research panel. The Columinate online research panel consists of approximately 40 000 panellists. Sign-up is voluntary and panellists may unsubscribe at any time. The agency adheres to a strict privacy policy and panellists are thus guaranteed anonymity during research participation. It also ensures that panellists do not receive any spam, that their contact details are not provided to third parties, and that they are not over-surveyed. Columinate's panel members are incentivised with points (transferable into vouchers) that they receive every time a survey is successfully completed. The use of Columinate's online research panel was deemed suitable for this study as it countered the budget and time constraints typically associated with complex experimental studies. These constraints were further avoided by surveying a purposive sample instead of the entire population, as recommended by Zikmund and Babin (2016).

The Columinate online research panel can be viewed as the broad sampling frame for this study. However, only panel members who met the predetermined criteria of gender (male

and female), racial group (white and black) and income level (LSM 7 and above) could be considered. Therefore, it can be inferred that the sampling frame for this research was all South African, male and female Columinate panel members who earned an income, were part of a LSM 7 and above household and were of white and/or black racial origin.

An increased sample size generally decreases the width of the confidence interval at a given confidence level, reduces sampling error and increases the sensitivity or power of the relevant statistical test (Hair et al., 2008). When conducting experiments, small groups may result in small effect sizes that may force the researcher to decrease alpha to obtain the desired power levels (Hair et al., 2008). Consequently, in this study a total number of 1 920 respondents were surveyed, spread approximately equal over the 16 experimental treatments.

As recommended by Lavrakas (2008), a multi-stage sampling approach comprising three phases, namely convenience, judgement and stratified random sampling was followed. Firstly, convenience sampling (obtaining those units that are most conveniently available) occurred following the decision to collect data for the study from the Columinate online research panel. Secondly, judgement sampling was implemented as an experienced researcher from the marketing research agency was responsible for selecting participants that met the requirements of the study. Finally, a stratified random subject assignment (i.e. simple random subsamples that are more or less equal on some characteristics are drawn from within each stratum of the population) enabled the division of respondents from the judgement sample into strata according to pre-determined demographic quotas of 30 white males, 30 black males, 30 white females and 30 black females per experimental group.

1.8.6 Data collection

The final data collection process for this study was managed by Columinate over a period of approximately three weeks according to a phased approach, ensuring that the required gender and racial groups were equally represented in each experimental group. Respondent data were captured electronically on the Columinate system.

1.8.7 Internal validity and manipulation checks

Field experiments are more prone to the negative influence of extraneous variables than laboratory experiments, potentially harming the internal validity of research studies (Zikmund & Babin, 2016). Several measures were taken to avoid the possible negative effects of

extraneous variables. The history effect was minimised by collecting the data over a short period of three weeks during which no significant societal impacts occurred. The threat of maturation and mortality effects were thus irrelevant as each respondent participated in the research only once. As the current study employed a post-test only design, testing effects were not applicable, whilst potential selection effects were addressed by randomly assigning male and female, black and white subjects to the experimental groups. Design contamination did not occur as respondents were unaware of the nature of the experimental design of the study and compensation rivalry amongst respondents was avoided by offering an equal, predetermined incentive. The online nature of the survey diminished the possibility of social competition amongst respondents and eluded potential adverse effects on the impact of the treatment levels.

Instrumentation effects were avoided by collecting the data in a similar fashion for each experimental group, thereby ensuring that the only differences between questionnaires were those pertaining to the manipulations.

Manipulation checks were conducted during the pre-test and the final experiment to ensure that manipulations were suitably different and well-understood. The manipulation checks featured in the research pertained to product involvement, donation magnitude and donation expression format. The donation recipient specificity manipulation did not require a similar manipulation check as it was simply represented by the recipient being present or absent. Also, the donation recipient included in some stimuli was derived from the focus group discussions and matched to the products in the stimuli prior to inclusion. However, the attitude of respondents toward the donation recipient was assessed prior to exposure to any stimuli to assess whether respondents held a similar attitude toward the recipient across experimental groups.

1.8.8 External validity

In this study, external validity was ensured by the recruitment of non-student, income-earning respondents who had the financial ability to make donations. Further, the advertising stimuli used in the study were similar to those used in actual CARE campaigns, both offline and online.

The sample was representative of the LSM 7 to LSM 10 portion of the population. Thus, the results cannot be generalised to individuals from LSM 1 to LSM 6. The research adopted the education development theme and the results can thus not necessarily be generalised to all

development sectors. For instance, sectors that are prone to controversy or critique may evoke different responses than the more neutrally-viewed education sector. As the study was conducted in South Africa, the results can also not necessarily be generalised to other contexts. However, it allows for cross-country comparisons.

1.8.9 Data analysis and interpretation

The quantitative results, as generated by the data analysis process, are discussed in Chapters 8 and 9. The data were statistically analysed with Microsoft Excel and IBM SPSS software.

Reliability and data uni-dimensionality were evaluated by means of internal consistency analysis and principal axis factoring respectively. The demographic data were primarily assessed by means of descriptive statistics and cross-tabulations.

The independent, interactive and collective influences of the independent variables on the dependent variables were investigated by means of one-way analysis of variance (ANOVA), Welch tests and univariate ANOVA. Games-Howell and Hochberg's GT2 post hoc tests were conducted where applicable and where further information about between-group differences arising from the impact of the main effects was required (Field, 2013). In some instances, correlation analysis and one-sample t-tests were conducted to test relationships and differences between variables.

1.9 ORIENTATION OF THE STUDY

The study comprises ten chapters in which secondary research about CARE is discussed, the qualitative and quantitative research conducted in the study is described, and results are provided and interpreted.

Chapter 1 is an introduction to the study. It provides background to the research in the form of secondary research. It highlights the research problem and, subsequently, states the objectives of the research. The chapter proceeds by discussing the qualitative and quantitative research methods proposed for the study, followed by an overview of the sample, the data collection process and the analysis of the data.

Chapter 2 provides a background to the interaction between firms and society from both a broad business and a marketing-specific perspective. It delineates CSR as a traditional view on business' involvement in society and highlights the trends that impel increased interactions between firms and NPOs. The chapter concludes by suggesting CARE as a mutually beneficial strategy that provides an opportunity for the interaction between firms, societal representatives such as NPOs, and consumers.

Chapter 3 introduces CARE by discussing its evolution, the meaning of the concept and how it differs from other prosocial approaches. It provides the benefits of CARE for firms, consumers and NPOs and concludes by declaring the importance of CSEs in determining CARE success.

Chapter 4 offers an in-depth overview of the CSEs that are applicable during CARE campaign development, namely the product and for-profit brand, the donation recipient, the donation, the campaign's strategic versus tactical orientation, its duration and its geographical boundaries. Chapter 4 highlights that certain CSEs are more visible to consumers and delineates these elements in-depth as the independent variables of this study. It also reminds about the importance of communication and framing in CARE.

Chapter 5 discusses the relationship between CARE and the consumer. It offers an introduction to consumer behaviour, prosocial consumer behaviour and consumer decision-making. The role of intentions in driving consumer behaviour is described and the dependent variables of purchase and participation intention are introduced. The chapter proceeds with an in-depth discussion of the internal (perception, learning, attitudes, motivation and personal traits) and external (culture, subculture, family and households) moderators of consumer decision-making as it applies to CARE. Some of the internal moderators of consumer decision-making (attitude, perception) represent the dependent variables of the study and the null hypotheses are thus introduced throughout Chapter 5.

In Chapter 6 the methodology of the study is explained. It introduces the research approach and provides an in-depth description of the purpose, methods and processes involved with the qualitative and quantitative research. Concerning the qualitative research, the composition of the focus groups, the discussion guide used, the procedure and the data analysis are described. Pertaining to the quantitative research, the factorial research design is explained along with the stimulus development process. The sampling, data collection and data analysis of the research are also discussed.

Chapter 7 provides an overview of the study's qualitative findings. It describes the CARE knowledge and opinions of South African focus group participants. It also explains the views of these participants about the CSEs of CARE campaigns and about some additional aspects, such as guilt and trust, which were derived from the focus group discussions. Chapter 7 provides the input required for the finalisation of the quantitative research design and the stimuli of this study.

Chapter 8 is the first chapter that addresses the quantitative results of the study. It describes the data preparation process, the respondent numbers and demographic profile, manipulation checks, scale reliability and uni-dimensionality. The chapter concludes by analysing the collective impact of the experimental main effects on the intention-, attitude- and perception-related dependent variables of the study by means of one-way ANOVA. These analyses provide an initial indication of consumer responses to the experimental stimuli (experimental stimuli summary available in Addendum 6.4).

Chapter 9 is the second chapter that addresses the quantitative results of the study. It analyses the independent and interactive influence of the CSEs of product involvement, donation recipient specificity, donation magnitude and donation expression format on purchase intention, participation intention, attitude toward the CARE advertisement, cognitive and affective attitude toward the CARE offer, attitude toward the alliance, and perceived firm motives by means of univariate ANOVA and post hoc tests. The relationship and differences between purchase and participation intention, and between cognitive and affective attitude toward the offer is also explored. Chapter nine concludes the quantitative analysis of the study.

Chapter 10 provides deeper insights into the meaning of the secondary, qualitative and quantitative research. The meaning of the results from the independent and dependent variable perspective are addressed. The chapter offers CARE recommendations to firms and NPOs before concluding with a discussion about the limitations of the study and suggestions for future research.

CHAPTER 2

BUSINESS, MARKETING AND SOCIETY

The future is not inevitable. We can influence it, if we know what we want it to be.

Charles Handy, business expert

2.1 INTRODUCTION

“Business is good for development and development is good for business” (World Business Council for Sustainable Development, 2005:6). With this statement, the World Business Council for Sustainable Development has accentuated the important link between business, society and development (Blowfield & Dolan, 2014).

Despite earlier dismissal (Friedman, 1970), in recent years the reciprocal relationship between all areas of business and society has become considerably more prominent. The field of marketing has seen particular growth in societal alliances due to the potential benefits for firms, communities and societal representatives such as non-profit organisations (NPOs).

One such example of an alliance between marketing and society that has grown significantly over the years, is cause-related marketing (CARE) – the focus of this study. The relevance of the strategy as a societal alliance originates from developments in the world of business and marketing. In this chapter the evolution of business will be discussed to demonstrate how its status quo offers a suitable milieu for strategies such as CARE, and to highlight aspects of its evolution that are particularly relevant for an improved understanding of CARE and for this study. These aspects include corporate social responsibility (CSR), NPOs and alliances with society.

The movements that are evident from the evolution of business are also reflected in the development of marketing over the years. Therefore, the evolution of marketing’s definition and of the field itself will be delineated to illustrate that it has become a welcoming environment for strategies such as CARE. In alignment with the evolution of business discussion, the marketing-CSR and the marketing-NPO relationship will also be addressed.

2.2 THE RELATIONSHIP BETWEEN BUSINESS AND SOCIETY

The inter-relation between business and society spans many centuries (Blowfield & Dolan, 2014). In the past, researchers have often refrained from defining the concept of society due to its complexity (Jarvis, 1998). Dictionaries on the other hand describe society as a collective of people who live together in an organised community and equate it to words such as *public*, *people*, *community* and *population* (Cambridge Dictionaries Online, 2015).

Business has also been referred to as a complex phenomenon (Solomon & Hanson, 1983). It is described as the selling of goods and services to voluntary buyers at a profit that is large enough to compensate for the effort, investment and risk involved in the profit-generating activities (Roberts, 2011; Nickels et al., 2010).

In this section the evolution of business will be explored with the purpose of discovering aspects about its relationship with society that are particularly relevant to this study. The early years of business, Adam Smith's views, major transformations, the Milton Friedman school of thought and the considerations characterising the relationship between business and contemporary society will be addressed.

2.2.1 The early years – ancient Middle East, Greece and Rome

The idea of profit-generation through sales first arose with the start of urban civilisation in Mesopotamia in the ancient Middle East approximately 5 000 years ago (Gerber, 2014; Roberts, 2011). Although manufacturing and trade occurred in prehistoric times, the pursuit of profit was unknown. Rather, people lived in intensely interdependent communities in an attempt to cope with conditions that were largely incomprehensible, unpredictable and uncontrollable (Roberts, 2011). The economic, social and religious lives of prehistoric communities were generally an integrated, indistinguishable whole and commerce was an activity by and to the advantage of the whole community (Highwater, 1981). However, with the onset of business as a profit-generating activity in the ancient Middle East, the phenomenon of integrated communities slowly dissolved (Roberts, 2011).

The first indications of the free-market economic system were noticed in ancient Greece where modern business first appeared in the form of money-based markets. Selling took place in public markets and goods were allocated by purchase rather than status or political considerations (Roberts, 2011). The economic system that existed in Athens and other parts of ancient Greece was spread by Alexander the Great and his followers throughout the

Mediterranean region and Western Asia. Following the Greek dominance in shaping modern business, the focus shifted to ancient Rome from where most of the knowledge available about early business operations originated. In the Roman Empire entrepreneurial market systems were favoured, multinational business corporations were invented and firms could attain considerable prominence and importance due to the reigning peaceful business environment (Roberts, 2011).

The business era of ancient Rome held several similarities with the current era of business. For instance, although slavery is now frowned upon and illegal, many modern jobs are still routine and unskilled. Also, the goods and services sought in ancient times are similar to those wanted today, although assortment and variety are now greater and new categories of consumption exist. Furthermore, as in Roman times, natural resources are nowadays of key importance.

2.2.2 Adam Smith and the Invisible Hand

In 1776 Adam Smith published his book, *The Wealth of Nations*, in which he argued extensively for the free market system. In such a system the mechanisms of supply and demand reign and competition is unregulated (Rosten, 1990). Smith contended that unregulated competition leads to behaviour by individuals and firms that result in consequences that are aligned with the interests of society as a whole (Rosten, 1990). This notion of self-directed gains, which results in social and economic benefits for all, was referred to as the *Invisible Hand* (Nickels et al., 2010; Parkin & King, 1995). Smith assumed that, in the absence of government intervention, as people become wealthier, they will naturally reach out to help others in the community who are in greater need than themselves. Smith's assumption was not embedded in altruism or acts of selflessness, but rather in the belief that self-love in interaction with propriety and sympathy will benefit both the individual and others in society. Smith's beliefs thus represented the harmonisation of individual and social good in the pursuit of wealth (Sahay, 2013).

Although corporate misconduct (e.g. BP oil spillage, Google's inadvertent collection of user data, the collapse of Lehman brothers, Enron's bankruptcy, etc.) over the past centuries has challenged Smith's contention that firms' self-love would ultimately result in social good, his implied prominence of the relationship between business and society remains (Wong, 2010; Pirsch et al., 2007; Davis, 2005).

In the last decade many firms have indeed become more aware of their own role and responsibility in society, the importance of social issues in the business world, and that business reputation depends not only on profit generation, but also on ethical behaviour and concern for the well-being of others (Blowfield & Dolan, 2014; Wong, 2010; Ferrell, Fraedrich & Ferrell, 2015; Davis, 2005).

2.2.3 The Industrial Revolution and other major transformations

The Industrial Revolution is one of the major significant forces to change the course of business history. Steiner and Steiner (1994) refer to the industrial revolution as one of the seven deep historical forces that profoundly influenced the direction of change in the business world. The industrial revolution caused immense changes in agriculture, manufacturing, production, and transportation that affected almost every facet of daily life (Ferrell et al., 2015; Griffin & Ebert, 2004). In the early 1800s events such as the development of the harvester in 1834 and other inventions contributed significantly to successes in the agricultural industry (Nickels et al., 2010). Also during the 19th century transportation improved substantially, in turn enabling the moving of products to distant markets. Entrepreneurship, increased risk-taking and the philosophy that government should refrain from interfering with the economy became prominent during this time (Griffin & Ebert, 2004).

In the early 20th century mass production and specialisation were further refined. The production era emerged, largely as a result of Henry Ford's introduction of the moving assembly line. The era was characterised by the rise of labour unions and collective bargaining (Griffin & Ebert, 2004). During these years the Great Depression of the 1930s and World War II caused governments to intervene extensively in the economic systems of countries (Griffin & Ebert, 2004). The demand for consumer goods that had been in shortage during World War II increased rapidly after the war and despite brief recessions the 1950s and the 1960s firms were quite prosperous in countries such as the United States of America, with continuous increases in production, advancements in technology and a rise in living standards (Griffin & Ebert, 2004). The marketing concept emerged during this prosperous era as a new philosophy of business and revolutionised business thinking (Ferrell et al., 2015; Griffin & Ebert, 2004). The marketing concept introduced the idea that "a business must focus on identifying and satisfying consumer wants in order to be profitable" (Griffin & Ebert, 2004:19). Slowly service industries started to play a major role, for instance, since the mid-1980s the service industry has generated almost half of the economy's increases in employment in the United States of America (Nickels et al., 2010; Ferrell et al.,

2015). In Europe and the United States of America in the 1980s technological advances and improved communication capabilities persisted, but increasingly so in a global economy where citizens had the option of buying products and brands from across the globe (Griffin & Ebert, 2004). The global nature of business was accompanied by the challenge of increased international competition and pressures for increased efficiency, reduced costs and improved quality (Griffin & Ebert, 2004).

The 1990s was a period of prosperity for many countries and firms. It was followed by what has been termed the *Internet Era* (Griffin & Ebert, 2004) which has impacted widely on trade, services, competition, networking and the environment in which businesses are managed (Ferrell et al., 2015; Griffin & Ebert, 2004). The turn of the century also saw new thinking around the role of business within society. Fuelled by events such as the destruction of the World Trade Centre, the 2008 global economic crisis, the Thailand tsunami, Hurricane Katrina and security challenges in the form of terrorism, society is increasingly expecting that societal interests be considered in conjunction with business interests (Parsons, 2016; Blowfield & Dolan, 2014; Steiner & Steiner, 1994).

2.2.4 The Milton Friedman school of thought

Nobel Prize-winning economist Milton Friedman was well-known in the 1970s for challenging rising beliefs that favoured the social responsibility of business. Friedman's influential essay titled *The Social Responsibility of Business Is to Increase Its Profits* concluded that business has only one social responsibility, namely accountability to the owners of the firm (Friedman, 1970; Knautz, 1997). In other words, Friedman contended that the core responsibility of business is generating as much profit as possible (Brakel, 2000; Hill, Stephens & Smith, 2003) whilst (1) obeying the law, (2) conforming to ethical customs and norms, and (3) acting without deception or fraud (Schwartz & Saiia, 2012).

Some scholars have relied on Friedman to support their arguments that firms have no social responsibilities. However, Schwartz and Saiia (2012) suggest that Friedman represented a narrow rather than an opposing approach to CSR. The researchers emphasised that the title of the mentioned Friedman essay alludes to his acknowledgement of a firm's social responsibility, albeit limited to the requirements posed by the society within which the firm operates (Schwartz & Saiia, 2012).

In contrast to Friedman's narrow view of CSR, a broad CSR perspective that embraces aspects such as the triple bottom line, sustainability, stakeholder management, etc. can also

be distinguished (Schwartz & Saini, 2012). The concept of CSR plays a key role in the development of the relationship between business and society and will therefore be further delineated later in this chapter.

2.2.5 The relationship between business and society – extant considerations

Firms' growing consideration of societal needs within a broad CSR perspective has been propelled by various factors, among which pressure from current and potential consumers, employees and investors has played a key role. The 2015 Global CSR Study found that almost 90 per cent of global consumers want firms to inform them about the measures they are taking to ensure responsible operations and support for important societal issues (Cone Report, 2015). Table 2.1 provides an overview of potential consumer responses to the positive or negative influence of firms in society.

Table 2.1
Potential consumer responses to firms' influence in society

Percentage of consumers who strongly or somewhat agreed that they want to engage with corporate social responsibility efforts:		
Theme	Statement	Percentage
Deceptive practices	If I learned of a firm's irresponsible or deceptive business practices, I would stop buying its products	90
Socially responsible purchases	If given the opportunity, I would buy a product with a social or environmental benefit	89
Word-of-mouth	I would tell my friends and family about a firm's CSR efforts	80
Donate	If given the opportunity, I would donate to a charity supported by a firm I trust	76
Volunteer	If given the opportunity, I would volunteer for a cause that a firm I trust supports	72
Feedback	If given the opportunity, I would voice my opinion to a firm about its CSR efforts (e.g. provide comments on the firm's website or blog; review products)	72
Percentage of consumers who indicated that they have engaged in the mentioned behaviour in the past 12 months:		
Theme	Statement	Percentage
Boycott	Boycotted (refused to purchase) a firm's products/services upon learning it behaved irresponsibly	53
Purchase	Bought a product with a social and/or environmental benefit	63
Word-of-mouth	Told friends or family about a firm's CSR efforts	47
Donate	Made a donation	61
Volunteer	Volunteered	40
Feedback	Given their opinions and feedback about a firm's responsibility efforts directly to that firm	34
Research	Researched a firm's business practices or support of social and environmental issues	37

Source: Adapted from the Cone Report (2015)

The consequences of a firm's involvement with society, or its lack thereof, extend beyond the potential consumer responses mentioned in Table 2.1. According to the 2015 Global CSR

Study it also influences the employment decisions of 79 per cent of respondents and the investment (stocks or mutual funds) decisions of 67 per cent of respondents (Cone Report, 2015).

It seems that consumers have found themselves in a noteworthy duality over the past two decades. On the one hand they are demanding greater societal responsibility and involvement from firms, and on the other hand they themselves have become more self-focused and individualistic. Already in the early 2000s Watson (2000:656) has suggested that individualism and individuality has become so important within many western societies that these characteristics have evolved into selfishness – “the middle classes are too busy doing well to do good”. However, former oil executive turned management expert and social philosopher, Charles Handy, has aligned himself to the beliefs of Adam Smith, by suggesting that selfishness might hold some positive potential. Handy (2007) introduced the term *proper selfishness*. It is a phenomenon displayed by firms and individuals and it refers to the notion of first becoming at ease with oneself and then using one’s own selfishness for a greater purpose beyond oneself (Handy, 2007). Unfortunately, according to Handy (2007), many organisations and individuals never transcend their self-focus toward a greater purpose. In the case of business many firms continue to aim their decision-making, strategies and activities purely at generating financial returns that will satisfy the needs of business owners and shareholders without considering communities’ or society’s needs (Kanter, 2011; Knautz, 1997; Friedman, 1970).

Over the past two decades several researchers have agreed that, in an evolving business world, it is no longer sufficient for firms to merely be effective at environmental scanning, variation detection and efficient responses, as such reactive behaviours could result in the devotion of resources to short-term actions rather than the required long-term impact and success (Kanter, 2011; Natrass & Altomare, 1999). Instead, firms are encouraged to become proactively conscious of their evolutionary role in the future of the planet and to assume responsibility for that role (Boesso, Kumar & Michelon, 2015; Laszlo, 2001). It was such consciousness that propelled Raymond Anderson to shift Interface from a firm focused on ensuring the availability of raw materials to an environmentally sustainable and restorative business (Arena, 2004). Anderson’s legacy became one of cyclic capitalism, referring to the form of commerce “that works to renew itself while at the same time renewing rather than depleting its parent source, the earth” (Arena, 2004:5). It has been suggested that firms of the future will “exist for the purpose of restoring society” instead of “operating divorced from society, or worse, at the expense of society” (Arena, 2004:xvii). Firms who are serious about future success will “thrive by rebuilding communities, repairing ecosystems, protecting the

environment, improving human health, providing meaningful work, creating widespread prosperity, and enabling peace and security” (Arena, 2004:xvii). As mentioned before, this shift in business is to a large extent driven by consumer pressure. The impact of disasters such as the fall of the World Trade Centre, Hurricane Katrina, the 2004 Thailand tsunami, earthquakes (e.g. Japan, New Zealand, etc.) and increasing worldwide crises related to HIV/AIDS, poverty, etc. have increased consumer awareness, compassion, prosocial behaviour and commitment to making a difference – and they expect the same responses from the businesses they support (Parsons, 2016; Rodriguez, Trainor & Quarantelli, 2006; Adler, 2006).

The business world has the ability to shape society if a conscious decision is made to engage in business processes with a greater purpose than mere profit generation (Boesso et al., 2015; Laszlo, 2001). Businesses that engage in such processes are referred to as high-purpose firms. Such firms employ their strengths to build value (social and economic), to make a lasting contribution to society and in the process to increase hope and diminish despair (Arena, 2004). High-purpose firms typically feature passionate leaders with a broad view of what constitutes success over the long term. Such firms also regard philanthropy and social responsibility as activities that must be aligned with business goals and strategies (Gonzalez-Perez & Leonard, 2013; Davis, 2005).

2.2.5.1 Business and society in emerging markets

The evolution in the role of business in society as discussed in the above has extensively been assessed in developed countries (Sheth, 2011). However, the rise in South-South trading and noteworthy shifts in economic power across the globe have challenged the relevance of western business norms for emerging economies and have raised questions about harnessing the tenets of responsibility, transparency, governance and ethics in developing countries (Hochstetler, 2013; Lenssen & Van Wassenhove, 2012).

Despite an increase in the business conducted in developing countries, agreement pertaining to the current and future responsibilities of business in society and in development is lacking (Lenssen & Van Wassenhove, 2012). Firms who want to innovate and succeed within a developing context are encouraged to shift their focus from developing shareholder value to creating shared value for all stakeholders, to refrain from quarterly capitalism in favour of long-term capitalism and to integrate future development concerns into their business model (Lenssen & Van Wassenhove, 2012). Such an approach will enable firms to plan their contributions to society whilst being in a good position to secure long-term operation

licences, to innovate in new market segments and to develop new loyal consumer markets (Lenssen & Van Wassenhove, 2012).

2.3 CORPORATE SOCIAL RESPONSIBILITY (CSR)

The above discussion about the evolution of business suggested that responsible management refers to more than achieving good financial results – it expects of businesses to deliberately acknowledge their interdependency with society (McLaughlin & McMillon, 2015; Hardjono & Van Marrewijk, 2001).

Researchers and managers agree that firms' involvement with society has become a permanent feature and also one of the most critical issues affecting all areas of the contemporary business landscape (Serafeim; 2014; Keeler, 1999). The broad term of CSR has become inseparable from descriptions of firms' involvement with modern society. Researchers and practitioners seem to agree about the importance of CSR, as it represents the firm's necessary interaction with society and also correlates positively with corporate financial performance (Serafeim; 2014; Nickels et al., 2010).

For the purpose of this study, two aspects related to CSR are of particular importance, namely firstly the meaning of CSR, and secondly criticism toward CSR. The meaning of CSR is relevant to this study as it has been extensively researched over the years and thus provides key insights for the design and implementation of prosocial campaigns. Similarly, criticism of CSR will be considered for the purpose of avoiding possible pitfalls during the design and implementation of prosocial campaigns.

2.3.1 The meaning of corporate social responsibility (CSR)

As previously mentioned, the term *CSR* has become widely prevalent when describing firms' involvement with society. Several other terminologies and labels have also been used or related to business' societal involvement, for instance corporate philanthropy (Bartkus & Morris, 2015; Mowat, 2002), corporate citizenship (Scholte, 2015; Maignan & Ferrell, 2004; Maignan & Ferrell, 2001; Rondinelli & Berry, 2000), corporate governance (Denis, 2016; Rossouw, 2002), sponsorships, donations, co-alignments (e.g. CARE) (Krishna, Lazarus & Dhaka, 2013; Bednall, Walker, Curl & LeRoy, 2000), business ethics, corporate performance, sustainability (Yang & Guo, 2014), and others. However, the term *CSR* has remained the

most acceptable terminology, although its definition is continuously evolving (Yang & Guo, 2014).

The term CSR became widely accepted after Bowen (1953) published his seminal book *Social Responsibilities of the Businessman* in 1953. However, debates related to the meaning of CSR have been ample since the second half of the 20th century. Carroll (1979), in a seminal article about the topic, defined CSR as the economic, legal, ethical, and discretionary expectations that society have of firms at any given point in time. Carroll (1991) further inferred that firms who strive toward social responsibility generate a profit, obey the law, are ethical, and behave as good corporate citizens. Since these initial definitions the CSR field has experienced significant growth and nowadays a large number of varying, sometimes confusing, terminologies, theories and approaches can be distinguished (Yilmaz, 2016; Cai, Jo & Pan, 2012; Vaaland & Heide, 2007; Garriga & Melé, 2004).

Dahlsrud (2008) conducted a content analysis of CSR definitions and found that the existing definitions are to a large extent congruent. He suggested that confusion about CSR is less related to the definition of the construct than it is to the manner in which CSR is socially constructed within a specific environment or context (Dahlsrud, 2008). Dahlsrud (2008) identified five dimensions of CSR that appeared across definitions: (1) environmental dimension, (2) social dimension, (3) economic dimension, (4) stakeholder dimension, and (5) voluntariness dimension (actions beyond those described by law). In addition to the dimensions mentioned by Dahlsrud (2008), most descriptions of CSR refer or subscribe to one or more of the following characteristics, namely:

1. The evolutionary nature of CSR and thus its ability to be uniquely applied in various industries and contexts (Bhaduri & Selarka, 2016; Boesso et al., 2015; O'Brien, 2001)
2. Acknowledgement of CSR as both a mindset and an application
3. The acknowledgement and acceptance of a broadened corporate responsibility beyond what is legally and commercially required (Seele & Lock, 2015) (related to the above-mentioned voluntariness dimension)
4. The importance of strategic investment initiatives (implying the expectation of returns) rather than philanthropic initiatives (Blowfield & Dolan, 2014; O'Brien, 2001)
5. The importance of process and conduct (thus, how goals are achieved) and not only the goals to be achieved (thus, what is to be achieved)
6. A continuous and deliberate focus on ethical behaviour and conduct
7. Consideration for direct and indirect organisational impacts of core and non-core organisational actions (Frankental, 2001)

8. Contributing to sustained business value and success by satisfying both the firm's economic (e.g. profit maximisation) and non-economic (e.g. corporate social performance) objectives (related to the above-mentioned stakeholder dimension) (Kooskora; 2016; Pirsch et al., 2007; Harvey & Schaefer, 2001; Argandoña, 1998; Freeman, 1984)

Although researchers seldom agree on a specific CSR definition, the above analysis demonstrates a tendency toward a core set of prominent underlying principles that are relevant to the involvement of business with society. These principles are equally relevant when designing and implementing other prosocial campaigns and will thus be considered during the CARE research conducted in the rest of this study.

2.3.2 Criticism toward corporate social responsibility (CSR)

CSR has been used as an umbrella concept to refer to a large number of societal involvements (Athanasopoulou, 2014; Valor, 2005). Consequently, CSR has been characterised as having a confusing nature and lacking a clear, sufficiently broad definition. However, as mentioned previously, this criticism has been countered by research that showed the congruity of multiple CSR definitions (Dahlsrud, 2008). Other criticisms of CSR have been identified.

Firstly, CSR allows businesses to project a positive brand image even when their involvement with society is very limited (Aras & Crowther, 2010; Mullerat, 2009). Some firms, for instance, limit their CSR to socially responsible investment, but publicise these actions broadly and therefore receive positive reputational returns without active engagement in society (Lii & Lee, 2012; Corporate Watch, 2006).

Secondly, the level of publicity devoted to CSR creates a false impression that the majority of firms are seriously engaged in CSR-related activities, whereas the reality is that many smaller firms do not engage in CSR at all, many large firms often neglect to view CSR as a strategic business imperative, and CSR often depends on voluntary codes (Aras & Crowther, 2010; Mullerat, 2009; Freitag, 2008; Corporate Watch, 2006).

Thirdly, the CSR activities of many firms contradict their actual business practices or only extend to where their authority is direct. Leading firms in CSR have often been revealed as highly unethical companies who use CSR to conceal their questionable business practices (Corporate Watch, 2006). Also, many firms manage important CSR issues (e.g. equality)

within their own organisations, but continue to outsource to firms who completely disregard the same issues (Fernando, 2011; Mullerat, 2009).

Fourthly, the influence of large businesses often increases in societies where they are actively engaged in CSR. Although this increase in influence is not in itself necessarily a negative outcome of CSR, the misuse of CSR-derived influence for unethical and illegal purposes has been criticised (Tolhurst, Pohl, Matten & Visser, 2010; Mullerat, 2009).

A fifth criticism is that the CSR of firms often merely make empty promises to society as a means of increasing publicity, but never deliver on such promises (Heath, 2010; Mullerat, 2009; Banarjee, 2007; Lepoutre & Heene, 2006).

Davis (2005) has criticised the inadequacy of seeing Milton Friedman's afore-mentioned views and CSR as opposing concepts on the societal involvement continuum. He states that both perspectives in different ways obscure the significance of social issues to business success (Davis, 2005) – Friedman by erroneously suggesting that social issues are tangential rather than fundamental to business and the CSR school by often being too limited (relating to the narrow CSR mindsets often adopted in earlier years), defensive (e.g. using CSR merely as a manner of avoiding criticism from NPOs and reputational disapproval) and disconnected from corporate strategy. Davis (2005) called for a new approach to business and societal interaction that resembles Rousseau's social contract (Rousseau & Bosanquet, 1895). Social contract theory represents the idea that people's moral and/or political obligations depend on the contract or agreement between them to form a society (Friend, 2006). Accordingly, a social contract approach would involve business and society operating in mutual agreement. According to Davis (2005) such an approach would further: (1) actively develop broader, meaningful success metrics, (2) be rooted in strategic development rather than public relations or corporate affairs, (3) include planning at the highest strategic level, (4) focus on educating boards of directors about important matters beyond financial performance, and (5) include stakeholder dialogue with NPOs as societal experts.

In a social contract approach to the interaction between business and society, the role of NPOs is thus elevated from societal agents to experts and from a mere public relations exercise to a strategic imperative. The nature and importance of NPOs will be discussed more in-depth due to its key role in society and in this study.

2.4 NON-PROFIT ORGANISATIONS (NPOs)

A distinction can be made between for-profit (e.g. sole proprietorships, partnerships, companies) and NPOs (Besley & Ghatak, 2014). The discussion thus far about the evolution of business has pertained primarily to the responsibilities of the for-profit sphere. Due to its important role within society and this study, the non-profit sphere will also be addressed.

In 2006 the influential firm Cone, Inc. reported that approximately 1.5 million NPOs exist globally (Daw, 2006). However, more recent reports estimate that the number can exceed tenmillion when a broad NPO definition is adopted (Alter, 2015).

NPOs are often complex to manage as they serve a broad spectrum of stakeholders, e.g. clients, donors, volunteers and government (Valentinov & Iliopoulos, 2013; Herman & Renz, 2008; Ritchie, Swami & Weinberg, 1999), they communicate with multiple audiences (Lamb et al., 2010; Letts, Ryan & Grossman, 1999), they aim at satisfying the needs of a diversity of target markets (Lamb et al., 2010), and this all whilst they are continuously challenged to generate funding to sustain their operations (Cotten & Lasprogata, 2012).

In this section, the NPO as an important role player within the CARE relationship will be discussed. Its definition, role within society and challenges faced will be explained along with a delineation of the South African non-profit scenario.

2.4.1 Non-profit organisation defined

An NPO is an organisation that is set up based on the understanding that no profits will be generated by it (Anheier, 2014; Parkin & King, 1995). An NPO thus aims at satisfying needs by offering goods and/or services, but such an organisation does not have profit as its primary motive.

NPOs are similar to for-profit firms in that both types of organisation provide goods and/or services and both aim at generating revenue that exceeds expenditures (Ferrell et al., 2015). However, in the case of an NPO, when excess revenue is generated, it is often called a surplus rather than a profit, and it is used for implementing core activities and ensuring future security (Anheier, 2014; Parkin & King, 1995).

2.4.2 The role of non-profit organisations in society

Although the non-profit industry is often poorly understood and underappreciated, NPOs fulfil an important role in society (Stuart, 2013; Cohen, 2010; Parkin & King, 1995). According to the World Bank this role includes (Clark, 1991):

1. Advancing development by providing employment and assisting governments in achieving its development objectives (Cohen, 2010);
2. Enabling citizens to voice their concerns and aspirations;
3. Helping government to enhance the transparency and accountability of its programs and officials;
4. The provision of much needed goods and services (e.g. social services, the environment, education, health, advocacy and politics, culture and recreation, development and housing, and religion) (Anheier, 2014; Rockey, 2005; Swilling & Russell, 2002; Parkin & King, 1995). This role has become increasingly challenging for NPOs due to inadequate government funding, and an increase in neglected social needs that often become the responsibility of NPOs (Anheier, 2014; Mitchell & Taylor, 1997).

In addition to the above roles and as mentioned previously, NPOs have an important responsibility to fulfill as societal experts. Firms are being encouraged to engage in dialogue with NPOs and to learn from the knowledge they hold about communities and development – NPOs thus have the opportunity to become an important voice in determining how firms view the nature of their critical social agenda (Davis, 2005). However, it seems that NPO sustenance is often challenged by a lack of funding and limited knowledge about fields such as marketing and branding that could contribute positively to the access and accrual of funding.

2.4.3 The challenging state of non-profit affairs

Without sufficient funding the operations of NPOs cannot continue. For the past decade NPOs have been challenged to serve more people and generate better results than in the past, whilst simultaneously coping with an uncertain resource base and competition from a growing number of organisations (Van Dyk & Fourie, 2015; Abdy & Barclay, 2001; Sagawa & Segal, 2000). The situation seems to continue.

According to the annual State of the Non-profit Sector report published by the Nonprofit Finance Fund in the United States of America in 2010 77 per cent of NPOs experienced an increase in the demand for their services compared to an increasing percentage of 85 per cent in 2011 and 88 per cent in 2012. The majority of these NPOs reported that they do not expect their financial outlook to improve and 57 per cent stated that they generally have three months' or fewer cash-on-hand (Nonprofit Finance Fund, 2012).

One of the biggest problems experienced by NPOs is cause inflation – as social needs are increasing, so too are the number of NPOs (Butler & Wilson, 2015; Daw, 2006). Although at first glance it seems like a welcome movement since the higher the number of NPOs, the better society's needs can be served, it also leads to increased competition amongst NPOs and it results in their struggling to differentiate themselves, to capture the public's interest and to attract funding (Butler & Wilson, 2015; Lamb et al., 2010; Daw, 2006).

A particular problem experienced in the United States of America is that NPOs have been operating under increased scrutiny since the early 1990s, partly because it was found that former United Way president was converting charitable funds to his own use. NPOs thus face demands for greater efficiency, effectiveness, and accountability. However, such demands require staff with exceptional financial, management, and leadership skills in a sector where organisations are also under pressure to keep salaries and administrative expenses low to ensure that the majority of each donation is devoted directly to the programme and the needs of beneficiaries (Butler & Wilson, 2015; Sagawa & Segal, 2000:6).

2.4.4 The South African scenario

In South African there are approximately 100 000 registered and 50 000 unregistered NPOs (Stuart, 2013). These NPOs operate within several development sectors, including education, social and community development, health, food security and agriculture, environment, entrepreneur and small business support, sports development, arts and culture, non-sector specific donations and grants, housing and living conditions, disaster relief, safety and security, and a final category titled *Other* (The Trialogue 2015 CSI Handbook, 2015). In South Africa, similar to global trends, education receives the highest level of funding – possibly due to the realisation that firstly education is an important contributor to the prosperity and growth of a country and secondly that the education system in South Africa is in dire need of restoration (The Trialogue 2015 CSI Handbook, 2015).

In the past many South African NPOs have been supported by funding from the National Lottery (the Lotto). In recent years, however, many NPOs experienced great uncertainty about whether the National Lottery's support would continue and what the extent of the support would be. This situation arose due to cause inflation and decrease in available funding. For example, in 2011 the number of South African NPOs who applied for Lotto funding increased to 8 500 from 4 000 in 2010. In contrast the funding allocated decreased from R1.7 billion in 2010/2011 to R790 million in 2011/2012 (National Lotteries Board, 2012).

The South African non-profit sector is evolving to cope with societal demands. Developments centre to a large extent around leadership, professional management, financial sustainability, skills development, governance, accountability, strategic definition, and with that, brand identity and marketing (The Trialogue 2015 CSI Handbook, 2015; Cotten & Lasprogata, 2012; Rockey, 2005).

2.5 ALLIANCES BETWEEN FIRMS AND NON-PROFIT ORGANISATIONS (NPOs)

Throughout the 1990s corporate alliances and marketing collaborations became more prominent (Abdy & Barclay, 2001). This phenomenon has evolved with alliances now taking on a diversity of formats and co-creation existing in both the for- and non-profit sector (Dahan, Doh, Oetzel & Yaziji, 2010).

The rising prevalence of alliances has extended beyond relationships between profit-oriented partners to include collaborations between for- and NPOs. NPOs are increasingly challenged by an uncertain resource base and reduced funding (Lamb et al., 2010; Weeden, 1998). However, alliances with firms provide NPOs with a new funding stream whilst enabling additional publicity for their work (Lamb et al., 2010; Dickinson & Barker, 2007; Hawkins et al., 2007; Hawkins et al., 2001:94). Also, such relationships often improve the efficiency of NPOs (Arvidson & Lyon, 2014; Sagawa & Segal, 2000).

The growth in partnerships between firms and the nonprofit sector has been driven by several contemporary trends. Firstly, globalisation has compelled organisations to look for ways to sell their products in as many different places and to as many different people as possible. Partnerships contribute positively to this goal. Secondly, the belief that firms should focus on their core competencies and create value through these abilities together with growing pressures for societal involvement has encouraged firms to collaborate with NPOs as societal experts. Thirdly, the growing importance of building relationships with

stakeholders has triggered more alliances. In addition, relationships with customers have placed greater pressure on firms to satisfy consumer needs for products and services, and their need for making a difference (O'Guinn, Allen & Semenik, 2009; Abdy & Barclay, 2001). Finally, firms are increasingly realising that they could obtain more benefits from their contributions if they extend their involvement beyond pure philanthropy (Misra, 2014; Samu & Wymer, 2001; Weeden, 1998; Andreasen, 1996; Varadarajan & Menon, 1988). Therefore, a decline in traditional philanthropy has resulted in the greater willingness of firms to enter into relationships with NPOs when it makes good business sense and when it is socially responsible (Misra, 2014; Samu & Wymer, 2001; Weeden, 1998; Andreasen, 1996; Varadarajan & Menon, 1988). Businesses are realising that their relationships with NPOs can be leveraged to improve their competitive positions (Misra, 2014; Samu & Wymer, 2001). It can be used to expand capabilities and flexibility, to influence competencies, to improve customer service, and to create a wider geographic reach (Sagawa & Segal, 2000). To embrace these opportunities, firms are increasingly opting for new types of relationships (e.g. sponsorships, CARE, quid pro quo contracts, marketing deals) that offer increased benefits for both business and non-profit partners (Arvidson & Lyon, 2014; Samu & Wymer, 2001).

For many years alliances between business and NPOs take on a number of forms, from technology transfers to joint marketing arrangements (Sagawa & Segal, 2000) and they can be classified according to the type of exchange that occurs. For instance, when philanthropic exchanges occur, a firm donates money, goods or services to an NPO (Galaskiewicz, 2013; Sagawa & Segal, 2000). When operational exchanges take place the NPO assists a firm to produce goods or services more competitively (Sagawa & Segal, 2000). Marketing exchanges (e.g. between firms, NPOs and consumers) are of particular importance to this study. These exchanges occur when a firm affiliates with an NPO to satisfy consumer needs and to benefit from the positive associations accrued from the relationship (Kim, Sung & Lee, 2012; Sagawa & Segal, 2000). Marketing exchanges also include brand-based alliances (e.g. co-branding) that have become more popular in recent years. Co-branding refers to partnerships that are undertaken by firms and NPOs to transfer associations and affect between each brand partner (Hélène, Kumar & Christophe, 2012; Dickinson & Barker, 2007). Such brand alliances hold various benefits. From the perspective of the for-profit entity, the most prominent reason for a firm to form a brand alliance is the opportunity to build brand equity. The non-profit partners can accrue the benefits of cost saving (e.g. less marketing expenditures), revenue enhancement, more support for their cause and increased brand awareness (Laidler-Kylander, 2012). "Attracting a partner with matched values and brand meanings leads to long-term partnerships and access to important funding sources in the

long term, which are vital given increased government withdrawal from the non-profit sector” (Dickinson & Barker, 2007:77).

2.6 THE MARKETING DOMAIN OF BUSINESS

Marketing is viewed as one of the most important functions of a business (Kotler & Keller, 2015). It can contribute considerably to the success of a firm, provided that it aligns with business strategy (MillwardBrown Vermeer, 2014; Michelman, 2008).

Marketing’s role within society has evolved extensively. Therefore its definition has been revisited at regular intervals. Similar to the above discussion about business and society, the definition of marketing and its evolution over the years will be delineated briefly to provide insights about the relationship between marketing and society. An overview of marketing in the current era will be provided as background to CARE that will be further discussed in Chapter 3. The link between marketing and CSR and between marketing and NPOs will also be explained.

2.6.1 Marketing defined

The first official definition of marketing was adopted in 1935 and it was in use for 50 years (Vaaland & Heide, 2007) before the following definition was adopted by the American Marketing Association (AMA) in 1985: “Marketing is the process of planning and executing conception, pricing, promotion and distribution of goods, ideas and services to create exchanges that satisfy individual and organisational goals” (Vaaland & Heide, 2007:929). The focus was on the elements of the marketing mix and goal satisfaction. In August 2004 the definition was changed to the following: “marketing is an organisational function and a set of processes for creating, communicating, and delivering value to customers and for managing customer relationships in ways that benefit the organisation and its stakeholders” (Kotler & Keller, 2015; Kotler & Keller, 2006:6; Grönroos, 2006; Grönroos, 2004). In the 2004 definition the emphasis shifted from enabling exchanges to delivering value. Also, the word *stakeholders* was included in the definition for the first time. However, several marketing thinkers were concerned with the narrow 2004 definition in which marketing was viewed as merely an organisational function rather than recognising it as a “broader societal phenomenon” (Gundlach & Wilkie, 2010; Wilkie & Moore, 2007:270; Gundlach, 2007; Hunt, 2007; Grönroos, 2006; Grönroos, 2004).

In 2007 the AMA responded by again modifying the marketing definition: “Marketing is the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large” (Gundlach & Wilkie, 2010). The purpose of the 2007 modification was to broaden the focus of the definition to adequately reflect the entire field of marketing. The word *stakeholders* was removed as it was no longer considered to be suitable within the broader definition, but the reference to value was retained and related to multiple interest groups and society at large (Grundlach & Wilkie, 2010). Although in recent years the 2007 definition has been reviewed, by the time of the completion of this study it remained to be the official global definition of marketing.

2.6.2 Marketing in the current era of business

Dating back to the early 1900s, the evolution of marketing has been conceptualised by means of several classifications (Terblanche, 2005; Bartels, 1976). Present-day firms seem more likely to adopt a consumer, relationship marketing and/or societal marketing orientation (Kotler & Keller, 2015). The *societal marketing orientation* that arose in the late 1960s/early 1970s is particularly relevant to this study. The paradigm acknowledges that a firm does not only exist to meet business objectives and satisfy consumer needs, but that its responsibility extends beyond profit generation and includes serving the goals of society and protecting society’s long-term interests (Kotler & Keller, 2015; Lazer, 1969).

Marketing in the 21st century has been characterised by a shift from a goods- to a service-dominant logic (Lusch & Vargo, 2014; Vargo & Lusch, 2004). Whereas a goods-dominant logic adopted an exchange perspective and focused on production and transactions, a service-dominant logic adopts a relationship perspective in which customers are viewed as co-producers of service processes and creators of value for themselves (Hultén, 2011; El-Ansary, 2005; Vargo & Lusch, 2004). Hultén (2011, 2009) has suggested that the service-dominant logic is currently in transition toward an experiential logic where a brand perspective is adopted; sensory marketing and multi-sensory experiences play a key role; digital technology enables dialogue and interactivity; exchanges extend beyond money, goods and services to include other valuable resources such as information, ideas, symbols, places, time, feelings and energy, and; exchange partners include employees, competitors, customers, non-profit entities and the broader public (Achrol & Kotler, 2012).

The shift from a goods- to a services- to an experience-dominant logic signifies several trends that are relevant to this study: (1) the measurement of returns on marketing

investment has become critical (Homburg, Artz & Wieseke, 2012; Webster, Malter & Ganeson, 2003); (2) the importance of branding and brand equity as tools for differentiation and relationship building is growing continuously (Budac, Baltador & Petrascu, 2012; Webster et al., 2003); (3) consumers have become more informed, connected and networked – they are no longer passive audiences, but rather want to actively participate in the co-creation of value (Fulgoni, 2011; Prahalad & Pamaswany, 2000); (4) the approximately five billion members of the bottom of the pyramid market offers new opportunities, but also requires innovative marketing thinking (Rahman, Hasan & Floyd, 2013; Prahalad & Pamaswany, 2000), and; (5) the focus on a societal marketing orientation and the improvement of people's quality of life is set to continue (Kotler & Keller, 2015).

According to Achroll and Kotler (2012) the current state of marketing can be classified as a network paradigm. The paradigm aligns well with the societal marketing orientation and represents several issues that should form part of marketing's critical agenda: poverty alleviation; empowering and not exploiting the bottom of the pyramid market; adopting proactive corporate social/development strategies rather than reactive or adaptive CSR; acting as an agent on behalf of consumers and implementing customer care; utilising business knowledge, theories, principles and models to enrich the quality and effectiveness of society-serving entities such as NPOs and, as mentioned previously, rethinking the role and responsibility of business and marketing in emerging economies (Achrol & Kotler, 2012; Sheth, 2011).

This network paradigm and societal orientation that currently exists in marketing reflects the status quo of the business domain that was discussed earlier in this chapter (Austin & Seitanidi, 2012). It also represents the platform from which the development and implementation of CARE strategies can be pursued. CARE is viewed as a strategy during which firms act as a giving agent on behalf of the consumer (Barnes, 2015).

2.6.3 Marketing and corporate social responsibility

The use of CSR initiatives to differentiate product/service offerings and to influence consumer decision-making has grown considerably over the past three decades (Becker-Olsen, Cudmore & Hill, 2005). Research has suggested that the trends pertaining to both CSR and marketing that were discussed earlier are also relevant when these two fields interact (Luo & Bhattacharya, 2009).

In terms of the issues addressed when CSR and marketing coincide, ethical, environmental, social and general philanthropic foci have featured (Planken, Nickerson & Sahu, 2013; Vaaland & Heide, 2007). Other research has distinguished between promotional and institutional CSR programs and has resulted in varying outcomes (Pirsch et al., 2007). Institutional CSR was found to have a more positive effect on customer loyalty and attitude, whereas promotional CSR resulted in greater consumer skepticism (Pirsch et al., 2007). More terminologies that have been associated with the interaction between CSR and marketing include cause-related marketing (e.g. Polonsky & Wood, 2001), environmental marketing (e.g. Van Dam & Apeldoorn, 1996), enviropreneural marketing (Menon & Menon, 1997), socially responsible buying (Maignan & McAlister, 2003) and sustainable consumption (Leigh, Murphy & Enis, 1988; Dolan, 2002). In the past, researchers have provided classifications of the strategies that arise when marketing and CSR interact. Table 2.2 provides a summary of these strategies (Planken et al., 2013; Kotler & Lee, 2004).

Table 2.2
Strategies deriving from the interaction between marketing
and corporate social responsibility (CSR)

	Strategy	Description
1	Cause promotion	Firm promotes awareness of a societal cause as part of its CSR policy in an advertising campaign
2	CARE	Firm is seen to be actively involved with a particular societal cause as part of its combined CSR and marketing policies; specific product(s) explicitly associated with the cause
3	Corporate social marketing	Firm combines product/service advertising with awareness-raising specifically targeted at changing consumer behaviour in a sustainable way
4	Corporate philanthropy	Firm refers to its corporate giving policy as a marketing communication strategy which may be unrelated to specific product promotion
5	Community volunteering	Firm refers to its community volunteering policy as a marketing communication strategy which may be unrelated to specific product promotion
6	Socially responsible business practices	Firm emphasises its behaviour as a good corporate citizen in general and its overall commitment to sustainable business as a blanket marketing strategy (essentially subsuming strategy 1 to 5)

Source: Adapted from Planken et al. (2013); Kotler and Lee (2004)

As evident in Table 2.2, CARE is viewed as one of the strategies that result from the interaction between marketing and CSR. Planken et al. (2013) empirically compared these strategies amongst Dutch and Indian consumers to determine their differential impact on consumer attitudes and intentions. The results indicated that CARE and socially responsible business by firms resulted in the most positive attitudes toward such firms and in the highest purchase intentions amongst both the Dutch and Indian respondents (Planken et al., 2013). Whereas socially responsible business is viewed as a broader business strategy with

marketing implications, CARE is viewed as a more deliberate combination of CSR and marketing (Planken et al., 2013; Polonsky & Wood, 2001). It thus adheres well to the marketing focus of this study. Terminologies that have been used in comparison to or in combination with CARE will be addressed in Chapter 3.

2.6.4 Marketing and non-profit organisations

The relationship between marketing and NPOs are relevant to this study for two reasons, namely the potential value of marketing and branding for NPOs and the role of NPOs in CARE.

For many years marketing was regarded as a profit-oriented discipline and therefore not appropriate for the non-profit sector (Clark & Mount; 2000). However, this view no longer presides (Wright, Chew & Hines, 2012; Balabanis, Stables & Phillips, 1997). Since it was first proposed that the marketing philosophy could be extended to NPOs (Kotler & Levy, 1969), the importance of marketing for this sector has been widely recognised (Cotten & Lasprogata, 2012; Balabanis et al., 1997). The previously mentioned decrease in traditional sources of funding and increase in competition for limited resources have also compelled NPOs globally to explore creative marketing and fundraising strategies (Cotten & Lasprogata, 2012).

NPOs have been encouraged to extend their use of marketing beyond visible communication and fundraising strategies (Kotler & Andreasen, 1991; Lovelock & Weinberg, 1989; Riggs, 1986; Rados, 1981). Rather, the adoption of an overall philosophy based on carefully selected values is advised (Chen, Lune & Queen, 2013; Balabanis et al., 1997; Lovelock & Weinberg, 1989). Such philosophy has to guide the marketing activities directed to multiple NPO stakeholders, namely donors, beneficiaries and volunteers (Lamb et al., 2010; Shapiro Benson, 1973).

Researchers have made several suggestions to NPOs who want to benefit from implementing marketing efforts in their organisations. NPOs are encouraged to enter into dialogue with their stakeholders, rather than delivering a monologue to them. A dialogue infers that information will be exchanged between the NPO and the stakeholder rather than the NPO merely bombarding the stakeholder with messages and requests (Maxwell & Carboni, 2014). A reciprocal approach is thus supported. Research suggests that reciprocity should be a key focus for NPOs when developing marketing campaigns (Patel & Weberling McKeever, 2014; Arnett, German & Hunt, 2003). According to reciprocity theory, during a

process of reciprocity, donors and volunteers act as givers, but are also rewarded with something in return, for instance a tangible gift, a token of appreciation, etc. (Briers, Pandelaere & Warlop, 2007). Adding tangibility to NPO marketing endeavours often has a positive effect on stakeholder responses. As mentioned in the above, such tangibles could be a gift or a token, but it could also be achieved by adding promotional products to campaigns or by creating recognisable brand elements (Briers et al., 2007).

A reciprocal approach also supports the notion that marketing communication can be used to build and manage relationships with stakeholders. In this process it is suggested that NPOs employ an integrated approach to marketing communication by ensuring that a strong central message is transmitted and by combining various communication tools for greater effect (O'Guinn, 2009; Henley, 2001).

Further, it is recommended that NPOs appeal to the emotions of people. Recent research confirms that people are not merely rational beings, but that their decision-making is influenced to a large extent by emotions (Dickert, Sagara & Slovic, 2011).

One of the most important recommendations to NPOs when including incorporating marketing in their endeavours, is to focus on building a strong brand identity that is well-understood by employees, supported by leadership and clearly reflected in the brand elements that are communicated to stakeholders (Chapleo, 2015; Abdy & Barclay, 2001). The adoption of branding by NPOs is growing rapidly as these organisations are realising how much they have to gain from a favourable, well-known brand and how much NPO performance can improve through branding (O'Cass & Voola, 2011; Ewing & Napoli, 2005). A brand represents more than visual elements (i.e. logo, signature colour, etc.) by which an NPO can be recognised (Michaelidou, Micevski & Cadogan, 2015; Chapleo, 2015). It captures the identity of an organisation, differentiates it from competitors, embodies the previously mentioned guiding philosophy, personifies the beliefs of the organisation, signals its credibility and directs communication (Spry, Pappu & Cornwell, 2011). A brand thus represents a strategic orientation and not a tactical activity – it is an expression of the NPOs values and should flow from the organisation's convictions (Kylander & Stone, 2012; Stride & Lee, 2007; Louro & Cunha, 2001).

Despite the growing importance of branding in the NPO sector, little research attention has been devoted to the field (Michel & Rieunier, 2012). One of the goals of this study is to assess the role of the NPO brand within CARE and more specifically its ability to influence consumer intention, attitude and perception. CARE will be discussed further in Chapters 3

and 4. In Chapter 4 the role of the NPO partner within the strategy will be delineated in greater depth.

2.7 SUMMARY AND CONCLUSION

CARE is embedded in the field of marketing which, in turn, is nestled in business. To ensure a broad perspective of CARE, this chapter addressed both business and marketing and their relationship with society. Since its inception business has influenced and has been influenced by society. The importance of the relationship between firms and society and the responsibility of business toward society has increased extensively over the past decades. This movement has also been reflected in the evolution of marketing and was discussed in this chapter. Through the years firms' interaction with communities often occurred via CSR. Therefore CSR and its relation to marketing were discussed.

NPOs are a type of organisation classified under the free market system. NPOs have been critical in providing much-needed services to society, even though funding remains a challenge and government support is diminishing. In an attempt by NPOs to accrue funding and by firms to increase their societal involvement, alliances between these parties are on the increase. NPOs, their relationship with marketing and the alliances formed between NPOs and firms were delineated.

CARE is one type of alliance between firms and NPOs that can be distinguished. It is the focus of this research and will be further addressed in Chapters 3 and 4.

CHAPTER 3

AN OVERVIEW OF CAUSE-RELATED MARKETING

The purpose of life is to contribute in some way to making things better.

Robert F. Kennedy, politician

3.1 INTRODUCTION

In recent years, the use of cause-related marketing (CARE) in commercial settings has grown substantially and increased attention has been devoted to this phenomenon by researchers and practitioners (La Ferle et al., 2013; Larson, 2001; Adkins, 1999). Almost two decades ago Pringle and Thompson (1999:xxi) attributed CARE's growing appeal to the fact that it is not a completely new idea, but rather an initiative whose "time has truly come". As indicated in Chapter 2, the manner in which business and marketing has evolved has made the current milieu even more suitable for prosocial strategies such as CARE.

In this chapter CARE will be introduced through an exploration of the origins, history, development and definitions of the concept. The various types of CARE will be discussed and the parameters of transaction-based CARE will be delineated.

CARE involves three key participants – the corporate contributor, the non-profit participant and the consumer. The benefits of engaging in CARE for corporate and non-profit partners will be explored due to their motivational value in the process of considering CARE. The risks and challenges related to CARE for the corporate and non-profit partners will also be discussed. The consumer as the third key participant in CARE will be the focus of Chapter 5 of this study.

The purposes of Chapter 3 is to serve as a broad introduction to CARE and as a background to further discussion in Chapter 4 about the structural elements of CARE that are of key importance when making campaign decisions.

3.2 ORIGINS, HISTORY AND EVOLUTION OF CAUSE-RELATED MARKETING

The origins of CARE are traced back by some North American researchers to the years prior to 1905 when businessmen such as Andrew Carnegie, John Rockefeller and Henry Astor were viewed as “captains of industry” in the United States of America (Berglind & Nakata, 2005:445). These acclaimed leaders of commerce embarked on an approach that modelled the principle of “giving back to the commons” (Berglind & Nakata, 2005:445). They made sizable financial contributions to the start, expansion, and maintenance of museums, universities and other social and cultural institutions. The actions of these “captains of industry” are referred to as the roots of “the long tradition of American corporate philanthropy” and viewed by several as the historical foundation of CARE (Berglind & Nakata, 2005:445).

Other events, such as the 1960s social movements, are viewed as further contributors to the advent of the CARE phenomenon. The 1960s became an era of heightened social activism and consciousness – the flowering of deeply rooted social movements aimed at greater equality and social justice – which triggered a substantial number of re-examinations of corporate philanthropic activities (Rogers, 2008). The Vietnam War and the Civil Rights Movement encouraged the people of America to increasingly question the social and political roles of companies and it ultimately led to public demand that businesses behave with greater sensitivity to communities (Berglind & Nakata, 2005).

As mentioned in Chapter 2, the 1960s/1970s gave rise to the societal marketing concept. Firms soon recognised the decreasing effectiveness of traditional forms of philanthropy and realised that passive charity, where donations were made without publicising the message, was not enough (Berglind & Nakata, 2005). David Ogilvy, founder of the advertising agency Ogilvy and Mather Worldwide, supported this view on traditional philanthropy: “If you did it, and didn’t tell anybody, you didn’t do it” (Berglind & Nakata, 2005:205). Such views also resulted in a change in the face of sponsorship in the 1980s – donations to NPOs with accompanying publicity became more acceptable (Caesar, 2001).

The milieu set by the movements described in the above signified a change in the relationship between private and non-profit sectors – it prepared the way for the first CARE endeavours (Caesar, 2001). CARE ultimately became the “manifestation of the alignment of corporate philanthropy and enlightened business interest” (Varadarajan & Menon, 1988:59).

In the early 1980s American Express first engaged in a pilot scheme that entailed the donation of funds to various NPOs in the San Francisco area as part of the San Francisco Arts Festival (Daw, 2006). A two-cent contribution was triggered each time an American Express Card was used and a larger contribution was made each time new members applied for a card. The short-term campaign raised about \$108 000. Despite previous endeavours, it is the national marketing campaign launched in 1983 by American Express in a successful attempt to generate funds for the renovation of the Statue of Liberty that is mostly noted as the first true CARE campaign (Vanhamme, Lindgreen, Reast & Van Popering, 2012; Polonsky & Speed, 2001; Sagawa & Segal, 2000; Adkins, 1999). It entailed a donation to the cause of 1 cent for each transaction that took place with an American Express card, and 1 dollar for each new card that was issued. American Express raised \$1.7 million for the Statue of Liberty-Ellis Island Foundation. They experienced the positive effects of the campaign when their card usage grew by approximately 28 per cent in the first month of the campaign and new card applications increased by about 45 per cent (Keller, 2004; Adkins, 1999). Since the first CARE campaign launched by American Express, they have run over 90 programmes in 18 different countries, supporting more than 70 different causes “ranging from the preservation of the national bird of Norway to the protection of the Italian coastline” (Keller, 2004:566; Adkins, 1999). Their competitors followed suit in sponsoring charitable events such as the Special Olympics and Live Aid. The Coca Cola Company, for instance, helped to raise \$5 million for the Hands Across America campaign against hunger by means of its CARE accomplishments (Caesar, 2001).

In the 1980s, during the early growth phase of CARE, there were multiple debates about the strategy and many diverse opinions – parties who benefited from CARE seemed to be quite positive, whilst less successful campaigns generated less positive attitudes. Articles boasting titles such as *Moral obligation or marketing tool?*, *How to cash in on do-good pitches* and *Marketing of statue alters nature of fundraising* often appeared. Closer inquiry by Caesar (2001) suggested that initial concerns about CARE related to the ethics of the strategy, the impact thereof on traditional corporate giving, and its influence on the goals and purposes of NPOs. Despite initial doubts, the increase in corporate spending on CARE campaigns since its initial introduction has been clearly evident. In the early 1990s CARE became the fastest growing type of marketing (Smith, 1994), escalating by ten to 50 per cent per year (Sagawa & Segal, 2000) and resulting in corporate spending on CARE campaigns of more than \$1 billion in 1994, thus representing a 150 per cent increase since 1990 (Van den Brink, Odekerken-Schröder & Pauwels, 2006; Strahilevitz & Myers, 1998). The year 1994 became an important CARE landmark as it signalled the first emphasis of CARE as a corporate strategy rather than a tactical action.

The 1999 Cone/Roper Cause-related Trends Report examined consumer responses to organisational participation in CARE. It found that each year since 1993, at least 80 per cent of respondents reported “having a more positive image of an organisation if it offered support to a cause they cared about” (Engelbrecht & Du Plessis, 2004:3). Another Cone/Roper survey indicated that from 1993 to 1997 early CARE skepticism faded – in 1993, 58 per cent of consumers viewed CARE as being only for show whilst in 1997 the number was down to 21 per cent (Sagawa & Segal, 2000). The mentioned consumer support seemed to coincide with corporate views – an overview of CARE during the 1990s found that during this period total firm investment in CARE increased in value by over 500 per cent and was set to continue (Endacott, 2004). The continued expected importance of CARE was illustrated by the results of a 1998 UK survey amongst CEOs and marketing directors in which future growth in CARE activities was estimated at approximately 70 per cent (Van den Brink et al., 2006). By 1999 the worth of CARE activities was estimated by the Manitoba Supported Employment Network to be worth US\$630 million (Endacott, 2004). Roy and Graeff (2003) reported a total growth in CARE investments of 300 per cent during the 1990s.

The arrival of the new millennium witnessed a continued increase in firm spending on CARE activities. In 2001 CARE expenditure by North American companies was reported to be approximately \$733 million and worldwide disbursements were estimated to be \$24 billion (Subrahmanyam, 2004). CARE became an appropriate strategy for breaking through clutter, differentiating from competitors and building relationships with customers (Roy & Graeff, 2003). Amidst a growing awareness of the importance of corporate social involvement, by 2001 American Express had implemented a large number of CARE programmes worldwide in addition to the non-profit support provided through the American Express Foundation, and was continuing to do so (Caesar, 2001). It is contemplated that at that time the heightened moral and social responsibility climate and consciousness, intensified by incidents such as September 11, 2001 and the corporate scandals of Enron, World-Com and others, further contributed to the globally increased prevalence of CARE (Adler, 2006; Hein, 2002; Oldenburg, 2001).

In 2002 CARE donations totalled \$828 million, rapidly doubling the amount spent on traditional philanthropic giving (Berglind & Nakata, 2005). By 2003 CARE expenditure in America reached \$922 million whilst philanthropic giving as a whole totalled \$241 billion (representing a 6 per cent annual growth). In 2004 investments by companies in cause campaigns equalled \$991 million (Berglind & Nakata, 2005).

CARE growth in the early 2000s was significantly influenced by increased customer demands and expectations (Subrahmanyam, 2004). Hogan (2005:385) agreed: CARE is “driven by an increasing number of customers who are as concerned with how companies behave and respond as they are with the satisfaction derived from their products and services”. Consumers seemed to become more concerned than in the past about limited natural resources and environmental pollution, employment practices (particularly in emerging nations), and a perceived escalation of and resentment toward corporate greed in terms of high prices, salaries, and profits (Hogan, 2005).

In addition to increased consumer demands, business’ awareness that their support for charities or causes generated favourable consumer attitudes toward their organisations, increased substantially. Consequently, the constant corporate search for creative opportunities to demonstrate the commitment of business to social issues intensified (Roy & Graeff, 2003). By the mid-2000s progressively more companies engaged in the creation of fertile ground within their organisations for the implementation of CARE programmes (Tustin & Pienaar, 2005). The reason for this behaviour is that CARE had proven to be a sophisticated, creative approach for and major facilitator of relationships between corporate and non-profit institutions (Larson, 2001; Adkins, 1999). Research has indicated that by the early 2000s as many as 80 per cent of companies in the United States of America were using CARE (Hamlin & Wilson, 2004).

CARE’s ability to directly address the issue of measured financial returns, in contrast with many other philanthropic activities, further enhanced its popularity. The president of the Gurin Group, a New York-based fundraising counseling firm recognised this ability: “A corporate contribution is a philanthropic gift because it involves no quid pro quo and entails some sacrifice. A philanthropic gift should cost the donor something; it should not provide the donor with a profit.” CARE is “a business transaction, since it is based on a financial return to the corporation” (Caesar, 2001:18). Responses to CARE campaigns can be monitored more effectively than many other marketing and CSR activities (Smith & Alcorn, 1991; Webb & Mohr, 1998) – hence the preference for CARE both as a marketing tool and an “established and prevalent form of corporate philanthropy” (Berglind & Nakata, 2005:443).

Researchers and practitioners have questioned the sustainability of CARE, but most have agreed that the strategy would remain in use and expand even further (Caesar, 2001). Although it has been acknowledged that a CARE saturation point might be reached, it has been agreed that as long as the strategy generated sales for corporations and stimulated the bottom line, implementation would continue: “CARE will grow. It’s here to stay and we’ll have

to relate to it, like it or not” (Caesar, 2001:19). These statements made more than a decade ago remain true and CARE is still regarded to be one of the most low-risk, successful promotional strategies to date (Barnes, 2015).

Table 3.1 provides a brief timeline of the development of CARE. In some instances the only information available pertains to cause-marketing and thus encompasses CARE.

Table 3.1
Cause-related marketing evolution time-line

Date	Event/occurrence	Author
Before 1905	Andrew Carnegie, John Rockefeller, Henry Astor lays the platform for corporate philanthropy in the United States of America	Berglind and Nakata (2005)
1960s	<ul style="list-style-type: none"> • Social activism and consciousness, triggering a re-examination of corporate philanthropic activities • Vietnam War, Civil Rights Movement, social movement toward greater equality and social justice, led to public demand that businesses behave with greater sensitivity to communities • In America increased questioning regarding the nature of firms' roles and actions in the social and political drama of their times • Corporations were finding traditional forms of philanthropy decreasingly effective • Passive charity not regarded as sufficient • David Ogilvy on traditional philanthropy: “If you did it, and didn't tell anybody, you didn't do it.” 	Berglind and Nakata (2005:445); Rogers (2008)
1970s	Societal marketing concept evolves into a welcoming milieu for CARE	Achrol and Kotler (2012)
1980s	<ul style="list-style-type: none"> • American Express start area-bound CARE endeavours • CARE debate grows • Use of CARE grows immensely 	Adkins (1999); Smith (1994)
1983	<ul style="list-style-type: none"> • American Express launches first CARE campaign to generate funds for the renovation of the Statue of Liberty • \$1.7 million raised for the cause • American Express card usage grew by 28% and new card applications increased by 45% 	Adkins (1999); Keller (2004); Caesar (2001)
1990s	CARE becomes the fastest growing type of marketing	Van den Brink et al. (2006)
1990	Corporate spending on CARE campaigns: approximately \$400 million	Van den Brink et al. (2006)
1994	CARE moves from mere tactical to strategic strategy	Berglind and Nakata (2005); Endacott (2004); Mason (2002)
1998	A UK survey establishes expected growth in CARE activities (according to CEOs and marketing directors) of 70%	Van den Brink et al. (2006)
1999	Investments in cause campaigns by companies: approximately \$631 210 190 (an increase in value by over 500 per cent since 1990)	Berglind and Nakata (2005); Endacott (2004)
Late 1990s and early 2000s	CARE research evolves and becomes less descriptive (e.g. focusing on the definition, meaning, advantages and disadvantages) and more empirical to assess the influence of campaign structural elements, often by means of experimental studies	

Table 3.1 (continue)

Date	Event/occurrence	Author
Early 2000s	CARE expands increasingly outside the USA and Europe to include perspectives from emerging markets	
2001	CARE expenditures of North American companies: approximately \$733 million	Subrahmanyam (2004)
2002	CARE donations (North America): \$828 million (increasing more than twice as quickly as philanthropic giving)	Berglind and Nakata (2005)
2003	CARE expenditure in America: \$922 million	Berglind and Nakata (2005)
2004	Investments in cause campaigns by companies: \$991 million	Berglind and Nakata (2005)
2009	The IEG Sponsorship Spending Report estimates sponsorship spending on causes by North American companies at \$1.51 billion	La Ferle et al. (2013)
2010	North American cause marketing expenditure approximated at \$1.62 billion	Robinson, Irmak and Jayachandran (2012)
2011	Corporate cause sponsorship estimated at \$1.68 billion in 2011	IEG Sponsorship Spending Report (2015)
2012	Consumer purchases of cause-linked products continue to grow. Research shows that 87% of global consumers believe that firms should place equal weight on business and society's interests, whilst less than a third believes that firms are performing satisfactorily in addressing societal issues	IEG Sponsorship Spending Report (2015)
2013	Cause sponsorship reaches approximately \$1.78 billion	IEG Sponsorship Spending Report (2015)
2014	Cause sponsorship reaches \$1.85 billion	IEG Sponsorship Spending Report (2015)
2015	<ul style="list-style-type: none"> • Cause sponsorship continues to grow and reaches approximately \$1.92 billion in 2015 • CARE is viewed as one of the most successful promotional strategies 	IEG Sponsorship Spending Report (2015); Barnes (2015)

As evident in Table 3.1, CARE has evolved from a strategy that was viewed with scepticism by its critics to one of which its unique ability to link firms, consumers and NPOs in mutually beneficial exchanges is now widely recognised (Barnes, 2015).

Currently, CARE is characterised by a number of trends. Firstly, the use of the strategy has grown extensively and is expected to continue. Secondly, CARE is slowly displacing traditional philanthropy. Thirdly, as CARE is evolving, more best-practice examples and standards for implementation are becoming prevalent. Fourthly, campaigns are expected to create a lasting, measurable impact. Finally, firms who participate in CARE are encouraged

to address tough issues and not only those that are easy to manage or deliver a *warm glow* (Hessekiel, 2014). An analysis of the definitions of CARE provides a greater understanding of the strategy.

3.3 CAUSE-RELATED MARKETING DEFINED

In 1988 Varadarajan and Menon became the first researchers to define the term CARE. They described it as “the process of formulating and implementing marketing activities that are characterised by an offer from the firm to contribute a specific amount to a designated cause when customers engage in revenue providing exchanges that satisfy organisational and individual objectives” (Van den Brink et al., 2006; Berglind & Nakata, 2005:444; Nowak & Clarke, 2003:138; Olsen, Pracejus & Brown, 2003; Wymer & Samu, 2003:12; Bennett, 2002; Webb & Mohr, 1998:226; Varadarajan & Menon, 1988:60).

An overview of published CARE research found a number of additional proposed definitions that attempted to clarify the concept. A selection of definitions emanating from the period following the arrival of the new millennium, provide a thorough understanding of the essence of CARE. Table 3.2 provides a selection of key definitions.

Table 3.2
Cause-related marketing definition analysis

Year	CARE definitions	Reference	Important aspects
2000	A strategy designed to promote the achievement of marketing objectives (e.g. brand sales) via company support of social causes.	Barone, Miyazaki and Taylor (2000)	<ul style="list-style-type: none"> • Strategy • Promotes achievement of marketing objectives • Simultaneous pursuit of marketing objectives and support for social causes
2001	“A marketing program that tries to improve business performance and help non-profit causes by linking donations to the purchase of a firm’s products.”	Samu and Wymer (2001:46)	<ul style="list-style-type: none"> • Marketing programme • Contributes to improved business performance • Helps non-profit causes • Links donations with purchasing a firm’s products
	“A strategic positioning and marketing tool which links a company or brand to a relevant social cause or issue, for mutual benefit.”	Pringle and Thompson (2001:3)	<ul style="list-style-type: none"> • Strategic activity • Positioning and marketing tool • Involves a firm or a brand • Implies a link between a firm/brand and a social cause/issue • Mutual benefit for involved parties

Table 3.2 (continued)

Year	CARE definitions	Reference	Important aspects
2001	"A unique joining of business and charity, and potential for great benefit for each... the direct linking of a business' product or service to a specified charity; each time the consumer uses the service or buys the product, a gift is made to the charity by the business."	Caesar (2001:160)	<ul style="list-style-type: none"> • Joint approach between business and charity • Potential for mutual benefits • Direct involvement of a business product or service • Donation to charity based on the purchase of the consumer
2002	A commercial activity by which businesses and charities or causes form a partnership with each other to market an image, product, or service for mutual benefit.	Bennett (2002)	<ul style="list-style-type: none"> • Commercial activity • Partnership formation between business and charities/causes • Continuous mutual benefit in the partnership • Reference to both causes and charities • Objective of marketing an image, product or service
2003	"Simple cash donations to the charity in return for use of its name on publicity material."	NMA staff (2003:19)	<ul style="list-style-type: none"> • Cash donations as an exchange • The use of the charities' name in publicity efforts
	"The firm's contribution to a designated cause being tied to customers' participating in revenue-producing transactions with the firm."	Nowak and Clarke (2003:138)	<ul style="list-style-type: none"> • Contribution to a designated cause • Customer participation in revenue-producing transactions
	"A general alliance between businesses and non-profit causes that provide resources and funding to address social issues and business marketing objectives."	Cui, Trent, Sullivan and Matiru (2003:310).	<ul style="list-style-type: none"> • Alliance between business and non-profit causes • Resource and funding provided to address social issues • Aims also to address business marketing objectives
2004	"A marketing strategy adopted by businesses to link their name, brand or service with a particular <i>good cause</i> service or charitable organisation."	Endacott (2004:183)	<ul style="list-style-type: none"> • Linking a name, brand or service with a good cause or a charity
2005	"A form of corporate philanthropy based on the rationale of profit-motivated giving that can be viewed as a manifestation of the alignment of corporate philanthropy and enlightened business."	Lafferty and Goldsmith (2005:423)	<ul style="list-style-type: none"> • A corporate philanthropy stance • Profit motivated giving • Enlightened business conduct
	"Marketing a product, service, brand, or company by tying it with a social cause (such as breast cancer detection and treatment) is the essence of CARE."	Berglind and Nakata (2005:443)	<ul style="list-style-type: none"> • Marketing of a product, service, brand or firm • Linking with a social cause

Table 3.2 (continued)

Year	CARE definitions	Reference	Important aspects
2006	“A promotional strategy, which links the purchase of a company's product or service with a fund-raising endeavor for a charity, can lead to positive results for both groups.”	Fromherz (2006:46)	<ul style="list-style-type: none"> • Promotional strategy • Linking a purchase with fund-raising endeavours • Positive results for both firm and charity

As evident in Table 3.2 various attempts have been made by researchers to improve or alter the definition of CARE. As the field is evolving, the seminal definition by Varadarajan and Menon (1988) is irrefutably being regarded as the most suitable and comprehensive definition of CARE (Kim & Johnson, 2013; Sheikh & Beise-Zee, 2011; Chéron, Kohlbacher & Kusuma, 2012). The definition was therefore also adopted as the CARE definition to guide the current study. However, the definitions displayed in Table 3.2 draws attention to a number of characteristics of CARE that are worth noting and will subsequently be discussed.

CARE requires the direct involvement of a firm, product, brand or service. The nature of the business entity that is involved in the CARE campaign will influence the nature of the entire CARE campaign. A campaign that is based on product purchases (e.g. donation for every product that is purchased) will be different than, for instance, a campaign that involves a whole brand category (e.g. donation for everything that is bought from a particular brand such as Pantene or All Gold) or a firm (e.g. a donation for everything that is bought from a particular business, such as for instance Shoprite or Spar, and thus featuring a corporate brand).

Varadarajan and Menon (1988) highlighted the process nature of CARE in the formulation and implementation thereof. In addition, from Table 3.2 it is evident that other researchers emphasise the process nature of CARE in conjunction with the importance of strategy (Lafferty & Goldsmith, 2005; Bennett, 2002). Although tactical CARE is often implemented, a strategic approach to campaign design is critical (Van den Brink et al., 2006). The importance of a tactical versus a strategic orientation in CARE will be further discussed in Chapter 4 as it forms part of structural campaign decisions.

Varadarajan and Menon (1988) and other researchers (Berglind & Nakata, 2005; Cui et al., 2003) acknowledge that CARE campaigns involve commercial activities that are embedded in the subject area of marketing where marketing objectives are achieved, amongst others, through marketing programmes. The mentioned marketing objectives include the furthering of product, service, brand, and/or firm image. CARE can thus be viewed as a promotional,

marketing and positioning tool. It can also be characterised as a business process in which performance and goal achievement is essential for business and non-profit partners. Researchers seem to agree that CARE signifies enlightened business conduct (Varadarajan & Menon, 1988).

As CARE is embedded in marketing, it is also rooted in corporate philanthropy/CSR (Vanhamme et al., 2012; Sheikh & Beise-Zee, 2011). Therefore campaign results should be linked to business, marketing and social objectives, and knowledge for the purpose of informing CARE should be collected from the marketing, corporate philanthropy and non-profit environment.

In 2005 Varadarajan and Menon (2005:122) again highlighted the dual importance of the philanthropic and business stance that is embedded in the definition of CARE: CARE is “by definition tied to business related activities, yet it is still a philanthropic activity in which the firm donates money to a charitable cause”. Well-known CARE specialist, Sue Adkins (1999), broadly described CARE as an approach that employs marketing money and strategies to support worthwhile causes whilst at the same time building the business. Adkins (1999) explains CARE as a concept that is generally viewed as commercial activity that leads to businesses and charities forming partnerships to market an image, reputation, product or service for mutual benefit and with the potential of demonstrating firm values and procuring consumer loyalty.

CARE necessitates a link between a business partner (firm, product, brand, service) and a social partner (cause, charity, NPO, social issue). It entails the formation of a genuine partnership, a joint approach, an alliance between organisations traditionally regarded as either profit-oriented (business) or philanthropic (non-profit) in nature (NMA staff, 2003).

CARE has as an objective the generation of social support for deserving organisations. Researchers are unclear about whether the receiving organisation included in a CARE campaign should be branded as an organisation (e.g. Reach for a Dream) or a general cause (e.g. education). The questions arises about which receiving partner would lead to most support. Varadarajan and Menon (1988) suggested that the receiver of the firm's support should be a designated cause, implying that a decision should be made about the identity of the receiver before the implementation of the campaign. The nature and properties of the cause have however not been clearly defined.

CARE should provide continuous mutual benefits and positive results for the firm, the social partner and the consumer. Researchers have stated that this mutually beneficial relationship is the central element of all CARE definitions and endeavours (Vanhamme et al., 2012; File & Prince, 1998).

Research related to the above-mentioned mutually beneficial relationship has to a large extent focused on the firm and the social partner: CARE should be a “good marriage between a non-profit and a corporate partner where both organisations have the opportunity to benefit” (Thomas, 2004/2005:72). Researchers agree that CARE provides the opportunity for NPOs to benefit in terms of increased awareness, funding and resources. Businesses, in turn, accrue increased awareness, the right to use the name of the NPO in their business publicity efforts and the potential for increased profits resulting from positive consumer purchasing reactions. Varadarajan and Menon (1988) included the consumer in the mutually beneficial relationship when they described CARE as a strategy that aims at satisfying both organisational and individual objectives.

Varadarajan and Menon (1988) emphasised the CARE prerequisite of consumer engagement in revenue-providing exchanges. They also introduced the importance of the exchange concept in CARE campaigns. Most researchers agree that CARE depends on the link between consumer spending and corporate donations, the relationship between consumer purchases and fundraising (La Ferle et al., 2013; Chang, 2011). Although transactional CARE, as denoted by Varadarajan and Menon (1988), focuses on cash donations, some researchers have suggested non-monetary contributions such as products, services, and skills as viable donations in CARE campaigns. Varadarajan and Menon (1988) accentuate the importance of the donation amount and the necessity of planning for it when making monetary donations. Support for the views of Varadarajan and Menon (1988) are continuous (Kuo & Rice, 2015; La Ferle et al., 2013; Chang, 2011).

3.4 CAUSE-RELATED MARKETING AND RELATED CONCEPTS

Joint initiatives between NPOs and companies nowadays encompass an abundance of approaches that extend beyond what was traditionally known as corporate philanthropy which entailed no more than writing a cheque in response to fund-raising appeals (Mahmud, 2014; Drumwright & Murphy, 2001). However, because many of the current approaches are formulated as subjective expressions of individual firms’ commitment to society, the terminologies are sometimes confused (Dahlsrud, 2008).

CARE has been defined in various ways, as have many other corporate/non-profit initiatives (Yang & Guo, 2014), so that the confusion about what constitutes CARE versus other forms of societal involvement or firm/NPO alliances is not surprising (Yang & Guo, 2014; Dahlsrud, 2008).

Research comparing results from different parts of the world has found vast differences in the understanding and interpretation of CARE. In the United States of America, for instance, people have shown greater knowledge of the true meaning of CARE, possibly due to the USA being the first country to use the strategy and the high level of related campaigns employed in the American society. In the South African society, where CARE can potentially add a high level of value, the concept seems to be less well-known. When South African respondents (marketing, human resource and public relations managers employed at major fast-moving consumer goods companies) were asked in an earlier study to provide a CARE definition in their own words, almost a third of them offered an explanation that differed significantly from the actual meaning of the concept (Tustin & Pienaar, 2005). The concepts that are most often confused with CARE include social marketing, cause marketing, corporate social marketing, corporate philanthropy, corporate community involvement, sponsorship, pro-social marketing, corporate issues promotions, firm advertising with a social dimension and social issues marketing (Kotler & Keller, 2009; Berglind & Nakata, 2005; Andreasen, 1996; Duncan, 1995; Varadarajan & Menon, 1988).

As the field of CARE is evolving, uncertainty about the concept's meaning seems to be decreasing.

3.5 TYPES OF CAUSE-RELATED MARKETING

In the early years of CARE, researchers made several attempts to categorise campaigns in an effort to improve their understanding of the evolving strategy.

Polonsky and Speed (2001) provided a useful framework by suggesting that CARE could be categorised based on four aspects. Firstly, the type of consumer targeted by the campaign – campaigns can be directed toward existing or new customers. Secondly, the type of consumer action required – in some campaigns donations are triggered only when consumers purchase cause-linked products. However, in other campaigns secondary actions are required, for instance sending proof of payment to a specified address to activate the campaign. Thirdly, the boundaries applicable to a firm's financial commitment – donations

can either be unlimited or capped at a predetermined maximum. Finally, the leveraging activities required by the CARE campaign – leveraging activities can include advertising, information on product packaging and other efforts made to increase the positive outcomes of the campaign (Polonsky & Speed, 2001).

Based on these four aspects, Polonsky and Speed (2001) defined broad-based CARE. A broad-based programme aligns well with the Varadarayan and Menon (1988) definition of CARE which is the focus of this study. In broad-based programmes new or existing customers are targeted, donations are triggered when consumers purchase cause-linked products and are uncapped. In other words, for each product sold an amount will be donated without limits to the size of the donation. Activities such as advertising and sales promotion can be used to leverage the outcomes of the campaign (Polonsky & Speed, 2001). Robinson et al. (2012) have added to the above framework by suggesting that CARE campaigns could also be classified based on whether consumers have the option to select their own donation recipient (e.g. a cause or NPO).

Andreasen (1996) distinguished three types of CARE, namely joint issue promotions, licensing, and transaction-based promotions. Joint issue promotion is a partnership in which a corporation and one or more non-profit organisation agree to “tackle a social problem through tactics such as distributing products and promotional materials, and advertising” (Sagawa & Segal, 2000; Andreasen, 1996:49). In a joint issue promotion money could pass between the firm and the NPO, but this occurrence is not always the case. Licensing refers to authorising the “names and logos of non-profits to corporations in return for a fee or percentage of revenues” (Sagawa & Segal, 2000; Andreasen, 1996:50). There are deliberations about whether licensing should indeed be regarded as a form of CARE when in fact it pre-dates the origins of CARE of the 1980s (Sagawa & Segal, 2000; Andreasen, 1996).

Transaction-based CARE will be further delineated as it is of particular interest to this study as the type of CARE that aligns closest with the Varadarayan and Menon (1988) CARE definition that was adopted for the current research.

Transaction-based CARE represents a “complex utilitarian economic exchange between the consumer, the firm, and the cause” (Ross, Patterson & Stutts, 1992:93). It occurs when a corporation donates a “specific amount of cash, food or equipment in direct proportion to sales revenue ... to one or more non-profits” (Andreasen, 1996:49). Adkins (1999) interpreted the concept as purchase-triggered donations (donations to causes that are

activated by purchases) and trial-triggered donations (donations activated through trial, application or signing up for a product or service, and through usage). Adkins (1999) acknowledged purchase-triggered donations as the category, amongst the various promotional categories she proposes, in which CARE is most often demonstrated. Trial-triggered donations, according to Adkins, include the American Express Restoration of the Statue of Liberty campaign, which is acknowledged by most as the first CARE campaign, and also the American Express Charge against Hunger campaign. The American Express Charge Against Hunger campaign, in which 3 cents were donated by American Express to the Share our Strength (SOS) organisation every time an American Express card was used within a specified time frame, is viewed by Andreasen (1996) as an excellent example of successful transaction-based CARE.

In transactional CARE, it can occur that the level of giving has a predetermined maximum limit as was the case in the mentioned American Express Charge Against Hunger campaign (a maximum of \$5 million per year). Despite the limit on the donation amount the campaign generated multiple positive consequences, such as increased card usage, greater number of merchants accepting the card, improved support for SOS and more employees who volunteer their time (Andreasen, 1996).

Transactional CARE seems to be one of the few operationalised forms of CARE that have the potential to adhere to all the characteristics of the concept as delineated by Varadarajan and Menon (1988). Due to its alignment with the Varadarajan and Menon (1988) definition of CARE, transactional CARE is viewed as particularly relevant to the current study.

3.6 BENEFITS, RISKS AND CHALLENGES OF CAUSE-RELATED MARKETING

CARE holds several benefits for firms, consumers and causes/NPOs, but the strategy is not without challenges. In this section the benefits, risks and challenges of CARE for all parties involved will be explored.

3.6.1 Benefits of cause-related marketing

Many benefits accrued by the firm as a result of participating in CARE are similar to those received when engaging in CSR (Vanhamme et al., 2012; Varadarajan & Menon, 1988). According to Adkins (1999) the benefits received by businesses, good causes, and the customers involved with a CARE strategy can be described as a win-win-win-scenario.

According to Varadarajan and Menon (1988) the most basic of the benefits that can be gained through CARE is increased sales and even potential repeat purchases. Fromherz (2006:47) emphasised that some reasons for entering into CARE relationships are less quantifiable and less tangible – he described it as the “quieter paybacks” of CARE. An example of the less tangible effects of CARE is what researchers have referred to as the “*warm glow* of giving” (Strahilevitz & Myers, 1998:435; Andreoni, 1990; Isen, 1970) experienced by consumers and employees when the firm enables their involvement with society. Although feelings such as *warm glow* are not easily quantifiable, the impact thereof can be. Research has confirmed that 72 per cent of employed Americans, when deciding between two jobs with the same location, responsibilities, pay and benefits, would choose to work for a firm that supports charitable causes. Eighty-seven percent of employed students said they would want to work for a company that supports charitable causes (Fromherz, 2006). Hawkins (2012) has suggested that successful CARE endeavours will ensure that the supported cause or NPO aligns with the cultural or individual values of the customer target segment. In turn, such alignment can result in more favourable attitudes toward the brand and the firm (Lafferty and Edmondson, 2014; Brown & Dacin, 1997; Sen & Bhattacharya, 2001) and ultimately lead to positive consumer behaviour in the form of purchasing the cause-linked product (Tangari, Folse, Burton & Kees, 2010; Van den Brink et al., 2006).

Evidence has suggested that CARE may influence consumer behaviour to such an extent that it provides better results than discounting prices or increasing promotional spend by up to 20 per cent (Mason, 2002). For example, research was conducted about consumer responses to a firm’s involvement with a worthwhile cause. Results indicated that 78 per cent of respondents were more likely to purchase the cause-linked product, 66 per cent would probably switch brands, 62 per cent would switch retailers and 54 per cent were willing to pay more for the product (Vanhamme et al., 2012; Rains, 2003).

Tustin and Pienaar (2005) developed a framework for dividing the benefits of CARE into four categories, namely product, firm, employee and cause benefits. This framework was used as a point of departure for summarising the potential benefits that could result from CARE and which is illustrated in Table 3.3. Benefits to the business, cause/NPO and consumer partner in the CARE relationships will be delineated. In line with Tustin and Pienaar (2005) the benefits to the business partner has been subdivided into product- (including consumer, brand and media exposure benefits), firm- and employee-related advantages.

Table 3.3
Cause-related marketing benefits

Benefits to the business partner	
Product-related benefits	<p>Media exposure benefits</p> <ul style="list-style-type: none"> • Low-cost exposure for the product in the form of free, positive media coverage <p>Brand benefits</p> <ul style="list-style-type: none"> • It enhances the image of the brand • It provides long-term positive brand effects if the campaign is strategically developed and well executed • It enhances brand loyalty • It improves the evaluation of a brand • Improves consumer trust in the brand <p>Consumer benefits</p> <ul style="list-style-type: none"> • Ability to persuade selective consumers who want to support the cause • Building a broader customer base • Create, develop or reinforce positive brand associations for a corporation • Consumers feel virtuous when purchasing a particular product from a firm because of the firm's involvement with a specific cause. This adds meaning and value to the consumption of the product • Consumers, through a firm's support of a non-profit cause, are motivated to switch from the brands that they are currently purchasing • Cause support generates a greater likelihood of product choice when little differences exist between competing brands • Increases the consumer feelings of connectedness to the firm • Encourages product trial • Motivates consumers to recommend product or service to family and friends • Improves consumer trust in the product • Reduces customer sensitivity to price
Firm-related benefits	<ul style="list-style-type: none"> • Contributes to profitability • Creates consumer awareness of the firm • It enhances corporate image • Positively influences firm reputation • It provides the firm with a differentiated image in the eyes of consumers • Adds value to the corporate brand • It leads to improved trade and sales force relations • Name recognition of the firm increases • The firm gains national visibility • Owing to the partnership with an NPO, a firm reaches markets and audiences that it would not otherwise have had the opportunity of reaching • Outreach to niche markets • Companies gain the support of the community • Companies become known by the products they sell and the causes they support • Increases shareholder wealth • Firm is seen as a good corporate citizen • Firm is seen as helping the local community • It helps to communicate the essence of the firm's mission • Improves consumer trust in the firm • Improves firm credibility, legitimacy and prestige • Helps to counter negative publicity • Receives access to NPO expertise and networks • Enables the expansion of CSR programs • Appeals to new investors

Table 3.3 (continued)

Benefits to the business partner	
Employee-related benefits	<ul style="list-style-type: none"> • Attracts employees with a social consciousness • An increased internal commitment to the firm • It improves employee loyalty and attitudes • The perception of high firm moral values leads to greater pride amongst employees • Improved staff motivation and retention
Benefits to the non-profit/cause partner	
<ul style="list-style-type: none"> • Favourable consumer attitudes • Increased national exposure and awareness • Valuable resources such as volunteers and investment capital • Additional knowledge and direction concerning management issues • Access to technical and marketing expertise • Positive partnership association with strong brand in market • Provides an additional funding stream • Access to broader networks • Increased publicity • Improved fundraising ability and increased donations 	
Benefits to the consumer partner	
<ul style="list-style-type: none"> • Offers consumer the opportunity to progress beyond the observation of the socially responsible actions of the firm and to become involved with the cause/NPO • Consumer can contribute directly to the solution of a problem • Increase consumer feelings of virtuousness and improved self-concept (social identity theory) • Consumer experiences pleasure of giving • Consumer owns the bought product 	

Sources: Adapted from Kim and Johnson (2013); Pharr and Lough, (2012); Vanhamme et al. (2012); Robinson et al. (2012); Chéron et al. (2012); Sheikh and Beise-Zee (2011); Krishna, (2011); Fromherz (2006) Luo and Bhattacharya (2006); Trimble and Rifon (2006); Kotler and Lee (2008); Tustin and Pienaar (2005:126) Endacott (2004); Idowu and Towler (2004); Kooijmans (2004); Cui et al. (2003); Mason (2002); Irwan and Lachowetz (2002); Lachowetz and Gladden (2002); Ford and Flanner (2002); Hawkins et al. (2001); Goodsall (2001); Moir (2001); Barone et al. (2000); Keeler (1999); Elkington and Fennell (1998); Strahilevitz and Myers (1998); Drumwright (1996); Smith (1994); Lafferty and Goldsmith (2005); Rigney and Steenhuysen (1991); Henricks (1991); Ross et al. (1991); Pasley (1990); Oldenburg (1990); Shell (1989); Varadarajan and Menon (1988).

Table 3.3 indicates that CARE has the ability to hold an array of benefits for those involved in such campaigns. However, researchers have emphasised that campaigns are not always successful and can entail several risks and challenges (Vanhamme et al., 2012).

3.6.2 Risks and challenges of cause-related marketing

Corporations realise that collaborations and alliances with profit or non-profit partners can have potential negative effects if not well planned (Rodrigue & Biswas, 2004; Bucklin & Sengupta, 1993). For instance, consumer skepticism could result in firms' inability to convince consumers about the sincerity of the CARE campaign (Anghel, Grigore & Roşca, 2011). Campaigns could also have potential adverse effects on the charitable giving behaviour of consumers (Barnes, 2015). For instance, consumers could view their

participation in CARE as the fulfillment of their philanthropic obligation and therefore refrain from further charitable giving despite the small size of the actual amount contributed by means of a purchase that involves a CARE campaign (Varadarajan & Menon, 1988).

Wymer and Samu (2003) have emphasised that the potential risk of participating in CARE may be even greater for NPOs than for firms. For instance, NPOs have to convince firms that a connection with a desirable audience can be established through the interaction (Barnes, 2015). Also, it can happen that the ability of the NPO to raise funds from private donors (usually a non-profit's major source of funding) may be greatly reduced as a result of damage to its reputation – such consequences in reality threaten the survival of NPOs (Wymer & Samu, 2003).

Table 3.4 provides a summary of the potential risks and challenges involved for both the firm and the cause/NPO who are involved in CARE partnerships.

Table 3.4
Cause-related marketing risks and challenges

Risks and challenges for the business partner
<ul style="list-style-type: none"> • NPOs as well as the for-profit organisations must beware of discredited partners. If consumers perceive one of the partners in a very negative light, it may damage the brand of the other party.
<ul style="list-style-type: none"> • Companies run the risk of consumer criticism if customers question the validity of the offer, the firm's motives for engaging in the alliance or the absence of a logical link between the brand and the cause.
<ul style="list-style-type: none"> • The most obvious negative impact that may arise is the perception of insincerity of the for-profit organisation. Sincerity can be damaged through appearing to exploit the NPO. Astute consumers are able to recognise when a firm is exploiting a cause rather than supporting it, and will change their evaluation of the firm accordingly. A CARE-leveraged promotion may appear less sincere than an ordinary sales promotion because the CARE programme makes the firm's support of the cause conditional upon purchase.
<ul style="list-style-type: none"> • A lack of management commitment to the cause and to CARE.
<ul style="list-style-type: none"> • Lack of control over spending, particularly in the case of smaller charities.
<ul style="list-style-type: none"> • Lack of feedback to donors about the use of the donations that were given.
<ul style="list-style-type: none"> • Poor conception of CARE and therefore a lack of success and even harmful consequences.
<ul style="list-style-type: none"> • Poor communication about CARE, for instance poor advertising planning.
<ul style="list-style-type: none"> • Corruption and/or malfunctioning on the part of the NPO.
<ul style="list-style-type: none"> • Unfamiliarity with CARE strategy and therefore lack of support.
<ul style="list-style-type: none"> • Consumers questioning whether it is ethically correct to promote charitable contributions to benefit the bottom line.
<ul style="list-style-type: none"> • Scandalous behaviour by a partner that could harm the other partner's reputation/image.
<ul style="list-style-type: none"> • Consumer pessimism due to a poor fit between CARE partners and apparent mercantilist abuse of the concept by business.
<ul style="list-style-type: none"> • Resentment about involvement with a cause from employees and shareholders in periods of declining business cycles and stock evaluation.

Table 3.4 (continued)

Risks and challenges for the non-profit partner
• Research has found that over time consumers and corporations reduce donations to the NPO.
• Many NPOs are concerned about the image they portray, since they are generally seen as worthy causes without any commercial subtleties.
• Commercialism may harm NPOs. They may be seen as selling a product rather than working for a cause.
• Scandalous behaviour by partner could harm the non-profit partner's reputation and image.
• Corruption on the part of the corporate partner that harms the non-profit partner's image.
• Support withdrawal due to risky behaviour by the business partner.
• Reduced funding due to the risky behaviour of the business partner funding.
• Lack of good management of donation funding.
• Disorganised charities as a whole that could negatively influence consumer perceptions.
• NPOs may become victim to changing their mission, objectives and/or strategy to satisfy the needs of the profit-oriented firm.
• NPOs could fall into the trap of exploiting its constituency to meet the needs of the profit-oriented firm.

Sources: Adapted from Barnes (2015); La Ferle et al. (2013); Anghel et al. (2011); Hyllegard, Yan, Ogle and Attmann (2010); Tustin and Pienaar (2005); Subrahmanyam (2004); Endacott (2004); Garcia, Gibaja & Mujika (2003); Wymer and Samu (2003); Polonsky and Speed (2000); Adkins (1999); Welsh (1999); Pringle and Thompson (1999); Carrigan (1997); Varadarajan and Menon (1988).

Despite the above-mentioned concerns, CARE is viewed as a low-risk strategy and it has proliferated over the past three decades. "To date, there is scant evidence of the strategy being risky or unproductive. On the contrary, [CARE appears] to be one of the most successful promotional strategies in recent memory" (Barnes, 2015:48).

3.7 CAUSE-RELATED MARKETING IN THE SOUTH AFRICAN CONTEXT

Several CARE campaigns have been implemented in the South African context. These campaigns have included a spectrum of approaches to CARE. An example that has been part of the South African landscape since 2006 is the Ster Kinekor Vision Mission programme. It is the flagship corporate social investment programme of Ster Kinekor (Moriri, 2016). Consumers who book movie tickets online or at self-service ticket machines have the option to add a R2.50 donation to the price of their movie ticket. The donation is received by the Vision Mission project and used to test the eyes of underprivileged children, to advance eye care and to assist with the provision of spectacles where necessary (Moriri, 2016). The campaign is thus characterised by its voluntary and in-house nature. Another well-known South African example is the Woolworths My School My Village My Planet programme. In this initiative South African consumers have the opportunity to predetermine a donation recipient that will benefit each time the consumer purchases from the Woolworths department store. When consumers have not specified their preferred beneficiary,

Woolworths will allocate proceeds from consumer purchases to worthy recipients. The programme is characterised by its long-term nature and its lack of consumer choice in terms of giving or not, but the presence of consumer choice pertaining to selecting the donation recipient (About MySchool MyVillage MyPlanet, n.d.). One of the beneficiaries of the Woolworths programme is CANSA, an organisation with the purpose to lead the fight against cancer in South Africa (Leading The Fight Against Cancer In SA, 2016). CANSA benefits from several CARE campaigns that are all unique in nature. For instance, CANSA receives 10 per cent of the proceeds from the sales of the Lush A human hair clip. It is a continuous campaign between CANSA and Lush A. In contrast, CANSA receives 50% from the membership fee when a consumer joins one of the Curves gyms during breast cancer awareness month (1 to 31 October). This campaign is limited to a duration of one month, the donation is expressed in a percentage format and it is quite large. Another example is a donation of R10 to CANSA from the sale of each of the artist Tanya O'Connor's books. In contrast to the previous examples, this donation is expressed as an actual amount (Our Cause Related Marketing Partners, 2016). As mentioned before, despite the prevalence of several CARE campaigns in the South African context, research about the strategy has been limited. Findings that are available will be discussed in Chapter 4 along with results from other parts of the world.

3.8 SUMMARY AND CONCLUSION

CARE has experienced global growth over the past 30 years as a strategy that offers potential mutual benefits to for-profit-oriented firms and NPOs. In this chapter the origins and evolution of the strategy was explored. CARE was defined and distinguished from other terminologies as transaction-based where the involvement of the consumer plays a critical role in the fulfillment of the concept.

The benefits of CARE were discussed to create an improved understanding about the reasons for employing the strategy. The potential risks and challenges related to it were also explored. Researchers agree that CARE's potential benefits outweigh its potential risks, that the strategy holds great possibilities for positively influencing consumer behaviour and that growth will continue in the future.

CHAPTER 4

THE CAMPAIGN STRUCTURAL ELEMENTS (CSEs) OF CAUSE-RELATED MARKETING

To give up the task of reforming society is to give up one's responsibility as a free man.

Alan Paton, author and activist

4.1 INTRODUCTION

The research problem addressed in this study relates to the structural elements of a cause-related marketing (CARE) campaign. In Chapter 3 an overview was provided of CARE and the general boundaries of the concept were delineated. Chapter 4 focuses on specific campaign decisions that have to be made to ensure CARE effectiveness. These decisions primarily pertain to campaign structural elements (CSEs), in other words, the messages or cues that can be employed to communicate or frame the campaign to consumers. Communication and framing theory as it applies to CARE will be discussed as an introduction to CSEs and to illustrate the importance of detailed planning in this regard. This discussion will be followed by a delineation of the structural elements that are relevant when developing a campaign.

Some CSEs are typically visible to the consumer as they are most often communicated in CARE campaigns. These elements include the product, donation recipient, donation magnitude and donation expression format and, as independent variables, will be the core focus of this study's empirical, quantitative investigation. Other CSEs are rarely communicated in cause-related campaigns as they are viewed as internal decisions by the firm that are more important during campaign planning than during campaign communication. These elements include the strategic orientation, duration and geographic parameters of the campaign – they will be addressed in this chapter to provide a comprehensive overview of CARE campaign structural elements, but will not be assessed in the empirical, quantitative research employed in this study.

When applicable, each CSE's relevance to this study will be mentioned toward the end of the discussion pertaining to it. Chapter 4 will be followed by an exploration of the impact exerted by CARE on consumer responses in Chapter 5.

4.2 BACKGROUND TO CAUSE-RELATED MARKETING (CARE) CAMPAIGN STRUCTURAL ELEMENTS (CSEs)

CARE campaign planners are faced with a number of questions and key decisions about their campaigns. Which product or brand should be included in the CARE campaign? Who will be the ideal non-profit partner in the campaign? Will the option of selecting a cause influence consumer responses? What should be the duration of the partnership between the firm and the non-profit? What should be donated? If a monetary donation is opted for, what should the extent of the contribution be? Should the donation amount be capped? How should the donation be communicated to the consumer? What should the geographical boundaries of the CARE campaign be? These questions relate to what is called CARE campaign structural elements (CSEs) (Grau & Folse, 2007).

CSEs represent messages that describe the campaign that is presented to the consumer (Grau & Folse, 2007). CSEs can thus be described as message cues as proposed by cueing theory. According to cueing theory consumers receive cues from the environment through their senses, which then activate a node in memory and consequently result in inference-making and judgement formation (Minton & Cornwell, 2015; McNamara, 1992). The nature of the CSEs portrayed in a CARE campaign will thus lead to either positive or negative consumer judgments or responses (e.g. attitudes, intention, etc.).

Such campaign message cues are important as they direct the manner in which a particular advertising claim is communicated and have the ability to either trigger consumer scepticism or protect the firm against scepticism (Kim, 2005). They also have the ability to impact on the nature and effectiveness of CARE campaigns (Cui et al., 2003). CSEs play a key role in driving the marketing strategy toward being conceptualised as a strategic rather than a short-term sales-oriented promotional tool (Polonsky & Speed, 2000).

Cui et al. (2003) emphasised, to both practitioners and policymakers, the importance of understanding the influence of CARE CSEs on consumer processing and consumer responses. Ellen, Mohr and Webb (2000), who viewed CARE from an attribution theory perspective, agreed that the CSEs of a CARE campaign are important triggers for positive consumer responses, because in the structure of the CARE offer, the consumer must find compelling elements that will justify the belief that the firm is discarding its basic nature of self-interest and in a way making a sacrifice (Cui et al., 2003). If consumers perceive CARE offers as mere self-interested firm behaviour, these consumers are likely to have less favourable attitudes toward the CARE offers that will probably be viewed as merely a way to

further the objectives (e.g. sales, profits, etc.) of the firm (Cui et al., 2003; Holmes, Miller & Lerner, 2002). Research has found that the perceived motives of firms for engaging in CARE are portrayed by CSEs and can extensively impact on consumer responses to such campaigns (Folse et al., 2010; Campbell & Kirmani, 2008).

Although strategically planned CARE do indeed acknowledge the importance of achieving firm objectives with such campaigns, a broad view toward these objectives that portrays sincere firm motives and a social conscience is suggested (Demetriou, Papasolomou & Vrontis, 2010; Ferguson & Goldman, 2010; Cone, Feldman & Da Silva, 2003). Firms thus have to simultaneously focus their energy on achieving their preferred profit results and on building solidarity with partners to ensure sound campaign planning and synergetic decision-making about CSEs. It is thus imperative that, during the planning of CSEs, firms continuously monitor the objectives of the campaign and its alignment with broader organisational goals (Liu & Ko, 2011).

Some research has been conducted in the area of CSEs and a number of elements have been found to play a role in consumer responses. Consumers, for instance, use aspects of the CARE offer (i.e. structural elements) to assess a firm's motives as being either extrinsic (egoistic or self-interested) or intrinsic (altruistic or self-interested) (Ellen et al., 2000; Ellen, Mohr & Webb, 1995). Elements such as the type of product that is purchased, the amount of money that is donated and the importance of the cause to the consumer, are all aspects that influence CARE effectiveness and consumer decision-making (Das, Guha, Biswas & Krishnan, 2014; Chang, 2008; Engelbrecht & Du Plessis, 2004; Webb & Mohr, 1998).

It seems that most early research about CSEs have focused on particular elements and the influence thereof on objectives such as campaign effectiveness, as well as consumer responses regarding attitudes and intention. However, more recent inquiry acknowledges the potential interaction between various CSEs and endeavours to improve CARE understanding from this perspective (Das et al., 2014; Chang, 2012; Chang, 2011; Folse et al., 2010; Chang, 2008). Researchers have acknowledged emerging research in the area of CARE CSEs and have confirmed that further exploration is warranted (Chang, 2012; Chang, 2008; Grau & Folse, 2007; Kim, 2005). Das et al. (2014: not specified) have further emphasised the importance of continued inquiry to thoroughly comprehend the CSEs that are selected for a CARE campaign: "if a single negative CARE cue is present (e.g. low product-cause fit or vague donation quantifier), it [would] overshadow the ... positive cue (e.g. high product-cause fit, or concrete donation quantifier), resulting in lower purchase intentions."

Some CARE CSEs are often more visible to consumers than others. As CARE is triggered by a purchase-linked donation, the product and the donation are typically communicated in such campaigns. Most often a donation magnitude is specified in more or less detail and in any of several expression formats. Reference is usually made to the donation recipient and in many cases the general cause or the non-profit organisation (NPO) that will benefit from the campaign is named. These CSEs, namely the product, donation magnitude, donation expression format and the donation recipient, are generally visible to the consumer. Other CARE elements such as the campaign duration, the campaign geography and the strategic or tactical orientation of the CARE offer are often not communicated directly to the consumer, although it might appear in additional campaign press releases or strategic planning documents.

In this chapter, both the CSEs that are most often visibly communicated to the consumer and the elements that are typically not perceptible by the consumer, will be discussed. However, as mentioned in Chapter 1 and in the introduction to Chapter 4, this study adopts a communication approach and will therefore focus more extensively on those CSEs that are visibly communicated to consumers during CARE campaigns. The role and importance of communication and message framing will be discussed before a more detailed analysis of CARE CSEs will be provided.

4.3 CAUSE-RELATED MARKETING (CARE) COMMUNICATION

CARE CSEs become visible to the consumer as a result of a communication process where a message is transferred by a source (the firm) to the message recipient (consumer) by means of a communication medium (Lamb et al., 2010).

Communication has been defined as a “transactional process between two or more parties whereby meaning is exchanged through the intentional use of symbols” (Schiffman & Kanuk, 2015; Blythe, 2003:2) – the emphasis is on the creation of shared meaning (Mehrabian, 1977). In CARE campaigns the concept of communication plays a role on numerous levels, where it is crucial to identify the target audience; to determine the communication objectives; to design a message with the most appropriate content, (copy and visuals), structure and format; to choose apt communication channels (media); to select the most suitable media source; generate and monitor feedback; and to plan for possible noise (Kotler & Armstrong, 2008).

Cone et al. (2003:100) have emphasised the importance of achieving the right level of communication in charitable activities such as CARE: “too much time and money spent bragging about your philanthropic efforts is no better than being silent about them”. Grau and Folse (2007) placed particular emphasis on the importance of communicating CARE campaign factors in order to stimulate interest in the campaign. The reason for the prominence of communication in their research about CARE reflected the finding that consumers who are less involved in CARE programmes do not have less favourable campaign attitudes than those who are more involved. Grau and Folse (2007) suggested that this finding perhaps indicates consumer willingness to consider CARE campaigns even though such campaigns are not personally relevant. It is therefore critical that consumers are exposed to CARE campaigns through suitable communication messages and media. Research has indicated that print advertisements are most often used as a marketing communication tool in CARE campaigns and also plays a role in research about the topic, possibly due to the ability to portray both pictorial and verbal content (Lafferty & Edmondson 2009). This finding will be considered in planning the methodology for this study.

In this research a communication-based approach has been adopted and the focus is thus on the CSEs that are directly communicated to consumers. During such communication, messages pertaining to CSEs can be portrayed or framed in various ways. Framing theory and its relevance to CARE and this study will be explored in the next section.

4.3.1 The role and use of framing

Framing is described as “the use of decision-relevant information by a buyer to make comparative evaluations about a product or service relative to a reference point” (Smith & Wortzel, 1997:123; Puto, 1987; Kahneman & Tversky, 1979). A frame in communication fulfils an organising as well as a meaning creation function (Gamson & Modigliani, 1989; Tuchman, 1978).

Framing derives from prospect theory (“a psychologically based descriptive theory of individual choice under risk”) that is in turn rooted in expected utility theory (Selena Krishen, Raschke, Kachroo, LaTour & Verma, 2014; Puto, 1987:302). In prospect theory alternatives are evaluated as gains or losses relative to a reference point that has been determined by the decision-maker (Campbell & Diamond, 1990). In contrast, in expected utility theory alternatives are evaluated as “final wealth states” (Puto, 1987:302). An example of prospect theory application in framing is, for instance, communicating the same message either positively (e.g. 95 per cent of homes are covered by insurance, or all brands will participate

in the CARE campaign) or negatively (5 per cent of houses are not covered by insurance, or not all brands will participate in the CARE campaign) (Grau & Folse, 2007).

Framing plays an important role in marketing communications due to its potential impact on the purchasing decision-making process (Selena Krishen et al., 2014; Smith & Wortzel, 1997; Puto, 1987). During the decision process, buyers are faced with numerous cues and consequently with having to judge the relative values of a range of alternatives. Context effects (e.g. the standard of comparison, verbal labels, modes of information presentation, response mode, and social dimensions) affect buyers' value judgements and therefore influences the decision process (Pluto, 1987; Schoemaker, 1982).

The standard of comparison context is particularly relevant to this study. The effect refers to the "point of reference against which the various decision alternatives are compared" (Puto, 1987:301). In many situations the reference point is the most important factor that determines the decision frame, in other words the perspective through which the alternatives in a decision problem is viewed by the decision-maker. In prospect theory decision frames have proven to be reliable predictors of decisions, particularly in situations involving risk (Kahneman & Tversky, 1979). In CARE, aspects such as product price or donation messages can act as reference points or decision frames.

As previously mentioned, framing has the ability to affect buyer decision judgements, depending on the reference points of buyers, whether alternative options are framed as gains or losses and the risk involved (Smith & Wortzel, 1997; Campbell & Diamond, 1990; Puto, 1987). Kahneman and Tversky (1979) said that people take more risks when they are trying to avoid losses than when they are trying to maximise gains. Framing thus causes promotions which are perceived as reduced losses to have a different impact on reference price than those perceived as gains (Gallagher & Updegraff, 2012; Tversky & Kahneman, 1981; Campbell & Diamond, 1990).

Donovan and Jalleh (1999) referred to the contrast between positively framed messages (emphasis placed on the benefits that can be gained if a particular course of action is adopted) and negatively framed messages (emphasis placed on the loss of the mentioned benefits when a particular course of action is not adopted). Lin, Kao and Wu (2006) add involvement's relationship with framing to the input of Donovan and Jalleh (1999) and argue that positively framed messages are significantly more persuasive than negatively framed messages, especially when extremely involved people are under pressure to process and evaluate information in a short time.

Rothman, Salovey, Antone, Keough & Martin (1993) conducted a study related to intentions to perform skin cancer detection behaviour and found a significant interaction between framing and gender, with women more likely to respond to negatively framed messages and men more likely to respond to positively framed messages. However, in a study about chocolate, conducted by Braun, Gaeth and Levin (1996) in which the chocolate was described either as *only 20 per cent fat* or *80 per cent fat free*, it was found that females significantly preferred positive framing to negative framing, while males did not. These findings indicate that framing research results might be quite subject-specific, but also that what is perceived as negative or positive, gains or losses might differ due to the language used. As framing has been mentioned as an important role player in the field of CARE (Tangari et al., 2010; Chang & Lee, 2008; Grau & Folse, 2007) and due to the subject-specific nature of framing theory application, the relationship between framing and CARE will be discussed in the following section.

4.3.2 Framing and cause-related marketing

Framing is a key consideration when developing charitable communication strategy, as the manner in which information is framed has the ability to significantly influence consumer judgements and decisions (Chang, 2012; Chang & Lee, 2010; Das et al., 2008). In CARE research, various framing applications have been considered, including, product framing (Chang, 2008), donation framing (Chang, 2008; Grau, Garretson & Pirsch, 2007; Olsen et al., 2003; Pracejus et al., 2003), attribute framing (Grau & Folse 2007) and temporal framing (Tangari et al., 2010). Several of these findings related to CSEs will be addressed in the remainder of the chapter. A few framing results not pertaining to specific CSEs are, however, worth noting.

In their CARE framing research, Grau and Folse (2007) found that positively framed messages result in more favourable attitudes toward CARE campaigns. They thus confirmed that the “manner in which the information within the CARE campaign is framed” can act as an important signal for consumers and encouraged CARE planners to carefully consider whether positive or negative information is emphasised in campaign communication (Grau & Folse, 2007:25).

Grau and Folse (2007) further discovered that consumers who are less involved with causes are not completely resistant to persuasion. It was found that messages that focused on survival rates and how the actions of consumers had the ability to generate positive differences in the lives of others, resulted in increased positive reactions to CARE

campaigns, even amongst less involved consumers. Their findings thus indicated that positively framed CARE messages have the ability to persuade even low involvement consumers' investment (Grau & Folse, 2007). Therefore it was suggested that firms consider strategically targeting consumers who are less involved with causes as they might offer future returns on investment (Grau & Folse, 2007).

Grau and Folse (2007) also found that the effect of framing on attitudes is mediated by consumer beliefs that the firm is acting in a socially responsible manner – therefore, the manner in which campaigns are framed have to convince consumers that the firm truly values the CARE campaign and that its participation is impelled not only by self-directed gains, but also by authentic concern for societal well-being (Tangari et al., 2010). This finding confirms the importance of considering the influence of perceived firm motives when designing CARE campaigns (Folse et al., 2010).

Chang (2012) has recommended that a distinction be made between framing and execution style in CARE. The researcher equated framing to a verbal portrayal, whilst comparing execution style to a visual display (Chang, 2012). Chang (2012:247) found that execution style exerted a stronger influence on campaign attitude and purchase intentions than verbal portrayals, thus confirming that “a picture is worth a thousand words” – pictures are affective as they attract attention, elicit emotion and have the ability to display the product and demonstrate how it fits into the life of the consumer (Small & Verrochi, 2009). However, it should be noted that the research focused only on the framing versus execution style of the cause. The cause typically holds emotional qualities that might be more effectively portrayed through visual imagery (Small & Verrochi, 2009). The same results might not be applicable when other CSEs are portrayed.

Despite Chang's (2012) distinction between framing and execution style, most other references include both visual and verbal portrayals within the framing concept. In this research, framing will refer to both the visual and verbal portrayal of CSEs in CARE campaigns.

Framing theory accentuates the belief that “the devil is in the detail” or what some refer to as *synergy* and Aaker (1996) calls the *rubber band effect* (“special advantage by which two brands linked together can achieve greater results than the sum of those they would have achieved separately”) (Baghi & Gabrielli, 2013:20). With reference to CARE these notions support the importance of detailed CSE planning due to two organisations' joint effect being more influential than the sum of their separate effects. It furthermore underscores the ability

of a single negatively perceived CSE cue to overshadow other positive effects and to negatively influence consumer responses to CARE (Das et al., 2014). However, such responses may be influenced by the respective decision frames of the consumer. Tversky and Kahneman (1981:453) describe a decision frame as “the decision-maker’s conception of the acts, outcomes, and contingencies associated with a particular choice”. As consumers hold varied decision frames, differently framed CARE messages containing different CSE versions may lead to various responses as a result of how the response itself and its outcomes or contingencies are perceived. The rest of this chapter identifies and discusses the CSEs that shape CARE campaigns and effectiveness.

4.4 THE PRODUCT CAMPAIGN STRUCTURAL ELEMENT

Firms that engage in CARE activities are responsible for deciding whether the alliance will take place at the organisational, product line or brand level (Varadarajan & Menon, 1988). In the past, organisational level alliances have involved the inclusion of corporate and/or flagship brand names in the CARE programme. In some cases, firms have opted for involving all their brand offerings in campaigns, while in other programmes firms included some or most of their leading brands (e.g. General Foods and their involvement with the Muscular Dystrophy Association).

In alliances based on product lines, firms focus on the involvement of a particular product line (e.g. Ralston Purina’s Purina pet food line’s association with the National Humane Society for Animals during the National Pet Week, the Lush A range of the Lush hair products in association with CANSA). Brand level associations between firms and causes occur when a firm decides to involve specific brands in their portfolio in the CARE alliance (e.g. Kimberley-Clark involved their Huggies diaper brand in a campaign with the Children’s Miracle Network Telethon) (Varadarajan & Menon, 1988).

Drumwright (1996) asks the question whether it is better to form associations with a cause or NPO at the brand, the product line, or the organisational level. The researcher suggests that associations might be more beneficial when negotiated on an organisational level as such programme activate stronger organisational identification benefits that could also extend to franchisees and licensees where applicable (Drumwright, 1996). However, Drumwright’s (1996) contention might only be applicable when the organisational brand is known to consumers.

Associations at organisational level are usually more strategic and require senior management support, infer that more resources should be invested into campaigns, thereby creating more visibility and success (Müller, Fries & Gedenk, 2014; Drumwright, 1996). Organisational level alliances, however, could encompass product line and brand/product level campaigns – relationships could, for instance, be negotiated and planned at the organisational level with the mentioned support from senior management, but implemented at product or brand level. Although negotiations and partnerships on organisational level have been suggested to be positive for CARE campaigns, campaign visibility on a brand level is important, as consumers are often loyal to product brands and not organisational brands, e.g. loyal toward All Gold and not necessarily toward Tiger Brands. A firm such as KFC who has launched many successful social campaigns, where some cause-linked campaigns have been connected to the organisational brand (KFC) and some to a specific product brand (KFC Zinger), has demonstrated the potential effectiveness of both organisational and brand level approaches.

In alignment with extant CARE research about CSEs, for the purpose of this study a product/brand-level approach will be adopted. Product- and brand-specific considerations that influence CARE effectiveness will thus be discussed.

4.4.1 Product classification systems

As previously mentioned, CARE campaigns are often implemented at the product/brand-level and this approach therefore also features extensively in CARE research (Folse et al., 2010; Chang, 2008). Brand-related variables to consider when designing CARE campaigns include the credibility of the featured brands, brand-cause fit, the inclusion of visual brand elements (e.g. logo) and consumers' prior experience with the brand (Christofi et al., 2015; Christofi et al., 2014). Product-related variables include the use of hedonic versus utilitarian products or high- versus low-priced products (Christofi et al., 2015; Christofi et al., 2014).

Products have traditionally been classified by marketers on the basis of durability, tangibility and use. The joint durability and tangibility taxonomy results in three product groups, namely non-durable goods, durable goods and services. Products that are classified according to use can be divided into two broad groups, namely consumer goods and industrial goods, each with their own sub-categories (Kotler & Keller, 2009).

In this study the focus will be on consumer goods (non-durable and durable) and two related classifications are particularly relevant, namely (1) hedonic versus utilitarian and (2) high

involvement versus low involvement products. Researchers (Chang, 2008; Polonsky & Speed, 2001; Strahilevitz, 1999; Strahilevitz & Myers, 1998; Babin, Darden, & Griffin, 1994; Smith & Alcorn, 1991; Ahtola, 1985) have found that consumer responses such as willingness to switch brands in favour of supporting a cause-linked product, attitudes and purchase intentions vary, based on product type (e.g. hedonic, utilitarian, etc.). Therefore the role of product type in CARE campaigns will be addressed by exploring both the hedonic-utilitarian and high involvement-low involvement classification.

4.4.1.1 Hedonic versus utilitarian products

Research has indicated that the hedonic versus utilitarian nature of a product exerts a differential impact on CARE effectiveness and consumer responses, possibly because these products activate different psychological processes when present in CARE (Chang, 2011; Chang, 2008; Strahilevitz & Myers, 1998).

Hedonic products are also referred to as frivolous or pleasure-oriented products and include examples such as ice cream, chocolate truffles, concert tickets, confectionary, etc. (Chang, 2008; Strahilevitz & Myers, 1998). The term hedonic was first used in correcting price indices for quality (Kaul, 2006; Cowling & Cubbin, 1972), but research about hedonism in marketing has since extended to topics such as shopping values, animation, online retailing, etc. (Chang & Cheng, 2015; Babin et al., 1994). Hedonic products are affect-driven (Chang, 2012). Hedonic value results from fun and playfulness (Hirschman & Holbrook, 1982) and is indicated by increased arousal, sensory gratification, heightened involvement, perceived freedom, fantasy fulfilment and escapism (Chang & Cheng, 2015; Chang, 2012; Babin et al., 1994; Hirschman, 1983). It seems that hedonism in marketing relates more to the prolonged act of shopping than to the act of buying (Babin et al., 1994) and that hedonic behaviour is motivated primarily by a desire for sensual pleasure (Strahilevitz & Myers, 1998).

Utilitarian products are also called practical or functional products and differ substantially from hedonic products (Strahilevitz & Myers, 1998). Utilitarian consumer behaviour is usually associated with terms such as *task-related* and *rational* (Chang & Cheng, 2015; Babin et al., 1994). Utilitarian products are goal-oriented (Chang, 2012). Utilitarian value is useful for explaining shopping trips that are about running errands and fulfilling necessary tasks. In other words, utilitarian consumption is motivated mainly by the aspiration to fulfil a basic need or to accomplish a functional task (Chang & Cheng, 2015; Strahilevitz & Myers, 1998). Examples of utilitarian products include dishwashing liquid, laundry detergent and garbage bags (Galan-Ladero et al., 2013; Strahilevitz & Myers, 1998).

Although Wymer and Samu (2009) found no difference between hedonic and practical cause-linked products in a CARE context, most other studies conducted in a Western context indicated a preference toward hedonic products – these products were thus considered to be more effective for campaigns featuring a cause-linked product (Boenigk & Schuchardt, 2015; Hammad, El-Bassiouny, Paul & Mukhopadhyay, 2014; Chang, 2008; Strahilevitz, 1999; Strahilevitz & Myers, 1998). Hedonic cause-related products were also found to trigger the amygdala and the prefrontal cortex resulting in increased emotional arousal (Guerreiro, Rita & Trigueiros, 2015).

In line with perception theory Strahilevitz and Myers (1998) conducted a study in North America where they focused on the impact of the nature of the product as a stimulus in CARE campaigns. It was found that CARE is more effective as a promotional tool for hedonic products than for practical products (Polonsky & Speed, 2001; Strahilevitz & Myers, 1998) – CARE programmes involving a hedonic product was better at generating purchase willingness and actual purchases than programmes with a utilitarian product (Nan & Heo, 2007; Strahilevitz & Myers, 1998). Strahilevitz (1999) inferred that charitable incentives would probably work better with hedonic products, because, in contrast to utilitarian products, hedonic products tend to evoke emotions such as pleasure and guilt that complement the feelings arising from charitable contributions. Strahilevitz and Myers (1998) called this phenomenon affect-based complementarity: “emotions evoked by hedonic consumption are countered or complemented by the positive feelings inspired by charitable giving” (Chang & Cheng, 2015:339). The guilt often experienced during hedonic consumption is thus countered by the *warm glow* resulting from a strategy such as CARE and consequently the potential scepticism related to such campaigns is decreased (Chang & Cheng, 2015; Galan-Ladero et al., 2013; Hibbert, Smith, Davies & Ireland, 2007).

Subrahmanyam (2004) conducted a study pertaining to the influence of hedonic and utilitarian products among young Chinese Singaporeans. The relationship between product type (utilitarian and hedonic) and consumer likelihood of choosing a brand linked to a cause was explored. In contrast to previous research conducted in Western countries (Strahilevitz, 1999), the respondents were more likely to purchase cause-linked brands for utilitarian than for hedonic products and they were also more likely to pay a price premium for cause-linked utilitarian products (Subrahmanyam, 2004:116). According to Subrahmanyam (2004) the difference between the responses of Western consumers and the Chinese Singaporeans can be attributed to Confucian values such as thrift and shame avoidance that are generally adopted by Chinese people. Similar results were obtained in a study conducted in Egypt where consumers also preferred practical rather than hedonic products for CARE campaigns

(Hammad et al., 2014) and in Spain, where practical products exerted a more positive influence on consumer attitudes and intentions than hedonic products (Galan-Ladero et al., 2013).

These findings highlight that culture and context play a role in CARE effectiveness (Galan-Ladero et al., 2013; Chang, 2008; Subrahmanyam, 2004). Research suggests that, in addition to being moderated by culture, the influence of product type (i.e. whether a product is hedonic or practical) in CARE might also be impacted by other CSEs such as donation magnitude (Strahilevitz, 1999), donation expression format (Chang, 2008), and the donation recipient (Chang, 2012). These types of interactions will be addressed throughout the chapter when the respective CSEs are discussed.

Despite research most often viewing hedonic and utilitarian products as opposite ends of a one-dimensional scale, Chang (2008) has suggested that this might not be the case and that some products might be low or high in both utilitarian and hedonic qualities. This contention by Chang (2008) highlights that other product classifications might be worth considering in CARE research, despite the hedonic/utilitarian classification to date being the most widely used.

4.4.1.2 High and low involvement products

As mentioned before, it has been suggested that additional product classifications be considered for inclusion in CARE research about CSEs (Chang, 2008). Therefore, in this study a classification based on involvement with the product will be included. In previous CARE research, cause involvement has been addressed, but studies including product involvement are scant (Bester & Jere, 2012). Also, an involvement classification has frequently been employed in alliance-based studies in other fields, such as co-branding, but has rarely been considered in CARE research.

Rodgers and Schneider (1993) identify the origins of involvement research as the early work of Sherif and Cantril (1947). Since then, involvement has been “subjected to extensive definitional, conceptual, theoretical, and empirical examination” (Rodgers & Schneider, 1993:333). Involvement research has also received widespread attention in the marketing field over the last few decades, especially in the areas of advertising and consumer behaviour (Schiffman & Kanuk, 2015; Warrington & Shim, 2000). Traylor (1981) confirms prior views (Warrington & Shim, 2000:761) as he refers to the importance of Krugman’s

(1977; 1971; 1965) research on television advertising and low-involvement learning in stimulating marketers' initial interest in involvement and in the development of the concept.

Through the years little agreement seemed to exist about the most appropriate definition for the construct of involvement (Cohen, 1983). Traylor (1981:51) described involvement as "a recognition that certain product classes may be more or less central to an individual's life, his attitudes about himself, his sense of identity, and his relationship to the rest of the world". Dholakia (2001:1341) agreed with the motivational perspective definition of product involvement as used by involvement researchers such as Bloch (1981), Mittal and Lee (1989) and Laaksonen (1994): involvement is "an internal state variable that indicates the amount of arousal, interest or drive evoked by a product class". Involvement has further been described as a "cognitive state of activation" (Gainer, 1993:267; Cohen, 1983) or a "strong motivation, as reflected in high perceived personal relevance of a stimulus in a particular context" (Engel, Blackwell & Miniard, 1995:G-8).

Laurent and Kapferer (1985:49), who were important role players in the development of involvement theory, supported the definition provided by Rothschild (1984) and suggested that this definition could perhaps be adopted as a generic description of involvement: "Involvement is an unobservable state of motivation, arousal or interest. It is evoked by a particular stimulus or situation and has drive properties. Its consequences are types of searching, information-processing and decision-making".

Some marketing researchers (Lastovicka & Bonfield, 1982; Traylor, 1981) have compared involvement with perceived product importance and it has been proclaimed that involvement is merely a case of consumer interest for a product category (Kapferer & Laurent, 1993; Laurent & Kapferer, 1985). Sherif and Cantril (1947) and Sherif and Hovland (1961) used the term *ego involvement* and inferred that involvement only occurs when a person identifies with a decision or a brand choice (Kapferer & Laurent, 1993; Laurent & Kapferer, 1985).

Past literature suggests that a person can be involved with marketing-related variables such as advertisements (Krugman 1962, 1965, 1966-67, 1977), purchase decisions or products (Hupfer & Gardner, 1971; Howard & Sheth, 1969) of which some are by nature more involving than others (Gainer, 1993:267; Zaichkowsky, 1985:341; Rothschild, 1979). Involvement with different objects results in different responses (Zaichkowsky, 1985). Researchers in the consumer behaviour field agree that involvement plays an important role in explaining behaviour and that the study of low versus high involvement states is interesting and important (Schiffman & Kanuk, 2015; Gainer, 1993; Cohen, 1983).

Despite the importance of involvement, some problems related to the construct have been identified. There seems to be a lack of consensus about what the involvement construct entails (Beresford, 2012; Gainer, 1993; Cohen, 1983). Already in the early 1980s Traylor (1981) agreed that a major problem regarding the concept of product involvement, is defining the relevant dimensions and how they interact. Another dilemma seems to be the disagreement of researchers about how to measure involvement (Beresford, 2012; Gainer, 1993; Cohen, 1983). These issues could be due to an array of different applications of the concept. Rothschild (1984) further emphasised that a major problem relevant to involvement research is that although extensive theorising about the construct has taken place, research has been deficient in data collection.

Several researchers have attempted to categorise involvement into different involvement types. In the late 1970s an involvement framework was suggested that includes three involvement types: “situational involvement (which is related to perceived purchase risk); enduring involvement (what consumers bring into a situation); and response involvement (how consumers make decisions)” (Gainer, 1993:267). The framework was refined by Bloch and Richins (1983) who viewed responses as a consequence of involvement rather than as a type of involvement, and also incorporated three involvement antecedents: the situation; product characteristics; and personal characteristics (Gainer, 1993).

Researchers (Bloch & Richins, 1983) have suggested three categories of characteristics that influence a person’s involvement level, namely (1) personal, (2) physical and (3) situational (Zaichkowsky, 1985). Personal involvement refers to a person’s inherent interests, values, or needs that trigger motivation toward a particular object or goal (Zaichkowsky, 1985). Physical involvement is described as features of an object that cause differentiation and increased interest (Zaichkowsky, 1985). Situational involvement is something that momentarily increases the relevance of or interest in a specific object (Zaichkowsky, 1985).

Park and Young (1984) distinguish between cognitive involvement (based on utilitarian motives) and affective involvement (based on emotional involvement). Traylor’s (1981) research has indicated two components of consumer involvement in products, namely normative importance (“how connected or engaged a product class is to an individual’s values”) and commitment to a brand (“the pledging or binding of an individual to his brand choice”) (Traylor, 1981:51; Lastovicka & Gardner, 1977). Normative importance is sometimes referred to as ego involvement or then simply involvement, whereas brand commitment is

often called brand loyalty or attitudinal loyalty (Park, 1996; Quester, Karunaratna & Lim, 2001).

Laaksonen (1994) preferred a classification that focused on two of the involvement types that were suggested earlier, namely enduring and situational involvement. According to Laaksonen (1994) these involvement types are both contained within the concept of product involvement, but each with a different role to play in influencing risk perceptions and ensuing consumer responses. Firstly, stable, enduring involvement is described as “an ongoing concern for a product class that is dependent on specific purchase situations, and essentially arises as a result of ongoing interest with the product class, and its association with the individual’s self-concept, values and ego” (Dholakia, 2000:1341; Richins & Bloch, 1986). According to Dholakia (2000) enduring involvements are the result of the ability of a product to satisfy the enduring and self-identity-related needs of consumers. Secondly, there is transient, situational involvement that is defined by Bloch and Richins (1983:72) as “a temporary perception of product importance based on the consumer’s desire to obtain particular extrinsic goals that may derive from the purchase and/or usage of the product”. Situational involvement relates to a “raised level of interest arising from a specific situation, typically a purchase occasion” (Dholakia, 2000:1341). According to Dholakia (2000) there is significant conceptual and empirical support for the distinction made between enduring and situational involvement.

Similarly to past researchers, a further distinction has been made by Thomas, Cunningham and Williams (2002) between purchase involvement (high and low) and product involvement (high and low). For instance, “high purchase involvement describes consumers who are concerned with reducing the risk related to a particular purchase”, while “high product involvement is used to describe opinion leaders, those who are quite knowledgeable, ego-involved and socially involved in a particular product category” (Mittal 1995; Petty, Cacioppo & Schumann, 1983). Researchers have viewed product involvement as an important construct due to its ability to influence consumers’ cognitive and behavioural responses to marketing stimuli (Schiffman & Kanuk, 2015; Dholakia, 2000; Laaksonen, 1994). However, according to Traylor (1981:1951) referring to products as either high or low involvement is imprecise, because “strictly speaking, no product is inherently ego involving or uninvolved” and only consumers can hold these characteristics. The findings of Quester et al. (2001:6) were consistent with those of Kapferer and Laurent (1993) who argued that “some consumers may attribute high scores to some facets and low to others depending on the product” and therefore, consistent with the premise of Traylor (1981), product involvement can be viewed as a consumer defined construct. Traylor (1983) believed that involvement

and commitment (or brand loyalty) “can each be thought of as a continuum along which consumers are distributed” (Quester et al., 2001:2).

Traylor (1981:51) explained that the low involvement consumer “has little bond to his brand choice” (little brand loyalty), “thinks of the product class as trivial”, seeks high variety and is in a less stable position than when preferred by high involved buyers (Traylor, 1981; Tyebjee, 1979; Lastovicka & Gardner, 1977). At the other extreme, “high-involvement consumers are believed to be more motivated to search for and actively process product- and store-related information” (Warrington & Shim, 2000:761-2).

LeClerc and Little (1997) once declared that repeat purchases of a high involvement product indicated brand loyalty, while repeat purchases for a low involvement product was simply habitual in nature (Quester et al., 2001). This seems to be the reason why the academic community has often focused on high involvement, but has thus far failed to “offer a developed, tested and actionable model” of low involvement consumer decision making (Hamlin & Wilson, 2004:677).

Grau and Folse (2007) introduced the importance of involvement in CARE by finding the potential positive impact of CARE on the behavior of low involvement consumers. They referred to involvement as a consumer trait, similar to the views of Laurent and Kapferer (1985) that developed the Consumer Involvement Profile and Zaichkowsky (1985) who created the Personal Involvement Inventory for measuring consumer involvement. Although these measurement instruments are not directly applicable to this research, the aspects included in them do provide more insights into the involvement construct.

The Consumer Involvement Profile (CIP) scale mainly focuses on various antecedents of a consumer’s involvement with a specific product (Quester et al., 2001; Rodgers & Schneider, 1993; Laurent & Kapferer, 1985). The underlying assumption of the CIP is that involvement level can be deduced from five variables/antecedents: (1) interest; (2) pleasure value (“rewarding nature of the product”); (3) perceived risk probability; (4) perceived risk importance; and (5) sign value (“the perceived ability of brand choice to express one’s status, one’s personality, or identity”) (Quester et al., 2001:3; Rodgers & Schneider, 1993; Laurent & Kapferer, 1985:49). These variables are acknowledged within the Lamb et al. (2010) involvement conceptualisation that will be discussed later in the chapter.

The Personal Involvement Inventory (PII) has been described as a “more global measure of involvement” (Thomas et al., 2002:99). It is based on the assumption that involvement is

primarily concerned with the personal relevance of a specific product, advertisement, or situation to a consumer (Rodgers & Schneider, 1993; Zaichkowsky, 1985).

According to (Rodgers & Schneider, 1993) the CIP differs from the PII in that the latter is meant for measuring involvement, whilst the purpose of the CIP is to measure the five antecedents of involvement. The elements contained within both the CIP and the PII were considered during the conceptualisation of this research.

4.4.2 Involvement in this study and the Elaboration Likelihood Model (ELM)

In this study involvement will be conceptualised according to the framework provided by Lamb et al. (2010). Lamb et al. (2010) embrace the essence of the CIP and the PII and proceed to describe the involvement construct as “the amount of time and effort a buyer invests in the search, evaluation and decision processes of consumer behavior” (Lamb et al., 2010:84). Lamb et al. (2010) further acknowledge the content of the CIP when mentioning the potential impact of factors such as previous experience with the product, interest in the product, perceived risk, the situational context of the purchase and social visibility on involvement.

According to the Lamb et al. (2010) classification, products associated with routine consumer decision-making can also be viewed as low involvement products. These products are usually inexpensive and require short decision-making periods as the information search during the process is primarily internal (Lamb et al., 2010). On the contrary, products related to extensive decision-making are often called high involvement products. These products typically require lengthy decision-making due to their high cost and the consequent internal and external information search during which many alternatives are considered before the product is perhaps acquired (Lamb et al., 2010). Table 4.1 provides a summary of aspects typically associated with consumer decision-making during low and high involvement product purchases. The Lamb et al. (2010) framework adopted for this study and the feature in Table 4.1 are based on the Elaboration Likelihood Model (ELM) that was first developed by Petty and Cacioppo (1986).

Table 4.1**Aspects associated with purchasing high and low involvement products**

	Low involvement product	High involvement product
Decision-making process	Routine	Extensive
Decision-making time	Short	Long
Product cost	Low	High
Information search	Internal only	Internal and external
Number of alternatives	One/a few	Many

Source: Adapted from Lamb et al. (2010)

The ELM is differentiated between two routes to persuasion, information processing and attitude formation, namely the (1) central route and (2) the peripheral route (Petty & Cacioppo, 1986). These two routes to persuasion are not mutually exclusive, but can rather be viewed as points on a continuum with high elaboration on the one end and low elaboration on the other (Petty & Cacioppo, 1986).

When the central route to information processing is activated, high elaboration (also referred to as high involvement) is applicable, meaning that people view the decision as important and are more likely to thoroughly review information in a systematic manner than when elaboration/involvement is low. One of the reasons for this behaviour is that products associated with central route processing are typically quite expensive. Thus, consumers in high elaboration/involvement scenarios typically devote extensive attention to their brand selection and purchasing decisions (Celsi & Olson, 1988). In this manner the high level of risk and potential loss involved with a high involvement decision is minimised.

In contrast, in a low elaboration scenario the peripheral route to persuasion is activated – consumers are less likely to pay extreme attention to product information and decisions are often based on peripheral cues, some of which might not even be directly applicable to the product (Petty & Cacioppo, 1986, 1983). An example of a peripheral cue when a consumer is contemplating to purchase a CARE product, is the NPO logo featured in the CARE advertisement or a photograph of the beneficiaries of the donation (Tversky, Slovic & Kahneman, 1990). In peripheral processing, perceptions typically derive from simple cues that are not exposed to extreme analysis and when the necessary information cannot be obtained, these cues will be used for prompt attitude formation and decision-making (Zhang & Buda, 1999). One of the reasons why consumers are unwilling to employ more resources during peripheral processing is that the risk involved or the potential loss of erroneous decision-making is usually quite low as the price of the product is low.

It can thus be said, that when a high involvement product is considered, consumers favour the central route to persuasion where more information is required and more cognitive and other resources (e.g. time, effort, etc.) are expended to aid decision-making. However, in the case of a low involvement product, consumers favour the peripheral route to persuasion where simple cues are viewed as sufficient and fewer resources are employed to reach a decision (Petty & Cacioppo, 1986).

Product involvement (i.e. elaboration) has been addressed extensively in marketing research due to its influence on consumer behaviour and marketing success (Bian & Moutinho, 2011; Muehling & Laczniak, 1988; Krugman, 1965). However, in CARE, research is scant. The involvement framework was selected as the preferred product classification in this study due to the call for exploring product influence in CARE beyond the hedonic/utilitarian taxonomy and also due to its presence and presumed importance in other fields of marketing, such as co-branding research (Chang, 2008). Co-branding alliances resemble those agreed upon in CARE negotiations and will be explored within the context of branding to provide further insights for this research.

4.5 THE PRODUCT BRAND IN CAUSE-RELATED MARKETING

Firms who engage in CARE have important brand-related decisions to make: Which brands should be included in the CARE campaign; should a partnership be negotiated with a general cause or a branded charitable entity; how should the branded entity be selected to ensure credibility and how should the brands of the CARE partners be portrayed in CARE communication? (Baghi & Gabrielli, 2013; Chang, 2008; Varadarayan & Menon, 1988) These questions align well with the previously mentioned guidelines provided by Christofi et al. (2015, 2014) about the brand-related variables that are required for CARE success.

To provide deeper insights about the role of brand-related variables in CARE, a discussion including an introduction to branding and brand equity, a delineation of brand leveraging through co-branding and a description of co-branding's relevance for CARE will be provided. The importance of non-profit branding will be addressed later in this chapter when CARE partner selection is discussed.

4.5.1 Branding and brand equity introduced

Branding has been in existence for centuries as a means of distinguishing the goods of one producer from those of another (Keller, 2016; Keller, 2009; Aaker, 2002). In recent years, the world has witnessed a vastly growing emphasis on the importance of branding as a tool for differentiation and as a competitive advantage in itself (De Chernatony, 2009). According to various researchers branding has become primary capital and a top management priority for a broad cross-section of organisations as many firms have realised that some of their most valuable assets are their intangible assets, known as their brands (Keller, 2016; De Chernatony, 2009; Aaker, 2004; Kim, Kim & An, 2003; Keller, 2002; Van Mesdag, 1997). Michael Eisner, a previous Chief Executive Officer of The Disney Company agreed: “in a world of limitless choice, the value of a brand that consumers trust is inestimable, but that trust must be continually earned” (Adkins, 1999:44). Consequently, building, managing and protecting a strong brand with high brand equity has become a key focus of modern organisations (Keller, 2016; Kotler & Keller, 2009).

Through the years numerous attempts have been made to define the brand concept. De Chernatony (2009) devised a definition after a review of prominent definitions: A brand is a cluster of values that enables a promise to be made about a unique and welcomed experience. This definition is particularly relevant for CARE as it acknowledges that a brand is more than visual elements and extends to an array of both functional and emotional qualities/values.

Strategic firms most often aim brand-related activities at the improvement of their brand equity (Keller, 2016; Keller, 2009; Aaker, 2002; Lassar, Mittal & Sharma, 1995). Brand equity refers to “the differential effect of brand knowledge on consumer responses to the marketing of the brand” (Keller, 1993:2). It results from the knowledge and associations consumers have acquired through their direct or indirect interactions with the brand as well as the value that is consequently attached to the brand and make (Keller, 2009; Miller & Muir, 2004; Aaker 2002). When building brand equity, the focus is on creating brand awareness and communicating a brand image that comprises strong, unique and favourable associations (Keller, 1993).

According to Keller (2004) positive brand associations can be constructed by means of the brand elements selected for the brand (e.g. colour, logo, slogan); through marketing actions related to the marketing mix (including product, place, promotion, price, people, physical evidence and processes); and through leveraging related or secondary brand associations

(Keller, 2004; Low & Lamb, 2000). The latter depends to a large extent on relationships between a for-profit brand and other entities and is thus particularly relevant to CARE.

4.5.2 Enhancing brand equity through brand leveraging

The process of leveraging refers to the linking of “the brand to some other entity – some source factor or related person, place or thing” (Aaker, 2002:351). The mentioned entities usually have their own knowledge structures in the minds of consumers. The linkage seemingly has the ability to create new sets of associations from brands to other entities as well as to affect existing brand associations (Aaker, 2002). CARE depends on the partnership between a for-profit brand and a social entity that could take the form of a branded NPO. The presence of one or more brands in CARE means that this strategy has the ability to contribute either positively or negatively to the involved partners’ brand associations, image and equity (Liu & Ko, 2011). It also infers the importance of brand leveraging within the CARE context.

Brand management experts Keller (2003) and Aaker (1996) have both mentioned brand leveraging as an important tool for building brands. Although Keller, Aaker and other researchers agree on the potential of brand leveraging as a brand building strategy, their views on the methods for achieving brand leveraging differ (Stebbins & Hartman, 2013). According to Aaker (1996) brand leveraging can take place in a variety of ways, amongst others, line extensions, stretching the brand vertically, brand extensions and co-branding. Keller (2003) indicates that generally the leveraging of secondary brand knowledge can take place by means of eight potential approaches of association, namely associating the brand with firms, countries or geographic areas, channels of distribution, other brands (co-branding), characters, spokespersons, events, and other third-party sources. Despite their differences, Aaker (1996) and Keller (2003) agree about co-branding as a leveraging strategy for brand building purposes.

Co-branding is a manner of contributing to a stronger brand equity that has attracted increasing attention from practitioners and researchers over the past two decades (Keller, 2016; Keller, 2008; Aaker, 2002; Blackett & Boad, 1999; Simonin & Ruth, 1998; Carpenter, 1994). The formation of alliances and joint-ventures with like-minded partners is characteristic of the current era of business and co-branding is a common manifestation of such initiatives (Berger, Cunningham & Drumwright, 2004; Blackett & Boad, 1999). The growing importance of branding for the NPO sector and the potential for CARE to feature relationships between a for-profit brand and a non-profit brand (as opposed to an unbranded

cause) has brought the subject of co-branding to the CARE agenda (Baghi & Gabrielli, 2013).

4.5.3 Brand leveraging through alliances

According to Kotler and Keller (2009) strategic marketing alliances can be divided into four major categories, namely promotional, logistics, pricing and product/service alliances. The categories of product/service and promotional alliances are relevant for this study and are collectively described by Keller (2002) as brand alliances. Product/service alliances occur when two firms/organisations engage in jointly marketing their products or a new product, or when a firm licenses another firm to produce its products. Promotional alliances occur when one firm agrees to conduct a promotional effort for another firm's product or service (Kotler & Keller, 2009). Brand alliances thus occur when two brands are combined as part of a product or as part of a marketing programme (Liu & Ko, 2011; Keller, 2002) and offers a method for leveraging a brand and enhancing brand equity (Levin, Davis & Levin, 1996). Brand alliances usually incorporate brands from different firms that create a co-branded market offering with the purpose of effective strategic or tactical brand building programmes (Müller et al., 2014; Aaker, 2004). According to Levin and Levin (2000) the role fulfilled by brand alliances is typically to link different brands in a marketing strategy with the aim of capitalising on brand equity and therefore brand alliances are becoming more frequent as marketers increasingly aim to capitalise on the complementary features of different brands (Lafferty, Matulich & Haytko, 2015). The leveraging approach of co-branding represents a brand alliance option that will be further explored for the purpose of this study.

Over the last few decades co-branding ventures have increased as an alternative for risky and expensive sole-brand extensions and diversification plans (Kumar, 2005). Although in recent years, brand owners have become more aware of the potential value and power of their brands, their realistic outlook has also gained strength leading to the understanding that all brands have their limitations. Consequently, many brand owners are re-focusing on their core business and values, scaling down on over-ambitious brand-building activity, and considering brand alliances for leveraging their brands (Blackett & Boad, 1999).

4.5.4 Co-branding introduced

In recent years interest in co-branding as a means of building brand equity has excelled (Kumar, 2005; Blackett & Boad, 1999; Simonin & Ruth, 1998). Co-branding is increasingly

viewed as a strategic option for succeeding in an increasingly competitive environment and as a marketing strategy for capitalising on brand value (Boad, 2014; Simonin & Ruth, 1998).

Blackett and Boad (1999) described co-branding as a process where two or more independent brand names are brought together in support of a new product, service or venture. They further stated that the brands included in co-branding typically both boast significant customer recognition and brand names that are retained throughout the co-branding process (Blackett & Boad, 1999).

Organisations have identified co-branding as a way to “increase the scope and influence of their brands, enter new markets, embrace new technologies, reduce costs through economies of scale, and refresh their image” (Blackett & Boad, 1999:6). Practitioners are increasingly engaging in co-branding as a brand relationship mode (Adamson, 2001) and employing it as a marketing-based solution in an effort to prevent customers from abandoning its products and services in favour of lower cost, non-branded alternatives (Carpenter, 1994). Table 4.2 provides an overview of the potential benefits and pitfalls of co-branding.

Table 4.2
Co-branding advantages and disadvantages

ADVANTAGES	DISADVANTAGES
• Able to borrow needed expertise	• Loss of control
• Leverage equity you do not have	• Combining incompatible corporate personalities
• Reduce cost of product introduction	• Overextension
• Expand brand meaning	• Partner repositioning
• Source of increased sales and additional revenue	• Loss of distinctive features
• Provides access to cutting edge technology	• Risk of brand equity dilution
• Premium prices	• Negative feedback effects
• Customer reassurance	• Lack of brand focus and clarity
• Increased market place exposure	• Organisational distraction

Source: Adapted from Blackett and Boad (1999)

Many of the advantages mentioned in Table 4.2 can be accrued through CARE, for instance NPOs can provide societal expertise to firms, additional sales can be generated and a price premium can be charged for cause-linked products. Whilst few of the potential disadvantages of co-branding typically apply to CARE from a firm’s perspective, these can act as advice to NPOs who choose to enter into alliance with for-profit brands. For instance, NPOs who partner with firms should still retain focus on their core purpose and not be distracted from it due to corporate demands.

4.5.4.1 Co-branding defined

Co-branding – also called brand bundling – has been described in various ways, for instance co-branding is a form of brand leveraging that occurs “when two or more existing brands are combined into a joint product or are marketed together in some fashion” (Aaker, 2002:360); “the pairing of two or more recognised brands within one space” (Boone, 1997:34); and a relationship that should not be confused with strategic alliances and/or joint ventures (Ilicic & Webster, 2013; Grossman, 1997).

For the purpose of this study the widely accepted Interbrand definition of co-branding will be used: “co-branding is a form of co-operation between two or more brands with significant customer recognition, in which all the participants’ brand names are retained. It is usually of medium- to long-term duration and its net value creation potential is too small to justify setting up a new brand and/or legal joint venture” (Blackett & Boad, 1999:7-8). Legally the parties concerned in a co-branding relationship are “independent entities and their intention is to create something new ... the scope of which falls outside their individual areas of capability or expertise” (Blackett & Boad, 1999:18). In practice, various type of co-branding can be identified.

4.5.4.2 Types of co-branding

A broad interpretation of the concept of co-branding results in the identification of various co-branding types, including joint promotion, joint advertising, physical product integration (i.e. ingredient branding), sponsorship, joint ventures and alliances (Blackett & Boad, 1999). The broad spectrum of what is viewed as co-branding has resulted in some confusion in the past. However, Blackett and Boad (1999) emphasised two facets as the regulators of this co-operative arrangement and therefore need to be addressed in greater detail, namely (1) the expected duration of the co-operative relationship, and (2) the nature and amount of value that can be created through sharing or co-operating (Blackett & Boad, 1999).

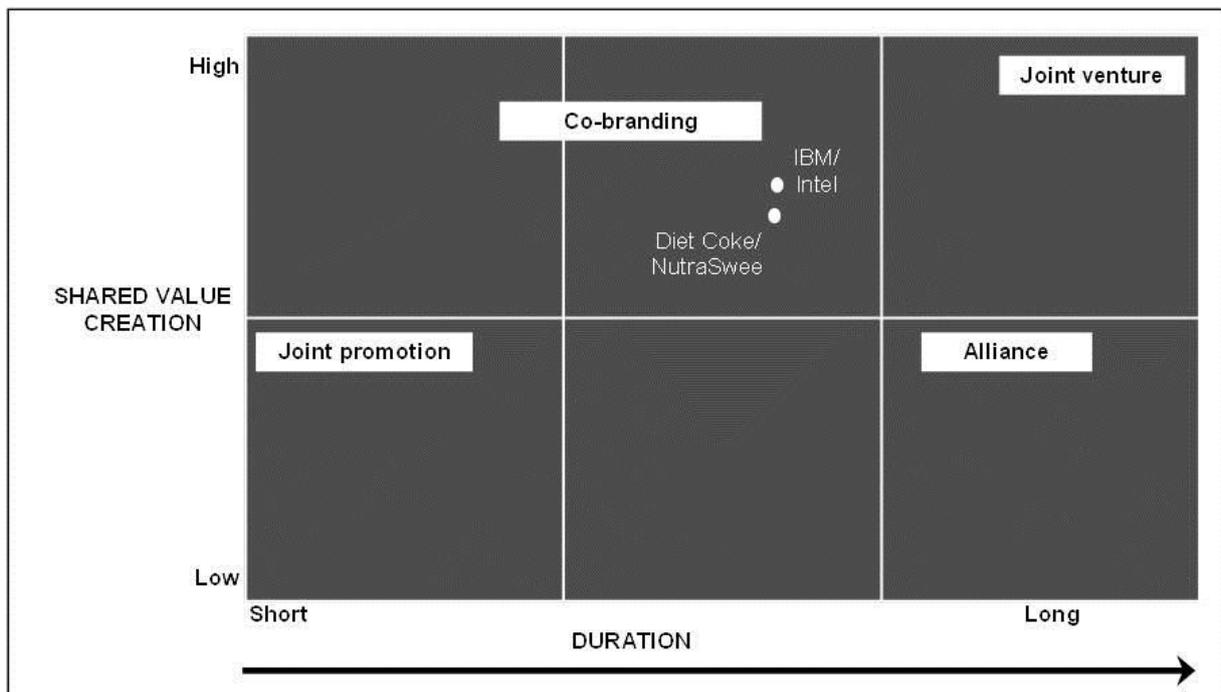
4.5.4.3 The duration factor in co-branding

Co-operative relationships have varied from three months (e.g. McDonald’s and Disney in a joint promotion venture, etc.) to up to ten years (e.g. airline alliances; Mercedes-Benz and Swatch in an urban vehicle-related alliance) depending on factors such as the characteristics of the markets and/or the lifecycle of the products involved (Blackett & Boad, 1999).

Co-branding can be found between these extremes. Many co-branding relationships do not have fixed endpoints and some researchers view this as detrimental to the success of the co-branding venture, as the lack of fixed endpoints increases the difficulty of planning the brand's exit from the co-branding relationship, an aspect regarded as a vital part of co-branding planning (Cunha, Forehand & Angle, 2015; Blackett & Boad, 1999). Throughout co-branding planning and implementation, timing is a key factor and considerable analysis must be conducted to determine the optimal desired time-frame for the co-branding strategy – ventures that are too short, for instance, may lead to confused consumer positioning and the dilution of the co-brand and the brand associations formed (Cunha et al., 2015; Abratt & Motlana, 2002; Prince & Davies, 2002).

The duration of the co-operative relationship most often has an important influence on the extent of sharing assets and expertise, with the potential of generating more shared value. Figure 4.1 provides a graphical illustration of the interaction between duration and shared value creation as a means for understanding the relative position of co-branding in relation to other forms of co-operative ventures

Figure 4.1
Duration/Shared value creation interaction



Source: Adapted from Blackett and Boad (1999)

As shown in Figure 4.1 co-branding is viewed as a medium-term approach that focuses high levels of shared value creation. The role of shared value creation will subsequently be discussed.

4.5.4.4 The shared value creation factor in co-branding

The basis for co-branding is “the expectation of synergies which creates value for both participants, over and above the value they would expect to generate on their own” (Blackett & Boad, 1999:6). This basis, however, is not unique to the case of co-branding and is relevant also for promotions, alliances and joint ventures. According to Blackett and Boad (1999) a hierarchy of types of shared value creation opportunities, linked to the nature of the co-operation can be distinguished:

- *Reach/awareness co-branding*: This represents the lowest level of shared involvement and occurs in situations “where co-operation enables the parties rapidly to increase awareness of their brand through exposure to their partner’s customer base” (Blackett & Boad, 1999:9)
- *Value endorsement co-branding*: This co-operation is specifically designed to include endorsement of one entity and/or the other’s brand values and positioning (Blackett & Boad, 1999) and often includes considerable similarities with traditional corporate sponsorship, relating it to marketing concepts such as reputation, image and publicity.
- *Ingredient co-branding*: Ingredient co-branding is the “only distinct sub-category of co-branding that has been defined in the marketing literature” (Blackett & Boad, 1999:12). In ingredient co-branding there is usually an identifiable physical component and the rationale behind this category of co-branding is that “a brand noted for the market-leading qualities of its product supplies that item as a component of another branded product” (Blackett & Boad, 1999:12).
- *Complementary competence co-branding*: The highest level of co-branding is when two powerful and complementary brands combine to produce a product that is more than the sum of the parts and relies on each partner committing to a selection of its core skills and competencies to that product on an ongoing basis.

Generally, the co-branding that takes place during CARE campaigns can be classified as reach/awareness co-branding or value endorsement co-branding. An exception is when non- and for-profit brands engage in a process of joint product creation for the purpose of selling the product as part of a CARE strategy to generate proceeds for the NPO. In such case complementary competence co-branding occurs.

4.5.5 Co-branding and cause-related marketing

Various studies have been conducted in regards to single aspects related to co-branding, mostly centred on brand fit, product fit, brand attitudes and purchase intent. Washburn, Till and Priluck (2000) state that co-branding can be a win/win strategy for both co-branding partners regardless of whether original brands are perceived by consumers as having high or low brand equity. They do find that low equity brands benefit more from co-branding relationships, but that high equity brands are not denigrated, and that, generally, positive product trial enhances consumer evaluation of the co-branded product (Washburn, et al., 2000).

Prince and Davies (2002) suggest a courtship process between the involved brands and state that the decision whether to enter a co-branding relationship should be based on the opportunities for creating a competitive advantage and the potential operational benefits that could be accrued (Aaker, 2002; Abratt & Motlana, 2002).

Most studies on the subject of co-branding have focused on either high involvement or low involvement product categories and have called for inquiry that provide simultaneous insights into both levels of involvement (Baumgarth, 2004) because of their differential impacts on consumer evaluations (Hillyer & Tikoo, 1995). Researchers have further proposed the importance of brand fit in co-branding. The issue of fit has received extensive attention over the past years due to its role in CARE and thus warrants further elaboration.

4.5.5.1 The importance of brand fit

Several researchers have stated that the process of how the impressions of one brand are transferred to or affected by the impressions of other brands to which they are strategically linked, plays a significant role in the success of brand alliances (Van der Lans, Van den Bergh & Dieleman, 2014; Levin & Levin, 2000). Embedded in this research challenge is the issue of fit.

Past co-branding research has found that a good fit between brand extensions and core brands positively affect the extension when the core brand is well liked (Bigné-Alcañiz, Currás-Pérez & Aldás-Manzano, 2012; Aaker & Keller, 1993, 1990). Also, fit in terms of attribute complementarity has been found to trigger more favourable product attitudes and enhanced information processing speed (Bigné-Alcañiz et al., 2012; Pracejus & Olsen, 2004; Park, Jun & Shocker, 1996; Kamins & Gupta, 1994; Speck, Schumann & Thompson, 1988).

For the purpose of this study the concept of fit relates specifically to the fit between a profit-oriented and a non-profit brand/cause. Firms involved in CARE are faced with the complex challenge of identifying a cause that fits with the brand identity of the firm and simultaneously satisfies and reconciles both business and philanthropic objectives (Bigné-Alcañiz et al., 2012; Cone et al., 2003).

The management of the fit between the product and the cause is becoming increasingly important, most probably due to the evolution of CARE beyond once-off tactical activities toward a more strategic approach (Bigné-Alcañiz et al., 2012; Mullen, 1997; Cone 1996). The aim of managing the fit between the product and the cause is to optimise the performance of a CARE campaign through the creation of a *good fit* (Hamlin & Wilson, 2004; Bainbridge, 2001; Gray, 2000). What constitutes a *good fit* has been only loosely defined, sometimes in terms of common values and sometimes in terms of common target groups, but a more clear definition seems to be evolving through time (Hamlin & Wilson, 2004).

Initially Hamlin and Wilson (2004) stated that a noteworthy level of attention has been dedicated to the issue of fit within the CARE literature. However, according to Nan and Heo (2007:64) in a later publication “there has been surprisingly scant research addressing the role of brand/cause fit in determining the effects of CARE”, despite the apparent importance thereof. Hamlin and Wilson (2004) concurred that, although case studies and commentaries can be found, there is little empirical evidence in either the commercial or academic literature to support the assertion that fit will optimise the performance of CARE campaigns. Extant results about cause-brand fit provide greater insights about this important CARE concept.

Drumwright (1996) explored the preconditions for the success of social campaigns and found firm-cause compatibility to be a major contributor to perceived campaign success. The researcher operationalised firm-cause compatibility as the relationship of cause and core business, affinity for the cause among key constituents, and support of the cause community.

Polonsky and Speed (2001:1375) extended their research beyond mere compatibility and contended that negative consequences can arise due to a failure to demonstrate fit in CARE. An example of a potential negative consequence includes sophisticated consumers' perception that unrelated programmes merely exploit an issue, whereas a strong fit in CARE programmes are viewed as a “signal of sincerity” (Polonsky & Speed, 2001:1376) and as being representative of sound, authentic firm motives (Folse et al., 2010; Chiagouris & Ray 2007). Hamlin and Wilson (2004) found that the degree of fit between products and causes

has a significant effect on consumers' evaluations of products that form part of the CARE campaign and have therefore gained a cause-brand identity.

Researchers such as Pracejus and Olsen (2004) have contributed significantly to the CARE literature when they succeeded, by means of choice conjoint techniques, in calculating the magnitude of CARE impact, both in terms of market share and trade-off with price. It was found that, in terms of trade-offs against price discounts, a donation to a charitable organisation with a high fit with the firm's brand can lead to a donation magnitude that is five to ten times the value of a donation to a low fit charitable organisation (Pracejus & Olsen, 2004). Pracejus and Olsen (2004) have also demonstrated that the fit between a profit-oriented brand and a cause may moderate the effectiveness of a CARE programme. The researchers emphasised that the "perceived fit between the company and the charity is an important measure that should always be taken prior" to any campaign (Pracejus & Olsen, 2004:640).

Kim (2005) found that the fit between the brand and the cause in CARE has the ability to trigger consumer scepticism, for example, firms in sinful industries such as tobacco or alcohol, could be accused of trying to increase sales among the youth when supporting community youth programmes in their CARE campaigns (Szykman, 2004).

Nan and Heo (2007) conducted a controlled experiment and found that when an advertisement with an embedded CARE message is compared to a similar advertisement without a CARE message, the CARE approach elicits a more favourable attitude toward the firm, regardless of the level of fit between the sponsoring brand and the social cause. However, when brands are paired within a CARE campaign, fit has generally been found to facilitate positive transfers between the objects involved and seems to be a necessary consideration for successful campaigns (Pracejus & Olsen, 2004).

Bigné-Alcañiz, Curras-Pérez, Ruiz-Mafé and Sanz-Blas (2012) found that high social cause-brand fit leads to the strengthening of the positive influence of CSR associations on brand attitude formation and it also reinforces behavioural responses in favour of the brand and social cause.

According to Harben and Forsythe (2011) the influence of cause-brand fit on a firm's perceived motives for engaging in the alliance, is supported by attribution theory which suggests that when people attempt to interpret the reasons for an action, they tend to place importance on the entity performing the action's motives (Kelley & Michela, 1980; Jones &

Davis, 1965; Heider, 1958). In terms of CARE attribution theory thus suggests that people will infer reasons for the brand's partnering with the cause and that these inferences will be affected by cause-brand fit (Harben & Forsythe, 2011). Besides emphasising the importance of a good cause-brand fit, attribution theory thus also accentuates the role of perceived firm motives in CARE campaign effectiveness.

Anghel et al. (2011) refer to cause-brand fit as compatibility and confirm that high compatibility leads to greater effectiveness and CARE campaign success. However, Bloom, Hussein and Szykman (1995) warn that compatibility is desirable, but not an absolute necessity. Rather, cause-brand fit should be planned in conjunction with other CSEs which could possibly have a moderating effect on the influence of fit on CARE (Robinson et al., 2012). It was, for instance, found that the stifling effect of a low-fit cause can be countered by offering consumers the option of selecting a cause as part of the CARE campaign (Robinson, et al., 2012).

4.5.5.2 Co-branding in the current study

Co-branding infers a planned relationship between brands, usually interpreted in terms of two or more for-profit partners. Co-branding has been applied to the CARE context only – instead of including two for-profit brands, a for-profit and a non-profit brand were included (Baghi & Gabrielli, 2013). Baghi and Gabrielli (2013) emphasised the potential that can be unlocked by understanding co-branding strategy in a CARE context. Their intent was to determine which brand (for- or non-profit) and which level of awareness (high or low) exert the most influence on consumer opinions and intentions. The results indicated that the for-profit independently exerts no significant influence, but the non-profit brand alone and in interaction with the for-profit brand positively influenced consumer purchase likelihood (Baghi & Gabrielli, 2013). The results confirmed the suspected value of co-branding strategy for CARE and emphasised that it is advisable for non-profit marketing practitioners to embrace the importance of brand building.

In this research the importance of branding, co-branding and cause-brand fit is acknowledged and taken into consideration during the research design, the selection of stimuli elements and measurement.

4.6 PARTNERING DECISIONS

Businesses are increasingly recognising that developing associations or alliances with NPOs or social causes can be mutually beneficial (Demitriou et al., 2010). Inquiry, however, about the social partner in the CARE relationship have only recently become a more prominent research focus (Lafferty & Edmondson, 2014; Chang, 2012).

Firms that decide to develop associations with social partners through CARE programmes have to make critical decisions about whom to partner with and the level of association between the firm and the chosen partner (Samu & Wymer, 2001; Varadarajan & Menon, 1988). A poor partnership fit can negatively impact the participating organisations and the campaign (Laidler-Kylander & Simonin, 2009). Ultimately both partners have to be committed to promoting each other and to enhancing each other's financial outcome (Svensson & Wood, 2011).

Cone et al. (2003) have said that consumers increasingly shop keeping a cause in mind and that they consider a firm's support of social causes when deciding which products to purchase and/or to recommend to others. Demitriou et al. (2010) concur that firms have to prove their sincere concern about the social problems in their communities when selecting CARE partners. It is further important that firms select a cause with a high level of credibility that is aligned with their corporate goals (Cone et al., 2003:96).

Identifying an NPO that is credible and trustworthy may be a challenging task. A survey that was conducted by Tustin and Pienaar (2005) in 2005 in South Africa found that only 27.8 per cent of respondents viewed charitable organisations as professionally managed. Respondents who disagreed with the statement that charitable organisations in South Africa are professionally managed provided the following reasons: corruption; mismanagement of money; management that lacks commitment to the cause; disorganised charities; lack of control over money distribution; smaller charities' inability to consistently explain where money is spent, and no feedback being received in terms of donations given. Associations with NPOs such as the above-mentioned will negatively impact on a firm's reputation and place emphasis on the importance of selecting a good-fit partner in CARE (Bigné-Alcañiz et al., 2012).

Besides impacting consumer choice, the firm's selection of the cause for partnership purposes is important, as it has the ability to improve employee attitude and to generate senior management interest (Svensson & Wood, 2011; Tustin & Pienaar, 2005). Senior

management plays a significant role in the decisions of firms to engage in alliances with NPOs and the relationships are often related to their personal beliefs about causes and such organisations (Svensson & Wood, 2011; Samu & Wymer, 2001)., so that senior management's cause preferences are sometimes the reason for a lack of fit between firm and cause as personal partialities often trumps good fit (Robinson et al., 2012). It is suggested that cause campaign managers lobby for the support of leaders in strategic positions in a firm to enable resource accrual and a strategic stance in the selection of a CARE non-profit partner.

4.6.1 Selecting a donation recipient

Varadarajan and Menon (1988) suggested a systematic approach that can be used in the process of selecting a cause to partner with. The approach requires that a firm reviews alternative causes and the constituencies to which they appeal. Should a match exist between the firm's customers or broader stakeholder and the cause, and should a perceived similarity or fit between the firm and the cause be evident, firms can consider the cause as a viable CARE partner (Bigné-Alcañiz et al., 2012; Lafferty & Goldsmith, 2004; Andreasen, 1996; Varadarajan & Menon, 1988). According to Hawkins (2012), successful CARE endeavours will ensure that the specific good cause that is being promoted taps into the cultural or individually held values or concerns of the customer target segment.

Varadarajan and Menon (1988) proposed three salient firm-related factors that may influence the choice of a cause by a firm, namely (1) the characteristics of the firm's product offerings, (2) brand image and positioning, and (3) the characteristics of the firm's served market (Samu & Wymer, 2001). Whether the cause appeals to a broad cross-section, as opposed to a subgroup of the population, will also determine its relevance to a campaign (Laidler-Kylander & Simonin, 2009; Varadarajan & Menon, 1988).

4.6.2 Broad forms of cause-related marketing associations

Negotiating, co-ordinating and implementing a CARE campaign can be a lengthy process with considerable impositions on executive time demands (Varadarajan & Menon, 1988). Therefore the number of brands that will be featured and the number of causes that will be supported in a CARE campaign have to be carefully considered.

Drumwright (1996) contends that it is better to include fewer causes in CARE campaigns as it will result in greater effectiveness. Firm-oriented benefits can only be fully realised when

the cause is integrated into internal and external firm programmes that provide opportunities for employees to be involved. Furthermore, research suggests that a firm's employees who are provided with opportunities to volunteer and to be involved are likely to be more satisfied with their jobs (Abratt, Clayton & Pitt, 1987). The level of the resources required for such extensive endeavours results in Drumwright's (1996) belief that greater effectiveness will occur when the firm focuses on fewer or only one cause (Drumwright, 1996:84). Such focus "facilitates a stronger organisational identity" (Drumwright, 1996:84). Relationships between multiple firms and multiple causes are more complex and time-consuming than in the case of single firm-single cause partnerships (Varadarajan & Menon, 1988). Should a firm choose to support multiple causes, it is suggested that the causes relate to a central theme in order to avoid a fragmented corporate social identity (Drumwright, 1996).

Varadarajan and Menon (1988) suggested that, during decision-making about the form of CARE associations, firms and causes should carefully consider the potential benefits and challenges of various forms of association. The nature of the associations is often related to the time required from executives to ensure effective partnerships. Varadarajan and Menon (1988) suggested that one of the reasons for firms developing special units, such as for example Events Departments or Community Involvement Foundations, is to provide mechanisms for coping with time-consuming issues such as the formation of associations between firms and causes. Varadarajan and Menon (1988) examined numerous CARE programmes and found a number of broad forms of association, as mentioned previously, that are prevalent at the brand and firm level. These forms of association depend on whether single, multiple intra-firm or multiple inter-firm for-profit brands are featured in collaboration with single or multiple NPO brands (Varadarajan & Menon, 1988).

Some researchers suggest that the decision of selecting one or more causes for a CARE campaign can be eluded by introducing choice into the campaign (Robinson et al., 2012). Arora and Henderson (2007) conducted research about embedded premium promotions and mentioned the importance of considering coverage (including multiple social causes in a campaign) and customisation (providing consumers with the opportunity to select the causes they have the highest affinity for) during campaign design. These considerations seem equally relevant to CARE.

Offering a choice of cause potentially includes both coverage and customisation in the campaign. It benefits the firm as consumers value the idea that they are playing an active role in realising support to the cause through the CARE campaign (Robinson et al., 2012). However, firms should refrain from providing consumers with too many causes to choose

from as this may result in choice overload (Iyengar & Lepper, 2000) and decreased satisfaction (Robinson et al., 2012). Although cause choice has been found to counter the potential negative effect of a low fit between cause and brand, when consumers are provided with numerous causes to choose from, these cause options should still be selected with good fit in mind (Robinson et al., 2012).

4.6.3 Relationship rules and criteria

CARE relationships between causes/charity-/NPOs and firms have displayed various levels of proximity in the past. In some cases the CARE programmes “evolved into a close working relationship”, while in others, impressions are that relational levels are low or non-existent (Baghi & Gabrielli, 2013; Varadarajan & Menon, 1988:63). Several researchers have provided guidelines for the process of selecting a partner for CARE and for managing the relationship, due to the importance of these processes.

Sagawa and Segal (2000) provided four guidelines that are relevant for for-profit and NPOs:

1. Maximising potential should be a key focus. CARE as an approach will reap more benefits if it involves retailers and other possible stakeholders, instead of only focusing on the consumer as the only target. Focusing only on the consumer may limit the value creation potential of a campaign, be less effective and yield fewer benefits. (Sagawa & Segal, 2000)
2. Making a commitment to a single cause over the long-term generates more positive effects.
3. Developing an asset and sharing the strength. A social sector or NPO should focus on the development of a strong brand that signifies an appealing cause and a good reputation, and generates consumer awareness and recognition. In addition to a strong brand, the ability to promote the CARE partnership is critical and should be kept in mind throughout. (Sagawa & Segal, 2000)
4. Integrating corporate partners into the family. A social sector or NPO will more likely attract multiple corporate partners if it has the ability to meet the needs of each. (Misra, 2014; Sagawa & Segal, 2000)

Sagawa and Segal (2000) conclude that a CARE relationship should be treated as a new value partnership where the following aspects should be present: ongoing communication; the generation of new opportunities; mutuality and collaboration with a focus on what can be achieved together and gained individually (Svensson & Wood, 2011); multiple level of

engagement; an open-ended relationship (although exchange activities might be date-specific); new value creation.

Daw (2006) suggests seven steps that firms can employ to build successful relationships with societal partners. The seven steps are:

1. Seek for a cause that links with the for-profit organisation's goals and assets.
2. Follow an approach of strategic collaboration and focus on what each partner can contribute to the relationship rather than on the need of the NPO.
3. Combine your assets with the assets of the other partner in the relationship and apply the assets to generate maximum benefits.
4. Create and maximise value for both partners through joint planning.
5. Execute the joint plan through setting up suitable structures, delivering on commitments and contributing more than expected.
6. Communicate the values of both parties to internal and external audiences.
7. Aim at creating a win-win-win relationship for the non-profit, community (including consumers) and for-profit organisation and focus on celebrating successes, evaluating performance and building on past experiences (Daw, 2006).

In addition to the seven steps for building a successful CARE programme, Daw (2006) mentions the importance of several other activities. Identifying goals for the CARE programme is essential. Defining the cause brand and assets, looking for associative links, and building a brand-positioning statement are critical for an effective CARE campaign. It is further important to define both the tangible and intangible assets and resources that can be employed in the endeavour.

Adler (2006) suggests guidelines to assist for-profit organisations in identifying suitable potential non-profit partners and for building a newly formed CARE on a firm foundation. When identifying the proper partner, Adler (2006) has suggested that firms:

1. Determine whether the cultures of the firm and the NPO are aligned.
2. Identify differences between the cultures of the firm and the NPO.
3. Deliberately engage with the non-profit firm for the purpose of getting to know each other.
4. Set clear expectations.

Adler (2006) continued with suggestions for ensuring success for the aligned partnership:

1. Create an internal team from various departments and ensure that they understand CARE and the benefit thereof for the firm.
2. Develop communication strategies collaboratively.
3. Set realistic benchmarks for evaluation purposes.

Firms often develop their own checklists for selecting partners for CARE partnerships. Nike and its global grant manager have developed such an own checklist where they specify that partners should:

1. Be professional, dynamic and flexible,
2. Be experienced in the design and execution of national grant-making programmes,
3. Have credibility with key stakeholders,
4. Show commitment to a true partnership, and
5. Have experience in working with celebrities and a Fortune 500 firm (Adler, 2006).

In summary, it seems that the selection of a partner for a CARE campaign can be initiated either by the for-profit or the NPO (Svensson & Wood, 2011). However, it appears that, irrespective of the initiator of the process, the selection of a partner and the design and management of a partnership will be more effective when approached as a collaborative process where both partners demonstrate commitment, have integrity and experience goal achievement. In addition to sufficient communication, partnership evaluation and feedback, the issue of strategic fit between the partners and clarity on the targets that are aimed at seem critical for a successful CARE relationship (Svensson & Wood, 2011). Also, the degree of organisational commitment to a CARE programme and the “degree to which the cause is integrated into other programmes targeting both internal and external constituents” will impact on campaign effectiveness (Drumwright, 1996:85).

4.6.4 The influence of cause importance and cause type

As mentioned in the above, when a firm engages with a non-profit/cause in a CARE campaign, the number of causes to partner with and the issue of providing consumers with cause choice, are important considerations (Robinson et al., 2012; Varadarajan & Menon, 1988). In addition, cause type and cause importance are key to CARE effectiveness (Lafferty & Edmondson, 2009; Engelbrecht & Du Plessis, 2004).

Cause importance and cause type have the ability to affect the way consumers behave toward CARE campaigns (Engelbrecht & Du Plessis, 2004). Preceding cause importance is awareness/familiarity (Minton & Cornwell, 2015; Chéron et al., 2012) – a lack of cause/NPO awareness can result in a lack of cause/NPO importance (Lafferty & Edmondson, 2014). Likewise, the type of cause/NPO can also lead to a lack of cause/NPO importance (Lafferty & Edmondson, 2014).

According to Lafferty (1996) consumers are more positive about CARE when the cause is important to them and firms are encouraged to refrain from partnering with causes that are not viewed as important by their constituents (Polonsky & Speed, 2001; Andreasen, 1996). Lafferty (1996) found that control advertisements where no causes were mentioned generated more positive attitudes and purchase intentions than advertisements supporting a cause that consumers deemed to be unimportant (Webb & Mohr, 1998).

Engelbrecht and Du Plessis (2004) conducted a study in South Africa that assessed the influence of social cause importance on persuasion communication effectiveness, which included consumer thoughts (cognitive attitude), feelings (affective attitude), and buying intent (conative attitude) (Engelbrecht & Du Plessis, 2004). It was found that social cause importance significantly impacted cognitive and affective consumer attitude, but not buying intent (Engelbrecht & Du Plessis, 2004).

The type of cause chosen for CARE partnerships has the potential to significantly impact the effectiveness of such campaigns. Literature indicates that *cause type* can be understood in various ways, for instance cause nature, cause category, cause visibility, etc. Strahilevitz and Myers (1998) referred to the nature of the cause and alluded to the importance of cause-brand fit. They suggested that certain types of charitable organisations might fit better with certain types of products due to “a type of product-charity complementarity” (Svensson & Wood, 2011; Strahilevitz & Myers, 1998:444). Examples include the complementary fit between a condom manufacturer and funding support for HIV/AIDS research, or a stationary manufacturer contributing to a literacy fund (Strahilevitz & Myers, 1998).

Other researchers have categorised causes based on their longevity (Chéron et al., 2012; Svensson & Wood, 2011). Some researchers have found that people prefer causes aimed at supporting short-term disaster relief rather than ongoing causes (Skitka, 1999; Ross et al., 1992) – a relationship is thus drawn between the type of cause and the duration of a campaign. According to Skitka (1999) the reason for this might be that disasters provide the strongest opportunity to examine whether people would abandon their typical responses of

self-interest and respond to affective or situational needs. Ellen et al. (2000) have argued that with ongoing causes, people tend to attribute personal responsibility to the beneficiaries of the cause, but the external and uncontrollable nature of disasters leads to a lower level of personal responsibility attribution by potential donors. It has been said that CARE campaigns that support ongoing causes are more likely to generate consumer perceptions of firms' self-interest motives and consumer scepticism about the campaign offer (Cui et al., 2003). However, in contrast to previous research (Skitka, 1999; Ross et al., 1992) in which consumers preferred shorter-term campaigns, a study by Chéron et al. (2012) in Japan found that a longer-term campaign exerted a more favourable impact on firm image and on the firm's perceived motives for engaging in the CARE campaign. Chéron et al. (2012) have suggested that consumers most likely preferred a longer-term campaign as it signalled a firm's willingness to be involved with the cause over the long term and thus implied less selfishness. Sagawa and Segal (2000:128) strongly emphasise the importance of selecting a CARE partner with the intent of a long-term relationship: "Trading partners often, even if they work in the same field, limits opportunities for richer relationships."

Numerous different causes have benefited through involvement in CARE campaigns, but causes with high visibility levels and perceived importance that are appealing to more constituencies seem to attract more firm attention due to their ability and potential to generate greater media visibility and positive publicity than those causes that appeal only to particular constituencies (Lafferty & Edmondson, 2014; Varadarajan & Menon, 1988). However, due to the large appeal of high visibility causes and the increase in partnerships with these causes, it may be beneficial for firms to evaluate the merits of involvement with less visible alternatives with which exclusive partnerships be formed, thereby avoiding the marketing clutter. Firms could add more than monetary value to such causes, for instance, contributions could extend to time/skills donations in the form of employee volunteering. It could also be an option for a firm to initiate its own worthy causes (Varadarajan & Menon, 1988).

The causes used in CARE are often "ones where consumers can see the need for help, where the help is felt to produce valuable outcomes and where those outcomes are considered to be important" (Polonsky & Speed, 2001:1374). It seems that many firms choose charitable partners that cluster around what is called *social* causes, such as education, health advancement, hunger alleviation and child development (Engelbrecht & Du Plessis, 2004). Even today, some firms avoid partnerships with causes that focus on hard realities such as HIV/AIDS. However, some firms have successfully transcended to a willingness to take more risks and support such causes. Levi Strauss, for instance, already in

the early 1980s considered involvement with HIV/AIDS prevention. At the time the virus was a largely provocative topic that generated ample dismay in middle-America (Cone et al., 2003). The Levi Strauss firm had a non-conformist image and decided to proceed with their support for HIV/AIDS. Their decision was further supported by the fact that the Levi Strauss firm headquarters was based in San Francisco – a city where HIV/AIDS affected a relatively large part of the population (Cone et al., 2003). Consumers and firms are increasingly realising that issues like HIV/AIDS are no longer as dissociated from their own existence as was the case in the past (Cone et al., 2003).

In recent years consumers have displayed clear ideas about the type causes they think should be addressed by firms. *The Cone Cause Evolution Study* (Cone, 2010) highlighted these causes in order of importance: economic development; health and disease; hunger; education; access to clean water; disaster relief; environment; homelessness/housing; crime/violence prevention; equal rights/diversity. Engelbrecht and Du Plessis (2004) further found that, at the time of their research, the social cause that South African respondents were most concerned about was crime prevention. Recently, education has become more prominent due to increasing exposure about the poor quality of the South African education system, the social unrest as a result of fundamental errors within the system, the high level of dysfunctional schools in the country (estimated at 80 per cent) and the continuing awareness that education is a fundamental driver of human development (Wilkinson, 2015; The Trialogue 2015 CSI Handbook, 2015).

Therefore, in this research, the education development sector was selected as the cause parameters for this study. As mentioned in Chapter 2, education is also the development sector most widely supported by firms in South Africa. This decision thus contributed to external validity. In alignment with the above discussion, cause familiarity and importance were also considered during the NPO selection process for stimuli development in this study.

4.6.5 Donation recipient specificity

Firms who are planning CARE campaigns have to decide on the specificity of the donation recipient associated with a campaign (Sheikh & Beise-Zee, 2011). Some firms opt for promising donations to a vague recipient (e.g. a donation will be made to charity), whilst others are very particular about the recipient of their contributions and thus state a specific NPO's name in their campaigns (Sheikh & Beise-Zee, 2011).

Those firms who select to be more specific about their donation recipients often adopt one of two approaches: (1) reference to a cause, or (2) reference to a charity/NPO. Researchers have distinguished between a charity and a cause (Cone et al., 2003:98): “a charity is an organisation” and “a cause is a big tent” that offers a shelter under which “a host of charities can prosper”. The word charity is thus a synonym for the term NPO, whilst several NPOs can address the same cause.

It has been suggested that selecting a cause versus a specific NPO for inclusion in a CARE campaign might not be a mutually exclusive decision. Cone et al. (2003) suggested that a firm should first choose and commit to a cause and then select a charity partner to affiliate with. This procedure will prevent a firm’s CARE programme from becoming too dependent on the NPO and will encourage firms to first consider the fit of their firm with their societal partner on a broad level (Chéron et al., 2012; Cone et al., 2003). However, it appears that some firms halt after selecting a general cause and never clearly communicate the specified donation recipient/NPO.

Cone et al. (2003) emphasised that it is essential to partner with an NPO, in particular if the organisation offers knowledge, credibility, advanced intelligence and practical experience. Partnering with a specific NPO whose identity and brand is clearly evident in campaign communication enables a firm to accrue the previously mentioned co-branding benefits (Blackett & Boad, 1999). Thus, although the primary role of NPOs in any cause-brand alliance is “to channel resources to people in need” and not “to shape the corporate brand”, both the firm and NPO could benefit from specifying their brands in such campaigns (Cone et al., 2003:98).

It has been said that communicating a cause in general rather than a specific NPO in a CARE campaign might pose fewer risks, because the firm has the opportunity to broaden, narrow or redefine the cause as its pro-social programme evolves and progresses. However, when selecting a general cause for the purpose of flexibility, firms are encouraged to refrain from incoherence in their alliances (Cone et al., 2003) – a firm that decides to support a particular cause should clarify the parameters within which to operate. For instance, a firm that decides to focus on education, has to consider what aspects of education will be addressed (e.g. early childhood, bursaries, etc.), a firm that focuses on optometric health, can choose to address, for instance, only the aspect of providing eyeglasses to under-privileged people (Cone et al., 2003).

Research suggests that specifying the NPO partner in a CARE campaign might be more favourable than referring to a cause in general. According to Chang (2012), when a cause is specified through its name and brand, the focus on the cause becomes more prominent and the campaign advertisement more easily evokes altruistic feelings (Chang, 2012). Baghi and Gabrielli (2013) assessed the influence of both for-profit brand awareness and non-profit brand awareness on various consumer responses. Their research revealed a significant interaction between for- and non-profit awareness in influencing consumer willingness to pay – respondents were willing to pay a higher price for a cause-linked product featuring a well-known for-profit brand in partnership with an equally well-known non-profit brand. In contrast, they were willing to pay a lower price for a cause-linked product featuring an unknown for-profit brand in partnership with an unknown non-profit brand (Baghi & Gabrielli, 2013). Both for- and non-profit awareness exerted a separate, but significant, influence on consumer intentions to purchase a cause-linked product (Baghi & Gabrielli, 2013). These findings illustrate the importance of the NPO brand in a CARE campaign.

According to Minton and Cornwell (2015) the importance of the NPO brand in CARE campaigns could be attributed to cueing and inference theory. Cueing, as discussed before, refers to receiving a cue from the environment that activates a node associated with the cue in an individual's memory (McNamara, 1992). Inference making refers to using the cue and memory activation to make judgements (Minton & Cornwell, 2015). The NPO brand acts as the cue that activates altruistic associations in the individual's memory (Chang, 2008). If the activated nodes hold positive associations, the consequent inferences and judgements will also be positive (Minton & Cornwell, 2015). This contention places emphasis on the importance of building a strong and positive NPO brand (Weisnewski, 2009). Strong NPO brands signal trustworthiness, represent identity and reflect organisational values (Weisnewski, 2009). Building brand equity is thus critical for NPOs (Laidler-Kylander & Simonin, 2009; Naddaff, 2004; Judd, 2004). A strong NPO brand indicates to the marketplace that the organisation and sector is professional, and that the organisation and its workforce are working toward a common purpose (Hankinson, 2004; Hankinson & Cowking, 1996). It has been said that an NPO's brand is its greatest advantage (Laidler-Kylander & Simonin, 2009; Laidler-Kylander, Simonin & Quelch, 2007). However, it has been found that many NPOs do not use their brands effectively and devote little effort to managing it (Bishop, 2005). Collaborative campaigns such as CARE can contribute to building an NPO's brand, but as previously mentioned, such campaigns are more effective when participating brands are already strong (Baghi & Gabrielli, 2013; Laidler-Kylander & Simonin, 2009).

Despite the suggested importance of brands in cause-brand alliances, research about the influence of the NPO brand in CARE is scant (Lafferty & Edmondson, 2014). In the past, the role of the firm's brand has been more readily assessed, but conclusive evidence about whether specifying the NPO brand in CARE will impact consumer responses is lacking (Lafferty & Edmondson, 2014). This research gap will be addressed in this study – inquiry into the influence of the donation recipient's brand specificity regarding intention-, attitude- and perception-related consumer responses will recurrently represent Part (b) of the stated hypotheses.

Although a brand refers to more than visual indicators (e.g. brand name, logo, etc.), these are often the most developed and communicated representation of the NPO brand (Hankinson, 2000). In this study, the NPO brand in question will be represented by its name and logo. More information will be provided in Chapter 6.

4.7 THE DONATION CAMPAIGN STRUCTURAL ELEMENT

Researchers (Polonsky & Speed, 2001; Andreasen, 1996) have commented that marketers should refrain from using CARE when the applicable donation is not viewed as helpful or when the level of effort exerted to enable the donation becomes counter-productive (Cui et al., 2003).

The donation structural element plays a crucial role in CARE and yet various critical questions related to the donation structure of CARE campaigns remain unanswered (Grau et al., 2007). Therefore calls for further inquiry about optimal donation levels, donation structures, donation communication and several other donation-related aspects have been proposed (Grau et al., 2007; Pracejus & Olsen, 2004). In this section about the donation structural element the following aspects will be addressed: donation type, donation magnitude, donation expression formats, and the inter-relations between donation, product and price.

4.7.1 Types of donations

Several past CARE studies have referred to donation types (Olsen et al., 2003) and this term has been used to embody a number of diverse classifications: (1) monetary versus non-monetary; (2) conditional versus unconditional; (3) transaction-based versus non-transaction-based; and (4) capped versus non-capped.

4.7.1.1 Monetary versus non-monetary donations

Campbell and Diamond (1990) suggested that CARE campaign designers have the option of selecting either monetary or non-monetary donations for inclusion in their campaigns. However, in doing so, firms are encouraged to consider the differential impact of monetary versus non-monetary types of promotional support on consumer perceptions. Research found that monetary promotions could be smaller than non-monetary promotions and still be considered by the consumer (Campbell & Diamond, 1990). It was also found that large incentives in promotions may make buyers sceptical of the offer, but that customer suspicion was triggered more readily by a monetary promotion – thus, a larger non-monetary than monetary promotion was responsible for similar levels of customer suspicion (Green & Webb, 1997; Campbell & Diamond, 1990). In the current study, in adherence to the definition of Varadarajan and Menon (1988) the emphasis is on monetary donations in CARE campaigns.

4.7.1.2 Conditional versus unconditional giving

Dean (2003), in his study about consumer perceptions of corporate donations, distinguished between the influence of two types of donations, namely conditional versus unconditional giving. Dean's (2003) study was motivated by research by Webb and Mohr (1998) who suggested that consumers have negative perceptions about firms that engage in CARE. The research inferred that a possibility exists that firms that engage in CARE campaigns "could experience a loss of public goodwill" particularly due to such campaigns (Dean, 2003:100). Dean (2003) acknowledged Varadarajan and Menon's (1988) definition of CARE as a transactional process and further described it as conditional giving. In other words, CARE was viewed as a donation that is "conditional upon the firm benefiting first" (Dean, 2003-4:92). In contrast, unconditional giving was described as a "donation to a cause that is not linked to revenue-producing transactions with the firm" (Dean, 2003:92). Dean (2003:100) found that CARE was viewed as significantly more mercenary than was the case for the unconditional giving scenario, and generally concluded that for an average firm "there is little downside" in engaging in CARE.

As mentioned in Chapter 3, another form of conditional CARE is where, in order to enable the donation, the donor firm requires the customer to undertake a secondary action in addition to purchasing the cause-related product. For example, a supermarket requires that customers submit their till receipts to a school who then submit the receipts to the sponsoring firm in return for a monetary or product donation (Polonsky & Speed, 2001). Should

consumers fail to submit receipts, their purchases pertaining to the particular campaign becomes worthless from a donation accrual perspective.

4.7.1.3 Transaction- versus non-transaction based support

Transactional or transaction-based CARE was discussed in Chapter 3 and is mentioned here again for the sake of a complete overview of various types of CARE.

Transaction-based support is similar to Dean's (2003) description of conditional support and Varadarajan and Menon's (1988) definition of CARE. To re-iterate, transaction-based CARE represents a complex exchange between the consumer, the firm, and the cause (Ross et al., 1992). It is triggered by a consumer's purchase and can take the form of a monetary contribution expressed in Rand or *percentage-of* formats. Some researchers also include purchase-triggered non-monetary donations, for instance giving one product for each product sold or providing one vaccination for each promotional package bought, under the definition of transactional CARE (Müller et al., 2014; Cui et al., 2003).

Cui et al. (2003) distinguished between transaction-based and non-transaction-based giving. In non-transactional CARE the firm acts as the donor or the donation facilitator, but no consumer purchase is required. An example is when a store makes its premises available as a donation site (e.g. Stellenbosch Die Boord Spar acts as a donation site where consumers can leave their contributions for the Animal Welfare of Stellenbosch) and sometimes even matches the donations made by consumers (Cui et al., 2003). However, this form of societal involvement resembles corporate giving or corporate philanthropy and does not adhere to the Varadarajan and Menon (1988) definition of CARE as adopted in this study.

4.7.1.4 Capped donations

Polonsky and Speed (2001) found that the support provided by a firm as a result of a CARE campaign can also take the form of a capped donation. A capped donation typically cannot exceed a predetermined total donation amount even though the size of the increase in sales might warrant larger support (Polonsky & Speed, 2001). According to Grau et al. (2007:10) a donation cap refers to the "maximum dollar value that firms place on the total amount they will donate to the sponsored cause" and often acts as a security measure to limit the firm's financial exposure (Varadarajan & Menon, 1988).

Polonsky and Speed (2001) stated that donation caps empower firms to exert control over the level of risk they are exposed to in a CARE campaign. Grau et al. (2007) asked the question *How do consumers perceive campaign donation caps?* in an effort to address the largely unexplored consumer reactions to donation caps. They found that 68 per cent of the 95 responses obtained felt that donation caps are fair and reasonable, 23 per cent regarded caps as unnecessary and 8 per cent were neutral about the presence of caps (Grau et al., 2007). Positive responses were mostly due to respondents' understanding that firms have to limit their financial exposure. Negative attitudes stemmed from respondent scepticism toward the firm's motivation for engaging in the CARE campaign, questions about firm commitment to the cause and the feeling that the donation should be completely transaction-based. It was also suggested that firms should openly mention the donation cap amount (Grau et al., 2007).

The focus of this research is on monetary, unconditional, transaction-based and uncapped CARE.

4.7.2 Donation magnitude

Recent examples of CARE campaigns ranged from a 50 per cent of product price donation by Tommy Hilfiger to Breast Health International, to a Starbucks donation to the Global Fund of \$1 for every pound of East African Blend coffee sold (Müller et al., 2014). These examples demonstrate the wide range of donation magnitudes featured in CARE campaigns.

In the past it has been questioned whether donation magnitude matters at all to consumers in CARE programmes and whether the fact that firms are contributing is not perhaps enough in itself (Kim, 2005). However, researchers agree that the donation amount will become increasingly important due to its impact on consumer responses such as purchase intentions, participation intentions and perceived firm motives (Folse et al., 2010; Kim, 2005; Polonsky & Speed, 2001). As CARE donation magnitude has implications for firm profitability and pricing strategy, gaining more insight about the influence of the donation amount on consumer responses is critical (Koschate-Fischer, Stefan & Hoyer, 2012; Chang & Liu, 2012).

Although research has indicated that the size of the donation may influence brand choice (Pracejus et al., 2003), the willingness to pay more for products (Koschate-Fischer et al., 2012; Chang, 2008; Strahelevitz, 1999), and level of consumer scepticism (small donations, more scepticism) (Dahl & Lavack, 1995), findings are equivocal (Müller et al., 2014). Donation magnitude has exerted a positive effect in some studies (e.g., Olsen et al., 2003), a

negative effect in others (e.g., Strahilevitz, 1999), and in some no effect at all (e.g. Human & Terblanche, 2012). Also, consumer responses are sometimes conflicting, for instance, when donation levels are high, consumers question the firm's motives and expend mental energy to determine why the firm is making the donation (Chang, 2008), but when donation levels are low consumers also question the firm's motives and the firm runs the risk of being mistrusted by consumers for their apparent lack of commitment (Chang & Liu, 2012).

Additional research about the influence of donation magnitude in CARE has been encouraged as this CSE is one that can be directly controlled by managers – an improved understanding of donation size can contribute to appropriate planning and can thus enable the accrual of additional benefits (Müller et al., 2014).

Holmes and Kilbane (1993) assessed the influence of three levels of donations on consumer attitudes and intentions and found no significant between-group differences. However, these results have been questioned in later studies (Webb & Mohr, 1998). Indications are that the impacts of donation size might become non-existent when manipulations are insufficiently distinguishable.

According to Dahl and Lavack (1995) the influence of donation magnitude extends to consumer perceptions about the exploitation of NPOs. The researchers found that consumers were more likely to believe that an NPO was being exploited by a firm in a CARE campaign when the relevant donation was small than when a large donation was made (Dahl & Lavack, 1995). However, the contrary has also been found. Kim (2005) has suggested that even when donation claim types are objective, consumers may perceive a donation that is too large as being suspicious.

According to Grau and Folse (2007:30-31), expectations play an important role in determining whether donation amounts are suitable and they therefore encourage campaign designers to balance the donation amount selected by a firm with consumers' expectations about the firm's contributions – a firm needs to “identify the ideal balance between what a firm is willing to do with what that firm is asking the consumer to do in order for the donation to be made to the cause” for both more and less involved consumers.

The continuing elusiveness of the donation amount in CARE has acted as impetus for further exploration thereof in this study. In accordance with recommendations from Kim (2005) and criticism resulting from the work of Holmes and Kilbane (1993), more than one level of

donation magnitude will be assessed. The CARE donation magnitude will be represented by Part (c) in the respective hypotheses.

Research has suggested that consumer responses to CARE are strongly influenced by the interaction between donation magnitude, donation expressions/framing and the price of the product involved in the campaign (Olsen et al., 2003; Strahilevitz, 1999). Already in the mid-90s Dahl and Lavack (1995) called for examination of the influence of donation amount relative to product price. Chang (2008) responded and found that the impact of donation magnitude on CARE effectiveness was limited when products were high-priced and that donation amounts framed in actual amount format was more effective than those expressed as a percentage, though only for low-priced products. Similarly, Popkowski Leszczyc and Wong (2010) found that the influence of donation amount on selling prices was greater for low-value than high-value products. However, results explaining the complexity of the interrelations between CARE donation amount and other factors, are still lacking. The research design selected for this study will consider the call for research that addresses the influence of both the independent and interactive influences of CSEs on consumer responses.

Pracejus et al. (2003) agree with the above-mentioned statements that the manner in which a donation is communicated has the ability to trigger consumer skepticism toward the CARE campaign (Kim, 2005). It is evident that donation claims or expression formats have a substantial impact on how donation magnitude is perceived by consumers (Kim, 2005). Consequently, researchers have suggested that future research should explore the influence of the product on donation magnitude, the various formats in which donations are expressed, the degree to which consumers are able to understand and process the different expression formats, as well as the impact of these donation expression formats on consumer choice. Therefore donation expression formats will be explored in the next section of this chapter (Baghi & Gabrielli, 2013; Galan-Ladero et al., 2013; Pracejus & Olsen, 2004).

4.7.3 Donation expression format

Firms that engage in CARE have to make decisions about the manner in which the donation amount will be communicated in the campaign. The framing of the donation amount has also been referred to as the donation claim, donation quantifier, donation cue, description of the donation, or the donation expression format (Das et al., 2014).

Due to consumer preference for transparency, the manner in which donation amounts are communicated in CARE advertisements will become increasingly important in the future and

further inquiry has been encouraged (Chang, 2008; Kim, 2005). The influence of donation expression format in CARE will be assessed in this study and will be represented by Part (c) of the stated hypotheses.

Donation expressions are either subjective or objective in nature (Kim, 2005). Subjective expressions of donations make it difficult for consumers to estimate the actual donation amount (Kim, 2005). Subjective expressions are typically more vague, general, intangible and abstract (Kim, 2005; Pracejus et al., 2003). Examples of subjective communication include the donation of a *portion of proceeds* or a *substantial portion of proceeds*. Objective claims are usually more specific, factual and verifiable and therefore signals higher credibility than subjective claims (Kim, 2005). Examples of objective expressions are the donation of a specific amount or donating *ten per cent of the price of the product* (Das et al., 2014).

A literature review indicates that four different donation expression formats have been used in the past in transactional CARE communication efforts (Chang, 2008; Das et al., 2014; Kim, 2005; Olsen et al., 2003). The four donation expression formats (i.e. claim types or descriptions) are not equally transparent. These expression formats are:

1. actual donation amount expressions, e.g. *for each purchase R1 will be donated*
2. percentage-of-price donation expressions, e.g. *for each purchase ten per cent of the price of the product will be donated*
3. percentage-of-profit donation expressions, e.g. *for each purchase ten per cent of profit will be donated*, and
4. vague donation expressions, e.g. *for each purchase a donation will be made* (Das et al., 2014; Kim, 2005; Olsen et al., 2003).

Each of the mentioned formats holds unique characteristics and seems to play a particular role in CARE decision-making. Thus an increased understanding of donation expression formats will enable improved CARE decision-making ability and will therefore be further explored.

4.7.3.1 Actual amount expressions

As mentioned before, an actual amount expression refers to the inclusion of a specific Rand amount in the CARE donation promise. It is an objective approach to framing donation claims (Kim & Lee, 2009).

The donation of an actual amount in a CARE campaign is also referred to as an exact quantifier because it communicates the exact amount that is donated for each product that is sold (Landreth, Pirsch & Garretson 2004; Grau et al., 2007).

Evidence from successful CARE promotions, such as the first noted CARE campaign involving American Express and the Statue of Liberty, suggests that when a campaign mentions the actual amount donated to charity per purchase, the likelihood of viewing the campaign positively tends to increase (Chang, 2008; Varadarajan & Menon, 1988). Research suggests that these positive views result from a perception of greater transparency derived from stating the actual donation amount – the more positive consumer inclination is likely to lead to greater motivation to buy the brands that are associated with CARE campaigns. The above train of thought was believed to be true, but was not yet been confirmed in research studies (Subrahmanyam, 2004; Wymer & Samu, 2003; Larson, 2001; Webb & Mohr, 1998) until Grau et al. (2007) explored the matter. They confirmed that the exact quantifier was perceived as the most trustworthy donation expression format and that this format also generated the most positive consumer evaluations (Chang, 2008; Grau et al., 2007). Communicating the donation objectively decreased scepticism and disbelief, and increased advert credibility (Kim & Lee, 2009; Holbrook, 1978). It also yielded less cognitive resistance than a subjective donation expression and thus required less mental resources (Kim & Lee, 2009).

Even though the expression of actual donation amounts seems to hold substantial consumer benefits, it poses a challenge for some firms. The firm is often unwilling or unable to clearly state their contributions in actual monetary terms and therefore opt for other donation expression formats (Olsen & Pracejus, 2002). The reason for this could be related to the inflexibility of an actual amount donation expression approach – deciding to donate an actual amount and communicating that amount to consumers, means that the donation is not dependent on price, sales, changing input costs and/or profits. It implies that even when prices need to be adjusted (for instance lowered) in an attempt to generate an increased demand, the donation amount remains the same and profit per product would decrease. Firms, therefore, often prefer expression formats such as the percentage-of-profit, percentage-of-price or vague expression quantifier (Olsen & Pracejus, 2002).

4.7.3.2 Percentage-of-price and percentage-of-profit expressions

Percentage-of expression formats are viewed as objective donation claims (Kim, 2005). Percentage-of-price donations promises a percentage of the cause-linked product's price to

a donation recipient – if the price of the cause-linked product is known, the donation amount can thus be calculated. During percentage-of-profit donations a percentage of the profit generated from selling the cause-linked product is promised – as the profit margin of most products are usually not public knowledge, percentage-of-profit donations cannot easily be calculated (Olsen et al., 2003).

A study by Olsen et al. (2003) conveyed the preferences of practitioners by identifying the percentage-of-price method of donation and the percentage-of-profit method of donation as the two prevalent CARE donation expression formats that are employed in actual CARE campaigns. A content analysis of CARE offers on the World Wide Web determined that both formats occur with some frequency. The web survey was conducted by Pracejus et al. (2003) to examine the usage frequency of various CARE descriptions on firm and charity websites. Three description types were distinguished. Firstly, calculable donation expressions or quantifiers included the percentage-of-price donation approach and, as mentioned before, provided consumers with enough information to calculate the actual donation amount (Grau et al., 2007). Calculable donation quantifiers comprised 4.5 per cent of the CARE descriptions that were discerned (Pracejus et al., 2003). Secondly, estimable donation quantifiers referred to an approach that provides consumers only with a piece of the information necessary to calculate the donation amount and included the percentage-of-profit and percentage-of-net-proceeds expression format (Grau et al., 2007). Estimable donations were used more than five times as often as calculable formats and comprised 25.6 per cent of the offers. The third category of donation expression formats as distinguished in the previously mentioned web survey, formed the majority of CARE donation expressions (69.9 per cent) and were abstract or vague (Pracejus et al., 2003). Vague quantifiers will be discussed later in this chapter.

During CARE campaign planning, calculable and estimable donation expressions are often employed. In contrast to such actual CARE campaigns, during academic inquiry researchers have most often presented respondents with clear donation information and expressed donation amounts in absolute monetary terms (Das et al., 2014; Chang & Liu, 2012; Chang, 2008). It seems that most researchers agree that both percentage-of-price and percentage-of-profit method of donation may represent good-faith attempts to express the amount being donated by the corporate to the non-profit institution (Chang, 2008). However, it has been suggested that these donation formats differ with respect to their ability to accurately convey donation amounts – percentage-of-price expressions are somewhat more problematic than actual amount descriptions (Chang, 2008), and percentage-of-profit

expressions tend to be more ambiguous and deceptive than percentage-of-price formats (Pracejus et al., 2003).

It has been noted in a study by Olsen et al. (2003:170) that “people report higher attitudes toward a company and express stronger purchase intentions as a function of the percentage value of the donation, but not as a function of whether it is a percentage of profit or price”. Furthermore, the study found that even consumers who have had formal accounting training are susceptible to the biased understanding of percentage-of-profit versus percentage-of-price formats in CARE (Olsen et al., 2003).

The reasons that percentage-of-profit donations in CARE campaigns are at times regarded as deceptive are often ascribed to estimation and profit interpretation challenges. The estimation and profit confusion will subsequently be discussed.

4.7.3.2.1 Estimation confusion

Olsen et al. (2003) suggested that some consumers may employ inappropriate estimation strategies during donation calculation. It is comparatively easy for a consumer to calculate the donation as a percentage of the sales price, but an additional mathematical step is required to estimate a donation amount based on profit (e.g. x per cent of profit). Whereas estimations related to the percentage of the sales price requires only one calculation (i.e., x per cent of the price), percentage of profit estimations requires an estimation of the profit as well as a calculation of the donation amount based on this value. Olsen et al. (2003) stated that although they do not argue that consumers are incapable of performing two operations, they do propose that imposing a second calculation adds to the complexity of the task and expands the likelihood of error, assuming that for any given operation performed a possibility of error exists.

It is well-known that people often take computational shortcuts, which can result in poor approximations of true numeric values (Olsen et al., 2003). The inability to make accurate calculations is not limited to complex, probability-format Bayesian posteriors (Olsen et al., 2003). For example, it has been shown that many consumers engage in inappropriate strategies when doing something as simple as determining which of two packages has the lower price-per-unit weight (Capon & Kuhn, 1982) or even with posteriors about the colour of a taxi (Bar-Hillel, 1980). Such biases, which are prevalent in calculation, have also been observed in estimation. People have been shown to engage in estimation strategies that may

involve calculation and in such cases, if the calculation is biased, the resulting estimations also will be biased (Brown, 2002; Brown & Siegler, 1993).

It seems that the computational shortcuts taken by consumers in CARE campaigns can induce order-of-magnitude errors. According to Olsen et al. (2003) it is likely that a small subset of the population entirely skips the step of estimating profit levels. This possibility is referred to as the profit-equals-price (PEP) effect, which may lead to drastic overestimation of the amount being donated in a CARE campaign (Olsen et al., 2003). An example of CARE donation overestimation illustrates the concept: it could be stated in a CARE campaign that ten per cent of the profit from a particular brand will be donated. However, if the profit level is ten per cent the percentage-of-profit donation is ultimately equivalent to a one per cent of price donation level. Given the PEP effect, a consumer would mistakenly calculate ten per cent of the price, resulting in a donation estimate that was off by an order of magnitude (i.e., ten times too high) (Olsen et al., 2003).

The statement of donation amounts in CARE campaigns can further be potentially confusing when declared as a percentage-of-profit, due to the fact that consumers are typically not knowledgeable regarding the actual profit level for a product. Research by Bolton, Warlop and Alba (2003) has demonstrated that consumers are prone to the often extreme overestimation of profits and in the process may overestimate the amount being donated in a CARE campaign. Olsen et al. (2003) refer to this phenomenon as the profit-overestimation (PO) effect. It appears that in CARE the PO effect can either be beneficial to firms or detrimental. On the one hand firms receive reputation benefits from the donation overestimation as a result of the PO. On the other hand firms are subjected to potential negative reputational effects due to consumers' over-estimation of profits and consequent uncertainty pertaining to the appropriateness of product prices (Tustin & Pienaar, 2005). CARE thus seems exposed to profit-related confusion.

4.7.3.2.2 Profit – the gross and net confusion

The term *profit* seemingly contributes to the potentially deceptive message implicitly communicated by the percentage-of-profit donation expression format used in some CARE campaigns.

When the term *profit* is used in a CARE campaign, it could be referring to gross profit "(i.e., the retail price of the item minus the price paid by the retail store to the supplier for the item)" or to net profit "(i.e. profit after additional costs of doing business, such as rent for the retail

space, electricity, and payment of employees, are factored in)” (Olsen et al., 2003:171). By definition, net profit is less than gross profit and could potentially not exist at all. It is indeed possible for a firm to generate no net profit, even if it yields a large gross profit. It infers that in cases where a CARE offer is based on a percentage-of-profit donation, the charity or cause could ultimately receive no donation (Olsen et al., 2003). Although it may seem like an unethical approach, anecdotal evidence suggests that this form of *creative accounting* has indeed occurred in the past where organisations participated in CARE campaigns, claimed donations on a percentage of profit bases and occasionally did not generate any profit. It has even occurred that corporate organisations continue with CARE campaigns and percentage-of-profit donation claims, whilst never yielding any profits (Olsen et al., 2003). In North America an Oregon Attorney General of the Oregon Department of Justice (2001) has commented that a for-profit entity who communicates that proceeds from an event or product sale will be donated to charity, is legally obliged to actually make the donation.

The *Draft Report on Cause Marketing* (created in the State of California by the Office of the Attorney General in 1999) specifically stated the following: “Advertisements arising from all corporate-NPO arrangements shall not mislead, deceive, or confuse the public about the effect of consumers’ purchasing decisions on charitable contributions by the consumer or the commercial sponsor” (Olsen et al., 2003:171). In the past, in the United States of America it has been expected of firms who failed to contribute the communicated contribution to the collaborating charity/cause partner to pay a penalty or a settlement to the charity/cause they partnered with in the CARE campaign. Olsen et al. (2003:171) emphasised the importance of consumer protection during CARE endeavours and noted that “any method of expression that could lead to the systematic overestimation of donation values” should be viewed with concern.

Although sometimes preferred by firms, the use of deceptive or vague donation expressions in CARE are discouraged (Grau et al., 2007; Kim, 2005).

4.7.3.3 Vague quantifiers

According to Grau et al. (2007) abstract quantifiers, also referred to as vague quantifiers, are the most commonly used method of communicating donations in CARE campaigns (Olsen & Pracejus, 2002; Olsen et al., 2003; Pracejus et al., 2004). Vague quantifiers are a subjective form of CARE donation expression (Kim, 2005) – when employing a vague donation expression, the consumer is provided with almost no information about the donation

magnitude that the firm will be donating to the sponsored cause. Examples include a *donation will be made* and *the firm will contribute*.

Vague quantifiers seem to be used quite frequently by practitioners (Grau et al., 2007). It has been suggested that the use of vague quantifiers may imply to consumers that a smaller amount is being donated than would be the case when an actual, specific amount is communicated. Vague communication may also lead to greater consumer skepticism and negative consumer responses (Kim, 2005). Although the method seems to be many practitioners' method of choice, Grau et al. (2007) found that it is the method that is perceived by consumers as least trustworthy and it also generated the least positive consumer evaluations.

As previously mentioned, the influence of CARE donations on consumer responses often depend on its interaction with other factors (Chang, 2008). The relationship between donation, product price and product type has been mentioned as being particularly relevant and will subsequently be discussed (Chang, 2008).

4.7.4 Price-donation relationships and the role of product type

The relationship between the donation amount specified in a CARE campaign and the price of the product to which the donation promise applies, has often been mentioned as an important consideration when the donation CSE is addressed (Subrahmanyam, 2004). Some of the questions that arise are: (1) is there a relationship between product price and the donation amount preferred by consumers, (2) are consumers willing to pay a price premium for a product in order to support the corporate contribution to a charitable cause, and (3) does product type influence consumer views on what constitutes an acceptable donation? In an attempt to provide more clarity about the relationship between product price, donation and product type, these questions will be addressed.

4.7.4.1 Product price and the donation

The first question about the relationship between product price and preferred donation magnitude has received some attention in previous research (Chang, 2008; Strahilevitz, 1999). However, although researchers seem to be in agreement that product price and donation interactively influence CARE effectiveness, uncertainty of the nature of the influence within varying contexts warrants further inquiry (Chang, 2008).

Researchers have mentioned the wide range of donation magnitudes that have been used successfully in CARE campaigns (Table 4.3 provides examples of diverse campaign magnitudes),

Table 4.3
Campaign magnitude examples

DONORS	DONATION	RECIPIENTS
Firms	0,05% of profits	The Nature Biscuit
Elton John and marketers	100% of profits	Candle in the Wind tribute to Princess Diana
Environmental Candy Company	50% of revenues	Environmental causes
Cloud Nine	10% of profits	Selection of good causes
British Telecom	£1.5 for every Big Button telephone sold or rented	Royal National Institute for the Blind
Patagonia	1% of its sales	Groups devoted to environmental protection and restoration
Ramy	90% of the proceeds from the sales of its beauty therapy skin care products	Young Survival Coalition
Yoplait	10 cents per product lid up to \$1.5 million	Susan G.Komen Breast Cancer Foundation
Kay Jewelers	\$4 for each limited edition teddy bear sold	St Jude Children's Research Hospital
Energy Muse	portion of the proceeds from the sales of a specially crafted Pure Wrap bracelet	PETA
Tommy Hilfiger	50% of the price of a specific bag	Breast Health International
Starbucks	\$1 for every pound of East Africa Blend coffee sold	Global Fund
Curves	50% of each new membership within a specific time period	CANSA
Ster Kinekor	R2.50 per movie ticket depending on whether the consumer chooses to donate	Vision Mission

Source: Adapted from Moriri (2016); Our Cause Related Marketing Partners (2016); Das et al. (2014); Müller et al. (2014); Folse et al. (2010); Chang (2008); Strahilevitz (1999:221)

Olsen et al. (2003) explored the issue of donation amounts in CARE and confirmed that consumers report higher attitudes toward a firm and stronger purchase intention based on donation magnitude (ten per cent was preferred more often than one per cent), but that confusion is experienced when *percentage-of* expression formats are used, irrespective whether the expression is *percentage-of-profit* or *percentage-of-price*. Despite the profit/price confusion, it was determined by Olsen et al. (2003) that the same donation of \$1.50 can result in higher purchase intentions when expressed within a low-margin product category as a percentage of profit rather than when expressed as one per cent of price. According to Olsen et al. (2003:179) people seemingly “fail to integrate their knowledge that profit is a fraction of price into their estimations”.

Briers et al. (2007) discovered that people in simple donation settings may experience difficulties in estimating donation amounts that are socially acceptable. Therefore donation opportunities that provide an anchor point of some sort are preferred; for instance, the value of a product as represented by the product price can act as a suitable reference price and lead to greater compliance with either exchange or donation requests (Briers et al., 2007). Briers et al. (2007) emphasised that if the suggested reference price is sufficiently low, exchange requests may lead to greater compliance than simple donation requests (CARE can be viewed as an exchange scenario). Their research further found that specifying donation amounts might lead to even greater compliance (Briers et al., 2007).

4.7.4.1.1 Price premiums

The second question mentioned above about consumer willingness to pay a price premium in support of a charitable cause has been addressed by a number of researchers (Subrahmanyam, 2004; Barone et al., 2000). Initial findings showed consumer willingness to pay more for cause-linked products, but later research has indicated that the conditions that consumers set for doing this, is on the rise.

An earlier study conducted among British consumers found that in Britain, two-thirds of consumers were willing to pay more for a product associated with a good cause (Meyer, 1999). A number of studies conducted in the United States of America concurred (Barone et al., 2000; Holmes & Kilbane, 1993).

A study amongst Chinese consumers in Singapore also found that consumers were willing to pay a price premium for a cause-linked product, provided that the price differential with a comparable brand is not large (Subrahmanyam, 2004). Consumers were willing to pay ten to 25 per cent premiums above comparable alternatives if the donation amount was specified. Barone et al. (2000) found that CARE activities have the ability to impact consumer choice, but only if the campaign does not cause higher prices, and in particular, if it does not result in lower product quality and performance (Pracejus & Olsen, 2004). The question arose whether consumers would prefer CARE (altruistic preference) or rather the option of purchasing a cause-linked product at a lower price (self-directed gains).

Strahilevitz (1999) found that consumers may be more likely to select a brand that is offering a donation than a brand that is offering an equivalently lower price, but only when the donation and the corresponding price differences are relatively small and not when the differences are substantial. Research by Olsen et al. (2003) agreed about the preference for

donating (where the donation comprises a portion of the price of the product) over a reduction in the price of the product. Pracejus and Olsen (2004) emphasised that the long-term value (loyalty, long-term relationships and income, positive associations, etc.) of CARE should not be underestimated, even should consumer choice not be impacted over the short-term or even if consumers are not willing to pay a price premium.

It seems that what is regarded as large and small amounts may be related to consumer expectations about reference amounts. According to Campbell and Diamond (1990), reference prices (the amount a consumer expects to pay) are often used for evaluation purposes. Consumers compare, for instance, expected (reference) prices to actual prices and then draw conclusions about what is acceptable, what is too large a sum and what is too small, based on the comparisons with the reference price and with the range of acceptable price points related to the reference price (Campbell & Diamond, 1990). The range of price points is characterised by a lower and upper boundary and is called the latitude of acceptance. Prices below the latitude of acceptance lower boundary may cause doubts about the quality of the product, prices higher than the upper boundary may generate perceptions of being too expensive (Campbell & Diamond, 1990). In conjunction with latitude of acceptance, the concept of the just noticeable difference also plays a role. The just noticeable difference relates to the perceptual concept of the differential threshold and refers to “the smallest change in stimulus intensity that will be noticed by an individual” (Engel et al., 1995:474). Weber’s Law plays an important role in determining the differential threshold. The law states that “the actual amount of change necessary to reach the differential threshold will depend on the initial starting point” and “as the strength of the initial stimulus intensity increases, a greater amount of change is necessary to produce a just noticeable difference” (Engel et al., 1995:475). Weber’s law is depicted in the following formula:

$$K = \frac{\Delta I}{I}$$

$K =$ a constant that differs across the various senses
 Above the line = the smallest change in stimulus intensity to purchase a just noticeable difference
 $I =$ the stimulus intensity at the point where the change occurs

When considering the mentioned concepts of latitude of acceptance and just noticeable difference, it can be interpreted that promotions must be large enough to be noticed (in other words price promotions must show a just noticeable difference below the reference price),

but it must also be small enough to fall within the acceptance range (Campbell & Diamond, 1990). The challenge for marketers is to know which types of promotional activities have the smallest just noticeable difference and the largest latitude of acceptance (Campbell & Diamond, 1990). Marketers should also keep in mind that the size of the just noticeable difference is relative to the original reference price.

The concepts of just noticeable difference and latitude of acceptance could impact on CARE – it may be worthwhile to consider the suggested criteria of Campbell and Diamond (1990) when planning a CARE programme, and donation size in particular. Firstly, planners can ensure that the promotion is noticed by determining the level at which the “consumer perceives the promoted value to be different from the current reference price” (Campbell & Diamond, 1990:29). Secondly, planners can prevent the promotion from arousing suspicion by identifying the width of the consumer’s acceptance range (Campbell & Diamond, 1990). Campbell and Diamond (1990) also accentuated that promotions that are perceived as reduced losses have different impacts than promotions which are perceived as gains. Emphasis is thereby again placed on the prominence of framing in CARE and the importance of communicating CARE offers as gains rather than losses, for example, stating *you can make a difference* rather than *for only R1 more you can make a difference* to the consumer in campaign communication.

4.7.4.2 Product price, product type and the donation

As stated by the third question in the above, a link has been suggested between the donation, product price and product type featured in CARE campaigns (Das et al., 2014; Chang & Liu, 2012; Chang, 2008; Strahilevitz, 1999). Strahilevitz (1999), for instance, found that the willingness of a consumer to pay a premium for a charity-linked brand may not be a constant, but instead dependent on donation magnitude, product type, and the interaction between these two factors.

According to earlier research, even though frivolous (hedonic) and practical (utilitarian) product categories have both been used in CARE campaigns, altruistic incentives are less effective with practical, goal-oriented products than with pleasure-oriented or frivolous products (Chang, 2008; Strahilevitz, 1999). This finding might result from hedonic products’ tendency to evoke both pleasure and guilt, whilst utilitarian products usually evoke neither of these sentiments (Chang & Liu, 2012; Chang, 2008; Strahilevitz & Myers, 1998).

According to Chang (2008) the beneficial effects of frivolous products are only applicable when donations are expressed as actual amounts. In turn, actual amount expressions are only more effective than percentage-based claims when the cause-linked product is low in price (Chang, 2008).

Chang and Liu (2012) has found that product-NPO fit also impacts the relationship between product type and donation level to such an extent that complementary fit is more effective in a campaign featuring a hedonic product, and even more so when the donation level is high. Research by Strahilevitz (1999) concurred that brands that are linked to large donations are more likely to be preferred with frivolous products, and practical products are then linked to smaller donations. The above-mentioned results have been found to be applicable to most Western cultures. However, Subrahmanyam (2004) generated interesting results from a study related to the effects of price premium and product type in the choice of cause-related brands among a sample of Chinese Singaporeans. Respondents in this study were more likely to buy cause-linked brands when the products were practical than when the products were hedonic. The respondents were also more likely to pay a price premium when cause-linked brands were practical products. This difference is attributed to the Confucian values that are espoused by the Chinese (Subrahmanyam, 2004).

Culture seemingly plays a role in CARE effectiveness and therefore the repetition of studies similar to the one performed by Subrahmanyam (2004) has been suggested as a manner of gaining a better understanding about the effect of cultural differences on choices of CARE brands. Subrahmanyam (2004) also suggested that future research should explore whether the results of his study holds when different price points are set for each product type, for example posing the question whether reactions to a high-priced practical product would be similar to reactions toward a low-priced practical product. Subrahmanyam (2004) further recommended an exploration of the interaction between age, gender, product type and willingness to pay more for a CARE brand.

In conclusion, the influence exerted by donation-related aspects (magnitude and expression format) in CARE campaigns seems to interact with other factors such as product price, product type, and brand/product-NPO fit. To provide greater clarity about a complex phenomenon, further research about the donation construct, its relationship with other factors and the impact of possible interactions on CARE effectiveness and consumer responses has been suggested. The current study responds to this call by investigating the influence of donation magnitude and donation expression format on consumer attitudes, intentions and perceived firm motives.

4.8 STRATEGIC VERSUS TACTICAL CAUSE-RELATED MARKETING (CARE)

Researchers and practitioners, including Varadarajan and Menon (1988) in their seminal article, distinguished between two broad CARE approaches that non-profit and corporate institutions typically employ: tactical versus strategic CARE (Nowak & Clarke, 2003; Till & Nowak, 2000; Varadarajan & Menon, 1988). Although some researchers are of the opinion that organisations engage in CARE for either tactical or strategic reasons, Van den Brink et al. (2006) state that a CARE campaign can simultaneously have tactical and strategic characteristics, depending on the objectives set for the campaign and the approach adopted for measurement and evaluation (Drumwright, 1996).

A strategic approach views CARE campaigns as more long-term in nature and implies an ongoing and consistent campaign focused on image building in the minds of the public (Varadarajan & Menon, 1988). Long-term support and commitment, described as “a three- to five year commitment with an agreed level of financial support over that time period”, has been found to stand in a positive relationship with the success of pro-social advertising campaigns (Cui et al., 2003:313). Long-term strategic CARE can take on various formats. One example of strategic CARE was the introduction of the Helping Hand product line by Scott Paper Company. The intent of the product line was generating funds on an unlimited and continuing basis for the benefit of six participating causes (Müller et al., 2014; Varadarajan & Menon, 1988).

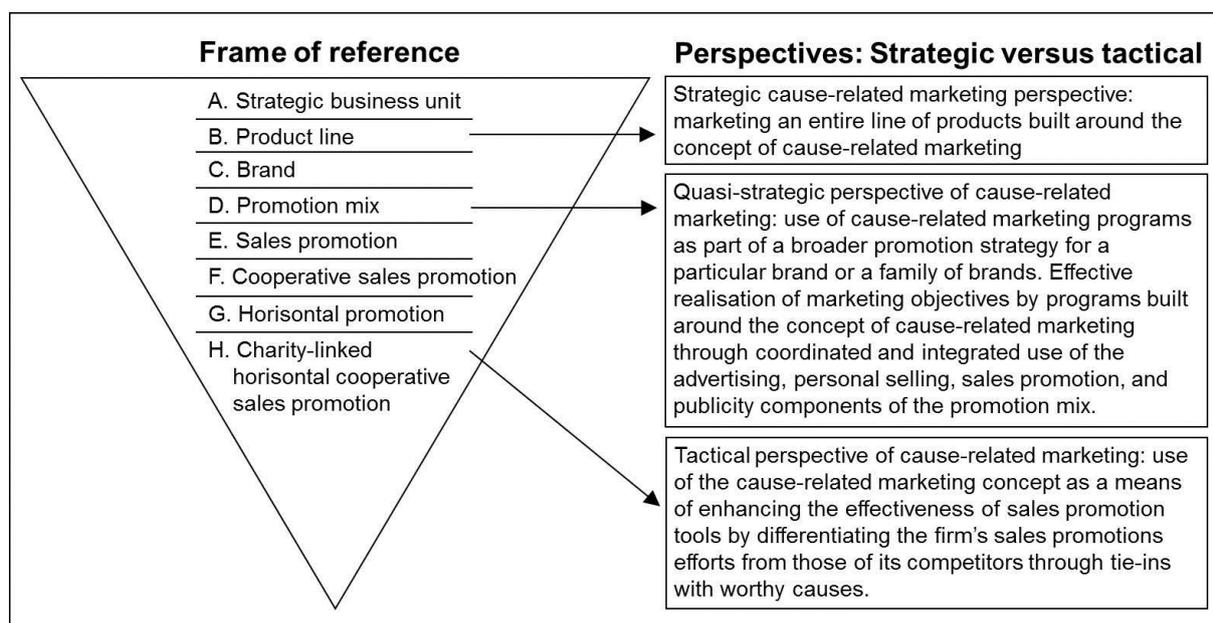
When CARE is used as a strategic tool, it is usually characterised by the involvement of top managers in key decisions about the programme, a long-term commitment to the programme, and substantial investment of resources toward the development and implementation of the programme (Varadarajan & Menon, 1988). In long-term CARE strategies, the campaign offers a corporate sponsor the opportunity to integrate a fundamental part of the brand’s personality with the NPO over an extended period of time (Van den Brink et al., 2006; Nowak & Clarke, 2003; Roy & Graeff, 2003; Till & Nowak, 2000). In strategic CARE the activities employed usually lead to a long-term partnership between the brand and the cause where the alliance between the two organisations have the potential and objective of forming a deeper bond with the consumer that will result in a particular long-term positioning of the brand. CARE ultimately becomes a means by which a firm can establish long-term differentiation from competitors and add value to their corporate brand (Pharr & Lough, 2012; Lafferty & Goldsmith, 2005).

According to Cui et al. (2003) associations between firms and NPOs have over time evolved from a short-term sales promotion technique to a viable marketing strategy. However, some firms continue to make use of the strategy as a tactical promotional tool with strong effects on short-term sales and the potential to impact favourably on image and attitudes (Polonsky & Speed, 2001; File & Prince, 1998).

Tactical CARE usually occurs when a non-profit institution joins a firm for CARE activities for a limited time period and for a fairly narrow (Nowak & Clarke, 2003; Roy & Graeff, 2003; Till & Nowak 2000). It is exemplified best as a method for improving the effectiveness of a firm's sales promotion efforts or to increase the redemption rate of a coupon that had been previously distributed (Varadarajan & Menon, 1988). An example of tactical CARE is a holiday programme where a firm makes a donation for every Christmas-related product purchased (Nowak & Clarke, 2003; Roy & Graeff, 2003; Till & Nowak 2000). In tactical CARE, top management involvement and a strategic perspective are likely to be limited. Continuously frequenting tactical type campaigns that are tied-in with sales promotions have the ability to diminish the effectiveness of such programmes (Varadarajan & Menon, 1988). Therefore, in planning tactical CARE activities, marketers have to be aware of product and consumer characteristics that will result in successful campaigns (Subrahmanyam, 2004; Varadarajan & Menon, 1988).

In a study by Van den Brink et al. (2006) the researchers aimed at determining whether consumers' brand loyalty was influenced by strategic and tactical CARE, and at assessing the moderating role of consumer involvement on the relationship between CARE and brand loyalty. The results of the study indicated that consumer loyalty was significantly enhanced as a result of strategic CARE, provided that the firm embraces a long-term commitment to the campaign and that the campaign is related to a low involvement product. Irrespective of involvement levels, consumer loyalty was not significantly impacted by tactical CARE (Van den Brink et al., 2006).

In addition to strategic and tactical CARE orientations, Varadarajan and Menon (1988) mention another approach that they refer to as quasi-strategic CARE. Quasi-strategic programmes are "characterised by a coordinated and integrated use of the advertising, personal selling, sales promotions, and publicity components of the promotion mix" – thus, it refers to CARE efforts that are tactical in nature, but executed in a coordinated, strategic manner (Varadarajan & Menon, 1988:67). Figure 4.2 illustrates the relationship between strategic, tactical and quasi-strategic CARE as conceptualised by Varadarajan and Menon (1988).

Figure 4.2**Alternative perspectives of cause-related marketing**

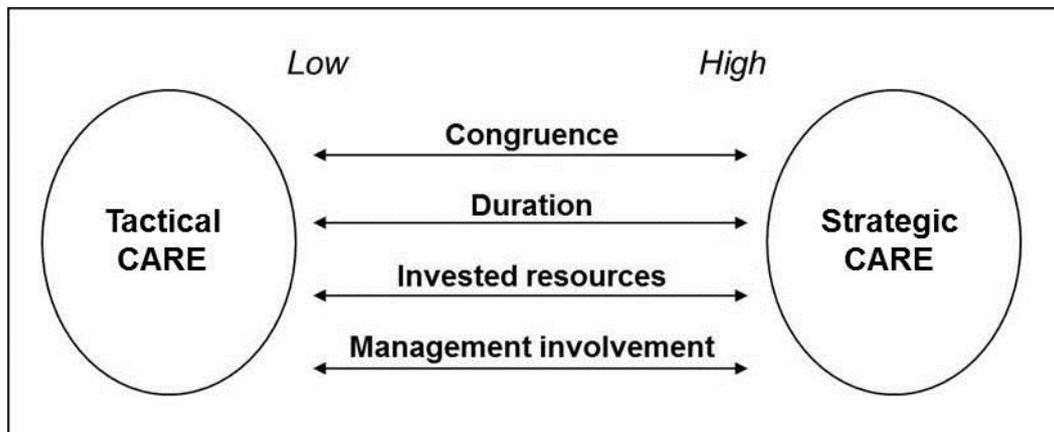
Source: Adapted from Varadarajan and Menon (1988)

According to Van den Brink et al. (2006) strategic and tactical CARE differ in four aspects:

- a) the congruency between the cause and a firm's core competency (Pracejus & Olsen, 2004), in turn relating to the aspect of brand/strategic fit;
- b) the duration of a campaign (Cui et al., 2003; Till & Nowak, 2000);
- c) the amount of invested resources (Cui et al., 2003; Welsh, 1999; Varadarajan & Menon, 1988); and
- d) the degree of senior management involvement (Varadarajan & Menon, 1988).

Figure 4.3 presents a schematic representation of strategic and tactical CARE based on these four dimensions. Figure 4.3 implies that CARE programmes can be rated on a continuum and therefore exemplifies the statement by Van den Brink et al. (2006) that a campaign can simultaneously have tactical and strategic characteristics.

Figure 4.3
Strategic versus tactical cause-related marketing



Source: Van den Brink et al. (2006)

As indicated by Figure 4.3 and in the discussion preceding it, campaign duration seems to play a noteworthy role in CARE campaigns and will therefore be discussed more in-depth.

4.9 CAMPAIGN DURATION DECISIONS

When designing CARE campaigns, firms are faced with decisions about the time-frame of such campaigns – it is viewed as one of the core managerial decisions related to CARE (Varadarajan & Menon, 1988).

The duration of a campaign influences consumer responses and seems to signal more than simply when a campaign commences and ends. Also, as with many of the previously discussed CSEs, the influence of campaign duration often depends on its interaction with other elements (Varadarajan & Menon, 1988). Varadarajan and Menon (1988), for instance, suggest a relationship between CARE programme duration and a number of other aspects, including the use of public relations principles, the option of realising a tangible end-product as part of the campaign, and whether or not a maximum donation amount is specified when a campaign commences. In turn, Skitka (1999) has emphasised the relationship between campaign duration and cause type. Further analyses of the findings related to CARE campaign duration provide insights about the time-frame that is most appropriate to adopt when designing campaigns.

Hawkins (2012) analysed empirical research about CARE as used by development-focused organisations in North America and found that campaign duration varied significantly. The

largest portion of campaigns was ongoing (35 per cent) or lasted between two and six months (25 per cent). Fourteen percent were six weeks or less in duration, whilst eight percent lasted for seven to twelve months, twelve per cent was unspecified and six per cent continued until all cause-linked items had been sold (Hawkins, 2012). Such diversity of approaches to CARE campaign time-frames seem to be characteristic of the field.

Sagawa and Segal (2000) emphasised that CARE is most effective when a firm or brand focuses on partnering with a single cause over an extended period of time: “Lurching from cause to cause from year to year won’t establish a link in die minds of consumers” (Sagawa & Segal, 2000:128). Pertaining to campaign duration, this earlier comment still seems to hold true. However, it also brings to the fore an important distinction related to CARE campaign time-frames, namely campaign versus partnership duration. As indicated by Sagawa and Segal (2000) a long-term partnership between the for-profit and the non-profit partner is recommended. However, a long-term partnership does not necessarily infer an ongoing campaign. CARE partners thus have two time-frame decisions to make: (1) whether they are willing to commit to a long-term relationship – that might include CARE and other endeavours – with the other partner, and (2) what the duration of a particular CARE campaign will be.

Drumwright (1996) found that a firm’s time commitment to a cause is positively related to the success of a pro-social advertising campaign. Other researchers (Cui et al., 2003:313) agreed that consumers consider the length of a firm’s support as an indication of its commitment. In conjunction with support length (long- versus short-term), support frequency (regular versus occasional) and firm inputs (economic and emotional) have also been highlighted as a determinant of perceived commitment (“an implicit or explicit pledge to relational continuity between exchange partners”) (Cui et al., 2003:313). Consumers have rated long-term involvement with frequent support and more inputs from the firms as more favourable than short-term, less frequent support. It has been suggested that long-term involvement indicates less self-interested motivations (Cui et al., 2003). As mentioned previously in this chapter, longer-term campaigns exert a more favourable impact on firm image and perceived motives for engaging in a CARE campaign (Chéron et al., 2012). Also, longer-term campaigns signal a firm’s willingness to commit to a cause or NPO for an extended period of time and thus convey an impression of selflessness (Chéron et al., 2012). However, short-term campaigns are often preferred, in particular when the focus is disaster relief where the immediacy and the size of the perceived need are extensive (Skitka, 1999; Ross et al., 1992). Varadarajan and Menon (1988) acknowledged that CARE programmes with a short-term focus do occur, but distinguished such campaigns from the “underlying characteristics” of CARE that “suggests the desirability of a medium-term or long-term focus”

(Varadarajan & Menon, 1988:63). Royd-Taylor (2007) focused on the fast moving consumer goods industry and recommended that campaign managers should exert extensive effort to avoid that their campaigns appear to be mere short-term sales promotion activities. Therefore it was recommended that managers employ extended campaign durations and even consider non-transactional campaigns with a selection of non-profit partners (Royd-Taylor, 2007).

Tangari et al. (2010) suggested that consumer temporal orientation might influence consumer responses, as individuals have different ways in which they perceive and use time (Cotte, Ratneshwar & Mick, 2004). They suggested that campaign duration might not be perceived in the same manner by all consumers. Experimental research was conducted that assessed the role of consumer temporal orientation and temporal framing on purchase intention and brand attitude (Tangari et al., 2010). Temporal orientation referred to whether consumers were present- or future oriented, whereas temporal framing referred to whether the corporate response in the CARE advert stimulus was portrayed as proximal (situated close to the point of reference) or distal (situated away from the point of reference) (Tangari et al., 2010). It was found that present-oriented consumers have a more positive purchase intention and brand attitude when the CARE advertisement features a proximal rather than a distal corporate response, whilst future-oriented consumers were not differentially affected by proximal or distal corporate responses (Tangari et al., 2010). The results might be explained by construal level theory that suggests that the “mental representation of events change as they move closer in time” and that consumers thus have a more abstract view of distant events and a more concrete view of events that are closer in time (Tangari et al., 2010:37; Chandran & Menon, 2004).

The temporal orientation of consumers might be the reason that many firms refrain from communicating the time-frame of their CARE campaigns when the CARE offer is presented to consumers. Firms often view campaign duration as part of their strategic planning and not as part of their campaign messaging. Thus, campaign time-frames are often not visible in the marketing communications related to a specific CARE campaign. Therefore, for the purpose of this study, the importance of long-term partnerships between for- and non-profit firms were acknowledged, but campaign duration was excluded from empirical inquiry.

4.10 THE GEOGRAPHIC SCOPE OF CAUSE-RELATED MARKETING (CARE)

The geographic parameters of CARE can be conveyed in campaigns and have the ability to exert an influence on campaign evaluations (Groza, Pronschinske & Walker, 2011; Varadarajan & Menon, 1988). However, it seems to be a CSE that is often omitted from communication and thus the CARE campaign can still be activated without specifying geographic boundaries. CARE geographic parameters are also referred to as donation proximity, a term that deals with the distance between the donation activity and the consumer (Grau & Folse, 2007; Varadarajan & Menon, 1988).

According to Varadarajan and Menon (1988), decisions about the geographic scope of CARE occur on two levels – the geographic scope of the programme and the geographic scope of the cause. Both of these decisions can take on a national, regional or local nature (Grau & Folse, 2007).

Ross et al. (1992) suggested research that consumer attitudes toward a firm that engages in CARE would be more favorable when the CARE programme involved a local social cause instead of a national cause (Nan & Heo, 2007; Cui et al., 2003). Ross et al. (1992) further indicated that the positive impact of CARE was greater when the association between the firm and the cause in the CARE campaign was presented as a local advertisement, as opposed to a national advertisement (Pracejus & Olsen, 2004).

Grau and Folse (2007) found that donation proximity exerted an influence, not only on consumers whose involvement with causes is significant, but in particular also on those who are less involved with causes. It was found that local causes yielded more positive evaluations than national causes in CARE campaigns. Grau and Folse (2007) argued that the reason for this finding could be that the local community is most important to consumers who operate within it, regardless of the importance of the cause that receives the funding (Grau & Folse, 2007). Sagawa and Segal (2000) found that many of the national organisations that have succeeded best in attracting CARE agreements have local operations (e.g. the Red Cross). In their research, Grau and Folse (2007) extended the importance of national versus local considerations by acknowledging the importance of communication decisions in CARE. They emphasised that firms are often inclined to communicate only the national impact of a CARE campaign, but that local impact communication should receive deliberate attention, particularly due to its appeal to less involved consumers. It is thus not only partnerships with local causes that are important, but also purposeful communication efforts about the local impact of consumer donations,

specifically directed at those consumers who are specifically either more- or less-involved with the recipient cause (Grau & Folse, 2007). Ellen et al. (2000) acknowledged consumer concerns for local impact and the importance thereof, but suggested that it be kept in mind that donations in cases of natural disasters, where consumers recognise the propinquity and life-saving nature of the donations, might supersede the mentioned consumer concerns (Grau & Folse, 2007).

In addition to the firm and the cause's geographic scope, the geographic location of the firm's served market also plays an important role. If both the cause involved in the CARE campaign and the market served by the firm have national visibility, the CARE programme can have a national scope. Similarly, if a firm is planning a local or regional CARE programme, a cause that appeals to a local or regional target market may provide superior results. Further, it seems that it is important that decisions about the geographic scope of CARE should be closely related to the objectives of the campaign, for instance if a firm has as one of its objectives to expand its product market share from a local to a regional presence, the firm can consider a regional CARE programme to achieve the set objective (Grau & Folse, 2007; Varadarajan & Menon, 1988).

The above findings relate to donation proximity (geographic scope) and have implications for practitioners who are involved in the planning and designing of CARE campaigns. Porter and Kramer (2002) believed that strategies that relate to local causes and local interests represented long-term, sustainable competitive advantages and therefore suggested that firms consciously strive to develop programmes that positively impact their local communities. The suggestion does not imply that firms should neglect national or global causes to only focus on local ones, but it rather proposes that firms consider and perhaps concentrate on local angles for national causes. Successful CARE partnerships can capitalise on brand or name awareness and recognition of a national cause and still continue to be relevant to consumers in their local contexts. Firms also have the option to partner with a general type of cause with agents on both a local and national level (Grau & Folse, 2007).

The question of whether a social campaign can be effective on a transnational basis was raised by Drumwright (1996) who reached the conclusion that such campaigns can indeed be very successful. However, the issue was raised that when a campaign extends over a heterogeneous group of countries, it may be challenging to find one cause that is viewed as high priority by key constituents in all relevant countries. It has been suggested that in such cases firms should consider relationships with "a family of causes" and potentially the inclusion of causes that are different but related (Drumwright, 1996:84).

4.11 SUMMARY AND CONCLUSION

The focus of Chapter 4 was the CSEs that are employed to build CARE campaigns. These elements determine the nature of the campaign, consumer responses to it and ultimately whether campaign objectives are successfully achieved. The role of communication and framing in CARE was discussed as an introduction to the CSEs that were delineated in the chapter. The core empirical focus of this study is the CSEs that are typically communicated in CARE campaigns, namely the product, the donation recipient, the donation magnitude and the donation expression format, and therefore these elements were discussed in depth.

The secondary research indicated that product type exerts an impact on CARE effectiveness and that the hedonic-utilitarian framework is most often included in CARE research that assesses the influence of the product. It was, however, also found that researchers have called for inquiry into the role of other product frameworks in CARE. The high-low product involvement taxonomy as supported by the Elaboration Likelihood Model has received extensive attention in areas of marketing research other than CARE. It is also the framework that is most often considered in co-branding, a field that is particularly relevant to CARE, although research about CARE from a co-branding perspective is scant. For these reasons the involvement classification became a focal point of this study. Secondary research further revealed that donation magnitude influences consumer responses to CARE extensively, but that responses were equivocal and seemed to interact with other CSEs, such as the manner in which donations are expressed, the donation recipient and the product.

Four different donation expression formats were identified of which stating the actual amount was viewed as most transparent while vague, non-committal expressions were seen as least transparent and trustworthy. Percentage-of-price triggered some levels of donation over estimation, but was generally viewed as clear, whereas percentage-of-profit expressions resulted in estimation and profit confusion.

The donation recipient was revealed as a critically important contributor to CARE effectiveness provided it is carefully selected to fit with the firm's brand. Although many firms prefer making donation promises to a cause in general, it was suggested that building relationships with a specified cause, for instance a branded NPO, was more favourable to firms and to the donation recipient itself.

The CSEs that are less often communicated to consumers in CARE campaigns, because firms often view them as part of their campaign development process rather than as part of

their campaign-related marketing communications, are campaign strategic versus tactical orientation, campaign duration and campaign geographical parameters. These elements were also discussed for the purpose of providing a thorough overview of the CSEs that present important considerations for CARE campaign development and planning. The findings revealed a preference toward a strategic approach to CARE campaigns that might include short-term actions, in particular when focusing on contributions to local disasters.

CSEs influence consumer responses to CARE extensively. These impacts will be assessed in Chapter 5.

CHAPTER 5

CAUSE-RELATED MARKETING AND THE CONSUMER

Rank does not confer privilege or give power. It imposes responsibility.

Peter Drucker, management consultant, educator and author

5.1 INTRODUCTION

In Chapter 4 the structural elements of cause-related marketing (CARE) campaigns were addressed. These elements are framed in CARE to communicate the firm's CARE offer to the consumer. Since the consumer plays a critical role in marketing success, marketing practitioners and researchers devote significant resources to gain more insights about consumer decision-making, intentions and behaviour.

In conjunction with the firm and the donation recipient, the consumer enables the fulfilment of CARE. Therefore understanding consumer preferences and responses pertaining to the strategy are necessary to contribute to the development of effective campaigns.

Research pertaining to consumer decision-making and behaviour is necessary to comprehend the consumer's role in CARE. Chapter 5 thus commences with an introduction to consumer behaviour, prosocial behaviour and consumer decision-making. As consumer behaviour depends largely on behavioural intentions, this construct will be discussed along with the relationship between intentions and behaviour. The purpose of CARE is to encourage the sales of cause-linked products through consumer purchasing behaviour. The assessment of purchase and participation intentions will thus be a key focus of this research and will be explained.

Consumer decision-making and behaviour is influenced by internal and external moderators. Internal moderators include perception, learning, attitude, motivation and personal traits: these factors and their relevance to CARE will be discussed. CARE research has indicated the prominence of attitude in campaign effectiveness. Therefore the attitudinal constructs that are most relevant to this research will be delineated in-depth, and include attitude toward the CARE advertisement, cognitive and affective attitude toward the CARE offer, and attitude toward the alliance portrayed in the CARE campaign. Attitudes are greatly influenced by perceived firm motives for participating in CARE and this construct will also be outlined.

The external moderators that are relevant to CARE include culture, subculture, families and households, factors and their influence on CARE that will be addressed. The purpose of Chapter 5 is to provide a greater understanding of the consumer within the CARE context and to introduce the constructs that will be assessed within this study.

5.2 CONSUMER BEHAVIOUR

The origins of consumer behaviour research can be traced back to the period following the Second World War (Lee, 1990) and more specifically the 1960s when it was established as a unique field of research (Engel et al., 1995). Since then consumer behaviour and consumer decision-making have become prominent research topics (Erasmus, Boshoff & Rousseau, 2001) as consumers play a vital role in the health of local, national and international economies (Schiffman & Kanuk, 2015; Schiffman & Kanuk, 2010).

Consumer behaviour has been defined in a variety of ways in an attempt to improve the understanding of consumer decision processes and the strategies and tactics to influence these processes. Blackwell, Miniard and Engel (2001:6) have defined consumer behaviour as “the activities people undertake when obtaining, consuming and disposing of products and services”. The definition emphasises the comprehensiveness of the field and the manner in which it pertains to a wide range of decision-making. Later descriptions have echoed the above definition of consumer behaviour and have elaborated upon it by emphasising the importance of need satisfaction as a driver of consumer decision-making (Solomon, Russell-Bennett & Previte, 2012; Schiffman & Kanuk, 2010). Researchers further accentuate the relevance of the definition for individual consumers, families or households, and organisational consumers who are all faced with decisions about spending their available resources, including time, money and effort (Schiffman & Kanuk, 2015; Schiffman & Kanuk, 2010).

Models of consumer behaviour mostly include the consumer decision-making process as a pivotal component and factors that influence it or outcomes that flow from it. Influencing factors are either internal or external, with external factors emanating from commercial (e.g, marketing messages) or non-commercial sources (e.g. the opinions of family or friends). The possible outcomes of the process mostly refer to whether consumers will engage in purchasing behaviour or not, and also the psychological consequences of their decision, for instance experiencing cognitive dissonance or regret (Schiffman & Kanuk, 2015). It appears that consumer behaviour is frequently considered from a commercial perspective (Schiffman

& Kanuk, 2015). However, the evolution of the relationship between business and society and the strategies and tactics that arise from this interaction, have resulted in the growing importance of prosocial consumer behaviour – a domain that is of particular importance for the current study.

5.2.1 Prosocial consumer behaviour

The capacity of people to respond to others in need is viewed as an important part of being human. Research related to such responses has focused primarily on two response categories, namely emotional empathy and prosocial behaviour. Emotional empathy refers to an emotional reaction that arises in response to the plight of another person, whilst prosocial behaviour refers to actions aimed at helping those in need (Sze, Gyurak, Goodkind & Levenson, 2012). In other words, prosocial behaviour, also referred to as human altruism, can be defined as any act that benefits others (Warneken & Tomasello, 2009).

Prosocial behaviour has increased extensively in recent years. Consumers are increasingly demanding products that allow them to increase their positive or decrease their negative impact on nature and society (Delacour & Ek, 2012) like donating and volunteering to non-profit organisations (NPOs), investing in socially responsible funds and consuming green products represent but a few of the examples of prosocial behaviour. It emanates from an often complex combination of interdependent motivations, including the need to engage in genuine altruism, to accrue incentives (e.g. tax benefits) and to positively contribute to one's social regard and self-esteem (Bénabou & Tirole, 2009).

According to Warneken and Tomasello (2009) four different types of prosocial behaviour can be identified. Table 5.1 provides an overview of these different types.

Table 5.1
Types of prosocial behaviour

Type	Definition
Comforting	Providing emotional support to others
Sharing	Giving food or objects to others
Informing	Providing useful information for others
Instrumental helping	Acting on behalf of others' goals

Source: Adapted from Warneken and Tomasello (2009:458)

Comforting prosocial behaviour differs from the previously mentioned emotional empathy since it refers to the provision of emotional support, rather than experiencing an emotional reaction (Sze et al., 2012). CARE can be viewed as instrumental helping as it enables firms

to act as donation agents on behalf of consumers, whilst consumers' cause-linked purchases enable them to contribute to funding generation on behalf of NPOs.

Gneezy, Imas, Brown, Nelson and Norton (2012) have provided an alternative classification of prosocial behaviour, according to whether it is costly or costless. Costly prosocial behaviour refers to any behaviour with the purpose of benefiting others that involves a cost (e.g. time or money, etc.) for the person exerting the behaviour. Costless prosocial behaviour refers to an action that benefits others but impose no cost on the person exerting the action (Gneezy et al., 2012).

Gneezy et al. (2012) argue that costly prosocial behaviour is more beneficial as it signals the presence of a prosocial identity to the person incurring the cost and ultimately leads to repeated or increased prosocial behaviour. The person would typically infer that the only reason he/she is willing to engage in costly prosocial behaviour is because he/she is indeed a prosocial person. CARE is a costly form of prosocial behaviour as it requires monetary expense from the consumer. The argument by Gneezy et al. (2012) as applied to CARE thus suggests that a person who bought a cause-linked product will regard him-/herself as prosocial and will most likely participate in future prosocial exchanges.

5.3 CONSUMER DECISION-MAKING

Consumer decision-making is complex, involves multiple stages and has been demonstrated by researchers in a variety of models and formats (Schiffman & Kanuk, 2015; Blythe, 2008). It refers to the process during which consumers become aware of a need, search for information, evaluate the alternatives found in the collected information and select a solution that could help them to relieve the need (Schiffman & Kanuk, 2015). Views about consumer-decision making have evolved in the past decades and noting the contrast between past and present approaches informs the CARE consumer decision-making process.

5.3.1 Consumer decision-making then and now

When comparing past and current thoughts about consumer decision-making, some key changes are noteworthy. In the past the consumer decision-making domain was characterised by a monologue-type approach in which marketers exerted one-way attempts to influence consumers (Andreasen, 1993), who was viewed as a unilateral entity that passively receives firms' value offerings and merely responds to the pressures of forces and

stimuli (Louro & Cunha, 2001; O'Shaughnessy, 1992; Kotler, 1991). However, consumer decision-making processes now occur in a networked environment where consumers and brands form relationships and create mutually beneficial exchanges (Mulhern, 2009). The consumer is viewed as a multilateral entity that has goals, wants and beliefs, uses past experiences and immediate stimuli as an input to a decision and wants to actively contribute to value creation (Louro & Cunha, 2001; Prahalad & Ramaswamy, 2000; Rindova & Fombrun, 1999). The consumer is no longer a passive recipient of information, but a key contributor to information, with the power to positively or negatively affect brands through extensive social and other media access (O'Guinn et al., 2009). The multilateral view of a consumer as an active participant in consumption processes is in line with the nature of CARE where the consumer's involvement is necessary to activate the strategy (Tangari et al., 2010).

Since the 1950s the greater part of consumer behaviour research has held two prominent views about consumer decision-making. Firstly, it was assumed that consumer decision-making is influenced by a multitude of individual and social factors, and secondly that consumers are rational decision-makers who reach optimal choices through sequential processes (Engel et al., 1995; Lee, 1990). The first assumption remains true and has become even more applicable in recent years due to the increasing complexity of the environment within which consumers have to make decisions. The second assumption, however, has been questioned since the 1950s for several reasons. Consumer rationality is now at best viewed as bounded rationality because of the limited level of information individuals can process, the finite amount of time available for decision-making and cognitive limitations of the mind (Simon, 1991, 1990, 1957). The second assumption has further been challenged by the rising importance of emotion in consumer decision-making, an area of research that was to a large extent dormant in the 20th century, and its value greatly underestimated (Han, Lerner & Keltner, 2007). However, in recent years, the influence of emotion in decision-making has become prominent and has contended the view that consumers are primarily rational decision-makers (Anderson & McLaren, 2012). The growing acknowledgement of the influence emotion can exert on consumer decisions have also influenced the manner in which marketers construct their persuasion attempts (Merikangas, 2011). Prosocial approaches, such as CARE, have become more prominent due to their ability to trigger consumer emotions and thus influence consumer behavioural intentions through such emotions (Xu et al., 2012).

A further contention to the above-mentioned second assumption relates to the mentioned sequential nature of the consumer decision-process. The linear nature of the process has become a major point of criticism as it is recognised that the elements of the decision-making process do not necessarily occur in a set sequence, but often concurrently (Phillips & Bradshaw, 1993). Thus, decision processes are nowadays often more complex where the elements of the process occur simultaneously rather than sequentially (Bell, 2011). Despite the criticism, consumer decision-making processes are most often still presented as being in sequence.

5.3.2 The consumer decision-making process

A number of well-known consumer decision-making models were developed as early as the 1960s and 1970s (Erasmus et al., 2001). Although consumer decision research had occurred earlier in the twentieth century, Howard is generally viewed as the developer of the first consumer decision-making model in 1963 (Du Plessis, Rousseau & Blem, 1991). Other researchers followed soon after – Andreason in 1965, the Nicosia model in 1966, Engel, Kollat and Blackwell in 1968, Howard-Sheth in 1969, Hansen in 1972, and the Markin models in 1968 and in 1974 (Erasmus et al., 2001; Lee, 1990). The popularity of model building seemed to decrease after 1978 and some researchers are of the opinion that the models that are still popular today often “reflect the consumer decision process in terms of the interrelationships of concepts and flow of activities as understood within the limited theoretical background that inspired model building at the time” (Erasmus et al., 2001:83). An array of criticism against traditional consumer decision models, which warn against the lack of renewal in the field and the dangers of accepting the initial models as final and applicable to all contexts and product categories, have been voiced in the past. However, an understanding of the models and the factors that impact upon them hold immense value for an improved understanding of the consumer (Schiffman & Kanuk, 2015).

Although views on consumer decision-making vary across different consumer behaviour models, most of the models agree on five similar stages of the process (Lee, 1990). These five stages were first introduced by John Dewey in the early part of the twentieth century and are as follow (Cheek & Quayle, 1998; Lee, 1990):

1. problem recognition
2. information search
3. evaluation of alternatives
4. purchase decision and action

5. post-purchase outcomes

Blythe (2008:259) highlighted the excessive rationality of the Dewey model and argued that “life is simply too busy to spend much time agonising over which brand of biscuit to buy”. However, despite criticism, the process depicted in the Dewey model has been adopted by numerous researchers within their unique consumer behaviour models. Some researchers have added to the Dewey model by proposing a consumer decision process that involves seven steps (Blythe, 2014):

1. recognition of need,
2. information search,
3. pre-purchase evaluation of alternatives,
4. purchase,
5. consumption,
6. post-consumption evaluation, and
7. divestment (e.g. disposal) (Blythe, 2008)

In contrast, researchers such as Lamb, Hair, McDaniel, Boshoff and Terblanche (2008) and Schiffman and Kanuk (2015) advocated a model that is similar to the one presented by Dewey. Lamb et al. (2008) described a broader consumer behaviour model where various social and individual factors and the purchase situation are viewed as important influencers of the decision-making process. Embedded in the consumer behaviour model, they propose a simplified five-step consumer decision-making process that was adapted from the early work by Dewey, the 1996 work of Perreault and McCarthy, and the 1998 contributions of Lamb et al.. The five steps are similar to those included in the Dewey model and are adopted for this study:

1. recognition of need,
2. information search,
3. evaluation of alternatives
4. purchase
5. post-purchase behaviour (encompassing consumption, post-consumption evaluation and divestment (e.g. disposal)

The consumer decision-making process is relevant to CARE. The strategy depends on consumer purchases to generate donations (Lafferty & Edmondson, 2009), which means that purchasing a cause-linked product is preceded by need recognition, information search and

alternative evaluation, and followed by post-purchase behaviour. In CARE, need recognition may arise from the need for a product, but also the need to contribute to a worthy cause. Consequently, the information required may also pertain to the product, the cause included in the campaign and/or other campaign details such as donation magnitude. As mentioned in Chapter 3, research has indicated that consumers prefer cause-linked brands when having to choose between various options (Barone et al., 2000). It can thus be inferred that CARE contributes favourably to the consumer's consideration of the cause-linked product when alternatives are evaluated. In terms of post-purchase behaviour, CARE may have the ability to affirm the purchase by enhancing social identity and self-concept, and by decreasing guilt and cognitive dissonance (Chang, 2011). The consumer decision process varies across different types of decision-making as consumers do not treat all purchase decisions equally. As discussed in Chapter 4, routine, limited and extensive decision-making can be discerned.

Limited decision-making lies between routine and extensive decision-making. Routine response behaviour is typically associated with low involvement products and peripheral-route processing, whilst extensive decision-making is most often found with high involvement products where central route processing takes place (Sirakaya & Woodside, 2005). These types of consumer decision processes were discussed in Chapter 4, in conjunction with the Elaboration Likelihood Model, when the involvement paradigm was introduced.

As indicated in Chapter 4, routine decision-making is signified by low involvement, minimal time required, low product costs, very limited information search and often the availability of only a few alternatives. In contrast, extensive decision-making is characterised by high involvement, a lot of time required, high product costs, extensive information search and often the availability of several alternatives.

The type of decision applicable to a scenario will determine the level of consumer effort exerted when making a CARE decision. It will also determine the level and nature of influence exerted by the internal and external factors that affect consumer decision-making (Lamb et al., 2010).

5.4 BEHAVIOURAL INTENTIONS

Intention is viewed as an important construct due to its central role as antecedent of actual behaviour (Ajzen, 1991). It is defined as "a determination [or willingness] to act in a certain way" (Bagozzi, Baumgartner & Yi, 1989:36; Ajzen, 1985). Intention is assumed to be the

direct precursor of behaviour (Ajzen, 2002) and has been used to predict an array of behaviours (Sheeran, 2002:3). Examples pertaining to the world of business and marketing include internet banking (Nasri & Charfeddine, 2012); Facebook continuance participation (Al-Debei, Al-Lozi & Papazafeiropoulou, 2013); and entrepreneurial behaviour (Kautonen, Van Gelderen & Tornikoski, 2013).

Intention is seen as a signal of how hard a person is willing to try or how much effort one is planning to exert to ensure the intended behaviour is performed (Ajzen, 1991). The stronger a person's intention to achieve certain goals or engage in specific behaviours, the higher the likelihood that the behaviour will be performed (Ajzen, 1989).

As mentioned before, vast levels of intention-related research have been conducted. A substantial portion of such studies have focused on, referred to, or acknowledged the relationship between attitude, intention and behaviour (Armitage & Conner, 2001). Many consumer behaviour theories posit that intentions serve as key mediators of the attitude-behaviour relationship (Engel, Blackwell & Kollat, 1978) and that attitudes influence behaviour only through their impact on intentions (Bagozzi, Baumgartner & Yi, 1989). This notion, termed the *sufficiency assumption* by Bettman (1986), was maintained by Fishbein and Ajzen (2011).

To better understand the link between attitude, intention and behaviour, Fishbein and Ajzen (2011) developed the Theory of Reasoned Action and later extended it into the Theory of Planned Behaviour. Meta-analyses have indicated that these two theories "explain on average between 40 per cent and 50 per cent of the variance in intention, and between 19 per cent and 38 per cent of the variance in behaviour" (Sutton, 1998:1317). Sutton (1998) emphasised that these model performances may seem low when compared with the ideal of 100 per cent, but when judged in relation to typical effect ranges in the behavioural sciences, the performance in terms of variance explained is good.

To comprehend the role and importance of intentions in this study, both these theories will subsequently be discussed. Ajzen (1989) acknowledges the Tri-Component model as another important theory for comprehending attitudes and intentions. In the tri-component model attitude is viewed as a multidimensional construct with three components, namely cognitive, affective and conative (Van den Brink et al., 2006; Hawkins et al., 2001). The Tri-Component model subscribes to the notion that all human behaviour is a combination of mental (think), emotional (feel) and physical (do) dimensions (Asiegbu, Powei & Iruka, 2012).

However, as the model is generally viewed as attitudinal, it will be delineated along with the attitude construct later in this chapter.

5.4.1 The Theory of Reasoned Action (TORA)

When Fishbein (1979) first introduced the Theory of Reasoned Action (TORA), he expressed his dissatisfaction with the social psychology of attitudes that were prevalent during the 1950s and 1960s. The TORA was developed specifically as an improvement over Information Integration theory (Fishbein & Ajzen, 2011; Ajzen & Fishbein, 1977; Fishbein & Ajzen, 1975). Information Integration Theory refers to the manner in which a person integrates information from various sources to form an overall judgment (Anderson, 1971). The Theory of Reasoned Action (TORA) differs from the Information Integration Theory in two aspects. Firstly, the TORA includes intention as an additional element in the persuasion process. It attempts to predict behaviour rather than attitudes, as is the case in the Information Integration Theory. However, it separates behavioural intention from behaviour and thereby acknowledges that some factors may limit the influence of attitude on behaviour (Fishbein & Ajzen, 2011; Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). Secondly, the TORA includes subjective norms (the expectations of others) in addition to attitudes as predictors of behavioural intent. Fishbein and Ajzen (2011) acknowledge that attitudes may lead a person in a certain direction, while relevant norms may suggest a different course of action. Thus, although the TORA recognises attitude toward a behaviour as a key element of the model, the concept is not held central – as was the case in prior work by Sherif (1979) – but rather viewed within the context of beliefs, intention and behaviour.

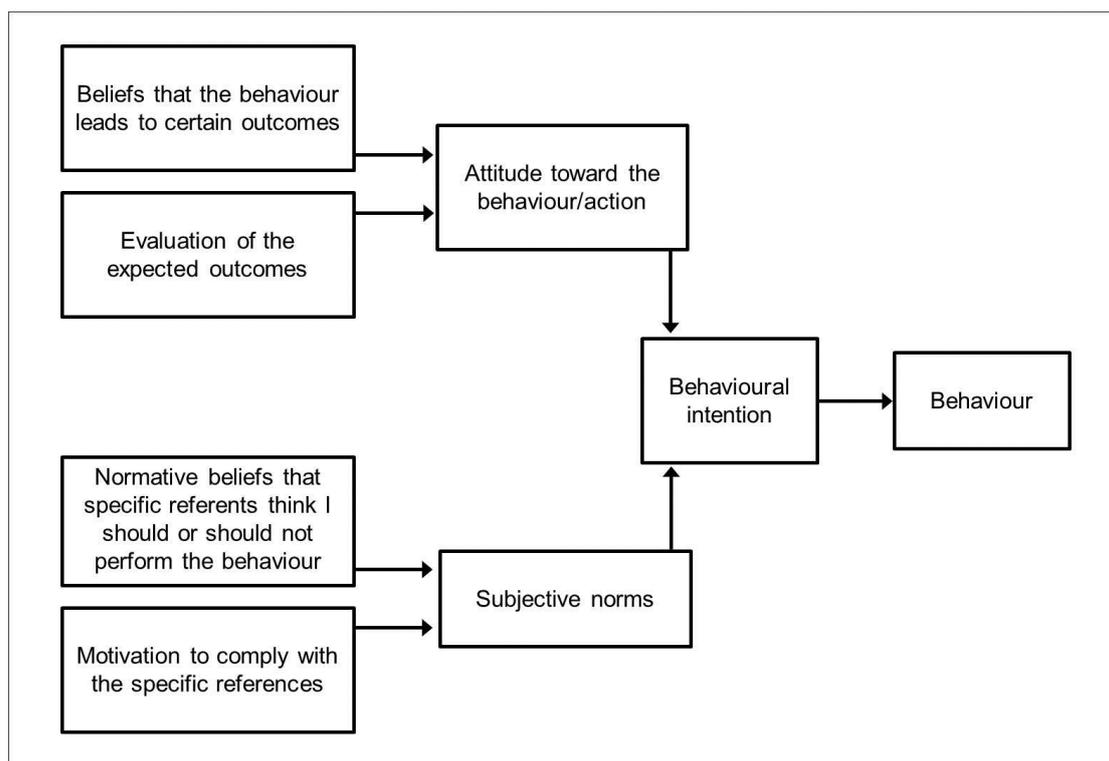
In Figure 5.1 the relationships between the different elements of the TORA are evident. Behaviour results are generated by behavioural intent, which in turn is a function of attitude toward the behaviour and perceived social pressure, also called subjective or social norms (Ajzen, Timko & White, 1982).

Attitude toward the behaviour is influenced by an individual's beliefs that the behaviour will result in certain outcomes and by an evaluation of the outcomes per se. The underlying factors that are likely to influence subjective norms include the normative beliefs and individual attributes to relevant others (i.e. the individual's beliefs that specific referents think a specific behaviour should be performed) and the individual's motivation to comply with each of the relevant others (Schiffman & Kanuk, 2015).

In the case of CARE, the desired behaviour can include purchasing a cause-linked product. Interpreting the TORA for this scenario means that the purchase behaviour will result from an intention to purchase the cause-linked product. A favourable attitude toward the behaviour of purchasing a cause-linked product and supporting social norms will positively influence the individual's behavioural intention. A favourable attitude toward purchasing a cause-linked product will, furthermore, depend on whether the individual believes that the purchasing behaviour will lead to specific outcomes, e.g. a substantial donation to an NPO, and whether the outcome (i.e. the donation) is auspiciously evaluated. In terms of subjective norms, the individual may have been raised in a household where the value of *giving to others* and *respecting elders* were reinforced as key principles. Therefore the individual may believe that his/her parents will support the purchase of cause-linked products and he/she may be motivated to comply with the views of the parents.

Figure 5.1

The theory of reasoned action (TORA)



Source: Adapted from Schiffman and Kanuk (2015)

The TORA assumes that “most human social behaviour is under volitional control and, hence, can be predicted from intentions alone” (Ajzen, 2002:666). However, the aspect of complete volitional control has been questioned and as a result the Theory of Planned Behaviour was developed.

5.4.2 The Theory of Planned Behaviour (TOPB)

The Theory of Planned Behaviour (TOPB) was developed as an extension of the TORA (Fishbein & Ajzen, 1975). The TOPB comprises of the same elements as the TORA, namely behaviour, behavioural intent, attitude toward the behaviour and subjective norms. In addition, the TOPB responds to limitations within the TORA by including the concept of perceived behavioural control (Ajzen, 1991). The TORA was limited in its dealing with behaviours over which individuals do not have complete volitional control (Ajzen, 1991). The TOPB, however, acknowledges that some human social behaviour is not under volitional control and can therefore not be predicted by intentions alone (Ajzen, 2002). Therefore, the TOPB considers intentions (including the attitudinal and normative elements of the TORA) in conjunction with behavioural control. This approach has proven to be highly accurate in predicting intentions to perform behaviours and it also accounts for the substantial variance in actual behaviour (Ajzen, 1991).

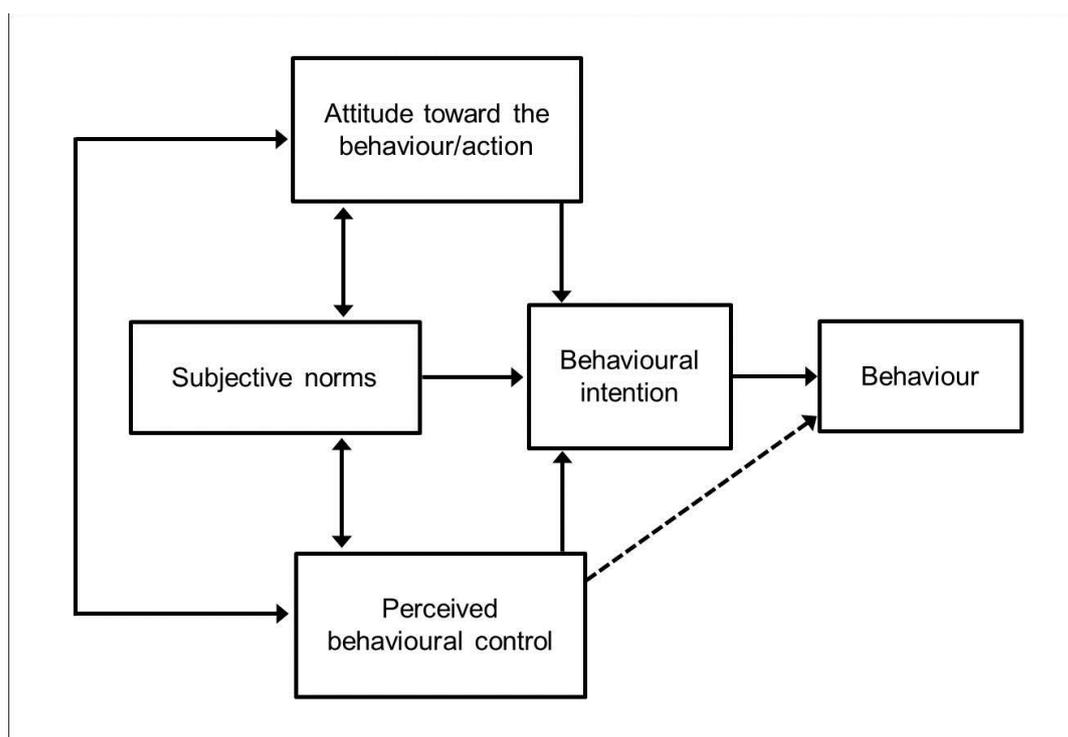
As inferred in the above and mentioned by Ajzen (1991), behavioural intention will result in a specific behaviour only if it is under volitional control, in other words, if an individual is able to willingly decide whether to perform a behaviour or not. Although some behaviours are indeed volitional, most depend to a certain degree on non-motivational factors such as the availability of opportunities and resources, including time, money, required skills, willingness of others, etc. (Ajzen, 1989). Opportunities and resources represent an individual's actual control over behaviour (also referred to as ability) – if the required opportunities and resources are available and behavioural intent is present, it is likely that the behaviour of interest will be performed successfully (Ajzen, 1991). Ajzen's (1991) contention that behavioural achievement results from intention and ability (behavioural control) aligns with extensive earlier research pertaining to both humans and animals (Locke, 1965; Vroom, 1964; Heider, 1944).

The above discussion illustrates the importance of behavioural control. However, the focus here is on actual control, whilst Ajzen (1991:183) asserts that perceived behavioural control and its impact on intentions and actions are of even "greater psychological interest". Ajzen (1991) viewed perceived behaviour control as such an important construct that he developed the TOPB to account for it (Ajzen, 1991).

Perceived behavioural control is defined as an individual's "perception of the ease or difficulty of performing the behaviour of interest" (Ajzen, 1991:183). It usually varies across situations and actions and is thus viewed as different from Rotter's (1966) concept of a perceived locus

of control that remains stable across situations. Perceived behavioural control as defined within the TOPB relates closely to Atkinson's (1964) theory of achievement motivation as it encompasses the expectancy of success within a specific behavioural context. However, according to Ajzen (1991), the TOPB's perceived behavioural control is most compatible with Bandura's (1982, 1977) concept of self-efficacy. Ajzen (1991) also accredits much of the initial knowledge for understanding perceived behavioural control to Bandura and his associates. The definition of self-efficacy, namely "judgments of how well one can execute courses of action required to deal with prospective situations" (Bandura, 1982:122), demonstrates its strong link with perceived behavioural control. In the TOPB, however, the emphasis is not placed on the self-efficacy construct itself. Rather, it is considered as important in its relationship with beliefs, attitudes, intentions and behaviour (Ajzen, 1991). The relationship between perceived behaviour control and the other elements of the model is evident in Figure 5.2.

Figure 5.2
The theory of planned behaviour (TOPB)



Source: Adapted from Ajzen (1991)

In Figure 5.2 it is demonstrated that perceived behaviour control directly impacts intention and behaviour and exists in a reciprocal relationship with attitude toward the behaviour and subjective norms. In the context of this study, referring to the previously mentioned example of an individual who is faced with the decision of whether to purchase a cause-linked product or not, perceived behavioural control may represent the individual's perception of his own

ability (e.g. availability of sufficient time, money or other resources) to purchase the product (Schiffman & Kanuk, 2015). If the individual views his/her financial means as lacking, he/she may refrain from purchasing the product despite holding a positive attitude toward purchasing the cause-linked product and irrespective of support from his parents as relevant others. The example illustrates that perceived behaviour control can have a definitive influence on intent and consequent behaviour.

5.4.3 Predicting Behaviour: Intentions and Perceived Behavioural Control

Although behavioural intentions are generally viewed as the direct determinants of behaviour, the correspondence between measured intention and observed behaviour may sometimes be imperfect (Ajzen et al., 1982). One of the reasons for this discrepancy is that there is often a time lapse between the assessment of intentions and when behaviour is observed (Ajzen et al., 1982). Intentions may change over time and therefore intention as measured at a specific point in time can differ from actual intention later when the behaviour of interest is observed (Ajzen et al., 1982). Possible reasons offered for such discrepancy are individuals' lack of ability to accurately predict their own behaviour and potential optimistic or pessimistic biases in their probability judgements (Sutton, 1998). Despite the potential inconsistencies, psychology research confirms intention as the best predictor of planned behaviour (Souitaris, Zerbinati & Al-Laham, 2007). Two behaviours are of particular importance for this study, namely purchasing a cause-linked product and participating in a CARE campaign. Therefore, the constructs of purchase intention and participation intention will be explored in greater depth.

5.4.4 Purchase intention

The donation outcome of CARE campaigns is activated once a consumer purchases a cause-linked product (Tangari et al., 2010). As mentioned earlier, purchase intent is an indication of purchase behaviour – the intention to purchase a cause-linked product is thus important within the CARE domain as it is a precursor to purchase behaviour and the positive donation outcome of the campaign.

Purchase intention is defined as “the buyer’s self-instruction to purchase the brand (or take other relevant purchase-related action) ... it is ... a conscious planning of the action step, the final buyer response step” (Rossiter & Percy, 1998:126). The purchase intention definition aligns well with the afore-mentioned description of the intention construct and was used as a point of departure for operationalising the purchase intention construct in this study.

For the purpose of this research, purchase intention refers to the likelihood or probability that the respondent will undertake the action step to purchase the product featured in the CARE campaign. The definition thus implicitly refers to the likelihood or probability that a sale will occur in favour of the cause-linked brand.

Since its inception, the effectiveness of CARE has been assessed extensively in terms of its impact on purchase intention. Initial research by Holmes and Kilbane (1993) found that CARE had no significant influence on purchase intention. However, consequent research by Cunningham and Cushing (1993) confirmed the opposite and concluded that purchase intent was indeed affected by CARE. Since this early research, several studies have confirmed the positive relationship between CARE and purchase intentions (Müller et al., 2014; Folse et al., 2010; Chang, 2008) and have assessed the role of various CSEs and other factors in the relationship. Such CSEs and factors include cause importance (Engelbrecht & Du Plessis, 2004), product type (Strahilevitz, 1999), product price, donation magnitude (Folse et al., 2010), donation framing (Grau & Folse, 2007), message framing, brand familiarity, brand switching, willingness to pay a price premium (Subrahmanyam, 2004), attitude, cause involvement, cause-brand fit and firm-consumer identification.

Lafferty (1996) found that purchase intentions were more positive when a cause was important to the respondent. His research indicated that a control condition featuring no CARE offer resulted in more positive purchase intentions than exposure to a scenario showing support for a cause that is not viewed as important by the respondent. Within the South African context, Engelbrecht and Du Plessis (2004) also explored the influence of social cause importance on purchase intent. Purchase intention was operationalised as the conative component of the tri-component attitude model. Findings suggested that the presence of a CARE campaign and varying social cause conditions affected cognitive and affective attitude, but not purchase intent (Engelbrecht & Du Plessis, 2004).

Webb and Mohr (1998) developed a framework of consumer responses to CARE efforts. The framework is summarised in Table 5.2. It classifies consumers into four groups, namely sceptics, balancers, attribution-oriented and socially concerned.

Approximately one third of the respondents in the study by Webb and Mohr (1998) admitted that CARE exerted some influence on their purchase intentions. These respondents mostly formed part of the balancer, attribution-oriented and socially concerned categories.

Table 5.2**Categories of consumer responses to cause-related marketing**

Respondent category	Category description
Sceptics	Responses to CARE are primarily driven by scepticism. Generally negative toward CARE and inclined to distrust CARE offers
Balancers	Attempt to balance a desire to help a cause with commitment to purchasing using more traditional purchase criteria as a basis. Positive toward firm involvement with CARE.
Attribution-Oriented	Focused on the motives behind a firm's involvement. Higher levels of involvement than sceptics or balancers due to the cognitive effort exerted to differentiate firms based on their motives.
Socially Concerned	Concerned about causes and have a desire to help causes they care for. Invest time and effort to develop informed responses to CARE. Very positive toward CARE.

Source: Adapted from Webb and Mohr (1998)

Cornwell and Coote (2005) did not focus on the role of a general social cause within CARE, but rather on a specific NPO. They found that a consumer's identification with an NPO has a positive relationship with their intentions to purchase a cause-linked product. Their results further indicated that identification also mediates a positive relationship between (1) NPO prestige and purchase intention, and as well as between (2) the similarity of an individual's primary motivation to participate in CARE and the NPO's mission and purchase intent (Cornwell & Coote, 2005).

Research by Strahilevitz and Myers (1998) suggested that, in addition to the importance of the cause, the product also played a critical role in shaping CARE campaign effectiveness. Their research found that consumers were more incentivised to purchase a frivolous rather than a practical cause-linked product. The research was conducted in a Western context. However, as mentioned in Chapter 4, Subrahmanyam (2004) conducted similar CARE investigations, but focused on the purchase intentions of Chinese Singaporeans specifically. He found that respondents were more likely to purchase and even to pay a premium for practical rather than hedonic cause-linked products. The results thus differed from Western findings that favoured hedonic cause-linked products (Strahilevitz & Myers, 1998). Further research by Strahilevitz (1999) confirmed the importance of product type in CARE and also found that this factor interacts with donation magnitude, impacting both purchase intentions and the willingness to pay more for a cause-linked brand.

Polonsky and Macdonald (2000) examined CARE from a non-profit perspective. They confirmed the relevance of for-profit intention-related research for non-profit and CARE. It was mentioned that, in research related to such campaigns, purchase intention could, for example, be reinterpreted as intention to support a CARE programme. Research by Chaney

and Dolli (2001) in New Zealand indicated that in addition to influencing purchase intentions, CARE also has the ability to trigger brand switching. Cui et al. (2003) emphasised that positive purchase intentions depend on the favourable evaluation of a CARE offer – offers that are less positively evaluated, result in lower purchase intentions (Cui et al., 2003). According to Hajjat (2003) favourable purchase intentions arise from CARE campaigns featuring a fit between cause involvement level and donation magnitude – high involvement in conjunction with a high donation magnitude or low involvement in conjunction with a low donation magnitude results in positive purchase intentions.

The role of fit in CARE has been assessed in several studies. In addition to the fit between cause involvement level and donation magnitude, research has also identified the positive effects of firm-cause fit on purchase intention (Lichtenstein, Drumwright & Braig 2004; Pracejus & Olsen 2004). In contrast, Lafferty (2007) assessed the impact of cause-brand fit and firm credibility on purchase intention, but found no significant influences. However, research by Barone, Norman and Miyazaki (2007) within the retail context confirmed that the fit between a retailer and a cause can impact purchase intentions and that the findings are moderated by consumer attitudes toward a cause. In their study, when attitudes toward the cause were relatively positive, fit exerted no impact on intentions. However, fit had a positive influence on intentions when attitudes toward the cause were relatively low. The research also suggested that retailer-cause fit, retailer motive and cause affinity will interactively influence purchase intentions. The collective impact of these three variables on donation intention was also assessed, but no significant influence could be found. The findings seem to suggest that consumers view participation in CARE as a purchase decision and not a donation decision.

Chang (2008) assessed the influence of product type, donation magnitude, donation framing and product price on purchase intentions in one of the first CARE studies to employ a factorial experiment with four different main effects simultaneously. The study found that all the main effects exerted an influence on purchase intention – the influence of a hedonic low-priced product, low donation magnitude and actual amount expression on purchase intention was most positive. In terms of interaction effects, hedonic products generated more positive results when the donation was expressed in an actual amount format. However, when the donation magnitude was high, the influence of donation framing was insignificant. For low-priced products, a donation amount framed as an actual amount was more effective than one framed in percentage format. For high-priced products the opposite was true.

Kim, Kwak and Kim (2010) assessed the influence of intentions within the spectator sport context and found that re-attendance intention (purchasing a ticket again) was mediated by attitude toward the sport team, but that perceptions about the team's motive for participating in CARE did not vary the strategy's influence on attitude or behavioural intention.

Research by Bigné-Alcañiz, Currás-Pérez, Ruiz-Mafé and Sanz-Blas (2010) confirmed that firm-consumer identification is a powerful cognitive connection with the ability to generate positive purchase intentions toward CARE. The researchers also assessed the impact of social cause involvement in CARE and reported that the positive effect of consumer identification on purchase intention is amplified when the consumer feels more involved with the social cause (Bigné-Alcañiz et al., 2010). In contrast, the effect of identification on intention to support an NPO is reinforced when a consumer feels less involved with the social cause (Bigné-Alcañiz et al., 2010). The terminologies *social cause* and *NPO* are used interchangeably in the work by Bigné-Alcañiz et al. (2010).

It was found that a personal relationship with a cause featured in a CARE campaign as well as the magnitude of a donation arising from a single sale has a positive impact on consumers' purchase intentions (Ćorić, Živadinović & Dropuljić, 2011). A CARE offer in which consumers have the opportunity to select the beneficiary of the campaign enhanced consumer purchase intent (Robinson et al., 2012). Likewise, when consumers were assertively collectivist and allowed to select the cause, purchase intent had a positive influence (Robinson et al., 2012). However, purchase intentions were negatively influenced when consumers were informed that the donation recipient was far from achieving its goals (Robinson et al., 2012). A study by Bester and Jere (2012), conducted in South Africa, found that purchase intentions are significantly influenced by cause involvement but not by message framing. The interaction between cause involvement and message framing also exerted no significant impact on purchase intention. Message framing was conceptualised as messages focused on either positive or negative factors.

In line with the research of Webb and Mohr (1998), Strahilevitz and Myers (1998), Subrahmanyam (2004), Kotler and Lee (2004), Baghi, Rubaltelli and Tedeschi (2009), and Chang and Liu (2012), Galan-Ladero et al. (2013) found a positive relationship between attitude toward CARE and purchase intention. The results of Galan-Ladero et al. (2013) were particularly relevant in the case of utilitarian products.

Lafferty and Edmondson (2014) assessed the influence of four cause categories (as identified by the American Institute of Philanthropy) and two levels of cause cognisance on

purchase intentions. The cause categories included health (e.g. cancer, diabetes, HIV/AIDS), human services (e.g. disaster assistance, helping the homeless, drunk driving prevention), animal welfare (e.g. animal protection, animal rights), and environmental causes (e.g. saving the rainforest, protecting water and marine life) (Lafferty & Edmondson, 2014). When cause cognisance was operationalised as high and low brand familiarity/cause importance, results indicated that purchase intentions were significantly higher for the high cognisance than for the low cognisance level. However, purchase intentions were not significantly impacted by cause category (Lafferty & Edmondson, 2014).

Research by Chen, Su and He (2014) revealed that the firm, CARE programme and product evaluation are all positively related to purchase intention, but that the latter two forms of evaluation exert a greater impact.

In this research the influence of the visible CSEs of product involvement, donation recipient specificity, donation magnitude and donation expression format will be assessed.

A null hypothesis, namely H_{01} , has been developed to represent the inquiry into purchase intention in this research:

H₀₁: Product involvement, donation recipient brand specificity, donation magnitude and donation expression format will not influence consumer intentions to purchase the cause-linked product featured in the CARE campaign.

CARE research has indicated that behavioural intentions are sometimes operationalised as participation intention rather than purchase intentions. In this research both purchase and participation intentions will be studied to allow for the comparison of these two constructs.

5.4.5 Participation intention

In the current study participation intention refers to the expectations of consumers that they will perform the prescribed campaign behaviors that are necessary to trigger a donation to the donation recipient (Grau & Folse, 2007; Folse et al., 2010). Participation intention is viewed as a broader concept than purchase intention as it refers to a general willingness to participate in CARE rather than a commitment to purchase the cause-linked product. The construct has been assessed in various contexts, for instance, the intention of peers and lecturers to participate in forum discussions (Yang, Li, Tan & Teo, 2007) or the intention to participate in ecotourism (Zhang & Lei, 2012).

Although not as extensively investigated as the purchase intention construct, participation intention has been investigated in the CARE domain for approximately a decade (Grau & Folse, 2007). Researchers have focused on assessing the likelihood that people will participate in a CARE campaign and on determining the factors that will positively contribute to such likelihood (Tangari et al., 2010; Grau & Folse, 2007). According to Folse, Grau, Moulard and Pounders (2014) and Folse et al. (2010), by definition, the success of a CARE campaign depends on consumer participation and therefore understanding campaign participation intention and the CSEs that trigger this construct is of critical importance.

Almost a decade ago Grau and Folse (2007) investigated the influence of CSEs on participation intention. When they assessed whether donation proximity/geography and message framing cues would influence the participation intentions of less-involved consumers (Grau & Folse, 2007), the results indicated that campaign participation intentions were significantly influenced by local donations and positive message framing (Grau & Folse, 2007).

Grau et al. (2007) proceeded to assess the structure of the CARE donation and identified four critical donation-related CSEs that influence consumer participation: (1) the donation quantifier, in other words, how the donation is expressed, (2) the perceptions of donation quantifier relative to the price of the product, (3) the presence or absence of donation caps and deadlines, in other words, limits to the campaign duration, and (4) the methods used by firms to promote their CARE contributions during the campaign.

Folse et al. (2010) assessed the influence of donation amount, purchase quantity and consumer participation effort on campaign participation intention. They found that the influence of firm donation amount on participation intention was mediated by the inferences the consumer made about the firm (e.g. motives). Purchase quantity also exerted a negative impact on participation intention with the effect being partially mediated by consumer inferences about the firm. Further consumer participation effort also influenced participation intentions.

The most recent research pertaining to CARE and participation intention was conducted by Folse et al. (2014), who found that participation intention was significantly influenced by the interaction between consumer effort to participate in a CARE campaign and firm donation type (products versus monetary).

The secondary research to date suggests that CARE participation intentions are influenced by the donation (including proximity, structure, expression, amount, type) CSE, message framing cues (i.e. positive versus negative cues), purchase quantity and consumer participation effort. The donation CSE has received significant attention due to its important, yet elusive, influence. Donation seems to interact with an array of other CSEs and influencing variables – hence the difficulty to ascertain its absolute influence in CARE (Chang, 2008). In this research, the influence of the donation amount and donation expression format (quantifier) on CARE participation intentions will be assessed in conjunction with product involvement and the donation recipient. The reason for this is that the independent influence of the latter two CSEs and their interactive influence in conjunction with donation magnitude and expression format on CARE participation intention have not yet been assessed. A null hypothesis, namely H_{02} , has been developed to represent the inquiry into participation intention in this research:

H_{02} : Product involvement, donation recipient brand specificity, donation magnitude and donation expression format will not influence consumers' campaign participation intentions.

Consumer decision-making and behavioural intentions are influenced by individual/ internal socio-cultural or external factors. These factors will be addressed within the parameters of the CARE perspective.

5.5 INTERNAL MODERATORS OF CONSUMER DECISION-MAKING

Internal moderators of consumer decision-making are sometimes referred to as individual or psychological factors. Psychologists have made important contributions to the understanding of consumer behaviour and decision-making by exploring the individual factors that impact these processes (Schiffman & Kanuk, 2015). Areas of exploration include, amongst others, how people perceive information, how they think, what they like, what drives them, how they learn and the emotions they experience (Blythe, 2008). A discussion will follow of the internal factors that influence consumer decision-making, by addressing perception, learning, attitude, motivation and personal traits. The relevance of these factors to CARE will also be delineated.

5.5.1 Perception

Perception refers to the process by which “an individual selects, organises, and interprets stimuli into a meaningful and coherent picture of the world” (Lamb et al., 2010; Schiffman & Kanuk, 2000:122). It is about the conversion of sensory input into an understanding of how the world operates, representing each individual’s truth and not necessarily an absolute, actual truth (Blythe, 2008).

Stimuli play an important role in perception and usually impact consumers through their senses (Schiffman & Kanuk, 2015). In marketing communications, the pivotal initial stages of perception and information processing are achieved by exposing consumers’ to stimuli by selecting suitable media and by developing compelling messages to draw their attention (Hawkins et al., 2001). The stimuli characteristics that influence the probability of people’s sensitivity to stimuli include stimulus size and intensity, colour and movement, position, isolation, format, contrast and information quantity (Hawkins et al., 2001). In terms of CARE such characteristics include the advertisement that communicates the CARE campaign, the visual and verbal framing of the CARE offer in the communication, the brands featured in the advertisement, the CSEs that were selected for inclusion and the manner in which these CSEs were presented (Chang, 2012; Chang, 2008).

Consumers select a limited number of cues from all the stimuli they are exposed to and tend to organise the cues they have received into groups to perceive them as “unified wholes” (Minton & Cornwell, 2015; Schiffman & Kanuk, 2000:135). This is also true of the CARE offer presented in the CARE advertisement, which might very well be perceived as a unified whole. Consumers then interpret stimuli in uniquely individual ways. Perceptual interpretation is influenced by existing associations, past experiences, prior knowledge, expectations, relevance, motives, interests and numerous other psychological principles (Hawkins et al., 2001; Schiffman & Kanuk, 2000; Britt, 1966). The CARE offer will thus be interpreted and integrated into the consumer’s existing associations that derive from past experiences and the knowledge stemming from them (Liu & Ko, 2011), so that it is finally the relevance to the consumer of the selected product/brand and donation recipient that will influence the interpretation of the CARE message. Likewise, other CSEs will influence CARE message interpretation and also impact what consumers perceive the firm’s motives for participating in CARE to be (Galan-Ladero et al., 2013).

According to Blythe (2008:91) perception is the “keystone of building knowledge”. It plays an important role in marketing since the concepts it embodies, such as exposure, attention and

interpretation, are necessary for generating consumer responses. Perception is also a relevant process in consumers' views of themselves, their self-concepts or self-images, and what consumers view as worth associating with or as fitting (Britt, 1966).

In terms of prosocial campaigns, perception plays a critical role (Bendapudi, Singh & Bendapudi, 1996; Smithson, Amato & Pearce, 1983). It influences exposure and attention paid to social communication; it directs how the needs of beneficiaries are interpreted and which NPOs consumers want to associate with; it influences how consumers view their possibilities to donate and the NPO's image, credibility and trustworthiness; it impacts how consumers see themselves as a result of their charitable involvement (Goldsmith & Zu, 2014). These contentions are also applicable to CARE. Research has confirmed that CARE indeed has the ability to influence consumer perceptions about the participating firm (Pracejus & Olsen, 2004), the donation recipient (Lafferty & Edmondson, 2009), the alliance between these entities, the CARE advertisement (Lafferty & Edmondson, 2009), and the CARE offer (Ellen et al., 2000).

Perception is also closely related to the other individual factors that influence consumer decision-making and that will be discussed in the rest of the chapter – it provides the cues for learning to take place, for the motivational process to be triggered and for attitude to be formed (Schiffman & Kanuk, 2015). In this research perception theory was particularly relevant during stimuli development (i.e. the selection and framing of CSEs) and in terms of perceived firm motives for participating in CARE, which is also to be addressed later in this chapter.

5.5.2 Learning

Almost all consumer behaviour results from learning (Lamb et al., 2010). One can say that learning has taken place if a person's behaviour changes in some way due to exposure to external stimuli (Blythe, 2014). The implicit or explicit purpose of learning, for instance learning about a new product or a new advertising campaign, is often gathering knowledge and reducing risk (Blythe, 2014). Learning and related concepts can be applied extensively within the consumer context to influence decision-making and behaviour (Schiffman & Kanuk, 2015).

Three aspects of learning are specifically important for CARE, namely (1) three learning concepts, (2) classical conditioning, and (3) the relationship between learning and attitude formation. These aspects will subsequently be explored. Already in 1958 psychologist James

Bayton emphasised the importance of three learning concepts, namely the goal-object, reinforcement and habit (Britt, 1966). A goal-object refers to the object obtained to satisfy a particular need (Bayton, 1958). In the case of CARE the goal-object is represented by the cause-linked product. In alignment with research that confirms the multiplicity of needs, the cause-linked goal object, however, does not only address the functional need that leads to the purchase of the product, but it also has the ability to address a consumer's altruistic, *warm glow* need (Chang, 2011). According to Bayton (1958) it is only when people, in this case consumers, use the goal-object that gratification of their initial needs will occur – and if gratification occurs, reinforcement takes place, increasing the consumer's tendency to repeat the same behaviour when a similar need arises. Each time the goal-object delivers satisfaction, reinforcement occurs. Continued reinforcement determines which cognitive processes are triggered at times of subsequent need arousal: According to Britt (1966), with continued reinforcement, the level of cognitive activity decreases, the individual thus engages less and less in decision-making and mental activities (Britt, 1966). This process can continue indefinitely until such time that the goal-obtaining activities become almost automatic, in other words a state of habit (Britt, 1966). If the goal-object is a cause-linked product/brand, a habit of using the product can be beneficial to the firm and the donation recipient. However, for such habit to be formed, the longevity of a CARE campaign is important (Chéron et al., 2012; Svensson & Wood, 2011). The process that was described depends to a large extent on the formation of positive associations. One of the forms of associative learning that is thus particularly applicable is classical conditioning (Lee Thomas, Mullen & Fraedrich, 2011).

Classical conditioning “describes how one stimulus can benefit from being associated with another stimulus” (Lee Thomas et al., 2011:40). Most often, such stimuli have previously been unconditioned (Hoek & Gendall, 2008), but become conditioned due to deliberate, repetitive pairing (Schiffman & Kanuk, 2015). In CARE, for instance, the for- and non-profit brands are partnered for the purpose of the campaign and the association is communicated to consumers to encourage them to purchase the cause-linked product (Hoek & Gendall, 2008; Trimble & Rifon, 2006). “Repeated brand-cause pairing may both facilitate recognition, maintain brand salience and reinforce brand choice” (Hoek & Gendall, 2008:288). The information that is framed/communicated to consumers become the basis for the associations that are transferred between the participating CARE partners and are important due to their persistence over time (Grossman & Till, 1998).

Classical conditioning has been described as critically important due to its impact on attitude creation. Two conditioning effects are applicable in this process, namely affect transfer and

inferential belief formation (Kim, Lim & Bhargava, 1998). Affect transfer relates to affective attitude and states that a stimulus (e.g. a brand) can be positively influenced by associating it with another positive stimulus (e.g. the cause). The approach is non-cognitive, focused on attitude shifts and has the ability to reduce consumer scepticism about the brand's motives for engaging in the associative process (Keller, 2008; Kim, Lim & Bhargava, 1998).

Inferential belief formation is related to cognitive attitude and focused on shifts in brand knowledge as a result of the association process (Lee Thomas et al., 2011). This effect has implications for CARE; for instance, when a firm selects a cause partner careful attention should be paid to the process as the associative link between the firm and the cause can extend beyond affect transfer and transform the beliefs consumers hold about the brand (Till & Nowak, 2000). Inferential belief formation illustrates that strategic CARE can result in more than positive feelings, such as increased knowledge, reduced perceptions of cause exploitation and more positive beliefs about the firm (Lee Thomas et al., 2011). Focusing on CSEs and framing that embrace both affect transfer and inferential belief formation, shifts CARE from a low involvement to a high involvement decision (Trimble & Rifon, 2006).

The above discussion indicates the relationship between learning and attitudes. Attitudes are often viewed as a result of the learning process (Britt, 1966) and an important determinant of intention and behaviour (Armitage & Conner, 2001). It is also a key construct in CARE research due to its influence on CARE effectiveness.

5.5.3 Attitudes, cognition and emotion

Famous psychologist and attitude expert, Gordon Allport (1897-1967), elucidated the importance of attitude when he wrote in 1935: "This useful, one might almost say peaceful, concept has been so widely adopted that it has virtually established itself as the keystone in the edifice of American social psychology" (Oskamp, 1977:4). Allport further referred to attitude as the most distinctive and indispensable concept in contemporary social psychology (Allport, 1935).

Attitude has also been identified as key construct for explaining prosocial behaviour (Fullerton, 2005). Pertaining to CARE, attitude is one of the most widely assessed factors due to its ability to influence CARE and be influenced by CARE (Galan-Ladero et al., 2013). Attitude forms a critical part of this study and will be discussed extensively. After introducing the construct and discussing the tri-component model, the relationship between the attitude and CARE will be delineated, followed by an in-depth exploration of the attitudinal dependent

variables that are particularly relevant to this study. These variables include attitude toward the advertisement, toward the CARE offer and toward the alliance featured in the CARE offer.

5.5.3.1 Attitude introduced

Attitude has been defined as “enduring, learned predispositions to behave in a consistent way toward a given class of objects” (Ajzen, 1989; English & English, 1958:50). Attitude has also been described as a composite of beliefs that results in a specific behaviour pattern toward a certain class of objects and situations (Britt, 1966). Researchers agree that the key attribute of attitude is its evaluative dimension (Ajzen, 1989). Attitude thus enables a person’s frame of mind, for instance whether an object is liked or disliked (Anghel et al., 2011).

Attitude represents a readiness to respond and not a behaviour in itself (Blythe, 2008; Britt, 1966). It is object-specific; in other words, the state of response readiness is directed toward an object (Schiffman & Kanuk, 2015; Blythe, 2008). Further, attitudes arise from learnt predispositions and are thus not instinctive. They have consistency and occur within a situation (Schiffman & Kanuk, 2015; Blythe, 2008).

Attitudes are viewed as performing four major functions. Firstly, it adds to understanding and knowledge as it helps people to make sense of occurrences around them. Secondly, it plays a role in satisfaction since attitude formation results from past rewards and punishment. Thirdly, attitude fulfils an ego defensive role as it contributes to an enhanced self-esteem. Finally, attitude helps with establishing a person’s self-identity and consequently enables value expression (Schiffman & Kanuk, 2015; Evans et al., 2006; Oskamp, 1977).

As mentioned before, attitude is considered to be a multidimensional construct with three components, namely cognitive, affective and conative (Schiffman & Kanuk, 2015; Van den Brink et al., 2006). This view on attitude is generally referred to as the Tri-Component model, a framework that has formed the basis for attitudinal research for several decades (Howard & Sheth, 1969).

5.5.3.2 The Tri-Component Model

The tri-component model subscribes to the notion that all human behaviour is a combination of mental (thinking), emotional (feeling) and physical (doing) dimensions (Asiegbu et al., 2012).

The cognitive (thinking) attitude component refers to an individual's information, perceptions, beliefs and knowledge about an attitude object (Galan-Ladero et al., 2013). It includes visible or verbal expressions of beliefs about and perceptual reactions toward an attitude object (Ajzen, 1989). Beliefs are often generated by acquired information and knowledge. It forms a key part of cognitive attitude – positive beliefs about an attitude object (e.g. a brand or a campaign) contribute notably to a positive attitude (Asiegbu et al., 2012). In terms of CARE, the cognitive component of attitude thus arises from the information, knowledge and beliefs held about CARE in general, specific campaigns and CSEs (Galan-Ladero et al., 2013).

The affective attitude component reflects an individual's emotions and feelings regarding the attitude object (Galan-Ladero et al., 2013). Thus, it is also referred to as the emotional or feeling element of attitude. The concept of emotion has received increasing attention in recent years due to its ability to influence individual motivations and consumer decisions (Anderson & McLaren, 2012). Hansen and Christensen (2007), however, emphasise that emotions are different from feelings. Nevertheless, these two concepts contribute uniquely to the affective attitude component, as illustrated by the comparison summarised in Table 5.3.

Table 5.3
Differences between emotions and feelings

Emotions	Feelings
Activated by internal and external stimuli	Activated by emotions or body state
Unconscious	Conscious or unconscious
Not including cognitive activities	Including cognitive activities
Not controllable	Partly controllable
Often find expression in visible, bodily reactions	Often finds expression in non-visible, mental reactions

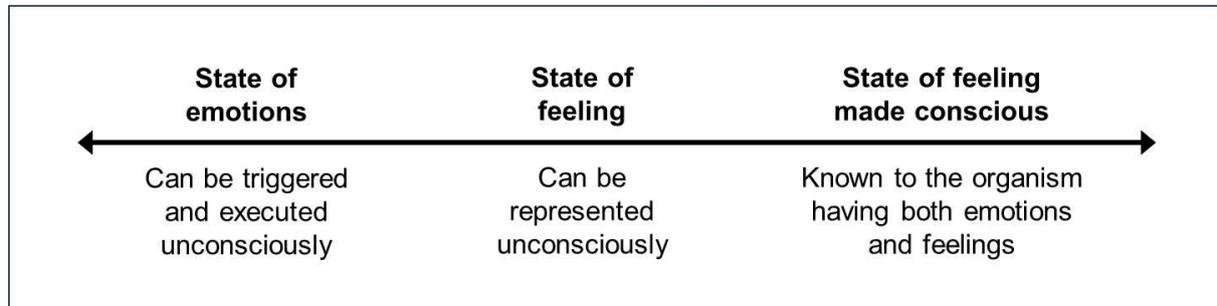
Source: Adapted from Hansen & Christensen (2007:109)

As indicated in Table 5.3, emotions refer to unconscious mental and physiological states whereas feelings (also regarded as moods) focus on the conscious, yet subjective experiences of emotions (Hawkins et al., 2001). Damasio (2000) suggests that the relationship between emotions, feelings and consciousness can be presented on a continuum as depicted in Figure 5.3.

As depicted in Figure 5.3, when an emotion is aroused, it is followed by a feeling of that emotion and then finally by the conscious knowing that one has a feeling of that emotion (Damasio, 2000). The affective (feelings and emotions) component of attitude thus represents the arousal of emotion (like or dislike of an attitude object), the feeling of that emotion and conscious awareness of the feeling. In terms of CARE, the affective component

of attitude thus represents the emotions and feelings experience and expressed when being exposed to a CARE campaign (Galan-Ladero et al., 2013).

Figure 5.3
Emotions, feelings, consciousness continuum



Source: Adapted from Hansen and Christensen (2007)

Affect often results from the cognitive evaluation of an attitude object's specific attributes. However, it can also precede cognitions and it is thus possible for an individual to foster favourable feelings toward a product without acquiring any cognitive beliefs about it: the scenario then remains one of low involvement (Asiegbu et al., 2012). However, a heightened state of arousal can also increase the level of thoroughness with which consumers process messages, and result in more cognitive activity and a high involvement scenario (Hawkins et al., 2001).

The conative attitude component refers to the behavioural component of attitude. It is often referred to as intention, representing the commitment shown by individuals and their tendency or intention to act in a certain manner (Galan-Ladero et al., 2015). As previously mentioned, purchase intention is a key focus within the marketing context (Galan-Ladero et al., 2013). Furthermore, within the CARE domain, the conative attitude component seems to extend to both purchase and participation intention. In the current study both cognitive and affective attitude will be assessed in conjunction with purchase and participation intention as representative of the conative component of attitude.

5.5.3.3 Attitude and cause-related marketing

As with consumer behaviour, attitudes have become a key construct for explaining prosocial behaviour, such as CARE participation (Fullerton, 2005). CARE research has assessed the relationship between the strategy and consumer attitudes since its inception (Ross et al., 1992). Findings have indicated that firstly attitude has the ability to influence CARE effectiveness and secondly that CARE campaigns have the ability to result in favourable

consumer attitudes – thus, attitudes have been included in research as both an antecedent and consequence of CARE (Galan-Ladero et al., 2013).

Despite its widespread popularity, research about the factors that influence consumer attitudes toward CARE is lacking and further inquiry is encouraged (Galan-Ladero et al., 2015). Table 5.4 provides an overview of the attitudinal constructs (attitude objects) that have been assessed within the CARE context, the antecedents of the impact and the authors of the research.

Table 5.4
Previous attitude research

Attitude object	Antecedent	Source
Attitude toward CARE	Socio-demographic characteristics	Galan-Ladero et al.(2015)
	Personal values	Galan-Ladero et al. (2013)
	Product type	Baghi et al. (2009; 2010) Chang (2011) Chang and Liu (2012) Strahilevitz and Myers (1998) Strahilevitz (1999)
	Donation information	Chang (2008) Polonsky and Wood (2001)
	Donation expression format	Chang (2008)
	Guilt appeals	Chang (2011)
	Donation magnitude	Chang (2011) Strahilevitz and Myers (1998) Strahilevitz (1999)
	Execution style	Chang (2012)
Attitude toward the cause	Cause category Brand familiarity Cause importance	Lafferty and Edmondson (2014)
	CARE	Samu and Wymer (2009) Youn and Kim (2008) Webb and Mohr (1998) Basil and Herr (2003) Lavack and Kropp (2003) Ross et al. (1992)
Attitude toward the brand	Perceived firm motives	Galan-Ladero et al. (2013)
	CARE	Lafferty and Edmondson (2014) Zdravkovic, Magnusson and Stanley (2010) Ellen et al. (2000) Ross et al. (1992)

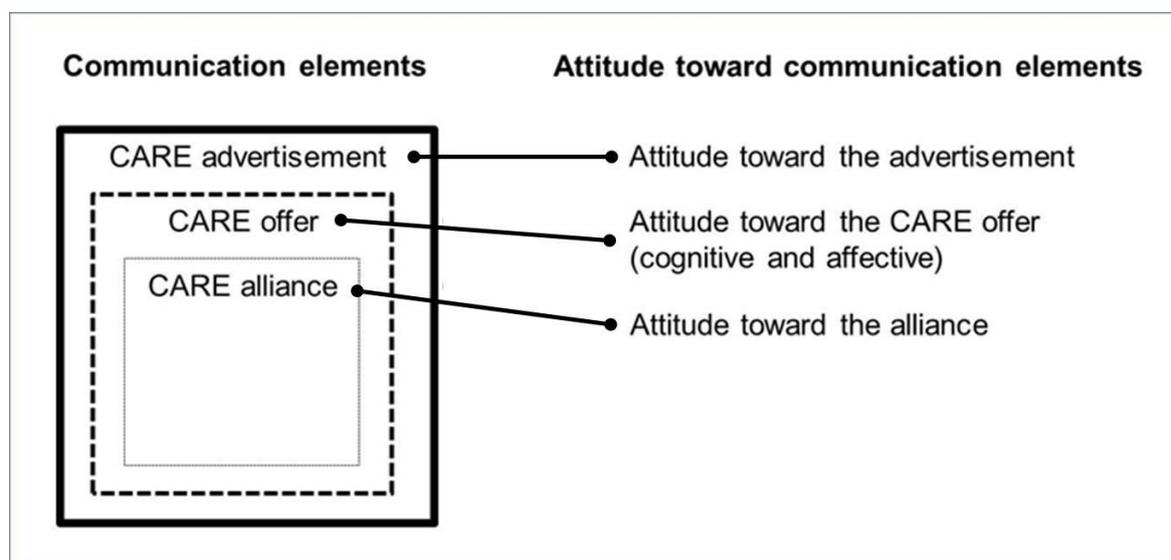
Table 5.4 (continued)

Attitude object	Antecedent	Source
Attitude toward the brand (continued)	Favourable cause-brand alliance	Youn and Kim (2008) Zdravkovic et al. (2010)
	Cause-brand fit	Zdravkovic et al. (2010)
Attitude toward cause-linked products		Anghel et al. (2011) Lavack and Kropp (2003)
Attitude toward charitable organisations	CARE	Boenigk and Schuchardt (2013)
	Brand and cause familiarity	Lafferty et al. (2004) Lafferty and Goldsmith (2005) Boenigk and Schuchardt (2013)
Attitude toward the CARE campaign	Culture and context Campaign novelty	La Ferle et al. (2013)
	Emotion	Barone et al. (2000)

The attitudinal constructs that have most often been assessed in CARE is attitude toward CARE, the CARE offer, CARE campaigns, the CARE advertisement, the brand, cause-linked products, the cause, charitable organisations and the cause-brand alliance. Table 5.4 shows that an array of attitude antecedents has been explored in previous research. Some of these antecedents are CSEs and some are psychological or personal characteristics. Overall, researchers agree that CARE exerts a favourable impact on consumer attitudes, which contributes positively to consumer satisfaction, loyalty and even willingness to pay a price premium for a cause-linked product (Galan-Ladero et al., 2015; Galan-Ladero et al., 2013; Anghel et al., 2011).

Given the growing knowledge that CARE is differently perceived in different contexts and cultures (La Ferle et al., 2013; Galan-Ladero et al., 2013; Subrahmanyam, 2004) and that responses to CARE campaigns are often the result of the interaction between several independent variables (Chang, 2008), additional research is required to gain an improved understanding of the role of attitude in CARE.

As this study adopts a communication approach, attitude toward the advertisement as the communications medium will be assessed. The CARE offer communicated to the consumer along with the alliance featured in the offer present in the CARE message, will also be investigated. The perspective adopted for this study about the relationship between attitude toward the advertisement, attitude toward the offer and attitude toward the alliance are graphically portrayed in Figure 5.4.

Figure 5.4**Relationship between attitude toward communication-based cause-related marketing campaign structural elements**

The attitude objects depicted in Figure 5.4 represent the attitudinal dependent variables in this study, namely: attitude toward the advertisement; attitude toward the CARE offer (both cognitive and affective that will be assessed separately), and; attitude toward the alliance. These variables will subsequently be discussed in greater depth.

5.5.3.4 Attitude toward the advertisement

In Chapter 4 communication and framing were discussed, highlighting the importance of selecting the most suitable message and medium to ensure communication effectiveness. When communicating a CARE offer, the message – and the CSEs featured in it – and the medium have to be carefully selected as both influence how the CARE campaign is perceived by consumers (O’Guinn et al., 2009).

Research has shown that advertisements, print advertisements in particular, are most often utilised to communicate the CARE campaign to consumers (Lafferty & Edmondson, 2009). Consequently, print adverts have also featured as stimulus in the majority of CARE studies (Folse et al., 2010; Lafferty & Edmondson, 2009).

The print advertisement is the platform employed to present the framed CARE message to consumers, and in many cases, it is the consumer’s first point of contact with the CSEs selected for the campaign. Thus, the print advertisement has the ability to significantly affect

consumer's responses to the offer and ultimately to CARE effectiveness (Lafferty & Edmondson, 2009). Therefore the first attitudinal variable to be assessed in this research, is attitude toward the CARE advertisement. Attitude toward the advertisement refers to an individual's predisposition to respond in a consistently favourable or unfavourable way toward the CARE advertisement (Schiffman & Kanuk, 2015). Attitude toward the advertisement has been known to influence attitude toward the brand, as well as confirming a relationship with purchasing behaviour (Schiffman & Kanuk, 2015).

Despite the prominence of the print advertisement in CARE, limited studies have focused on assessing consumers' responses to it (Polonsky & Macdonald, 2000; Olsen et al., 2003; Pope, Voges & Brown, 2004; Nan & Heo, 2007). Olsen et al. (2003) assessed the influence of donation magnitude and expression format on attitude toward the advertisement. They found that, when expressed in percentage format, higher donations result in more favourable attitudes toward the advertisement than lower donations. Whether the donation was expressed as a percentage-of-price or a percentage-of-profit exerted no significant influence (Olsen et al., 2003). Pope et al. (2004) assessed the influence of erotically (mildly erotic versus non-erotic) framed messages and product (cause-linked versus non-cause linked consumer product) on attitude toward the advertisement. It was found that respondents were to an extent more favourable toward mildly erotic messages featured in adverts for cause-linked products (Pope et al., 2004). Furthermore, Nan and Heo (2007) considered the role of brand-cause fit in CARE and found that high brand-cause fit resulted in more favourable attitudes toward the advertisement for consumers who were highly brand conscious.

As evident in the above, those studies assessing attitude toward the advertisement, indicated recurrently that the campaign decisions (e.g. CSEs, communication appeal) made by CARE practitioners and communicated to consumers, affected attitude toward the advertisement. However, the variables that have been addressed in the attempt to discern the factors that positively influence attitude toward the advertisement have been limited and quite diverse in nature. Further research is required to comprehend which CSEs exert a positive impact on attitude toward the advertisement.

In this study the influence of the visibly communicated CSEs of product involvement, donation recipient specificity, donation magnitude and donation expression format on attitude toward the advertisement will be assessed. A null hypothesis, namely H_{03} , has been developed to represent the inquiry into attitude toward the advertisement in this research:

H₀₃: Product involvement, donation recipient brand specificity, donation magnitude and donation expression format will not influence attitude toward the CARE advertisement.

The CARE advertisement provides the platform for the CARE offer to be communicated to consumers. Consumer attitude toward the CARE offer is one of the main foci here as it provides a means of assessing the role of the independent variables of this study within the CARE campaign offer.

5.5.3.5 Attitude toward the offer

Firms that participate in CARE have several decisions to make about the structure of the offer that will be communicated to consumers (Ellen et al., 2000). The offer refers to the combination of CSEs that are selected for a CARE campaign (Ellen et al., 2000; Andreasen, 1996); it encapsulates the complete CARE campaign as developed by the firm and/or donation recipient, and as perceived by the consumer (Ellen et al., 2000; Andreasen, 1996).

Whether consumers are positive or negative toward a CARE offer will determine the success of the campaign (Ellen et al., 2000). Therefore, in this study, attitude toward the CARE offer will be assessed since this offer construct represents the respondent's predisposition to behave in a consistently favourable or unfavourable way toward the CARE offer (Schiffman & Kanuk, 2015). Attitude toward the offer relates extensively to attribution theory, an approach for describing the way that individuals make causal inferences (Folkes, 1984). Attribution theory holds that people experience different reactions in response to what they perceive as the cause of an event (Cui et al., 2003). Such reactions can be cognitive, emotional or behavioural. Applied to CARE, attribution theory refers to the attributions made or explanations devised by consumers as a result of exposure to a CARE offer and their consequent cognitive, emotional or behavioural reactions (Cui et al., 2003).

Research has indicated that aspects of the CARE offer could be used by consumers to make inferences about the firm's motives (Ellen et al., 2000). Varadarajan and Menon (1988) extended a warning that firms could be perceived as self-interested as a result of their CARE offers and thus face negative outcomes, running the risk of raising questions about their validity, relevance and appropriateness (Ellen et al., 2000; Drumwright, 1996). Therefore it is imperative that firms select compelling CSEs that signal a selfless nature for inclusion in their CARE offers (Ellen et al., 2000).

Previous research has indicated that attitude toward the CARE offer was positively affected by campaigns that featured disaster rather than ongoing causes (Cui et al., 2003; Ellen et al., 2000). A CARE offer as part of a firm's long-term, frequent support to a donation recipient was also rated more positively than short-term, less frequent support (Cui et al., 2003). According to Ellen et al. (2000) such campaigns generated perceptions that greater effort was exerted by the firm to enable the campaign and therefore positively impacted attitude toward the offer (Ellen et al., 2000). Firms were thus perceived as more altruistic, a variable that was also found to positively influence attitude toward the CARE offer (La Ferle et al., 2013).

In order to investigate the extent to which consumer characteristics impacted consumer attitude toward the offer, Cui et al. (2003) conducted research amongst a student sample. They found that female students, students majoring in social sciences, and students who have made frequent donations in the past, evaluated the CARE offer more positively (Cui et al., 2013).

La Ferle et al. (2013) extended research about the potential influence of consumer characteristics on attitude toward the offer to include consumer nationality. It was found that Indian consumers' attitude toward the CARE offer was generally more positive than that of American consumers, in particular when Indian firms developed the campaign and when there was a congruence between the consumers' and firm's nationality (Kuo & Rice, 2015; La Ferle et al., 2013). La Ferle et al. (2013) also found that attitude toward the offer was positively influenced by perceived campaign novelty (La Ferle et al., 2013). This finding again confirms that cultural context plays a role in CARE and seems to suggest that emerging economies, where CARE campaigns are less common than in developed markets such as the USA, offer lucrative environments for future campaigns and for further research (Galan-Ladero et al., 2013; Hawkins, 2012; Subrahmanyam, 2004).

Importantly, irrespective of cultural context or nationality, a relationship between attitude toward the CARE offer and purchase intent has been confirmed – when consumers have a more positive evaluation of the offer, they also exhibit greater purchase intent (Cui et al., 2003). Therefore, attitude toward the CARE offer is an important consideration when developing CARE campaigns.

Attitude toward the offer has previously been assessed by Ellen et al. (2000) by means of a five-item scale. Considering research about the cognitive and affective components of attitude, closer inquiry of the scale revealed that the items included by Ellen et al. (2000) in

their attitude toward the offer scale were cognitive in nature. Due to the importance of attitude toward the offer in CARE, it was, as a measure of campaign effectiveness, deemed necessary to assess both the cognitive and affective components of attitude toward the offer. Cognitive attitude toward the CARE offer was operationalised as the predisposition to cognitively respond in a consistently favourable or unfavourable way toward the CARE offer, thus to think positively or negatively about the offer (Schiffman & Kanuk, 2015). Affective attitude toward the CARE offer was operationalised as the predisposition to affectively respond in a consistently favourable or unfavourable way toward the CARE offer, in other words to have positive or negative feelings toward the offer (Schiffman & Kanuk, 2015).

In this study the influence of the visibly communicated CSEs of product involvement, donation recipient specificity, donation magnitude and donation expression format on cognitive and affective attitude toward the offer will be assessed. The null hypotheses H_{04} and H_{05} have been developed to represent the inquiry into attitude toward the offer in this research:

H_{04} : Product involvement, donation recipient brand specificity, donation magnitude and donation expression format will not influence cognitive attitude toward the CARE offer.

H_{05} : Product involvement, donation recipient brand specificity, donation magnitude and donation expression format will not influence affective attitude toward the CARE offer.

From a methodological perspective, the purpose of the current study differs from other studies. Whereas other studies have focused extensively on the positive effects exerted by the CARE campaign on the participating firm's brand and reputation, the current study focuses more on the composition and portrayal of the CARE initiative itself, and the influence of selected CSEs on responses to the CARE initiative.

The CARE advertisement provides the platform for the CARE offer to be communicated to consumers. Consumer attitude toward the CARE offer is one of the main foci of this study as it provides a means of assessing the role of the independent variables of this study within the CARE campaign offer.

Attitude toward the CARE offer depends on the CSEs featured in the campaign communication. As mentioned before, the product and the donation recipient included in the campaign is of concern to this research. The attitude toward the alliance communicated to the consumer as part of the CARE offer will therefore also be assessed.

5.5.3.6 Attitude toward the alliance

Chapter 4 referred to the growing prevalence of alliances in the world of marketing and explained how cause-brand partnerships are a critical underpinning of CARE (Chang & Liu, 2012). During CARE a firm has the option to negotiate an alliance with a specified (e.g. branded NPO) or unspecified (e.g. cause in general) donation recipient (Liston-Heyes & Liu, 2013, 2010). Researchers recommend that firms carefully consider the likely successful outcome of the alliance when selecting CARE partners, since the alliance in its turn influences the CARE offer and the CARE advertisement (Liston-Heyes & Liu, 2013, 2010) – these are all CARE variables with an effect on consumer intent to purchase cause-linked products and on CARE effectiveness.

An alliance within the marketing context can be described as the “short- or long-term association or combination of two or more” individual brands, products, distinctive proprietary assets and/or entities that are “represented physically (e.g. bundled package of two or more brands) or symbolically (e.g. an advertisement) by the association of brand names, logos or other proprietary assets of the brand” (Simonin & Ruth, 1998:30-31; Rao & Ruekert, 1994). Therefore attitude toward the alliance refers to the favourable or unfavourable predispositions (Schiffman & Kanuk, 2015) toward such associations or combinations – it refers to the attitude held by consumers toward the partnership between the cause and the brand (Lafferty & Goldsmith, 2005; Lafferty, Goldsmith, & Hult, 2004).

Research has indicated that attitudes toward both the product brand and the cause can be enhanced if a CARE alliance is favourably perceived (Lafferty et al., 2004). According to information integration theory, attitudes held by consumers prior to exposure to the CARE alliance will influence the evaluation of the alliance (Lafferty et al., 2004). Attitude is formed and altered by the information people receive, interpret, evaluate and integrate with their prior attitudes (Lafferty et al. 2004). The informational cues deduced from the presented alliance will thus contribute to what is known about the alliance and the evaluation thereof.

Although several studies refer to the importance of the cause-brand alliance in CARE and assumes the role it plays in influencing purchase intention, few studies have examined the influence of CSEs on consumer attitudes toward the alliance in the CARE domain (Bigné-Alcañiz et al., 2010). Some CARE studies have focused on the cause-brand alliance as the independent variable and have thus assessed its impact on consumer responses, for instance post-attitude toward the brand and the firm, and purchase intentions (Bigné-Alcañiz et al., 2010; Lafferty & Edmondson, 2009). In this research attitude toward the alliance will be

assessed as one of the dependent variables of the study. Various studies have also addressed the influence of brand-related (referring to the product brand) variables on consumer evaluation of CARE alliances (Baghi & Gabrielli, 2013). Such research has focused on attitude toward the brand, familiarity with the brands involved and, in particular, on perceived cause-brand fit (Baghi & Gabrielli, 2013; Lafferty et al., 2004). However, the influence of the donation recipient (specified or unspecified) on attitude toward the alliance has received little research attention (Baghi & Gabrielli, 2013). Also, CARE research have shown successful alliances between the donation recipient and both hedonic and functional products, but the influence of low or high involvement products have not yet been assessed (Baghi & Gabrielli, 2013). Therefore, in this study the influence of the donation recipient and product involvement will be addressed.

As mentioned earlier, cause-brand fit exerts a noteworthy influence on attitude toward the alliance and CARE practitioners are encouraged to form alliances with high-fit social partners to ensure positive attitudes toward such alliances (Gupta & Pirsch, 2006). Research has also confirmed the influence of attitude toward the alliance on purchase intentions (Lafferty & Edmondson, 2009), thereby highlighting the importance of comprehending which CSEs lead to positive attitudes toward the alliance.

In this study the influence of the visibly communicated CSEs of product involvement, donation recipient specificity, donation magnitude and donation expression format on attitude toward the alliance will be assessed. A null hypothesis, namely H_{06} , has been developed to represent the inquiry into attitude toward the alliance in this research:

H₀₆: Product involvement, donation recipient brand specificity, donation magnitude and donation expression format will not influence attitude toward the alliance portrayed in the CARE campaign.

The above discussions have referred to the important role played by perceived firm motives in determining CARE effectiveness. Firms who are perceived as purely self-interested with no concern for the donation recipient and its cause, do not contribute positively to CARE campaigns.

5.5.4 Motivation

Britt (1966) mentioned that in earlier times psychologists engaged in numerous debates about the meaning of motivation. More recently researchers have defined motivation as “the

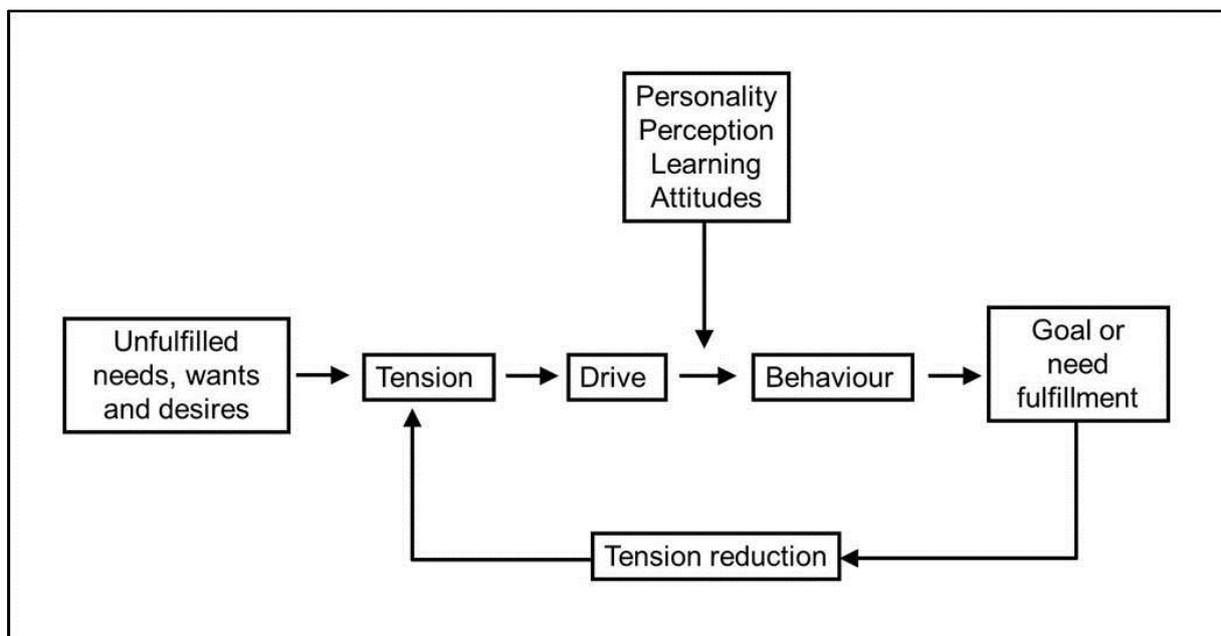
reason for behaviour” (Hawkins et al., 2001:362) or “the driving force within individuals that impels them to action” (Schiffman & Kanuk, 2000:63).

Motivation is relevant to CARE in this study for the following reasons: (1) motivation theory and the motivation process presents content for understanding the reasons why consumers would purchase cause-linked products, (2) motivation closely relates to persuasion theory that influences how consumer perceive and respond to CARE, (3) motivation theory is the academic home of motives that play a key role in CARE effectiveness.

5.5.4.1 The motivational process

The motivation process highlights the relationship between consumers’ needs/wants, behaviour and goals (Schiffman & Kanuk, 2000). This relationship is depicted in Figure 5.5 (Schiffman & Kanuk, 2000).

Figure 5.5
The motivational process



Source: Adapted from Schiffman and Kanuk (2014)

The model in Figure 5.5 summarises insights from an array of motivation theories by various researchers (e.g. Maslow, McGuire, Herzberg, Zuckerman, Vroom, Young, McGregor, Beach, etc.) (Blythe, 2008; Schiffman & Kanuk, 2000; Hawkins et al., 2001). The model shows that motivation arises from unfulfilled consumer needs (both innate/primary and acquired/secondary) and/or wants that trigger tension and drives behaviour. The behaviour is

directed toward achieving goals (both generic and product-specific) that will reduce tension by satisfying the initial consumer needs and/or wants. Figure 5.5 further indicates that the driving force that leads to behaviour is affected by other internal moderators of the consumer decision-process, namely perception, personality, attitudes and learning (all discussed later in the chapter).

In CARE the cause-linked product becomes the product-specific goal that relieves tension within the consumer and satisfies a need/want. Research indicates that the needs/wants that are typically satisfied through CARE are three-fold. Firstly, consumers purchase a cause-linked product due to a functional or hedonic need that can be satisfied by the product itself (Guerreiro et al., 2015). For instance, a glue stick product featured in a CARE campaign is bought to satisfy the need for glue, or the need to complete a school project, etc. Secondly, consumers purchase a cause-linked product due to an egoistic need or by some researchers referred to as the “*warm glow* of giving”. It reflects the individual’s needs for personal, self-directed benefits (Koschate-Fischer et al., 2012). In the case of purchasing hedonic products the *warm glow* of giving also allows the consumer to counter the guilt often associated with purchasing such products (Chang, 2011). Thirdly, consumers have the altruistic need to make a difference in society and to contribute in some way to the cause (Koschate-Fischer et al., 2012).

The motivation process relates to the realisation of one’s self-concept – it is the force that drives individuals to live in a manner that represents who they are, to engage in activities that correspond with their preferred societal rank, acts as a source of value, pride and self-esteem, and creates a sense of belonging to a group that holds emotional significance (Britt, 1966). Motivation thus contributes to a consumer’s social identity (Winterich & Barone, 2011).

In terms of CARE, the strategy has the ability to add a dimension of social involvement to an individual’s self-concept and its value thus extends well beyond mere product-related need satisfaction (Guerreiro et al., 2015; Sheikh & Beise-Zee, 2011). These advantages are, however, only applicable if the CARE campaign can successfully persuade consumers to purchase the cause-linked product.

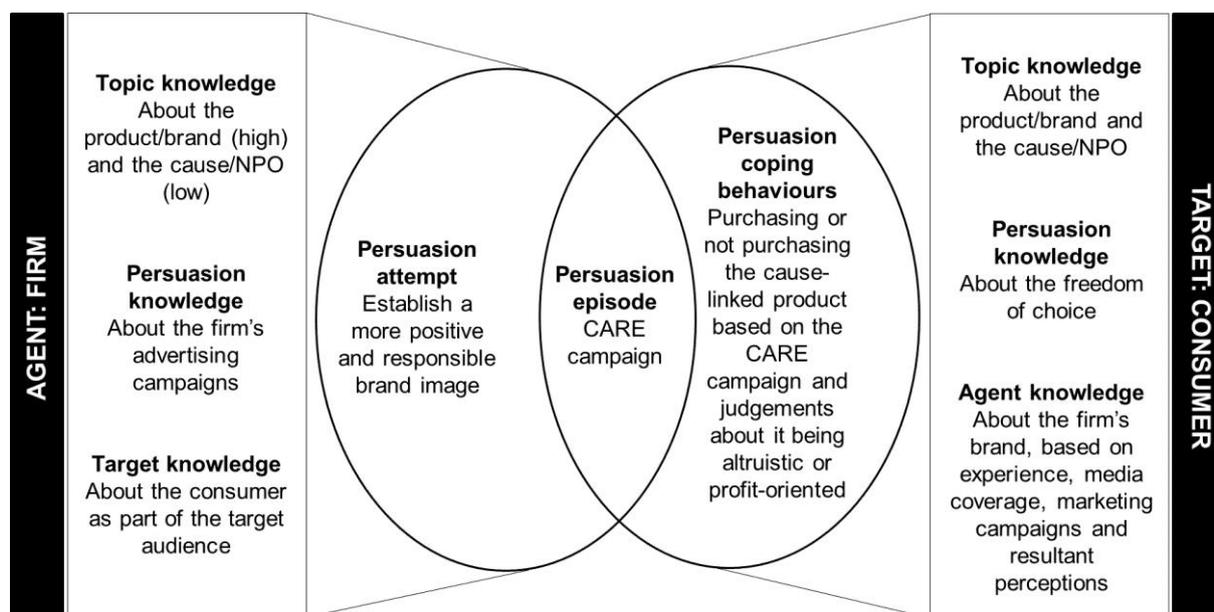
5.5.4.2 Motivation and persuasion

Motivation is closely related to the concept of persuasion. Persuasion refers to the process by which the attitudes, beliefs, opinions and behaviours of people are formed or modified

(Chaiken, Gruenfeld & Judd, 2000). During persuasion, arguments are often presented that make consumers aware of needs/wants, thus triggering the motivational process and driving a consumer to engage in need-satisfying behaviours (Moosmayer & Fuljahn, 2010; Friestad & Wright, 1994). When consumers are exposed to a CARE campaign, the arguments presented in the campaign communication thus have the ability to trigger consumer needs/wants and direct them toward purchasing the cause-linked product (Tustin & Pienaar, 2005). The potential effectiveness of the persuasion process, however, depends on several factors, such as persuasion knowledge, the persuasion attempt and the persuasion episode. These factors form part of the persuasion knowledge model which provides a platform for understanding the persuasion process (Friestad & Wright, 1994). Figure 5.6 demonstrates a version of the persuasion knowledge model that has been adapted for the CARE context.

Figure 5.6

Cause-related marketing campaigns as persuasion episodes



Sources: Adapted from Moosmayer and Fuljahn (2010); Friestad and Wright (1994)

From Figure 5.6 the important role of knowledge in the persuasion process is evident. Researchers have stated that level of knowledge often influences consumers' motivation to participate in a CARE campaign (Moosmayer & Fuljahn, 2013; Friestad & Wright, 1994). Figure 5.6 indicates that both the firm (agent) and the consumer (target) have topic (e.g. product, brand and cause) and persuasion (e.g. marketing) knowledge, as well as knowledge about the other party (e.g. the consumer and the product/brand). Awareness of the persuasion attempt evokes greater mental energy and has the ability to shift the decision from an affective to a cognitive, from a low involvement to a high involvement decision (Friestad & Wright, 1994).

The firm attempts to create persuasion by launching a persuasion episode (e.g. the CARE campaign and communication), whilst the consumer attempts to cope with the persuasion episode (e.g. becomes sceptical or interested, resists or engages in purchase) (Moosmayer & Fuljahn, 2013; Friestad & Wright, 1994). As indicated in Figure 5.6, the consumer's coping behaviour (e.g. whether to purchase the cause-linked brand or not) depends greatly on whether the purpose of the firm's persuasion attempt and episode is perceived to be altruistic or profit-oriented. This reasoning again highlights the importance of selecting appropriate CSEs that align well with the needs/wants of the target audience. It also introduces another concept related to motivation theory that is of particular importance to this research, namely motives.

5.5.4.3 Motives and cause-related marketing

A motive is described as a "construct representing an unobservable inner force that stimulates and compels a behavioural response and provides specific direction to that response" (Hawkins et al., 2001:362). Blythe (2008:32) described it as the "reason for carrying out a particular behaviour" and provided a classification of consumer motives that can be viewed in Table 5.5.

Table 5.5
Classification of consumer motives

Motive	Description	Relevance to CARE
Primary	The reasons that lead to the purchase of a product class.	Functional or altruistic reasons for purchasing a cause-linked product. Implication: select communication that will reach the consumer to increase campaign awareness.
Secondary	The reasons behind buying a particular brand.	Implication: selecting brands (for- and non-profit) that hold value and potential value for the consumer for inclusion in the CARE campaign.
Rational	Based on reasoning, or a logical assessment of the person's current situation.	Cognitive considerations for participating in CARE. Implication: carefully considering CSEs such as product price and donation information that trigger consumer cognition.
Emotional	Relates to feelings about the brand.	Affective considerations for participating in CARE. Implications: carefully considering CSEs such as the donation recipient and message framing that trigger consumer affect.
Conscious	Motives that the person is aware – above level of consciousness.	Most often relates to functional need for the product.
Dormant	Motives below the level of consciousness.	Most often relates to the altruistic need for <i>warm glow</i> of giving.

Source: Adapted from Blythe (2008:33)

The relevance of motives and motivation within the sphere of charitable giving has been confirmed by several researchers (Smithson, Amato & Pearce, 1983; Bendapudi et al., 1996). From the descriptions of the different types of consumer motives in Table 5.5, it is evident that CARE can become the consumer's motive for purchasing a product or a particular brand, whether based on rational (e.g. *I need the product for a specific purpose*) or emotional (e.g. *I really want to help the cause*) reasons, or whether driven by conscious or dormant beliefs.

As mentioned earlier, consumer motives for participating in CARE are most often a combination of functional, egoistical and altruistic reasons (Koschate-Fischer et al., 2012). However, in CARE, not only consumer motives are of relevance. One of the key considerations in evaluating corporate social involvement and cause-linked campaigns, is the firm's motive for participating (Groza et al., 2011; Barone et al., 2007). According to Moosmayer and Fuljahn (2013) a firm's motives for engaging with society are generally altruistic, neutral or profit-oriented. Altruistic motives refer to the need to give in order to do the right thing and to help those who are less fortunate (Shuv, n.d.). Profit-oriented motives include the desire to improve the firm's image, to enhance customer goodwill and to increase sales as part of a promotional campaign (Koschate-Fischer et al., 2012).

In recent years the media have often reported on unethical firm behaviours (Bazerman, & Tenbrunsel, 2011). Such reports and occurrences like the 2007/8 financial crisis have negatively impacted consumer trust – it has led to consumers' growing mistrust regarding the reasons that firms engage in pro-social behaviour (Giannarakis & Theotokas, 2011). CARE has also not escaped this prevailing scepticism (Barone et al., 2000; Webb & Mohr, 1998). Research has indicated that, when presenting socially-oriented messages, the motives of NPOs are perceived as more altruistic and less self-serving than those of firms (Szykman et al., 2004). When firm motives are perceived as exploitive, consumer attitudes are also negatively impacted (La Ferle et al., 2013; Smith & Alcorn, 1991). It is noteworthy that results differ across cultural contexts (La Ferle et al., 2013). Furthermore, it is worth mentioning that most often it is not the actual motives of a firm that influence consumer attitudes and behaviour, but rather the perceived firm motives. In recent years, the significance of the topic of perceived firm motives for participating in a CARE campaign has increased and further research in different contexts that also considers various combinations of CSEs has been encouraged (Folse et al., 2010).

As perceived firm motives deriving from CARE has not been assessed in South Africa before and as the influence of the donation recipient, donation expression and product involvement

on perceived firm motives have not been considered in previous research, this study will investigate the construct.

5.5.4.4 Perceived firm motives

Perceived firm motives refer to a firm's perceived reasons for employing tactics such as advertising appeals (e.g. guilt, humour, fear) and cause-linked campaigns (Campbell & Kirmani, 2008). Perceived firm motives have also been described as the degree to which the actions of firms are viewed as other-serving (Szykman, Bloom & Blazing, 2004). According to Webb and Mohr (1998) firms' motives for participating in CARE can be classified on a continuum with self-serving on the one end and other-serving on the other end. Firms' motives for being involved in CARE are becoming increasingly important to consumers as demands for transparency are growing (Hartmann, Klink & Simons, 2015).

Consumers are willing to reward firms whose perceived motives for participating in CARE are positive and altruistic and punish those whose perceived motives are negative or purely self-serving (Lee Thomas et al., 2011; Campbell & Kirmani, 2008; Ellen et al., 2000). Research has shown that perceived altruistic motives have the ability to improve consumer evaluations of CARE campaigns (Moosmayer & Fuljahn, 2013), whilst perceived self-interested motives can result in consumer scepticism, lack of support and negative word-of-mouth information (Lee Thomas et al., 2011).

Perceived motives act as key psychological mechanisms through which a firm's social engagement is processed (Groza et al., 2011). A firm's perceived motivation for engaging in a CARE campaign is one of the information cues used by consumers when evaluating the campaign and deciding whether or not to purchase the cause-linked product (Moosmayer & Fuljahn, 2013). Such perceived motives indicate to consumers whether or not a firm is exploiting the donation recipient (Moosmayer & Fuljahn, 2013; Strahilevitz, 2003; Drumwright, 1996).

In line with the previously mentioned attribution theory, consumers' approval of a CARE campaign is dependent on the attributions they ascribe to a firm's motives for being involved in such campaign (Groza et al., 2011; Ellen et al., 2000; Jones & Davis, 1965). For example, Drumwright (1996) found that consumers attributed a greater perceived balance between self-interested and other-interested motives when firms committed more time to a CARE campaign. Also, according to Koschate-Fischer et al. (2012) the level of the consumer's

feeling of *warm glow* from purchasing a cause-linked product will be driven by the attributions they make about a firm's motives for participating in the CARE campaign.

Attribution theory and the persuasion knowledge model provide the basis for the argument that consumers will attempt to understand a firm's motives for communicating, and even more so when the communication pertains to social campaigns (Groza et al., 2011).

As previously mentioned, the persuasion knowledge model proposes that an agent (e.g. the firm) sends persuasion attempts (e.g. the CARE message) to a target (e.g. the consumer as the message recipient) (Friestad & Wright, 1994). The more the consumers become aware of the persuasion attempt and invest mental resources in the process, the more likely they are to employ coping mechanisms to avoid or resist the persuasion attempt (Friestad & Wright, 1994). Communicating a CARE offer represents a firm's persuasive attempt to create favourable consumer perceptions (Vanhamme & Grobben, 2009). When a firm's motives for participating in CARE are perceived as primarily self-interested, consumers become aware of the persuasion attempt and are more likely to become sceptical and resist the attempt by not purchasing the product (Moosmayer & Fuljahn, 2013; Groza et al., 2011; Folse et al., 2010; Barone et al., 2007; Friestad & Wright, 1994). However, when the firm's motives are perceived as primarily altruistic, it will lead to a higher perceived social performance and will increase the likelihood that consumer purchase will be the resulting coping behaviour (Moosmayer & Fuljahn, 2013).

According to La Ferle et al. (2013), familiarity with CARE will influence the motives consumers ascribe to the cause-linked firm and brand. Therefore the CSEs selected for communication and the actual communication are critical for CARE success. Further, La Ferle et al. (2013) compared the responses of Indian and American consumers to CARE and found that Indian consumers attributed higher levels of altruistic motives to firms participating in CARE campaigns than their American counterparts.

Researchers have observed firms' motives from different perspectives, ascribing different roles to them. For example, Rifon, Choi, Trimble and Li (2004) viewed consumer attributions about a firm's motives for engaging in CARE as a mediator of cause-brand fit, whilst Barone et al. (2007) considered it to be a moderator of fit. In this research perceived firm motive will be attributed to the independent variables of product involvement, donation recipient, donation magnitude and donation expression format.

Despite indications of the noteworthy potential influence of CARE on perceived firm motives (Folse et al., 2010) and the lack of existing knowledge about the complexity of this relationship, research about the impact of CARE and CSEs on perceived firm motives has been limited. For instance, only two previous CARE studies have assessed the influence of firm donation amount on perceived firm motives. Firstly, two decades ago Dahl and Lavack (1995) found that a large donation was more negatively perceived than a small donation – a large donation to a greater extent triggered perceptions that the donor firm was exploiting the non-profit donation recipient. Secondly, Folse et al. (2010) could not prove that donation amount would influence perceived firm motives. Research about the influence of product involvement, donation recipient and donation expression format on perceived firm motives is lacking.

Thus, the influence of the visibly communicated CSEs of product involvement, donation recipient specificity, donation magnitude and donation expression format on perceived firm motives will be assessed. A null hypothesis H_{07} has been developed to represent the inquiry into perceived firm motives in this study:

H₀₇: Product involvement, donation recipient brand specificity, donation magnitude and donation expression format will not influence how the firm's motives for participating in the CARE campaign are perceived by consumers.

5.5.5 Personal traits

CARE research has acknowledged that the personal characteristics of consumers may influence how CARE offers are perceived, interpreted and evaluated (Cui et al., 2003). However, the inclusion of personality and other personal traits within CARE studies have been limited. Self-concept, as was previously briefly mentioned under the heading of motivation theory, as well as other personality-related constructs that have featured in some CARE studies will be discussed. Demographic characteristics have received some attention in research about prosocial approaches such as CARE. Therefore, age and gender will subsequently be discussed.

5.5.5.1 Personality-related traits that influence cause-related marketing

According to Sheikh and Beise-Zee (2011) various personality-related traits have the ability to influence a consumer's responses to CARE. Such traits include values (that inform motives), self-concept, self-identity, social orientation, and the perceived congruence

between a brand and an individual's personality (Sheikh & Beise-Zee, 2011; Bigné-Alcañiz et al., 2010). The values individuals ascribe to, inform the motives that impel consumers to either purchase or refrain from purchasing a cause-linked product. These values are often closely related to an individual's self-concept and social orientation (Sheikh & Beise-Zee, 2011). CARE allows an individual to project a personal identity that is associated with prosocial values and demonstrates a positive social orientation (Bigné-Alcañiz et al., 2010). It provides consumers with multiple opportunities for expressing their personal identities (Goldsmith & Zu, 2014) – consumers become associated with the product brand, the cause, the cause-brand alliance and the act of giving (Bigné-Alcañiz et al., 2010). All of these entities hold symbolic significance and contribute to the consumer's self-conception and self-expression (Goldsmith & Zu, 2014). CARE thus provides the consumer with a vehicle to outwardly express their identity to others and, according to self-categorisation theory, to become part of a category of people who share common attributes, such as willingness to give or to participate in pro-social campaigns (Lafferty & Edmondson, 2014). These outward expressions are thus based on the consumer's self-concept, which refers to an individual's perceptions of the self (Goldsmith & Zu, 2014). Self-concept is influenced by marketing phenomena such as CARE and cause-brand alliances, but it also impacts on consumers' responses to such phenomena (Goldsmith & Zu, 2014). Research has, for instance, indicated that a consumer's perceived congruity with a firm, brand or cause will influence how the consumer responds to cause/brand alliances and such alliance will in turn transfer to the consumer's self-concept (Goldsmith & Zu, 2014; Bigné-Alcañiz et al., 2010).

The perceived congruence between a firm and a consumer's self-concept depends on factors such as shared values, common objectives, need satisfaction and personality-related characteristic similarities (Bigné-Alcañiz et al., 2010). Congruence between a brand and a consumer's personality as a determinant of CARE effectiveness has been mentioned by some researchers (Nowak & Clarke, 2003) although elaboration about the nature of the congruence is limited. Aaker (1997) developed five brand personality dimensions, namely sincerity, excitement, competence, sophistication and ruggedness. All these dimensions can act as congruency elements, depending on the nature of the CARE campaign. An example of the congruence mechanism is the following: consumers who become involved with charitable giving typically view themselves as sincere and thus expect sincerity from the CARE brand and cause partner as well – perceived sincerity congruence will in turn influence the individual's self-concept, for instance by providing confirmation of sincerity, and can also act as outwardly-directed messages and self-categorisation criteria (Lafferty & Edmondson, 2014).

The above discussion places emphasis on the importance of developing a strong brand personality (applicable to both the for- and the non-profit brand) and on understanding the aspects that hold symbolic value for the target audience of a CARE campaign.

In addition to personality-related aspects, the demographic traits of age and gender will be discussed due to their influence in CARE.

5.5.5.2 Demographic influences

The complexity of this study has resulted in the inclusion of demographic characteristics only for descriptive analysis and not for inferential purposes. Two demographic variables, in particular age and gender, have the ability to influence consumer responses to CARE and will thus be addressed in this chapter.

5.5.5.2.1 Age

Bryant, Jeon-Slaughter, Kang and Tax (2003) have suggested that age is often an indicator of other variables, such as general education, skills and volunteering experiences that come with age. Age is closely related to life stage, general education, experience, skills, disposable income and household characteristics (Bryan et al., 2003). It has been found that age and age-related variables affect personal attitudes toward philanthropic organisations, and the nature and extent of charitable giving (Supphellen & Nelson, 2001; Nichols, 1992). In the USA, for instance, older consumers are more likely to donate to religion, NPOs and political candidates than to education (Nichols, 1992).

Few studies have addressed the influence of age in CARE although it has been stated that this characteristic might cause consumers to respond differently to prosocial campaigns (Vanhamme et al., 2012). Age-related findings that are available have suggested that younger consumers were more likely to consider cause-linked products in their purchasing decisions (Galan-Ladero et al., 2015; Corbishley, 2014; Cui et al., 2013; Youn & Kim, 2008; Kim et al., 2005). Later research suggested that those individuals who are likely to purchase socially conscious products are young and female (Kim & Johnson, 2013). It has been indicated that consumers between 36 and 50 years of age are somewhat indifferent to CARE and those above 65 years of age are least favourable toward CARE (Galan-Ladero et al., 2015; Barnes, 1992). Such differential opinions about CARE might arise from differences in values (Moosmayer & Fuljahn, 2010). Galan-Ladero et al. (2015) for instance has found that excitement, fun, pleasure, security and a sense of accomplishment are values favoured

by younger consumers (Galan-Ladero et al., 2015) and campaigns relating to such values might experience greater success.

Further research to ascertain how demographic variables influence attitudinal and other responses to CARE has been encouraged to assist marketers in developing effective and well-targeted CARE campaigns (Galan-Ladero et al., 2015).

5.5.5.2.2 Gender

Approximately a decade ago Peters and Barletta (2005) wrote that equality of women is no longer viewed as merely a moral issue, but rather as a business opportunity – women's incomes seem to rise faster than those of men and women are nowadays more often the principal purchasers in the households. Peters and Barletta (2005) noted research from a wide variety of fields, such as anthropology, biochemistry, neuroscience and socio-linguistics emphasising that gender differences are unmistakable realities. These realities extend to male versus female shopping and consumption behaviours, and seem to apply to the world of socially conscious consumption as well (Kim & Johnson, 2013).

Research about male and female philanthropic differences is widespread. Women, for instance, favour different charities than men (Nestle Family Monitor, 2000). Fundraisers contend that women and men also expect different outcomes from their donations – men are more likely to compete with their peers about who has made the largest contribution, while women in general shy away from such competition with peers and are less likely to desire explicit rewards for their donations (Shaw & Taylor, 1995). Women are also more likely than men to volunteer and they seek “closer contact with the charities they support” (Corbishley, 2014; Hall, 2004:72; Hall, 1997). There is a tendency among women to donate to promote social change or to “help the less fortunate”, while men tend “to give to enhance their own standing or maintain the status quo” (Hall, 2004:72; Hall, 1997). Women's gifts tend to be smaller than those of men, in particular when they are not permanently employed (Burgoyne, Young & Walker, 2005; Greene, 2001). Also, it often takes longer to cultivate donations from women, although they are more likely to gravitate toward a close relationship with the donation recipient where they contribute on a regular basis (Whitley & Staples, 1997).

Gender differences have also been found in consumers' responses to CARE. Women have a higher tendency to participate in CARE than men (Chéron et al., 2012; Moosmayer & Fuljahn, 2010; Ross et al., 1992). They also hold more positive attitudes toward firms that engage in CARE, irrespective of cause-brand fit, and they perceive the images of firms that

engage in CARE more positively than men (Chéron et al. 2012; Trimble & Rifon, 2006; Ross et al., 1992). Further, women display more favourable purchase intentions and a greater willingness to pay more for a cause-linked product than men (Chéron et al., 2012).

Researchers have suggested that the reason women are often more positive toward CARE might be due to the nurturing nature of their personalities (Ross et al., 1992), their need to alleviate guilt (Strahilevitz & Myers, 1998) and due to their attitudes toward causes being more positive than those of men (Goldsmith & Zu, 2014). However, further research to assess these contentions has been suggested (Trimble & Rifon, 2006). Furthermore, the differential impact on men and women might also be due to the imagery depicted in a CARE advert, for instance, Chéron et al. (2012) depicted a pet in their CARE campaign, finding that women were more affected than men. These varying reactions might be accredited to the tendency of women and men to differ in terms of values, attitudes and role behaviour because of the different gender roles that are often assigned by society (Moosmayer & Fuljahn, 2010). Women, for instance, pay more attention to having warm relationships with others than men (Galan-Ladero et al., 2015).

Important to note is that the influence of gender on CARE is not an absolute conclusion as several studies have found no differences based on gender and most CARE research has not considered gender (Galan-Ladero et al., 2015; Goldsmith & Zu, 2014; Trimble & Rifon, 2006; Lafferty et al., 2004, Pracejus & Olsen, 2004). The reason for this exclusion might be that many CARE studies nowadays favour experimental research where the interaction between various CSEs can be assessed – assessing gender adds to the complexity of such designs and have thus far not been the core focus of CARE research (Galan-Ladero et al., 2015; Goldsmith & Zu, 2014).

5.6 EXTERNAL MODERATORS OF CONSUMER DECISION-MAKING

External influences to the consumer-decision-making process usually include commercial and non-commercial efforts. Commercial efforts refer to the firm's marketing-mix elements, which are used to in an attempt to elicit favourable responses from the consumer (Schiffman & Kanuk, 2000). Depending on the nature of the product or service, the firm's marketing efforts can relate to products/services, promotion, price, channels of distribution, people, physical evidence and processes (Lamb, Hair, McDaniel, Boshoff & Terblanche, 2008; Schiffman & Kanuk, 2000). In terms of CARE the commercial elements that are applicable is the cause-linked product, the price of the product, the advertisements communicating the

CARE offer, and the selected retailer where the product is sold. The majority of these aspects were discussed in Chapter 4 of this study.

The above-mentioned non-commercial influences are also referred to as socio-cultural or sociological factors – it originates from the consumer's social and cultural environment and have the ability to influence decision-making, behavioural intentions and behaviour (Schiffman & Kanuk, 2015). In this study the external factors of culture, subculture, social status, family and households will be addressed briefly due to their particular relevance within the CARE domain.

5.6.1 Culture

Culture is one of the main drivers of behaviour – it acts as the provider of the system of meaning that installs a sense of identity and a rationale for actions in people (Evans et al., 2006). The impact that culture has on behaviour is so natural and automatic that it is often taken for granted (Schiffman & Kanuk, 2000).

Culture is a learnt phenomenon and a fundamental determinant of the wants and actions of people (Kotler & Keller, 2009). It provides order, guidance and direction and in essence exists to satisfy needs (Schiffman & Kanuk, 2015). Culture has been defined in various ways, for instance, as a set of “shared beliefs, attitudes and behaviours associated with a large and distinct group of people” (Blythe, 2008:191) or it is “the complex whole that includes knowledge, belief, art, law, morals, customs and any other capabilities and habits acquired by humans as members of society” (Hawkins et al., 2001:43).

Culture research has indicated that the construct comprises aspects such as knowledge, beliefs, values, norms, signs, signals, symbols, rituals, customs, language, food, conventions, myths, religious elements (Blythe, 2008; Evans, Jamal & Foxall, 2006).

Those cultural considerations that are applicable to marketing strategies are also relevant when developing CARE campaigns (O'Guinn et al., 2009), including the use of language, symbols, signs and signals that will communicate well with the target audience, will hold explicit and implicit meaning and not offend (Schiffman & Kanuk, 2015). In addition, research has indicated that two culture-related aspects are relevant to CARE specifically, namely cultural contexts that lead to varying CARE outcomes and related to that, the collectivism-individualism paradigm.

5.6.1.1 Cultural contexts and cause-related marketing

CARE research has generated different findings within different cultural contexts (Galan-Ladero et al., 2013; Subrahmanyam, 2004). Such differences have been reflected in consumer intentions and attitudes in particular and have thus been mentioned earlier in this chapter when these constructs were discussed.

La Ferle et al. (2013), for instance, have found that Indian consumers' attitude toward the CARE offer was generally more positive than that of American consumers, in particular when Indian firms developed the campaign, when there was a congruence between the consumers' and firm's nationality, and also when the CARE strategy was viewed as novel.

In a Western context hedonic products triggered more positive responses when presented with a cause-linked product (Strahilvitz & Myers, 1998), whereas a Singapore-based study found a preference for practical cause-linked products among Chinese Singaporean consumers (Subrahmanyam, 2004). Galan-Ladero et al. (2013) conducted their research in Spain and also found support for practical cause-linked products as it generated positive attitude toward the CARE campaign and positive purchase intentions. As product preferences have differed across cultures, various causes have also been favoured depending on the needs within the environment and the national social agenda (Bester & Jere, 2012; Engelbrecht & Du Plessis, 2004).

Although some findings differ across cultures, other results have been similar. A high cause-brand fit, for instance, seems to be important for CARE effectiveness across cultural contexts (Chéron et al., 2012). The reasons for cultural differences have, however, widely been ascribed to the cultural values adopted within a society (Subrahmanyam, 2004) of which individualism versus collectivism have featured in CARE research.

South Africa has been described as the whole world in one country (South Africa - "A Whole World in One Country", 2016). The country is home to a multitude of different cultures and although similarities exist amongst cultural groups, they are also characterised by an often varied diversity of cultural values, norms, beliefs and rituals (Schiffman & Kanuk, 2015; South Africa - "A Whole World in One Country", 2016). Research has suggested that culture has the potential to influence prosocial spending, sometimes resulting in varied effects in different countries (Aknin, Barrington-Leigh, Dunn, Helliwell, Burns, Biswas-Diener, Kemeza, Nyende, Ashton-James & Norton, 2013). This notion aligns with the CARE research of Galan-Ladero et al. (2013), Chang (2008), Subrahmanyam (2004) and La Ferle et al., (2013). Despite the

potential influence of culture on CARE, findings about such influence are limited within the South African context and it is also unclear whether results from other countries are generalisable to South Africa.

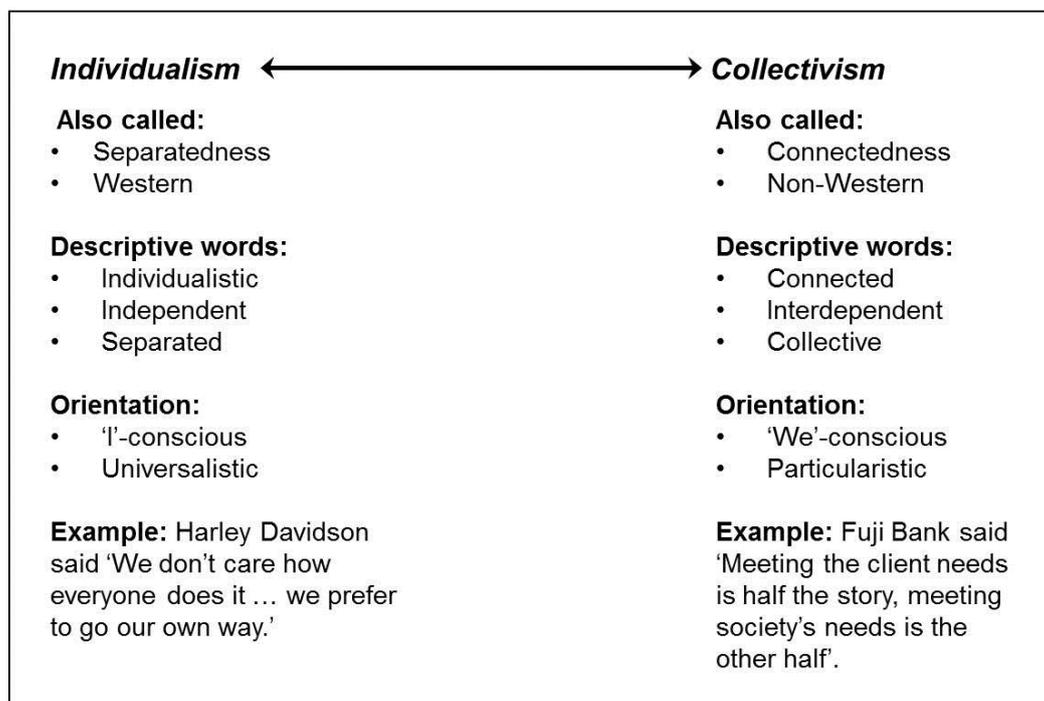
5.6.1.2 Collectivism versus individualism in cause-related marketing

Collectivism and individualism are widely discussed in the culture domain (De Mooij & Hofstede, 2011). Well-known culture expert, Hofstede, has identified six cultural dimensions that influence behaviour, namely individualism versus collectivism, uncertainty avoidance, power distance, masculinity versus femininity, long-term versus short-term orientation, and indulgence versus restraint (Hofstede, 2011; Blythe, 2008; Evans et al., 2006; De Mooij, 2004). Due to its relevance to the CARE context, individualism versus collectivism will be delineated in greater depth.

The individualism-collectivism cultural value is one of the central aspects that differentiate cultures (Hawkins et al., 2001). It can be portrayed on a continuum as illustrated in Figure 5.7.

Figure 5.7

Individualism versus collectivism in culture



Source: Adapted from Evans et al. (2006) and De Mooij (2004)

The individualism-collectivism cultural value has often been used to understand what motivates consumers to buy (Evans et al., 2006). As depicted in Figure 5.7, individualism is typically viewed as a western orientation where independence is important (Hofstede, 2011). In individualistic cultures, time is regarded as a tangible commodity and promptness is viewed as more important than social relationships (Chang & Cheng, 2015; Hofstede, 2011; De Mooij, 2004). Hofstede's studies have noted countries such as the United States of America, the United Kingdom, Australia, Canada and the Netherlands as individualistic by nature (De Mooij & Hofstede, 2011).

Collectivism is also referred to as connectedness or a non-western orientation in which interdependence is important (Hofstede, 2011; Evans et al., 2006). Time is viewed as less tangible and as a way of building relationships with others (Chang & Cheng, 2015; Hofstede, 2011; Evans et al., 2006). Collective natured countries include Taiwan, Japan, India, Korea and Mexico (De Mooij & Hofstede, 2011).

Hofstede further elaborated on what he referred to as high-context and low-context cultures. High-context cultures are to a large extent homogeneous. In these cultures norms and behaviours are deeply embedded in the members of the culture – there is thus no need for explanation, since members share the same reference points and basic beliefs, and most of the information that is needed is usually part of the context or it is internalised in the person (De Mooij, 2004). High-context culture communication tends to be fast and efficient, as a high level of shared meaning and shared perceptual field is implicit within these groups. Behaviour within high-context groups is usually stable and predictable (Blythe, 2008). High-context groups are often viewed as conservative and rigid, and communication within these groups can be perceived as inaccessible by outside groups who often stereotype high-context groups. High-context culture seems to correlate with collectivist cultures (De Mooij & Hofstede, 2011; De Mooij, 2004).

Low-context cultures are less rigid than high-context cultures and people within these groups tend to be individualistic (De Mooij & Hofstede, 2011). They communicate by using messages that are clearly coded, and they behave in diverse and fast-changing ways due to an assortment of values, attitudes and perceptions (Blythe, 2008). In communication, low-context cultures value words, argumentation, rhetoric and explicit verbal messages that are direct and unambiguous (De Mooij, 2004).

In terms of CARE, it has been found that consumers with a collectivistic mind set are more likely to favour cause-linked products and support prosocial campaigns than consumers with

an individualistic mind set (Chang & Cheng, 2015). This finding might be because collectivists often have other-serving motives that impel them to adhere to social norms and the perceived expectations of others (Chang & Cheng, 2015).

Research has further found that a practical and individualistic mind set is positively related to scepticism toward CARE advertising, whilst a hedonic and collectivistic orientation is negatively related to scepticism toward CARE advertising (Chang & Cheng, 2015). It has been suggested that scepticism can be countered by providing consumers with the opportunity to select the cause/donation recipient featured in the CARE campaign (Robinson et al., 2012). Some research has shown that choice is preferred by individualists, whilst other studies have stated that collectivists care more about contributing to society and thus place greater value on cause choice (Robinson et al., 2012). The latter relates to the positive influence of cause choice on perceived personal role typically experienced by collectivists (Robinson et al., 2012).

Culture represents a broad influence that often exists on a national level within a country. Subcultures hold aspects of culture, but also contain other elements of identification. Subculture and social status as it applies to CARE will be discussed.

5.6.2 Subculture

Each culture comprises smaller groups that “provide more specific identification and socialisation for their members” (Kotler & Keller, 2009:190). These smaller groups are also referred to as subcultures, which refer to “groups with shared values, beliefs, preferences, and behaviours emerging from their special life experiences or circumstances” (Kotler & Keller, 2009:121). Subcultures can include, for instance, religious-based groups or sport-based groups and are important as they often influence the way in which decisions are made (Blythe, 2008; Schiffman & Kanuk, 2000). For instance, consumer behaviour is directly affected by religion in terms of products that are symbolically and ritualistically associated with the celebration of various religious holidays (Schiffman & Kanuk, 2000).

In South Africa, ethnic subcultures are often based on religion, language and race (Lamb et al., 2008). Religion in particular has been found to play a role in charitable giving (Sargeant, Ford & West, 2006) and has been mentioned in CARE research as well (Hammad et al., 2014). Most religions inspire moral conduct, although the strength and commitment to such moral conduct and the extent to which it influences consumer decisions, vary (Hammad et al., 2014). Religious involvement can influence consumers’ likelihood to participate in CARE

and research has indicated that religious people are more likely to donate and support charitable causes than those who are non-religious (Bekkers, 2006). However, it has also been found that faith-based donations are decreasing, that religious individuals' contributions to secular causes are growing and that individuals are opting for other forms of donating, such as CARE (Anderssen, 2011).

Participating in CARE allows consumers to be part of a pro-social subculture without donating through traditional channels such as churches. Membership to such a group can contribute positively to an individual's self-concept, image and social status (Foxall, Goldsmith & Brown, 1998). In addition, it can also contribute to the consumer's social capital ("the social networks and connections people possess which may be used not only to gain information about the volunteer and donor markets, but also to ease access to these markets") and direct future decision-making, behaviour and spending (Bryant et al., 2003:45). Some consumers may, however, hold a negative disposition toward strategies such as CARE or toward NPOs. In the current study only respondents who were familiar with and held neutral to positive attitudes toward the featured NPO were included.

5.6.3 Family and households

The concept of family plays an important role in consumer and donor behaviour – the family and its members can be regarded as the most influential primary reference groups (Kotler & Keller, 2009).

Cultural differences exist about what constitutes a family. General definitions usually include parents and their natural or adopted children as part of a family, but some cultures extend the definition to include aunts, uncles, grandparents, and cousins, all living in the same household and sharing consumption (Blythe, 2008). Blythe (2008) suggests that the concept of family can be understood according to four characteristics: (1) face-to-face contact, (2) shared consumption, (3) subordination of individual needs, and (4) the purchasing agent, in other words, the person who does most of the shopping for the family.

The family is the primary source of the socialisation process – it is where consumers learn about consumption and it is also where individuals are exposed to charitable giving (Schiffman & Kanuk, 2015; Burgoyne et al., 2005). The family determines the roles of individual members of a family (Kotler & Keller, 2009; Hawkins et al., 2001; Schiffman & Kanuk, 2000). Different family members usually have different decision-making abilities and responsibilities, different levels of power, and also different brand evaluations and

preferences (Blythe, 2008; Schiffman & Kanuk, 2000). Such roles, responsibilities, evaluations and offers will influence charitable giving and the effectiveness of CARE campaigns. For example, the family member who takes responsibility for purchasing the family's fast moving consumer goods will have the power to decide for or against a cause-linked product.

In terms of charitable giving and CARE, reference is often made to the influence of household characteristics rather than family traits (Galan-Ladero et al., 2015; Lafferty & Edmondson, 2014). Burgoyne et al. (2005) contend that charitable involvement and giving by individuals may differ substantially from that of the multi-person households of which many potential CARE-participating consumers form part. Banks and Tanner (1997), for instance, found proof that households with children increase the probability of giving by three per cent. In multi-person households numerous intra-household processes that have the potential to impact on donation and purchasing decisions take place (Burgoyne et al., 2005), while in a family household there is likely to be some form of financial system that governs the spending of the household and influences individual financial autonomy and decision-making. Also, within a household, decisions about charitable giving (e.g. whether to give, to whom to give, how much to give, etc.) may be a joint family activity. (Burgoyne, 1990; Burgoyne & Morison, 1997; Pahl, 1989) Families may influence the perceptions that their members have about charity and charitable giving and also possibly determine whether the convention of making contributions to good causes is acquired and developed (Burgoyne et al., 2005). Andreoni, Brown and Rischall (2003) found that in the United States of America in married households, 53 per cent of decisions to engage in charitable giving are made jointly by men and women, 28 per cent are made primarily by the woman in the household, and 19 per cent of decisions are made mainly by the man. One may deduce that households will impact on CARE, albeit only because household purchases are usually done by one member of the family who then has the power to choose a CARE product on behalf of the rest of the family.

As with charitable giving in general, in CARE the composition of the household will influence how roles and responsibilities are distributed, what is purchased and consumed, and also the level of household income (Webb & Mohr, 1998). Income has been reported to influence consumer responses to CARE (Vanhamme et al., 2012) – middle- to higher income consumers were found to be more socially conscious (Webb & Mohr, 1998). These results were obtained in a developed market context (Webb & Mohr, 1998). Hammad et al. (2014) conducted similar research in Egypt and found that higher-income consumers held more

favourable attitudes toward the participating firm. In the current study, only respondents who formed part of a LSM 7 to 10 household were considered.

5.7 SUMMARY AND CONCLUSION

The main objective of this chapter was to gain an understanding of the consumer as an important role player in CARE and to delineate the constructs to be assessed in this study. For this purpose, overviews of consumer behaviour, consumer decision-making and behavioural intentions were provided. Purchase and participation intentions were discussed in-depth due to their importance in the current study.

The internal and external moderators that have the ability to influence consumer behaviour and consumer responses to CARE in particular, were addressed. The internal moderators included perception, learning, attitude, motivation and personal traits. Perceived firm motives and the attitudinal constructs of attitude toward the advertisement, toward the offer (cognitive and affective) and toward the alliance received specific attention due to their relevance to the communication perspective adopted in this study. Research indicated that findings pertaining to these constructs differed within different contexts and that the independent and interactive influence of several CSEs on these variables remain inconclusive.

The external moderators that applied to CARE specifically were culture, subculture, family and households. These factors and their relevance to CARE were discussed. Chapter 5 concluded the secondary research that was conducted for the purpose of this research. This research discussed the relationship between business and society (Chapter 2), introduced CARE as a strategy through which firms, society and consumers can benefit (Chapter 3), elaborated on CARE structural elements that play a key role in achieving campaign success (Chapter 4), and provided an overview of the factors that influence consumer responses to CARE campaigns (Chapter 5). The secondary research also assisted in identifying the independent and dependent variables that are meaningful to achieving the objectives of this research.

Chapter 6 will delineate the methodology adopted for gaining improved insights about CARE in South Africa.

CHAPTER 6

METHODOLOGY

The secret of success is to know something nobody else knows.

Aristotle Onassis, shipping magnate

6.1 INTRODUCTION

Chapters 2 to 5 provided an overview of the relationship between business and society, introduced the concept of cause-related marketing (CARE), discussed the campaign structural elements (CSEs) that are applicable when planning CARE campaigns, and explained consumer responses to CARE.

In this chapter, the methodology employed in the study is described. An overview of the research structure, the mixed-method research approach and the research process is provided, followed by a detailed explanation of the primary research that was conducted to contribute to the extant body of CARE knowledge. Both qualitative and quantitative research were conducted. Qualitative inquiry in the form of focus groups was guided by a theory-based discussion guide. The purpose of the qualitative research is discussed along with a delineation of the research process, the composition of the focus groups and the analyses of the findings. The focus groups provided insights about South African consumers' knowledge and opinions of CARE, as well as input for the development of the quantitative research design. The qualitative research findings are provided in Chapter 7.

The qualitative research was succeeded by the quantitative research. In this chapter the 2 X 2 X 2 X 2 between-subjects factorial experimental design that guided the data collection process is discussed. An overview of the stimuli development process is provided as well as an explanation of the independent and perceptual, attitudinal and intention-related dependent variables of the study. The questionnaire development, sampling and data collection processes are also described. Following the in-depth discussion of the quantitative research processes, the chapter concludes by introducing the analysis techniques that were used to extract meaning from the data (Chapters 8 and 9) before proceeding to the discussion of the inferences made from the results (Chapter 10). Prior to providing an overview of the methodology of this study, the chapter commences with a brief review of the problem statement that prompted the research.

6.2 PROBLEM STATEMENT

The business domain has changed to such an extent over the past decades that firms are impelled to increase their societal involvement by means of approaches that yield measurable returns (Misra, 2014). CARE represents such an approach and offers several benefits for firms, NPOs and consumers (Kim & Johnson, 2013; Pharr & Lough, 2012; Sheikh & Beise-Zee, 2011; Krishna, 2011; Tustin & Pienaar, 2015; Varadarajan & Menon, 1988). However, the effectiveness of CARE seems to depend on the CSEs that are selected for the campaign (Grau & Folse, 2007). These elements transmit cues to consumers and have an impact on their responses to CARE (Grau & Folse, 2007). Research has suggested that CSEs are contextual, thus resulting in different consumer responses across cultural contexts (La Ferle et al., 2013; Subrahmanyam, 2004; Strahilevitz, 1999). Further, CARE studies have indicated that the influence exerted by CSEs often occur in an interactive manner (Chang & Cheng, 2015; Chang, 2008). However, to avoid complexity, many CARE studies have assessed only two or three independent variables simultaneously and insights about the simultaneous effect of several CSEs are lacking (Chang & Cheng, 2015). Given the number of potential CSEs, the multiplicity of their possible permutations, the simplicity of some previous studies and the contextual nature of CARE (La Ferle et al., 2013; Chang, 2008), further research about the influence of these elements – particularly those CSEs that are visible to consumers during campaign communication – on consumer responses have been recommended. These CSEs include the cause-linked product, the donation recipient, donation magnitude and the donation expression format.

Most previous CARE studies have adopted the hedonic-utilitarian framework when assessing the role of the product in CARE campaigns (Subrahmanyam, 2004; Strahilevitz, 1999). In contrast, the interest of the current study is the influence of product involvement in CARE campaigns.

The majority of CARE studies have focused on investigating the for-profit partner (Lafferty & Edmondson, 2014; Chang, 2011; Chang & Liu, 2012; Lavack & Kropp, 2003; Strahilevitz & Myers, 1998; Strahilevitz, 1999). A main focus of the current study is the exploration of the donation recipient and its brand-related properties in driving CARE effectiveness (Lafferty & Edmondson, 2014; Engelbrecht & Du Plessis, 2004).

Donation magnitude and donation expression format have been investigated in previous CARE studies (Das et al., 2014; Chang & Liu, 2012; Chang, 2011; Chang, 2008). The results have suggested that the influence exerted by these elements often occur in interaction with

other elements, but the findings have been elusive and inconclusive (Chang, 2011; Chang, 2008). The current research acknowledges the interactive nature of donation magnitude and donation expression format and therefore explores it in conjunction with the other two CSEs that are typically communicated to consumers, namely the product and the donation recipient.

The influence of the above-mentioned independent variables on the attitudinal, intention- and perception-related responses of consumers is unknown. Few CARE studies have focused on understanding consumer attitudes toward those aspects that exist specifically as a result of the campaign. These aspects that were investigated in the current research are CARE advertisement, the CARE offer and the CARE alliance. Therefore, in the current research, consumer attitudes toward these attitude aspects were assessed.

Behavioural intentions are extensively influenced by consumer attitudes (Schiffman & Kanuk, 2015; Ajzen & Fishbein, 1977). In CARE research a distinction is often made between purchase and participation intention. However, which of these intentions are most affected by CSEs and most suitable as an indicator of CARE success have not yet been assessed. Therefore the current study assessed the influence of the previously mentioned independent variables on both purchase and participation intention.

Research about CARE in South Africa has been limited despite the potential value of the strategy and evidence of the contextual nature thereof (Corbishley, 2014; Corbishley & Mason, 2011; Tustin & Pienaar, 2005; Engelbrecht & Du Plessis, 2004). Whether CARE results from other countries are applicable to the South African marketplace is unclear. Likewise, South African consumers' perceptions, knowledge, opinions, attitudes and intentions pertaining to CSEs are not known, thereby hindering the effective design of CARE campaigns. The purpose of this study was to address the gaps revealed in the above discussion.

6.3 OVERVIEW OF THE RESEARCH PURPOSE, STRUCTURE AND APPROACH

Marketing research has the ability to provide information that empowers marketers with better decision-making ability (Malhotra, Birks & Wills, 2012; Malhotra, 2004). In the current study, the scientific method was applied to search for the truth about selected CARE phenomena (Zikmund & Babin, 2010). The overall purpose of the research will be briefly introduced and more specific qualitative and quantitative objectives will be stated later in the

chapter. A discussion of the methodology that is presented in this chapter will follow to clarify the study's research process. In particular, the role of secondary and primary research will be explained.

The overall purpose of the research was to gain an understanding of South African consumers' views and opinions about CARE, and to assess the influence of selected CSEs on consumer responses in a South African context. As discussed in the literature review of the study (Chapters 2 to 5), several CSEs have previously been examined. However, in this study it was intended to explore the impact of those CSEs (1) that are visible to consumers during CARE communication; (2) that have not been addressed collectively; (3) that are particularly relevant in the South African context; and/or (4) that seem to influence campaign success but have hitherto remained elusive in the nature of their impact.

Secondary and primary (both qualitative and quantitative) research were conducted to fulfil the purpose of the research.

6.3.1 Secondary research

In this study secondary research was conducted as discussed in Chapters 2 to 5. Several sources, including the following, were consulted:

1. academic books that were available both off-line and online provided credible representations of acknowledged business, marketing and research-related theories;
2. popular books in which observations about marketing, CARE and the interaction between business and society are presented from a practitioner's point of view;
3. published, scientific articles that provided a thorough understanding of existing research about CARE, and other related topics that are relevant for this research, such as CSR, marketing, marketing communications and consumer decision-making;
4. popular articles in which the latest views on CARE and the role of business and marketing in society are discussed; and
5. dissertations that address CARE and its impact on the perceptual, motivational and attitudinal responses of consumers.

Throughout the secondary research the authenticity of the data sources and the methods used to generate the data were considered (Mouton, 2001).

The literature review indicated that the findings of a number of CARE publications are based on student samples, also referred to as Generation Y. Generation Y findings are valuable owing to the societal inclinations and spending power of this group (Cui et al., 2003). However, the population of interest in this study was income-earning individuals of whom it is assumed that they, in contrast to student samples, conduct their purchases with their own money and not with funding received from parents, guardians, or bursaries, etc. It was further evident that experimental research is often prevalent in CARE research owing to its ability to consider the differential impact of CSEs on campaign effectiveness. It is, however, only in the past decade that the assessment of the influence of more than one CSE simultaneously has become prominent during CARE research (Grau & Folse, 2007).

This secondary research process provided a platform for the planning and implementation of the primary, empirical research in this study.

6.3.2 Primary research – a mixed-method approach

Primary research delivers original data that have been collected specifically to address the research problem of the study in question (Malhotra et al., 2012). It is imperative that primary research be conducted according to a well-planned research process that results in accurate and relevant findings (Malhotra & Birks, 2003). The research process adopted for this study is summarised in Table 6.1.

Table 6.1
The research process for this study

	Step in research process	Relevance for current research
Step 1	Determine the research question and define the information needed	The research questions resulted from secondary research and inferred the necessity for both general CARE insights and more specified CSE research in South Africa.
Step 2	Decide whether the overall design is to be exploratory, descriptive or causal in nature and determine the appropriateness of a mixed-method design	A mixed-method approach, allowing for exploration and the assessment of causality, was viewed as particularly appropriate for addressing the overall research questions.
Step 3	Select the research design (mixed-method, if applicable) and design the sequence of techniques of understanding and/or measurement	A combination of qualitative focus groups (including a small quantitative component in the form of a self-completed questionnaire), followed by quantitative experimental research was deemed appropriate to address the research questions.

Table 6.1 (continued)

		Qualitative	Quantitative
Step 4	Specify the qualitative and/or quantitative sampling process and sample size	Participant selection in conjunction with marketing research agency according to the specified criteria (Income level: LSM 7+; Gender: male, female; Race: black, white)	Respondent recruitment in conjunction with marketing research agency according to the specified criteria (Income level: LSM 7+; Gender: male, female; Race: black, white).
Step 5	Construct and pre-test an appropriate form for data collection or questionnaire and then collect the data	Focus groups conducted according to a discussion guide with conversations recorded and transcribed. Exploratory questionnaire completed.	Questionnaires containing reliable scales, pre-tested and finally completed online by individuals who were assigned to experimental groups.
Step 6	Develop a plan for qualitative and/or quantitative data analysis and proceed to analyse the data.	Analysis code and theme identification, followed by manual analyses.	Descriptive and inferential (ANOVA) statistical analyses by means of IBM SPSS.
Step 7	Interpret the data	Integrating the qualitative insights with extant theory and interpreting it as input for the quantitative research design.	Interpreting the experimental findings.
	Step in research process (continued)	Relevance for current research (continued)	
Step 8	Draw conclusions and write the final report.	Extracting meaning from the qualitative and quantitative research, making recommendations to researchers, marketing and non-profit practitioners and drawing final conclusions about the value of the research for CARE.	

Source: Adapted from Johnson and Onwuegbuzie (2004); Malhotra and Birks (2003)

As can be seen in Table 6.1, the primary data in this study were collected by means of a mixed-method research approach, also described as convergent methodology/validation (Campbell & Fiske, 1959) or triangulation, which means combining two or more theories or sources of data to study the same phenomenon in order to gain a more complete understanding of it (Sale, Lohfeld & Brazil, 2002). The mixed-method research approach embraces the pragmatic method and system of philosophy (De Waal, 2001). The inquiry logic of this approach includes the use of induction (“discovery of patterns”), deduction (“testing of theories and hypotheses”) and abduction (“uncovering and relying on the best of a set of explanations for understanding one’s results”) (Johnson & Onwuegbuzie, 2004:17; De Waal, 2001).

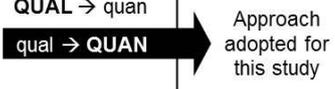
Mixed-method research views qualitative and quantitative methods as complementary rather than conflicting phases in the research process (Johnson & Onwuegbuzie, 2004; Jick, 1979). In this study, focus groups were conducted as the qualitative phase of the empirical research with the purpose of discovering insights about South African consumers’ views on CARE and

to contribute to the planning and implementation of the quantitative research phase. The complementary nature of mixed-method research was thus embraced.

Gummesson (2005) condenses the views of Saunders (1999) and Van Maanen (2000) about the value of applying qualitative and quantitative research as complementary approaches: “quantitative methods take marketing from an art to a science, from conjecture to rigour” (Saunders, 1999:85), but “meaning and interpretation are required to attach significance to counts and classifications and these are fundamentally qualitative matter” (Van Maanen, 2000:x). Van Maanen (2000:x) further states that the two approaches of qualitative and quantitative research are “bound together, neither capturing truth alone nor trumping the other”. In Figure 6.1, possible combinations of qualitative and quantitative research phases are presented as part of a mixed-method design matrix (Smith, 2015; Johnson & Onwuegbuzie, 2004).

Figure 6.1
Mixed-method design

		TIME ORDER DECISION	
		Concurrent	Sequential
PARADIGM EMPHASIS DECISION	Equal status	QUAL + QUAN	QUAL → QUAL QUAN → QUAL
	Dominant status	QUAL + quan QUAN + qual	QUAL → quan qual → QUAN QUAN → qual quan → QUAL


 Approach adopted for this study

Source: Adapted from Johnson and Onwuegbuzie (2004:22)

The approach relevant to this research is also indicated, namely a sequential time order decision with a paradigm emphasis stance where quantitative research holds a somewhat more dominant status and takes place after qualitative research. In the remainder of the chapter the qualitative and quantitative research processes applied in the study are discussed.

6.4 QUALITATIVE RESEARCH

Qualitative research addresses marketing objectives through techniques that enable the researcher to provide intricate interpretations of market phenomena without depending on numerical measurement (Zikmund & Babin, 2016). As the word *qualitative* implies, this type of research focuses on the qualities of entities (Lincoln & Denzin, 2003) rather than on quantities (Zikmund & Babin, 2016).

6.4.1 Qualitative research method

Focus groups were selected as an appropriate method for achieving the objectives of this research. Focus groups usually consist of approximately six to ten people who are led in discussion by a trained moderator (Stewart & Shamdasani, 2015). A discussion guide that is prepared prior to the focus group is typically used by the moderator to direct the conversations in the group (Zikmund & Babin, 2016; Loots, 2009). Focus groups were deemed suitable for this research as it allowed for flexible conversations where participants could stimulate thoughts amongst each other and more in-depth elaborations could be prompted by the moderator. The focus groups also enabled the scrutiny of body language as a silent message indicator (Zikmund & Babin, 2016), providing a deeper understanding of participants' views on CARE.

6.4.2 Purpose of the consumer focus groups

The focus groups fulfilled several roles in this research. The initial purpose was to explore the extant knowledge and understanding of South African participants about CARE, and to gain more insight about their opinions, perceptions and attitudes pertaining to the strategy.

A further purpose of using focus groups was to investigate participant responses to several CARE CSEs, some of which are visibly communicated to consumers during campaigns and others that are not directly communicated, and to gain insight about the elements that exert the largest impact on decision-making.

The focus groups were also used to guide the selection of CARE CSEs for inclusion as independent variables in the quantitative research phase of this study. Stimuli development thus occurred subsequent to the focus groups and as a result of the knowledge gained during this process.

6.4.3 Focus group research approach

Calder (1977:355) states that qualitative research should not merely be viewed as "doing research without numbers". Rather, qualitative research can be viewed from three different perspectives that include the following (Calder, 1977):

1. The exploratory approach aimed at generating scientific constructs and validating them against everyday experience.
2. The clinical approach aimed at using second-degree scientific constructs without numerical measurement.
3. The phenomenological approach aimed at understanding the everyday experience of the consumer.

In the current research a phenomenological approach was adopted to develop an understanding of the focus group participants' everyday knowledge, opinions and experiences pertaining to CARE in the South African context (Smith, 2015; Zikmund & Babin, 2016). The phenomenological approach was considered throughout the focus group planning and implementation process.

6.4.4 Focus group collaboration with marketing research agency

The focus groups were planned and implemented in conjunction with a marketing research agency, namely The Solution Workshop, who specialises in qualitative research. The researcher remained at the helm of the scientific soundness and theoretical foundation of the research process, whilst the agency was responsible for several aspects of the focus group design and implementation process, including the following:

1. The Solution Workshop was responsible for the recruitment of participants for the focus groups according to the criteria that were defined by the researcher (income, gender, race).
2. The agency made all logistical arrangements for the groups, except for the pilot group that was held at Stellenbosch University for convenience purposes. The six remaining focus groups were all conducted in Johannesburg, the economic hub of South Africa, to ensure the availability of both white and black participants who formed part of LSM 7 and above. These participants were more likely to be familiar with CARE campaigns as such campaigns seemed to be more prevalent in Gauteng than in other provinces at the time of the research. The focus group venue was equipped with recording

equipment and one-way glass through which the progress of the group could be observed by the researcher throughout the discussions.

3. The Solution Workshop assisted the researcher in the planning of the focus group procedure, the development of the discussion guide and the compilation of questionnaires that were used during the focus groups to capture initial data in preparation for consequent research phases. Secondary research provided the input required for the formation of the discussion guide and the questionnaire.
4. The agency acted as focus group moderators. As suggested by the phenomenological approach, emphasis was placed on the professional qualifications of the moderators, but more specifically on the employment of moderators whose own backgrounds and/or characteristics made it easier to engage with a particular consumer segment.
5. Finally, The Solution Workshop was responsible for the recording and transcription of the focus group discussions.

Although the Solution Workshop fulfilled a substantial role in the implementation process, the composition of the focus groups was determined by the researcher. The researcher was also responsible for analysing the focus groups transcripts.

6.4.5 Focus group composition

The composition of the focus groups was planned according to the objectives of the study and input from secondary research. The criteria for the participant selection and the composition of the focus groups were the following:

1. Gender: male and female participants were recruited and assigned to separate groups. Excluding the pilot group that consisted of both male and female participants, focus groups were thus either male or female, because of potential gender differences and to facilitate ease of discussion and respondent comfort.
2. Income: participants who were part of a LSM 7 to 10 household were considered for the qualitative research. Thus, only households whose income allowed for donations or purchases of cause-linked products were considered in the research.
3. Race/ethnicity: black and white consumers were recruited for the focus groups and assigned to separate groups. There were three reasons why only black and white participants were included in the focus groups. Firstly, these two groups (as defined and categorised by the South African Government) are the largest racial groups in South Africa. Secondly, these groups are historically different in terms of cultural

heritage and values. Thirdly, the cost of qualitative and quantitative research limited the inclusion of ethnic minorities or all South African racial groups.

4. Age: although no individuals were excluded from the qualitative or quantitative research based on age, age is viewed as an important variable that influences donation behaviour (Bekkers & Wiepking, 2011). In the current research, age was considered in conjunction with work status and income level to ensure that all participants were part of an income-earning household with the ability to donate.

The criteria for the participant selection and composition of the focus groups are summarised in Table 6.2.

Table 6.2
Focus group participation criteria and group profiles

FOCUS GROUP PARTICIPATION CRITERIA							
Criteria	Description						
Gender	Male; Female						
Income	LSM 7 to 10 (higher income)						
Age	Income generating; Older than 22 years; Non-students (all with secondary and many with tertiary education)						
Population group	Black; White						
FOCUS GROUP PROFILES							
Criteria	Pilot group	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Gender	Male; Female	Female	Male	Female	Male	Female	Male
Income	LSM 7+	LSM 7+	LSM 7+	LSM 7+	LSM 7+	LSM 7+	LSM 7+
Age	22+ years	22+ years	22+ years	22+ years	22+ years	22+ years	22+ years
Population group	White; Coloured	White	White	Black	Black	Black	Black

As evident in Table 6.2, participants were categorised in focus groups based on race and gender to facilitate ease and comfort of interactions in the focus groups. Owing to monetary constraints and the logistical impact of additional independent variables in an experiment, race and gender were not included in the study as treatment variables. However, in the final empirical research, respondents were assigned to experimental groups in such a way that equivalent representation in terms of gender and race was ensured. Equal distribution among the groups was statistically confirmed before inferential statistics were conducted. As indicated in Table 6.2, seven focus groups in total (each between 6 and 10 people in size), including a pilot group, were conducted.

6.4.6 Pilot group composition and purpose

The pilot focus group was conducted in Stellenbosch. The location and composition of the group were selected for convenience purposes. Participants were all employees of Stellenbosch University's Faculty of Economic and Management Sciences. The group consisted of male and female participants from various racial groups who formed part of LSM 7 and above.

The goal of the pilot group was to assess the suitability of the planned focus group procedure and discussion guide to achieve the research objectives. It was also meant for testing a short questionnaire that was developed for capturing initial quantitative insights to assist in the planning of subsequent research phases.

After conducting the pilot group, the suggestions of the group members were considered and incorporated where relevant. Minor revisions were made to the focus group discussion guide and questionnaire. The pilot group participants suggested that CARE examples should be shown during the focus group to stimulate further discussion about the topic and its visible campaign elements. Accordingly, the addition was made to the discussion guide and the procedure of the focus groups conducted later by The Solution Workshop.

6.4.7 Focus group discussion guide

A discussion guide is a written focus group outline that documents the planned introductory comments that inform the participants about the purpose and rules of the group and then proceeds to summarise the topics and/or questions to be addressed during the session (Zikmund & Babin, 2010).

The discussion guide for this study was based on an overview of CARE theory and practical campaign examples. The purpose of the document was to provide structure to the focus group and guide the moderator during the process. The discussion guide and thus the focus groups broadly comprised the following four sections:

1. Focus group procedure, participant and topic introduction and warm-up.
2. Discussion following exposure to CARE advertisement examples.
3. Conversation about CARE as a concept.
4. Contributions about what constitutes the ideal CARE campaign.

The complete focus group discussion guide is available as Addendum 6.1 of this dissertation.

6.4.8 Questionnaire completed during focus groups

The questionnaire that formed part of the focus group procedure was developed for the purpose of quantitatively exploring factors that influence social campaigns such as CARE, and also to clarify stimuli and key factors for the subsequent research phase.

The questionnaire is included as Addendum 6.2 of this document. It contains seven parts:

1. Part A and B: Part A assessed demographic characteristics, whilst aspects such as knowledge about and attitude toward CARE, and perceived firm motives for participating in CARE were addressed in Part B.
2. Part C and D: In Part C personality characteristics and in Part D spirituality and religiosity were briefly explored as these aspects have all been mentioned as role players in consumer decision-making (Basil & Weber. 2006). However, as participants responded negatively to the inclusion of spirituality and religion in a marketing-related questionnaire, the data resulting from the questions were excluded from the focus group analyses and similar inquiry was not repeated in the final quantitative data collection process. Also, questions pertaining to personality traits that were included in the questionnaire were not included in further analyses as the scale was not deemed reliable.
3. Part E was a critical contributor to the quantitative research as it addressed the CSEs of product involvement, donation magnitude and donation expression format. Firstly, in Part E the involvement levels associated with a glue stick and a laptop computer – according to the general description of involvement by Lamb et al. (2010) – were measured. Secondly, the Rand amount and the percentage-of-price that participants viewed as small, medium, high and acceptable donation magnitudes to charitable organisations, given a specific product (glue stick and a laptop computer) and price level, were explored.
4. Finally, Part F shifted inquiry to the donation recipient in CARE campaigns. Six NPOs were pre-selected and participants were asked to express their top-of-mind familiarity with and attitude toward each organisation. Thereafter a detailed description of each NPO was provided and participants were tasked with ranking a product-non-profit partnership from *worst fit* to *best fit* for both a laptop computer and a glue stick scenario. Participants were also asked to elaborate on the five characteristics that come to mind when thinking about a laptop computer and a charitable organisation

respectively. These associations were necessary as input for the compilation of the experimental stimuli.

The data generated from the questionnaires were analysed with Microsoft Excel and IBM SPSS Statistics. The findings are discussed in Chapter 7 in conjunction with the other insights gained from the focus group analyses.

6.4.9 Focus group analysis

The focus group discussions were recorded and subsequently transcribed into Microsoft Word for analyses purposes. The majority of the qualitative analyses were conducted manually. Themes in the discussion guide, the literature review and the focus group conversations were used as a framework to gain an understanding of consumer knowledge and opinions about CARE, their preferences pertaining to CARE campaigns and various CSEs.

The quantitative data were analysed by means of Microsoft Excel and IBM SPSS. The findings assisted in making decisions about the campaign structural elements to be assessed in the final quantitative research of this study.

More information about the approach followed to analyse the qualitative and quantitative insights collected during the focus groups are provided in Chapter 7 where the findings from the focus groups are presented. Chapter 7 concludes with the relevance of the focus group findings for the subsequent empirical research.

6.5 QUANTITATIVE RESEARCH

Quantitative research was conducted to address the research objectives that developed from the secondary and qualitative research (Zikmund & Babin, 2010). Hypotheses were set accordingly and empirical assessments encompassing numerical measurement and analysis were employed (Zikmund & Babin, 2010). An overview of the quantitative research process is provided next.

6.5.1 Quantitative research purpose, objectives and hypotheses

As will be discussed in Chapter 7, the qualitative focus groups contributed to an improved understanding of the preferences and opinions of South African consumers pertaining to CARE. It also assisted in guiding the quantitative research phase by exposing the CSEs that are prominent role players in the success of CARE according to South African consumers. These CSEs were selected for assessment in the quantitative research as the elements also adhered to one of the boundaries of the study set during the literature review, namely to focus on aspects that are visible to consumer during campaign communication.

The resulting purpose of the quantitative research was to assess the individual, interactive and collective influence of product involvement, donation recipient specificity, donation magnitude and donation expression format on consumer responses to CARE.

A primary objective of CARE campaigns is selling the cause-linked product. Therefore intentions to participate in the CARE campaign and to purchase the product were assessed. In terms of the attitudinal impacts of interest, the following were assessed: attitude toward the advertisement (stimulus), attitude toward the complete CARE offer (cognitive and affective attitudes) and attitude toward the alliance portrayed in the CARE advertisement. Perceived firm motives were identified as an important potential role player in CARE persuasion attempts and therefore also became a focus of the study.

Considering the overall purpose of the study, specific quantitative research objectives were set and are summarised in Table 6.3.

Table 6.3
Quantitative research objectives for final experiment

Number	Research objectives
0	To assess the collective influence of product involvement, donation recipient brand specificity, donation magnitude and donation expression format on the following dependent variables: a) purchase intention b) participation intention c) attitude toward the CARE advertisement d) cognitive attitude toward the CARE offer e) affective attitude toward the CARE offer f) attitude toward the alliance g) perceived firm motives
1a-d	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude and (d) donation expression format on consumer intention to purchase the product portrayed in the CARE campaign.

Table 6.3 (continued)

Number	Research objectives
1e	To assess the interactive influence of product involvement, donation recipient specificity, donation magnitude and donation expression format on consumer intention to purchase the product portrayed in the CARE campaign.
2a-d	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude and (d) donation expression format on consumer intention to participate in the CARE campaign.
2e	To assess the interactive influence of product involvement, donation recipient specificity, donation magnitude and donation expression format on consumer intention to participate in the CARE campaign.
3a-d	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude and (d) donation expression format on consumer attitude toward the CARE advertisement.
3e	To assess the interactive influence of product involvement, donation recipient specificity, donation magnitude and donation expression format on consumer attitude toward the CARE advertisement.
4a-d	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude and (d) donation expression format on cognitive consumer attitude toward the CARE offer.
4e	To assess the interactive influence of product involvement, donation recipient specificity, donation magnitude and donation expression format on cognitive consumer attitude toward the CARE offer.
5a-d	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude and (d) donation expression format on affective consumer attitude toward the CARE offer.
5e	To assess the interactive influence of product involvement, donation recipient specificity, donation magnitude and donation expression format on affective consumer attitude toward the CARE offer.
6a-d	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude and (d) donation expression format on consumer attitude toward the CARE alliance portrayed in the campaign.
6e	To assess the interactive influence of product involvement, donation recipient specificity, donation magnitude and donation expression format on consumer attitude toward the CARE alliance portrayed in the campaign.
7a-d	To assess the influence of (a) product involvement, (b) donation recipient specificity, (c) donation magnitude and (d) donation expression format on perceived firm motives.
7e	To assess the interactive influence of product involvement, donation recipient specificity, donation magnitude and donation expression format on perceived firm motives.

The hypotheses associated with the set research objectives are summarised in Table 6.4.

Table 6.4
Research hypotheses

Number	Research hypotheses
H ₀	All group means are equal (the independent variables of the study did not influence the dependent variables).
H _{01a-d}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude and (d) donation expression format will not influence consumer intentions to purchase the cause-linked product featured in the CARE campaign
H _{01e}	The interaction between the experimental main effects will not influence consumer intention to purchase CARE products.

Table 6.4 (continued)

Number	Research hypotheses
H _{02a-d}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude and (d) donation expression will not influence consumers' campaign participation intentions
H _{02e}	The interaction between the experimental main effects will not influence consumer intention to participate in a CARE campaign.
H _{03a-d}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude and (d) donation expression format will not influence attitude toward the CARE advertisement.
H _{03e}	The interaction between the experimental main effects will not influence attitude toward the CARE advertisement.
H _{04a-d}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude and (d) donation expression format will not influence cognitive attitude toward the CARE offer.
H _{04e}	The interaction between the experimental main effects will not influence cognitive attitude toward the CARE offer.
H _{05a-d}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude and (d) donation expression format will not influence affective attitude toward the CARE offer.
H _{05e}	The interaction between the experimental main effects will not influence affective attitude toward the CARE offer.
H _{06a-d}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude and (d) donation expression format will not influence attitude toward the alliance portrayed in the CARE campaign.
H _{06e}	The interaction between the experimental main effects will not influence attitude toward the alliance portrayed in the CARE campaign.
H _{07a-d}	(a) Product involvement, (b) donation recipient brand specificity, (c) donation magnitude and (d) donation expression format will not influence how the firm's motives for participating in the CARE campaign are perceived by consumers
H _{07e}	The interaction between the experimental main effects will not influence perceived firm motives for participating in CARE.

The achievement of the research objectives is only plausible if a feasible research design is selected to guide the research process. An experimental research design was selected as suitable for the requirements of this study as it allowed simultaneous assessment of multiple independent variables.

6.6 EXPERIMENTAL RESEARCH

Experimental research is a quantitative approach that is designed to ascertain the effects of presumed causes (Zikmund & Babin, 2010). Experimental research thus serves as a positional and statistical plan to designate relationships between experimental treatments and observations or measurement (Cooper & Schindler, 2006).

The potential to establish a cause-and-effect relationship is one of the key features of marketing research experiments (Zikmund & Babin, 2010). The cause is also referred to as the independent variable, whilst the effect is called the dependent variable (Burns & Bush,

2003). For a cause-and-effect relationship to occur, the cause must firstly precede the effect. Secondly, the cause must be related to the effect, and thirdly, the cause must be the only plausible explanation for the effect to occur (Hansen & Christensen, 2007). Manipulation is described as the process of altering the levels of a variable in specific increments and is usually required to trigger causal relationships (Hansen & Christensen, 2007).

Experiments can be conducted in laboratories or in the field. Laboratory experiments take place in an artificial setting, but allow the researcher to exert more control over the research setting and extraneous variables (Zikmund & Babin, 2010). In field experiments, manipulations are implemented in a natural environment (Zikmund & Babin, 2010). In the current research the experiment was conducted online. Online experiments share characteristics with laboratory and field experiments as one or more variables are manipulated and the researcher controls as many extraneous variables as possible (Hansen & Christensen, 2007). The Internet as data collection platform will be further discussed later in this chapter.

6.6.1 Experimental design for this study – factorial experiment

A factorial experiment was selected as the most appropriate research design for this study owing to its ability to assist marketers in investigating the concurrent effects of two or more independent variables on a single or multiple dependent variable(s) (Hair, Bush & Ortinau, 2008).

The effectiveness of CARE depends largely on the CSEs that are selected for the campaign. In the past decade, CARE researchers have acknowledged that CSEs often exert a collective influence on consumer responses (Grau & Folse, 2007). Support for the interactive impact of CSEs was echoed in the qualitative research findings as discussed in Chapter 7. A factorial design was therefore deemed most suitable for assessing the influence of selected CSEs and their interactions in the CARE domain.

As previously mentioned, the CSEs that were examined in this research were: (1) product involvement, (2) donation recipient brand specificity, (3) donation expression format, and (4) donation magnitude. The experiment thus included four independent variables, each featuring two experimental levels. The inclusion of only two levels for each independent variable to an extent limited the complexity of the experiment whilst still allowing for the assessment of interaction effects.

A between-subjects design was adopted for the research as differential results could be detected if each respondent was exposed to only one treatment combination. Although a between-subjects design is generally more costly due to greater sample size requirements, it has a positive impact on validity and is often simpler to analyse and report (Zikmund & Babin, 2010).

The final quantitative research method for this study was thus a 2 X 2 X 2 X 2 between-subjects factorial experiment as summarised in Table 6.5. The process for determining the independent variables and effect levels evident in Table 6.5, and the role of internal and external validity as determinants of the experiment's quality will subsequently be discussed (Zikmund & Babin, 2010).

6.7 INDEPENDENT VARIABLES AND EXPERIMENTAL MAIN EFFECTS

An experimental main effect refers to the average direct influence that a particular treatment of the independent variable has on the dependent variable (Cooper & Schindler, 2006). It is the experimental difference in means between the different levels of any single experimental variable (Zikmund & Babin, 2010). Main effects arise from independent variables – sometimes called predictor or treatment variables – that are directly manipulated in the experiment (Hair et al., 2008). Treatment variables usually comprise of natural or arbitrary groupings referred to as treatment levels (Cooper & Schindler, 2006). The treatment variables and levels for this study are summarised in Table 6.5 and are discussed afterwards.

Table 6.5
Independent variable summary

	Independent variables	Level 1	Level 2
1.	Product involvement A product that is either high-priced and requires extensive information search before purchase or that is low-priced and usually accompanied by low levels of information search.	Low	High
2.	Donation recipient brand specificity <i>(also referred to as donation recipient or donation recipient specificity)</i> The non-profit donation recipient featured in the CARE print advertisement stimulus can either be a branded charitable organisation or an unbranded, vague recipient.	Specified donation recipient	Vague donation recipient
3.	Donation expression format <i>(also referred to as donation expression)</i> The manner in which the donation amount is expressed (framed/communicated) in the CARE print advertisement stimulus.	Percentage -of-price	Actual amount in Rand
4.	Donation magnitude The size of the donation amount communicated in the CARE print advertisement stimulus.	High	Low

The nature and development of the treatment variables and levels for this study warrants further elaboration.

6.7.1 Product involvement

The concept of involvement was discussed in Chapter 4. For the purpose of this research, a simplistic approach, according to the framework provided by Lamb et al. (2010), was adopted. Product involvement is thus conceptualised by the price of the product, the type of decision-making and the extent of the pre-purchase information search typically associated with the product (Lamb et al., 2010). Two levels of involvement, namely low and high, were manipulated in the study.

In accordance with the education theme that was selected for this research, the products chosen for the study were a glue stick and a laptop computer. The glue stick represented a low involvement product as it was presumed to be associated with a low price, routine decision-making and limited pre-purchase information search. The laptop computer signified a high involvement condition as it was presumed to be high-priced and therefore associated with an extensive decision-making process and widespread pre-purchase information search.

When conducting experiments, researchers have to decide whether fictitious or real brands will be included in the research (Reast, 2005). In the current study, the selection of real brands for inclusion in the experimental stimuli contributed to external validity. Owing to the

selection of real brands, the existing attitudes toward the brands had to be assessed prior to continuing with the research to ensure that differences in the ultimate measurements were because of the experimental treatments and not because of initial differences in brand attitude. The implications of the brand attitude assessment process will be reported in Chapter 8.

Initially, during the qualitative research, the well-known *Pritt* glue stick brand was included in the research as the low involvement product, whilst *Acer* represented the high involvement laptop computer brand. The involvement levels of both the glue stick and the laptop computer were quantitatively assessed.

Focus group participants indicated an overwhelming support for the *Pritt* brand, which is known for its predominant red colouring with some black and white elements. Although focus group participants were generally positive toward the *Acer* brand, it was mentioned that a number of other brands, including Hewlett Packard (HP), Dell, Toshiba and Lenovo were also viewed as acceptable. At the time of designing the experimental stimuli, online lists of the best laptop computers were consulted. The brand appearances of various laptop computer brands were also reviewed. The online lists rated HP as one of the best laptops on the market and brand imagery was found that showed the usually black-and-white HP brand on a red computer screen (Interbrand, 2008). Therefore, an HP laptop computer was selected to be featured in the experimental stimuli.

The similar colouring of the low and high involvement brand elements enabled the designer of the stimuli to create advertisements that authentically featured similar colours, thereby contributing positively to the external validity of the stimuli.

6.7.2 Donation expression format

Donation expression format was discussed in Chapter 5. The literature review indicated that, in terms of monetary donations, four donation communication methods or expression formats can typically be distinguished, namely (1) actual amount expressions, (2) percentage-of-price expressions, (3) percentage-of-profit expressions, and (4) vague quantifiers (Pracejus et al., 2003).

For the purpose of this research, two levels of donation expression format were depicted in the experimental stimuli. Actual amount expressions were preferred by most of the focus group participants and mentioned in extant research as the most transparent CARE donation

expression format (Grau, Garretson & Pirsch, 2007). Theory indicates that percentage-of-price expressions represent the second most transparent donation expression format as it can be calculated by consumers (Olsen et al., 2003). This expression format was also preferred by some of the focus group participants. Actual amount and percentage-of-price expressions were thus selected as the two treatment levels of this variable owing to its transparency and clarity.

6.7.3 Donation magnitude

The discussion about donation magnitude in Chapter 5 indicated that researchers view this CSE as an important role player in CARE effectiveness, but that insight about what constitutes a suitable donation magnitude is lacking. The qualitative research suggested that, in addition to exerting an influence on CARE as an individual factor, donation magnitude also interacts with other CSEs such as donation expression format and product type. Donation magnitude was thus included in this research.

Ideally, research about the influence of a range of donation magnitudes will provide much needed insights about the role and selection of donation magnitude in CARE (Folse et al., 2010). However, for two reasons it was decided to include only two donation magnitude levels in the study: (1) the already complex nature of the research design would have been complicated even further if more donation magnitude levels were included, in turn perplexing the data analysis and extraction of meaning from the study's results, and (2) the inclusion of several donation magnitudes in the study might have decreased the discernibility of the different treatment levels and thus the validity of the study (Zikmund & Babin, 2010).

Research by Folse et al. (2010) emphasised the importance of ensuring that donation magnitude levels in experimental CARE research differ satisfactorily. Therefore, the donation magnitude levels for the current study were determined by means of a thorough process that took place during the focus groups. Participants were asked to indicate what they viewed as a low, medium, high and acceptable donation magnitude given a particular product and product price. The process was repeated for a low involvement (glue stick) and a high involvement (laptop computer) scenario. The process was also repeated for an actual amount and percentage-of-price donation expression format. The nature of the data resulting from the process is summarised in Table 6.6.

Table 6.6**Nature of data generated in the qualitative research**

Product	Low involvement: glue stick		High involvement: laptop computer	
Donation expression format	Actual amount in Rand	Percentage-of-price	Actual amount in Rand	Percentage-of-price
Donation magnitude	Low	Low	Low	Low
	Medium	Medium	Medium	Medium
	High	High	High	High
	Acceptable	Acceptable	Acceptable	Acceptable

During the research design it had to be decided whether the same donation magnitude would feature in both the low and high involvement scenarios. However, the focus groups clearly indicated that donation magnitude perceptions depend to a large extent on the nature and price of the product featured in the campaign. Donation magnitude decisions thus have to consider product and price information. It was later discovered that the donation expression format also plays a role in how the donation magnitude is perceived. These realisations and the work of Olsen et al. (2003), in particular, guided the donation magnitude decision-making process.

The resolution was made that all the donation magnitudes featured in the experimental stimuli were to adhere to either a low or high donation magnitude description, but that the actual donation amounts donated by Pritt would differ from the actual amount donations made by HP. Also, that the percentage-of-price amount would not exactly quantify to the actual amount donation, but would rather represent low magnitude and high magnitude in itself. In adherence to the suggestions of Folse et al. (2010), the low and high donation magnitude extremes were selected as the levels of the independent variable to be featured in the experimental stimuli.

The numerical values of the donation magnitudes were determined by means of the quantitative data collected during the focus groups. The mean and median were calculated for the high and low magnitude, actual amount and percentage-of-price expression format in both the high and low involvement scenarios. In the low donation magnitude case the lowest of the mean and median was selected as the experimental manipulation. In the high donation magnitude case the opposite approach was followed with the highest of the mean and median selected. This method ensured substantial differentiation between the low and high actual amount and percentage-of-profit donation. The donation magnitudes that were included in the final experimental stimuli are summarised in Table 6.7.

Table 6.7
Donation magnitudes for final experiment

Product	Low involvement: glue stick		High involvement: laptop computer	
	Actual amount in Rand	Percentage-of-price	Actual amount in Rand	Percentage-of-price
Donation expression format				
Donation magnitude				
Low	R1.50	1%	R65	1%
High	R9.50	20%	R750	15%

The prices of the products featured in the focus groups (glue stick: R15; laptop computer: R6 000) differed slightly from the products included in the final experiment (glue stick: R37.99; laptop computer: R7 999). In the final experiment, the following factors were taken into account: (1) inflation-related price increases, (2) product features preferred by participants in the focus groups (e.g. large instead of small Pritt), and (3) the decision to opt for realistic price expressions (e.g. R37.99 instead of R38), of which percentage-of-price donation expressions are more difficult to calculate. Therefore, the actual amount donation magnitude in the experiment was increased by the same factor as the price increase that occurred from the qualitative to the quantitative research. Care was taken to ensure that consistent adjustments were made throughout the process. The appropriateness of the outcomes of the donation magnitude decision process, in other words the selected donation magnitudes for inclusion in the experimental stimuli, was confirmed by means of the pre-test to the final study

6.7.4 Donation recipient brand specificity

Donation recipient brand specificity was discussed in Chapter 5. The literature review and conversations during the qualitative research provided the following insights that guided the inclusion of donation recipient brand specificity in the research and the selection of the treatment levels: (1) people are generally positive toward charitable contributions, (2) the donation recipient can have an impact on the success of CARE campaigns, (3) attitudes are typically not equally favourable toward all NPOs, and (4) firms often lack transparency about the beneficiaries of their CARE donations. Considering these findings, this study endeavoured to address the question whether consumers prefer CARE donations that are promised to branded NPOs, or to charitable causes in general where the donation recipient is not branded or specified. The two levels of the independent variable were thus: (1) a branded, specified donation recipient, and (2) a vague donation recipient. In the experimental stimuli, the vague donation recipient was represented by the word *charity*, for example: Buy

this HP laptop and HP will donate 15 per cent of the price of the product to charity. The selection of the specified donation recipient for portrayal in the stimuli was a more lengthy process.

During the focus groups participants were presented with six NPOs, namely Reach for a Dream, CANSA, Cotlands, the World Wildlife Fund, UNICEF and the Starfish Greathearts Foundation. Participants were asked to indicate their familiarity with and attitude toward each organisation on a one-item, 7-point Likert scale. Table 6.8 indicates that participants were familiar with all the NPOs ($\mu > 4$), except for Starfish Greathearts Foundation ($\mu = 2.98$). CANSA ($\mu = 5.1481$) and the World Wildlife Fund ($\mu = 4.5741$) were most well-known, probably attributed to extensive marketing efforts continuously undertaken by these organisations.

Table 6.8
Familiarity with branded non-profit organisations

	Reach for a Dream	CANSA	Cotlands	World Wildlife Fund	UNICEF	Starfish Greathearts Foundation
N	54	54	54	54	54	54
Mean	4.5000	5.1481	4.1852	4.5741	4.2222	2.9815
Median	5.0000	5.0000	5.0000	5.0000	4.0000	2.0000
Std. Deviation	1.56314	1.59489	2.14629	1.88941	1.93933	1.96662
Variance	2.443	2.544	4.607	3.570	3.761	3.868

Table 6.9 shows that participants were positive toward all the NPOs ($\mu > 3.5$), even in the case of the Starfish Greathearts Foundation that was relatively unknown to them. Attitudes were most positive toward CANSA ($\mu = 5.7963$) and Reach for a Dream ($\mu = 5.6296$).

Table 6.9
Attitudes toward branded non-profit organisations

	Reach for a Dream	CANSA	Cotlands	World Wildlife Fund	UNICEF	Starfish Greathearts Foundation
N	54	54	54	54	54	54
Mean	5.6296	5.7963	5.0566	4.6852	4.5849	3.9804
Median	6.0000	6.0000	5.0283	5.0000	4.0000	4.0000
Std. Deviation	1.13763	1.13901	1.78479	1.72467	1.53493	1.57205
Variance	1.294	1.297	3.185	2.974	2.356	2.471

As suggested by theory (Samu & Wymer, 2009), the fit between the product and donation recipient featured in CARE plays a critical role in the success of campaigns. Therefore, once familiarity with and attitudes toward the NPOs were assessed, participants were provided

with more information about each NPO and requested to rank the best-fit combinations between the low involvement and high involvement products respectively and the proposed NPOs. Table 6.10 shows the three best-fit options in the case of the laptop and the glue stick. The numbers in the table refer to the number of participants who viewed the presented pairing as best fit.

Table 6.10

Best fit between product brand and non-profit organisation

Glue stick			Laptop computer		
		Number of best-fit views			Number of best-fit views
1	Pairing 1: Reach for a Dream	17	1	Pairing 1: Reach for a Dream	22
2	Pairing 2: Cotlands	17	2	Pairing 2: UNICEF	13
3	Pairing 3: World Wildlife Foundations	4	3	Pairing 3: World Wildlife Foundation	6
	TOTAL	38		TOTAL	41

Reach for a Dream was familiar to participants, attitudes toward this organisation were positive and it fit best with both the laptop computer and the glue stick product. As previously mentioned, education was selected as the broad development sector theme to guide decisions made during the experimental design. Considering this decision and the best-fit findings, Reach for a Dream was selected above CANSA and the World Wildlife Fund as the donation recipient to be featured in the experimental stimuli of this study. More information about Reach for a Dream is provided in Table 6.11.

Table 6.11

Reach for a Dream information

Reach for a Dream logo and brand elements

Mission according to Reach for a Dream
<p>"We believe in the power of dreams. We encourage children to use their dreams to fight life-threatening illnesses. And we seek as far as possible to make dreams come true."</p>

Table 6.11 (continued)

Vision according to Reach for a Dream
<p>“Our vision is to grow the Foundation, enabling us to continue giving hope to children fighting life-threatening illnesses through the fulfillment of their dreams, and to further help as many children facing these illnesses through our national projects such as our Camp Sunshine, Queen For A Day, Captain Courage, Tracy Fun Centres and our Jabulani Kingdom Hospital entertaining projects that all function on an on-going basis.”</p>

Source: Adapted from Reach for a Dream (n.d.)

An example of the reference made to Reach for a Dream as the specified, branded donation recipient in the experimental stimuli is: *Buy this HP laptop and HP will donate 15 per cent of the price of the product to Reach for a Dream.* The Reach for a Dream logo was also featured in all the stimuli where the NPO was mentioned.

6.7.5 Independent variable summary

In summary, the four independent variables selected for this study were: (1) product involvement, (2) donation recipient brand specificity, (3) donation magnitude, and (4) donation expression format. These four treatment variables, each featuring two treatment levels, resulted in a 2 X 2 X 2 X 2 between-subjects factorial experiment. The experiment thus comprised 16 experimental groups. A between-subjects design was selected and therefore each group was exposed to a distinctive experimental stimulus.

In this study, print advertisements served as the experimental stimuli with each advertisement featuring a unique combination of the independent variables. An overview of the stimulus development process and the resultant advertisements is provided to gain a better understanding of the final experimental procedure.

6.8 STIMULI DEVELOPMENT

CARE can be communicated to consumers in various ways, for instance via in-store communication, product packaging, print advertisements, press releases and social media (Mulhern, 2009). Advertisements resembling print formats were selected as experimental stimuli for this research. Print advertisements are prevalent communication media in magazines and newspapers, but similar formats can also be found online, sometimes in picture format on websites or social media and in online magazines. Sixteen print advertisements were prepared in adherence to the 2 X 2 X 2 X 2 between-subjects

experimental design that required a unique advertisement for introduction as stimuli to each of the 16 experimental groups. The print advertisements were developed in conjunction with a graphic designer to contribute to external and face validity. Table 6.12A and B provide an overview of the manipulated content of each of the 16 advertisement stimuli. Small visual representations of the advertisements that were presented to respondents are also provided in Table 6.12A and B, in conjunction with a summary of the advertisement content that was presented to each of the 16 experimental groups. Addendum 6.4 contains a summary of the advertisements' content and the experimental groups exposed to it.

Eight advertisements featured the low involvement product (glue stick) (Table 6.12A), whilst eight featured the high involvement product (a laptop computer) (Table 6.12B). Similarly, eight advertisements included a high donation magnitude and eight a low donation magnitude, eight an actual amount expression format and eight a percentage-of-profit format. Finally, eight advertisements featured Reach for a Dream as a branded, specified donation recipient and eight did not. Larger versions of the advertisements are available upon request.

Tables 6.12A and 6.12B
Experimental group design and stimuli

Experimental group and advertisement number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Involvement
Table 6.12A				
1	Percentage-of-price	High (20%)	Specified recipient	Low
2	Percentage-of-price	Low (1%)	Specified recipient	Low
3	Actual amount in Rand	High (R9.50)	Specified recipient	Low
4	Actual amount in Rand	Low (R1.50)	Specified recipient	Low

Print advertisement 1	Print advertisement 2	Print advertisement 3	Print advertisement 4

Tables 6.12A and 6.12B (continued)

Experimental group and advertisement number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Involvement
Table 6.12A (continued)				
5	Percentage-of-price	High (20%)	Vague recipient	Low
6	Percentage-of-price	Low (1%)	Vague recipient	Low
7	Actual amount in Rand	High (R9.50)	Vague recipient	Low
8	Actual amount in Rand	Low (R1.50)	Vague recipient	Low

Print advertisement 5	Print advertisement 6	Print advertisement 7	Print advertisement 8
			

Table 6.12B				
9	Percentage-of-price	High (15%)	Specified recipient	High
10	Percentage-of-price	Low (1%)	Specified recipient	High
11	Actual amount in Rand	High (R750)	Specified recipient	High
12	Actual amount in Rand	Low (R65)	Specified recipient	High

Print advertisement 9	Print advertisement 10	Print advertisement 11	Print advertisement 12
			

Tables 6.12A and 6.12B (continued)

Experimental group and advertisement number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Involvement
Table 6.12B (continued)				
13	Percentage-of-price	High (15%)	Vague recipient	High
14	Percentage-of-price	Low (1%)	Vague recipient	High
15	Actual amount in Rand	High (R750)	Vague recipient	High
16	Actual amount in Rand	Low (R65)	Vague recipient	High

Print advertisement 13	Print advertisement 14	Print advertisement 15	Print advertisement 16
			

Besides comprising a combination of the independent variable manipulations, the advertisements also featured other communication elements that were standardised across the stimuli. These elements included the following:

1. The overall advertisement concept, design and layout were kept similar across the advertisements, except for the manipulations. The advertisement colouring suited both the HP and Pritt brand imagery.
2. The product logo associated with the featured low or high involvement product was placed at the bottom right corner of the advertisement and where applicable, the Reach for a Dream logo was placed adjacent to it.
3. The advertisement heading was similar across the advertisements stating: *YOU can make a difference!*
4. The amplification message position was consistent across the advertisements and played an important role as it featured the donation expression format, donation magnitude, product involvement and donation recipient manipulations, all contained in the following sentence: *Buy this _____ (brand and product) and _____ (brand) will donate _____ (donation magnitude and expression format) to _____ (donation recipient).*

5. The product characteristics were described in the bottom left corner of the advertisement, emphasised with a visual element and including the level of information that is usually portrayed with the respective products (e.g. peripheral route to persuasion with glue stick and central route to persuasion with laptop computers).
6. As website addresses are often found as a link between offline and online media, the product website address was included in a red visual element at the bottom of the advertisement.

The print advertisements were introduced to respondents during the data collection process and were visible for the entire time during which questions about it had to be answered.

6.9 EMPIRICAL DATA COLLECTION

Preparations for the data collection process commenced after the experimental main effects were selected and the stimuli reflecting such treatments were designed. A questionnaire was selected as the appropriate data collection instrument for the quantitative research in this study. The questionnaire was developed to include the dependent variables as inferred from the secondary research and as specified in the research objectives. It also assessed the demographic characteristics of respondents and confirmed the experimental manipulations. The development and composition of the questionnaire will now be addressed.

6.9.1 Questionnaire development

Questionnaire relevance and accuracy were considered throughout the questionnaire development process by focusing on the following aspects that will subsequently be discussed in greater depth: the nature of the scales; the phrasing of questions; the sequence of questions; questionnaire layout; and questionnaire pre-testing and revision (Zikmund & Babin, 2010). The questionnaire was first developed in a paper-and-pencil format with the aim of later conversion into an internet-based instrument. Important considerations during the conversion process and the unique requirements of internet questionnaires will be elucidated to provide an overview of the questionnaire development process.

6.9.1.1 Nature of the scales and phrasing of questions

Several scientific scales and general questions were included in the data collection instrument for the purpose of collecting demographic (classification) and investigative,

research-specific data (Cooper & Schindler, 2006). The content and structure of the data collection instrument is summarised in Table 6.13.

Demographic data were collected to provide an overview of the respondent profile. The demographic characteristics that were addressed were regarded in literature as important for non-profit marketing and cause-linked campaigns. The first demographic variables that were included in the questionnaire were gender and race group. These variables acted as initial screening questions to ensure an equal representation of male and female, and black and white respondents in each experimental group. The other demographic variables that were assessed at the end of the questionnaire included age, education level and household income.

Data specific to the research objectives of this study were collected by means of reliable scales that have been used previously and required only minor modifications in some instances. The detailed origin and content of these measures are discussed later in this chapter.

In the final quantitative research of this study only closed-ended questions were used to collect the necessary data (Zikmund & Babin, 2010; Cooper & Schindler, 2006). The questions either required respondents to respond to a multiple-choice type question where multiple alternatives were provided and one answer had to be selected, or to rating-type questions in which the answer had to be positioned on a continuum or scale (Zikmund & Babin, 2010; Cooper & Schindler, 2006). Multiple-choice type questions were primarily employed for the collection of demographic and frequency of occurrence data. Rating-type semantic differential scales were used to assess the following variables: cognitive and affective attitude toward the offer; attitude toward the alliance, and; perceived firm motives. Rating-type Likert scales were used to measure the following: attitude toward the advertisement; participation intention; and purchase intention.

Care was taken throughout the questionnaire to phrase questions in such a manner to avoid unnecessary complexity, unaided recall, leading questions, ambiguity, double-barrelled items and implicit assumptions (Zikmund & Babin, 2010). In addition to the phrasing of questions, the structure of the questionnaire and sequence of questions played a particularly important role in the clarity of the questionnaire.

6.9.1.2 Questionnaire layout and the sequence of questions

The layout of the questionnaire and the sequence of questions were carefully planned to avoid order bias (Zikmund & Babin, 2010). The questionnaire was structured in a manner that supported the research requirements and that ensured a good flow and readability. Some questions, for instance, had to be posed before exposure to the experimental stimulus to ascertain the status quo of respondent opinions, whilst other scales deliberately followed experimental exposure to ascertain the differential impact of the independent variables. Table 6.13 provides an overview of the structure of the questionnaire.

Table 6.13
Structure of the questionnaire

	Section	Measurement scales
1	Introduction: welcome and general information	None
2	Screening questions	Gender Race
3	Pre-measures	Bipolar semantic differential: Brand attitude – Pritt or HP Brand attitude – Reach for a Dream (where applicable) Familiarity/awareness – Pritt or HP Familiarity/awareness – Reach for a Dream (where applicable)
4	Introduction of experimental stimulus	None
5	Post-measures	Bipolar semantic differential: Cognitive attitude toward the offer Affective attitude toward the offer Attitude toward the alliance Perceived firm motives
6	Post-measures	Likert scale (anchors: strongly disagree-strongly agree): Attitude toward the advertisement Purchase intention Participation intention Attitude toward charitable organisations
7	Manipulation checks	Likert scale (anchors: strongly disagree-strongly agree): Involvement Donation magnitude Select correct option: Donation expression format
8	Demographic measures	Household size Number of children in household Number of income generators in household Age Education level Household income Language
9	Stimulus preference	Four response options
10	Conclusion: thank you and incentive information	None

As evident in Table 6.13, initially in the questionnaire, respondents were greeted, thanked for their participation and briefly introduced to the questionnaire. The previously mentioned screening questions (gender and racial group) followed the introduction. The purpose of these questions was to allocate respondents to experimental groups and to ensure that predetermined criteria pertaining to respondent characteristics and numbers were met. Awareness/familiarity and brand attitude scales were posed to respondents before exposure to the experimental stimuli to assess the extant associations of respondents across experimental groups. Subsequently, the experimental stimulus was introduced to respondents in the form of an advertisement. Respondents were requested to view the stimulus and reminded that it would be visible throughout the questionnaire where pertaining questions were posed. Semantic differential scales measuring consumer attitudes toward the CARE offer, attitudes toward the alliance featured in the advertisement and perceived firm motives succeeded the first exposure to the stimulus. Likert scale questions that were presented in a multi-grid format and measured attitude toward the advertisement, participation intention and purchase intention followed the semantic differential scales (Zikmund & Babin, 2010). Donation magnitude and involvement manipulation checks were also included amongst the Likert scale questions. The final section of the questionnaire was the assessment of additional demographic variables. The questionnaire concluded by again expressing gratitude toward the respondents for their participation.

Throughout the questionnaire, decisions pertaining to the sequence of questions focused on two broad approaches: (1) grouping items together where several semantic differential response options pertained to one scale stem, and (2) randomising Likert scale questions in a manner that ensured readability and flow without leading participants to respond in a specific way (Zikmund & Babin, 2010).

A sample questionnaire is included as Addendum 6.5 of this document. The sample questionnaire represents the final questionnaire after pre-tests took place and revisions were made. This particular questionnaire was completed by all Group 1 respondents in the final empirical research after they were exposed to advertisement stimulus 1. Sixteen questionnaires were developed. The questionnaires included slight adjustments where needed to reflect the scales and questions relevant to the experimental treatments of each of the 16 experimental groups. Questionnaires 1 to 8 referred to Pritt glue stick, whilst questionnaires 9 to 16 referred to an HP laptop computer. Therefore, the questionnaires completed by respondents who were exposed to Pritt and HP, in addition to mentioning the different brands throughout, also featured different low and high donation magnitudes in accordance with the qualitative research. Questionnaires 1 to 4 and 9 to 12 included Reach

for a Dream as a donation recipient and thus assessed respondents' familiarity with and attitude toward this NPO before their exposure to the experimental stimulus. In the case of questionnaires 5 to 8 and 13 to 16, reference was only made to charity in general as a donation recipient and therefore familiarity and brand attitude were not measured. Also, only in the groups that were exposed to Reach for a Dream, the level of existing support for the organisation was assessed.

Although the questionnaire in Addendum 6.5 is presented in Microsoft Word format, the data collection instrument was presented to respondents in the format of an online questionnaire. The implications of using an online questionnaire are discussed later in this chapter.

6.9.1.3 Pre-tests and revisions

Researchers suggest an evaluation of the entire questionnaire before finalising it for data collection (Burns & Bush, 2014). Such an evaluation often takes place in the form of a pre-test (also called a pilot test). Pilot testing is aimed at revealing errors in the research design and the improper control of extraneous or environmental conditions prior to the final launch of the questionnaire (Burns & Bush, 2014; Zikmund & Babin, 2010; Cooper & Schindler, 2006). Pre-testing the research instrument permits refinement and is the researcher's best opportunity to "revise scripts, look for control problems with laboratory conditions, and scan the environment for factors that might confound the results" (Cooper & Schindler, 2006: 309). Pre-tests are often conducted amongst research colleagues or a small, representative set of respondents (Burns & Bush, 2014; Zikmund & Babin, 2010).

In the current research, several pre-tests were conducted to: (1) assess the suitability and clarity of the instructions and the scales used to measure the dependent variables, (2) to confirm the correct portrayal of manipulations in the questionnaire, and (3) to ensure the appearance and functional appropriateness of the online questionnaire.

After the first round of pre-tests and input from marketing research colleagues, the instructions of the questionnaire were simplified and some of the scale items were rephrased and stated more clearly (Zikmund & Babin, 2010). Care was taken to preserve the essence of each item. The purpose of the modifications was to improve readability and to ensure that the phrasing of the questions was suitable for the South African context (Zikmund & Babin, 2010). The scale item changes are discussed later in this chapter where the original and modified items are reflected in table format.

The final pre-test was conducted with the Qualtrics data collection system amongst respondents who were recruited by a marketing research agency according to pre-determined respondent criteria. Respondents had to be part of a LSM 7 or above household and each experimental group needed to be males and females from white and black racial groups. The objective was to assess at least four respondents per experimental group (Burns & Bush, 2014). Table 6.14 provides an overview of the number of pre-test respondents with gender and racial group distribution also shown. Table 6.14 indicates that the number of respondents per experimental group varied between four and seven, adding up to a total of 89.

Table 6.14

Pre-test: total number of respondents (gender and racial group specified)

Group	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	T O T A L	
Total number of respondents	7	7	8	5	5	5	5	5	5	6	4	6	6	4	4	7	89	
Gender	Male	1	1	2	3	2	1	3	1	3	2	1	1	2	2	0	4	29
	Female	6	6	6	2	3	4	2	4	2	4	3	5	4	2	4	3	60
Racial group	Black	2	2	3	2	3	2	1	2	2	2	1	1	2	2	1	0	28
	White	5	5	5	3	2	3	4	3	3	4	3	5	4	2	3	7	61

After the final pre-test, the reliability of the dependent measures was assessed in the same manner as in the final phase of the research.

6.9.1.4 Reliability of dependent measures in the pre-test

Reliability is an indicator of a measure's internal consistency. Internal consistency "represents a measure's homogeneity or the extent to which each indicator of a concept converges on some common meaning. A measure is reliable when different attempts at measuring something converge on the same result" (Zikmund & Babin, 2010: 334). Cronbach's coefficient alpha (α) is the most frequently applied estimate of the reliability of a multiple-item scale and demonstrates whether or not scale items converge. Cronbach's coefficient α takes on values ranging from 0 (no consistency among items) to 1 (complete consistency and all items yield perfect correlations with each other) (Zikmund & Babin, 2010). Table 6.15 indicates that all scales were found to be reliable in the pre-test with a Cronbach alpha exceeding 0.8. The reliability of the dependent measures, as applicable to the final data collection process, is discussed in Chapter 8.

Table 6.15
Dependent measures pre-test reliability

DEPENDENT VARIABLE	Number of Items	GROUP 1-16 OVERALL	
		Cronbach Alpha	Cronbach Alpha based on standardised items
PRE-MEASURES			
Brand attitude (Pritt/HP)	4	0.938	0.938
Brand awareness/familiarity (Pritt/HP)	3	0.824	0.867
Brand attitude (Reach for a Dream)	4	0.998	0.998
Brand awareness/familiarity (Reach for a Dream)	3	0.990	0.990
INTENTION			
Purchase intention	6	0.926	0.927
Participation intention	4	0.911	0.911
ATTITUDE			
Cognitive attitude toward the offer	5	0.915	0.926
Affective attitude toward the offer	4	0.905	0.906
Attitude toward the alliance	3	0.980	0.980
Attitude toward the advertisement	5	0.952	0.954
PERCEPTIONS			
Perceived firm motives	6	0.970	0.970

Some aspects of the pre-test questionnaires were revised in preparation for the final data collection. The introduction to the questionnaire was somewhat adapted to inform participants about the points-based incentive that would be accumulated by participating in the research and if the entire survey was completed. The racial group response options were modified to align with the official racial classification framework of the Government of South Africa.

The mentioned amendments were made to all 16 questionnaires required for the study. The adapted questionnaires were again subjected to review by marketing experts before being used for data collection.

6.9.2 Online data collection

The final empirical research was conducted online by means of online questionnaires. In addition to general questionnaire considerations (e.g. the suitability of the scales used in the assessment, questionnaire structure and layout, the phrasing and sequence of questions), requirements specifically related to online data collection were attended to in preparation for and during the data collection process. The online questionnaire had to be easy to complete with a logical flow and an overall appearance that would encourage respondents to complete the entire questionnaire (Zikmund & Babin, 2010). As communicated to respondents upon commencement of the questionnaire, point rewards would only become applicable once the

entire questionnaire was completed. The reward system was built into the back-end of the questionnaire and managed by the market research agency.

The questionnaire was initially developed by the researcher in Qualtrics for the purpose of pre-test data collection. This process provided insight into the requirements and best practices of online questionnaires. A layout with a no-clutter appearance that required limited scrolling and enabled smooth transitions between screens upon clicking was selected. Clear instructions were given at the beginning of the questionnaire (Zikmund & Babin, 2010).

The Qualtrics web publishing service provided the opportunity to send e-mails with embedded online survey links to potential respondents that were recruited by a marketing research agency. Respondents could click on the link to open the questionnaire and the data collection process could commence. Check boxes were built into the questionnaire which allowed respondents to click on their preferred answers. The responses were then immediately captured by the Qualtrics system (Zikmund & Babin, 2010). The software offered forced response capabilities that were applied in the questionnaire to ensure that respondents answered all the questions (Zikmund & Babin, 2010). Potential respondents, who received invitations to participate in the research but failed to respond, were reminded about the questionnaire after a few days with the Qualtrics prompting facility. The data collected during the pre-test was downloaded from the Qualtrics system and exported to IBM SPSS and Microsoft Excel for analysis in preparation for the last phase of data collection. The findings guided the completion of the final online questionnaire that was used as data collection instrument during the experiment.

Although Qualtrics was successfully employed during the pre-test, it was replaced in the final experiment by a similar online data collection tool that was developed and managed by Columinate, the marketing research agency that assisted with respondent recruitment and data capturing during the experiment. Columinate's online system possessed all the capabilities that were offered by Qualtrics and required for this study. The final online questionnaire was similar to the one that was used during the pre-test in terms of appearance, layout and question sequence. Columinate also used a process comparable to the pre-test to distribute the questionnaire and capture the data with their online system.

6.10 DEPENDENT VARIABLES AND THEIR MEASUREMENT

Dependent variables, also referred to as criterion variables, represent the measures of the outcomes that occur during an experiment (Hair et al., 2008).

The measures employed in this experiment can be divided into three categories, namely demographic variables, pre-exposure and post-exposure measures. Demographic variables collected data about the relevant vital statistics of respondents. Pre-exposure measures took place before the advertisement stimuli were introduced to respondents and had an attitudinal and awareness focus, whilst post-exposure variables assessed intention-, attitude- and perception-related constructs.

6.10.1 Demographic measures

Demographic variables measured in the study included gender, ethnic profile (language and race), age, education level and household information (household size, number of children, monthly household income and number of income earners per household). The items used are summarised in Table 6.16.

Table 6.16
Demographic measures

Construct		Question and response options
Gender		What is your gender? <input type="radio"/> Male <input type="radio"/> Female
Ethnic profile	Home language	Please indicate your home language: <input type="radio"/> Afrikaans <input type="radio"/> English <input type="radio"/> North Sotho <input type="radio"/> Sotho <input type="radio"/> Xhosa <input type="radio"/> Zulu <input type="radio"/> Other
	Race/ethnic group	Please indicate the option that most accurately describes your ethnic group: <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> Coloured <input type="radio"/> White
Age		What is your age? Indicate the most appropriate option: <input type="radio"/> 20 to 24 years <input type="radio"/> 25 to 29 years <input type="radio"/> 30 to 34 years <input type="radio"/> 35 to 39 years <input type="radio"/> 40 to 44 years <input type="radio"/> 45 to 49 years <input type="radio"/> 50 years or older

Table 6.16 (continued)

Construct		Question and response options
Education level		Please indicate your highest level of education: <input type="radio"/> No formal education <input type="radio"/> Primary school completed <input type="radio"/> Some secondary school education <input type="radio"/> Matric completed <input type="radio"/> Tertiary education
Household profile	Household size	What is the size of your household? Click ONLY ONE option: <input type="radio"/> Only me <input type="radio"/> 2 people <input type="radio"/> 3 people <input type="radio"/> 4 people <input type="radio"/> 5 people <input type="radio"/> 6 people <input type="radio"/> More than 6 people
	Number of children in household	How many children do you have living in your home? <input type="radio"/> None <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 or more
Monthly household income		What is your approximate monthly household income? Indicate the most appropriate option: <input type="radio"/> less than R2 499 <input type="radio"/> R2 500 to R4 999 <input type="radio"/> R5 000 to R7 999 <input type="radio"/> R8 000 to R11 999 <input type="radio"/> R12 000 to R17 999 <input type="radio"/> R18 000 to R24 999 <input type="radio"/> R25 000 to R33 999 <input type="radio"/> R34 000 to R39 999 <input type="radio"/> more than R40 000 <input type="radio"/> I prefer not to answer
Household profile	Number of income providers in household	How many people in your household generate an income (e.g. earn a salary; is employed)? <input type="radio"/> Only me <input type="radio"/> 2 people <input type="radio"/> 3 people <input type="radio"/> 4 people <input type="radio"/> 5 people <input type="radio"/> 6 people <input type="radio"/> more than 6 people

The demographic variables were measured to provide an accurate understanding of respondents' profiles, to ensure that respondents adhered to the selection criteria and, where relevant, that respondents were allocated to experimental groups in such a fashion as to avoid pre-exposure group differences.

6.10.2 Pre-exposure measures

Before exposure to the experimental stimuli, awareness and brand attitude were measured. The purpose and method for measuring these constructs are discussed next.

6.10.2.1 Awareness

The familiarity/awareness of respondents with the product brand and the Reach for a Dream organisation (where applicable) were assessed before exposure to the experimental stimuli. The objective of these familiarity/awareness measurements was to gain a greater understanding of the respondents' existing product/brand knowledge. The findings were not viewed as a prerequisite for research participation. Therefore, during the data analysis, awareness was not treated as a screening variable. This decision was motivated by Russo and Chaxel (2010) who found that awareness is not a prerequisite for persuasion.

The level of respondent awareness about Pritt, HP and Reach for a Dream was measured with a seven-point semantic differential scale comprising three items, namely: (1) familiar/unfamiliar, (2) I do not recognise it/I recognise it, and (3) I have not heard of it/I have heard of it. The scale originated from the work of Simonin and Ruth (1998) (Cronbach's $\alpha=0.80$; 0.94) and was later also used by Lafferty and Goldsmith (2005) (Cronbach's $\alpha=0.98$). These researchers summed the items to form a single measure. For the purpose of the current study, the items were slightly adapted from the original scale to ensure clarity and a suitable fit with the question posed. Table 6.17 provides a summary of the measure information, including the question posed in this research and the original and adapted response items.

Table 6.17
Brand awareness

Measure	Familiarity/awareness		
Scale type	Seven-point semantic differential		
Question posed	My awareness of the Pritt/HP/Reach for a Dream brand is best described as:		
Response options			
Original items		Items adapted for this research	
Negative option	Positive option	Positive option	Negative option
unfamiliar	familiar	familiar	unfamiliar
did not recognise	recognised	I recognise it	I do not recognise it
had not heard of	had heard of	I have heard of it	I have not heard of it

The assessment of brand attitude toward the brands included in the research follows next.

6.10.2.2 Brand attitude

In this research the decision was made to include actual rather than fictitious brands in the research design. Actual brands hold existing associations in the minds of consumers (Bigné-Alcañiz, Currás-Pérez & Sánchez-García, 2009), which could influence the measured

consumer responses, giving an inaccurate portrayal of the impact of the experimental stimuli. It is suggested that, where actual brands are employed in marketing research, the existing brand attitudes of respondents are measured before they are exposed to the experimental stimuli (Singh, 2014; Lafferty & Edmondson, 2014). The researcher then has the option to include all respondents in the experimental research despite existing attitudinal differences or to interpret the brand attitude measure as a screening variable before commencing with further analysis.

In the current research the focus groups confirmed that Pritt and Reach for a Dream were well-loved brands, often favoured above competitors. In the case of the HP brand, timely computer ratings suggested that consumers were generally positive toward the brand. The inference could thus be made that the majority of respondents would not be negative toward Pritt, HP and Reach for a Dream, except where individual bad experiences triggered negative attitudes. It was, however, further assumed that such instances of negative attitudes would be in the minority. For the purpose of the current study it was thus decided: (1) to assess brand attitude before respondents were exposed to the experimental stimuli, (2) to treat the summated brand attitude measure as a screening question, and (3) to avoid bias by excluding respondents with negative existing attitudes from the experimental data analysis. These decisions infer that the results of the study are applicable only to those consumers who have pre-existing neutral or positive brand attitudes.

Brand attitude is defined as the overall evaluation of the brand (Folse et al., 2010; Mitchell & Olsen, 1981). Brand attitude was measured by a four-item semantic differential scale developed by Mitchell and Olson (1981). A three-item version of the scale was used by Nan and Heo (2007) (Cronbach's $\alpha=0.93$). The four-item scale was further applied in the CARE context by Folse et al. (2010) who achieved a Cronbach alpha of 0.982.

The brand attitude scale as developed by Mitchell and Olson (1981) and applied by Folse et al. (2010) is shown in Table 6.18, in conjunction with the format in which it was used in the current research.

Table 6.18
Brand attitude

Measure	Brand attitude		
Scale type	Seven-point semantic differential		
Question posed	My attitude toward the Pritt/HP/Reach for a Dream brand is:		
Response options			
Original items		Items adapted for this research	
Negative option	Positive option	Negative option	Positive option
Bad	Good	Bad	Good
Dislike	Like	Dislike	Like
Unfavourable	Favourable	Unfavourable	Favourable
Negative	Positive	Negative	Positive

The measurement of the dependent variables of the study followed the assessment of the pre-exposure measures.

6.10.3 Post-exposure measures

Seven dependent variables were assessed after respondents were exposed to the stimulus advertisement. These variables were purchase intention, participation intention, attitude toward the advertisement, cognitive and affective attitude toward the offer, attitude toward the alliance, and perceived firm motives.

6.10.3.1 Purchase intention

Purchase intention is defined as “the buyer’s self-instruction to purchase the brand (or take other relevant purchase-related action) ... it is ... a conscious planning of the action step, the final buyer response step” (Rossiter & Percy, 1998:126). The definition was used as a point of departure for operationalising the purchase intention construct. For the purpose of the current study, purchase intention referred to the likelihood or probability that the respondent would take action to purchase the product featured in the CARE campaign. The definition thus implicitly refers to the likelihood or probability that a sale will occur in favour of the cause-linked brand. Product sales and thus purchase intention are important outcomes of CARE campaigns. Therefore purchase intention was measured in this study. Further, a suitable six-item, seven-point Likert purchase intention scale was compiled from two different extant measures and some modifications were made.

The first four items of the compiled purchase intention scale originated from the work of Capella, Hill, Rapp and Kees (2010), who reported a Cronbach alpha of 0.96. The last two items of the scale were adopted from the research of Dodds, Monroe and Grewal (1991),

Grewal, Monroe and Krishnan (1998) (Cronbach alpha study 1=0.92; study 2=0.95) and Grewal, Krishnan, Baker and Borin (1998) (Cronbach alpha=0.92). The original scale items and the modifications made to suit the requirements of the current study are summarised in Table 6.19.

Table 6.19
Purchase intention

Measure	Purchase intention	
Part 1		
Scale type	Seven-point Likert scale anchored by strongly disagree and strongly agree	
Scale statements		
Original five-item scale	Items adapted for this research	
I am eager to check out the product because of this ad	I am eager to check out the Pritt glue stick because of this advertisement. OR I am eager to check out the HP laptop computer because of this advertisement.	
I intend to try this product	I intend to try this Pritt glue stick. OR I intend to try this HP laptop computer.	
I plan on buying this product	I plan on buying this Pritt glue stick product. OR I plan on buying this HP laptop computer product.	
It is likely that I will buy this product when it becomes available	Not included	
I would consider purchasing this product	I would buy the Pritt glue stick featured in the advertisement. OR I would buy the HP laptop computer featured in the advertisement.	
Part 2		
Scale type	Seven-point Likert scale anchored by strongly disagree and strongly agree	
Scale statements		
Original three-item scale	Items adapted for this research	
If I were going to buy a bicycle, the probability of buying this model is	If I were going to buy glue stick, I would probably buy the Pritt featured in the advertisement. OR If I were going to buy a laptop computer, I would probably buy the HP featured in the advertisement.	
The probability that I would consider buying this bicycle is	At the price shown, I would consider buying the glue stick featured in the advertisement. OR At the price shown, I would consider buying the laptop computer featured in the advertisement.	
The likelihood that I would purchase this bicycle is	Not included	

In CARE research, participation intention is often assessed in the place of purchase intention (Folse et al., 2010). In the current study both constructs were included.

6.10.3.2 Participation intention

Campaign participation intention is defined as the expectations of consumers that they will perform the prescribed campaign behaviors that are necessary to trigger a donation to the donation recipient (Grau & Folse, 2007; Folse et al., 2010). Participation intention was measured in this study with a three-item scale that was developed by Grau and Folse (2007) and later expanded to a four-item measure by Folse et al. (2010). Grau and Folse (2007) reported a Cronbach alpha of 0.83, whilst in the case of Folse et al. (2010) who conducted three experiments, Cronbach alpha values of 0.910, 0.862 and 0.893 were achieved respectively. Table 6.20 provides an overview of the original scale of Grau and Folse (2007), and the version that was adapted for clarity purposes for use in the current study.

Table 6.20
Participation intention

Measure	Participation intention	
Scale type	Seven-point Likert scale	
Scale statements		
Original three-item scale	Items adapted for this research	
It is likely that I would contribute to this cause by getting involved in this cause-related marketing campaign.	It is likely that I would contribute to Reach for a Dream by getting involved in the marketing campaign showed in the advertisement.	
I would be willing to participate in this cause-related marketing campaign.	I would be willing to participate in the marketing campaign showed in the advertisement.	
I would consider purchasing this product in order to provide help to the cause.	I would consider buying Pritt glue stick/an HP laptop computer as showed in the advertisement in order to help Reach for a Dream/charity.	
Fourth item later added to scale	Items adapted for this research	
I think this cause-related marketing campaign is a good idea.	I think the marketing campaign portrayed in the advertisement is a good idea.	

According to Ajzen and Fishbein (1977), attitudes have an impact on intentions. Due to the nature and composition of CARE campaigns, several attitudinal measures related to internal campaign aspects and external impacts were applicable. Firstly, attitude toward the channel that conveyed the message about the CARE offer, namely attitude toward the advertisement, was assessed.

6.10.3.3 Attitude toward the advertisement

Attitude toward the advertisement refers to the predisposition to respond in a consistently favourable or unfavourable way toward the CARE advertisement (Schiffman & Kanuk, 2015).

A multitude of scales exist by which attitude toward the advertisement can be measured. For the purpose of the current research, attitude toward the advertisement in which the CARE

campaign was portrayed was assessed with a seven-point Likert scale comprising five statements. Although the key descriptors in the scale items have been used in the past in semantic differential attitude toward the advertisement measures, the set of statements used in the current study was originally proposed in the research of Lee and Mason (1999) who reported a Cronbach alpha of 0.91. The scale was later also adopted by Kim, Haley and Koo (2009) (Cronbach alpha=0.946). Two of the items in the original attitude toward the advertisement scale was negatively phrased and would therefore have to be reverse-scored during analysis. These items were rather rephrased into positive statements to better suit respondent requirements in the South African context. These changes and the minor sentence structure modifications are reflected in Table 6.21.

Table 6.21
Attitude toward the advertisement

Measure	Attitude toward the advertisement	
Scale type	Seven-point Likert scale	
Scale statements		
	Original scale items	Items adapted for this research
	I dislike the ad. (r)	I like the advertisement.
	The ad is appealing to me.	I think the advertisement is good.
	The ad is attractive to me.	I think the advertisement is attractive.
	The ad is interesting to me.	I find the advertisement interesting.
	I think the ad is bad. (r)	I think the advertisement is good.

In addition to assessing the influence of the CARE advertisement on respondent attitudes, the impact of the CARE offer was also assessed.

6.10.3.4 Cognitive attitude toward the offer

Firms that participate in CARE have to make several decisions about the structure of the campaign. The combination of structural elements in a CARE campaign is often referred to as an *offer* (Ellen et al., 2000; Andreasen, 1996). The offer encapsulates the complete CARE campaign as developed by the firm and/or donation recipient, and as perceived by the consumer (Ellen et al., 2000; Andreasen, 1996). The attitude toward the offer construct thus represents the respondent's predisposition to behave in a consistently favourable or unfavourable way toward the CARE offer (Schiffman & Kanuk, 2015).

An attitude toward the offer scale was compiled by Ellen et al. (2000), but most of the items have previously been used in measures such as the attitude toward the brand scale. The attitude toward the offer scale consists of five, seven-point semantic differential statements that are used to measure consumers' evaluation of a CARE offer which they were presented

with. The scale is said to be most suited for an offer that relates to an event or cause for which the consumer's support has been requested and that has the potential to make a difference to an entity the consumer cares for. Given the nature of the campaign and the general positive attitudes toward the portrayed donation recipients, the scale was deemed suitable for the current research. In their study, Ellen et al. (2000) reported a Cronbach alpha of 0.87 for the scale. Research about the cognitive and affective components of attitude indicated that the items included by Ellen et al. (2000) in their attitude toward the offer scale are cognitive in nature. The scale was thus employed to assess the cognitive attitude toward the CARE offer. This construct was operationalised as the predisposition to cognitively respond in a consistently favourable or unfavourable way toward the CARE offer, thus to think positively or negatively about the offer (Schiffman & Kanuk, 2015).

Table 6.22 summarises the cognitive attitude toward the offer scale. Noteworthy is that the semantic differential statements in this study remained the same as in the original scale, but that the question posed (scale stem) was changed from *The typical consumer would think the offer...* to *I think the offer presented in the advertisement...* to reflect that the question is about the respondents' own attitudes and not about their perceptions of other consumers' views.

Table 6.22
Cognitive attitude toward the offer

Measure	Attitude toward the offer (cognitive)		
Scale type	Seven-point semantic differential		
Question posed	I think the offer presented in the advertisement:		
Response options			
Original items		Items adapted for this research	
Negative option	Positive option	Negative option	Positive option
is negative	is positive	is negative	is positive
is bad	is good	is bad	is good
is harmful	is beneficial	is harmful	is beneficial
is foolish	is wise	is foolish	is wise
won't make a difference	will make a difference	won't make a difference	will make a difference
is negative	is positive	is negative	is positive

As social campaigns are viewed as triggers of both cognitive and affective responses, both cognitive and affective attitudes were assessed in the current study.

6.10.3.5 Affective attitude toward the offer

Affective attitude toward the offer can be described as the predisposition to affectively respond in a consistently favourable or unfavourable way toward the CARE offer, thus to feel

positive or negative toward the offer (Schiffman & Kanuk, 2015). An affective attitude toward the offer scale was derived to measure the feelings of respondents toward the CARE offer. Four seven-point, semantic differential statements that were relevant to the study were selected from the extensive list provided by Crites, Fabrigar and Petty (1994) and the abbreviated version used by Spence and Townsend (2006) (Cronbach alpha=0.81). Table 6.23 depicts information about the scale and the four items that were included in the current study.

Table 6.23
Affective attitude toward the offer

Measure	Attitude toward the offer (affective)		
Scale type	Seven-point semantic differential		
Question posed	When I see the offer presented in the advertisement, I feel:		
Response options			
Original items		Items adapted for this research	
Negative option	Positive option	Negative option	Positive option
Sad	Delighted	Annoyed	Happy
Annoyed	Happy	Tense	Calm
Tense	Calm	Disgusted	Acceptance
Bored	Excited	Sorrow	Joy
Angry	Relaxed		
Disgusted	Acceptance		
Sorrow	Joy		

In addition to assessing attitude toward the CARE offer, attitude toward the alliance that was portrayed in the offer was also assessed.

6.10.3.6 Attitude toward the alliance

An alliance in the marketing context can be described as the “short- or long-term association or combination of two or more” individual brands, products, distinctive proprietary assets and/or entities that are “represented physically (e.g. bundled package of two or more brands) or symbolically (e.g. an advertisement) by the association of brand names, logos or other proprietary assets of the brand” (Simonin & Ruth, 1998:30-31; Rao & Ruekert, 1994). Therefore, attitude toward the alliance refers to the favourable or unfavourable predispositions (Schiffman & Kanuk, 2010) toward such associations or combinations.

In the current study, attitude toward the brand alliance (in the advertisement stimuli where Reach for a Dream was present) or attitude toward the alliance (in the stimuli where the donation recipient was charity in general) were measured by a scale that was developed by Osgood, Suci and Tannenbaum (1957) and since used by several other researchers (Carter, 2002; Simonin & Ruth, 1998). The bipolar semantic differential scale comprised three items

that were summated into a single measure and achieved a Cronbach alpha reliability of 0.95 (Carter, 2002). The original scale is depicted in Table 6.24.

Table 6.24
Attitude toward the alliance

Measure	Attitude toward the (brand) alliance		
Scale type	Seven-point semantic differential		
Question posed	I think the alliance between Pritt and the Reach for a Dream organisation/charity as portrayed in the advertisement is: OR I think the alliance between HP and the Reach for a Dream organisation/charity as portrayed in the advertisement is:		
Response options			
Original items		Items adapted for this research	
Negative option	Positive option	Negative option	Positive option
Negative	Positive	Negative	Positive
Unfavourable	Favourable	Unfavourable	Favourable
Bad	Good	Bad	Good

As can be seen in Table 6.24, the scale items were used in their original format for the purpose of the current study.

The attitude toward the advertisement, the offer and the alliance scales measured the impacts that emerged from aspects inherent to the CARE campaign.

6.10.3.7 Perceived firm motives

Perceived firm motives refer to a firm's perceived reasons for employing strategies such as advertising appeals (e.g. guilt, humour or fear), rhetorical and cause-linked campaigns (Campbell & Kirmani, 2008).

In the current study, the favourability of respondent perceptions toward the reason why firms participate in CARE campaigns, were assessed. In other words, whether or not the firm's participation in the CARE was impelled by positive (altruistic) or negative (self-serving) motives. As evident in Table 6.25, a six-item, semantic differential scale from the work of Szykman et al. (2004) that was later also employed by Folse et al. (2010) was used to measure perceived firm motives in the current study. Although Szykman et al. (2004) did not report exact Cronbach alphas, they confirmed that the alpha scores for the applicable scale ranged between the acceptable levels of 0.85 to 0.91 across the experiments that were conducted. Folse et al. (2010) conducted three experiments and reported Cronbach alphas ranging between 0.895 and 0.959.

Table 6.25
Perceived firm motives

Measure	Perceived firm motives		
Scale type	Seven-point semantic differential		
Question posed	I would most likely describe Pritt's/HP's reasons (motives) for becoming involved with Reach for a Dream/charity as:		
Response options			
Original items		Items adapted for this research	
Negative option	Positive option	Negative option	Positive option
Impure	Pure	Impure	Pure
Selfish	Unselfish	Selfish	Generous
Uncaring	Caring	Heartless	Caring
Self-serving	Society-serving	Self-serving	Society-serving
Uninvolved	Involved	Not involved	Involved
Reactive	Proactive	Reactive	Pro-active

From Table 6.25 it is evident that some minor modifications were made to the perceived firm motives scale after personal communication with South African marketing research experts. The purpose of the modifications was to ensure clarity in the South African context. The modifications entailed the replacement of words or expressions that originally included the prefix *un* (e.g. *not* instead of *un*):

1. in item 2 the word *unselfish* was changed to the positively framed synonym *generous*,
2. in item 3 the word *uncaring* was replaced by the synonym *heartless*, and
3. in item 5 the word *uninvolved* became *not involved*.

6.11 THE SAMPLING PROCESS

Sampling is important for accurately estimating population parameters from a representative group (Levy & Lemeshow, 2013). The sampling process for the research and the use of online panels for respondent recruitment will now be discussed.

6.11.1 Population

A population comprises a group of identifiable entities that share a set of characteristics and are of interest to the researcher because of their pertinence to a research problem (Zikmund & Babin, 2010; Hair et al., 2008). A population should be accurately defined for a research project to generate good results (Zikmund & Babin, 2010). The overall population of interest for this study was male and female South Africans from a black or white ethnical background who were earning an income and belonged to a LSM 7 or above household.

Research indicates potential differences in male and female responses to non-profit marketing and cause-linked campaigns and therefore the study had to include male and female respondents. As mentioned previously the official racial classification in South Africa consists of four categories, namely: black, coloured, Indian/Asian and white (Alexander, 2006). Despite criticism of the racial classification system in South Africa, in particular when people are classified without their own input, the system is used continuously in the South African context (Alexander, 2006). For the purpose of the current research, only white and black respondents as per the official government classification were included in the study. The motivation for this decision included the following considerations:

1. The black and white population comprises the largest racial groups in South Africa, namely 79 per cent and 9.6 per cent of the overall population of 48 601 098 (July 2013 estimates) respectively (Central Intelligence Agency, n.d.). Although the white group seems significantly smaller than the black group, the disposable income of the white population is historically quite substantial in the South African economy. In 2011, for instance, the average annual household income for households headed by black Africans was R69 632 compared to R387 011 for white-headed households (Statistics South Africa, n.d.).
2. The white and black population groups differ historically and culturally, particularly in terms of collectivism and individualism. Consequently, varying inclinations pertaining to community support and charitable donations can arise. This notion was further explored during the qualitative research in this study.
3. The cost implications of including all the South African racial groups in the experimental research would have been extensive and was not affordable given the funding limitations of this research.

The above considerations emphasised the importance of equal representation of white and black, and male and female respondents in both the sample and across experimental groups.

According to Hair et al. (2008), a defined target population is a entire set of elements that were identified for investigation. Although the population of interest for this research was clearly defined (South African, LSM 7 and above males and females from black and white racial groups), a growing awareness of the costly nature of the study amidst budget and time constraints prompted the consideration of more cost-efficient data collection methods (Zikmund & Babin, 2010). It was decided to employ the services of a marketing research

agency called Columinate that owns and manages a large online panel. Respondents for this research would thus form part of the agency's online panel.

6.11.2 Online panels and Columinate

Online research that is conducted purely online entails the execution of all operations (for instance, panellist recruitment, data collection, panel maintenance, panellist rewards) via the Internet (Johnson, McKenna, Postmes & Reips, 2007). The number of studies conducted via the Internet has increased extensively. The growth rate is expected to continue owing to the many benefits offered by online research compared to general laboratory research (Hansen & Christensen, 2007). Online panels form an integral part of online research. This notion is emphasised by the widespread use of online panels as a form of web-based data collection (Johnson et al., 2007).

The advantages and disadvantages associated with online panels seem much similar to those experienced in earlier years with other sampling processes (Baker, Blumberg, Brick, Couper, Courtright, Dennis & Zahs, 2010). For instance, disadvantages include that online panels will not necessarily be representative of an entire population as non-Internet users will not be members of the panel. This problem is akin to those experienced when cellphone-only households are excluded from landline-only telephone surveys (Baker et al., 2010). Potential benefits of online panels are similar to those mentioned for earlier mail panels from which online panels originated. These benefits include faster responses, lower costs and the ability to construct targeted samples of people who would represent low incidence in a general population sample (Blankenship, Breen & Dutka, 1998). In addition to advantages that overlap with other sampling and research processes, the use of online panels also offers specific methodological and economic benefits. Such benefits include the ability to draw variable samples, the fact that participants are often more readily available due to pre-recruitment, the convenience for respondents of completing surveys in their own time and location, and often shorter field times (Johnson et al., 2007). Problems related to online panels include that the majority of panels do not rely on probability-based methods for recruitment and it remains difficult to gain access to representative samples of the general population for online research (Baker et al., 2010). The idea of representative samples of the general population for online research has been debated. The use of online panels in South Africa is often questioned by critics who use the argument that low Internet penetration in the country infers the untrustworthiness of data collected from online panels. However, research using online panels rarely targets the general population. Purposive sampling is more often employed where the target group is clearly defined and surveyed to achieve a specific

research objective. The Internet penetration amongst such groups can be analysed per research project. Research indicates that South African market segments that are well represented online are predominantly from higher income groups and have significant spending power (Columinate, 2009).

The respondents for the final data collection process of this study were selected by means of a lengthy sampling process from Columinate's online research panel. Besides owning and managing the online research panel, Columinate is a full service online marketing research agency that provides online and offline, quantitative and qualitative research services. Columinate's online research panel consisted of approximately 40 000 panellists at the time of the data collection for the current study. Sign-up is voluntary and panellists may unsubscribe at any time. Columinate adheres to a strict privacy policy and panellists are thus guaranteed anonymity during research participation. Columinate ensures that panellists do not receive any spam and that their contact details are never given to any third parties.

According to Baker et al. (2010) firms, nowadays, build and manage their online panels in numerous ways and generally accepted best practices have not been identified. Firms often aim to create a competitive advantage by means of their panel development methods and therefore protect the detail of their approaches (Baker et al., 2010). Columinate recruits its panellists by global and local panel recruiters who specialise in this field. The recruitment often takes place by using banners on selected websites or by means of competition surveys. The agency also employs Google AdWords, which means that when people are searching for keywords such as *survey*, *opinions* and *rewards*, the Columinate panel website page will appear and offer the opportunity to register as a panel member.

Columinate's sophisticated survey technology allows the agency to implement policies that ensure that members are not over-surveyed. For example, members who participated in a survey two days ago will be excluded from a survey launched today. The process provides panellists with an equal opportunity to participate in surveys and it also prevents member fatigue. The average number of surveys per member varies depending on the time of the year and the number of surveys launched in a specific month.

Columinate's panel members are incentivised with *Enlighten points*. Panellists receive points every time they successfully complete a survey. These points can then be exchanged for e-vouchers at stores like Kalahari.com and yuppiechef.co.za. Each point is worth R1. The number of points that members receive when they complete surveys depend on the length of a survey. For a quick, five-minute survey, panellists will, for example, be rewarded with ten

points, but for a longer survey containing multi-media, 50 points might be awarded. For the current study, each respondent received 15 points for completing the online survey.

The use of Columinate's online research panel was suitable for this research as it refuted the budget and time constraints typically associated with traditional marketing research. These constraints were furthered countered by including a purposive sample instead of the entire population in research (Zikmund & Babin, 2010).

Columinate's online research panel can be viewed as the broad sampling frame for this study. However, only panel members who adhered to the predetermined criteria of gender (male and female), racial group (white and black) and income level (LSM 7 and above) could be considered (Zikmund & Babin, 2010). Therefore, the sampling frame for the current research was South African, male or female Columinate panel members who earned an income, were part of a LSM 7 and above household and who were of white and/or black ethnic origin. The sample was selected according to this sampling frame.

6.11.3 Sampling

A research sample should ideally be randomly selected to be a representative subset of a population (Zikmund & Babin, 2010). However, random sampling is sometimes unfeasible and researchers often revert to non-probability sampling (Zikmund & Babin, 2010). The sampling process in the current research will be explained after the aspect of sample size has been addressed.

6.11.3.1 Sample size

An increased sample size generally decreases the width of the confidence interval at a given confidence level, reduces sampling error and increases the sensitivity or power of the relevant statistical test (Hair et al., 2008).

According to Hair et al. (2008), it can be quite problematic to obtain desired power levels during analyses of groups that are smaller than 30 members. Small effect sizes may then force the researcher to decrease alpha (for instance from 0.05 to 0.01) to obtain desired power levels. Furthermore, Hair et al. (2008) contend that sample size increases have visible effects until the group size reaches a number of approximately 150 where after the increase in power noticeably slows.

In this research it was thus aimed to refrain from an experimental group size of less than 30 and more than 150 members. To ensure sufficient analyses opportunities, Columinate was instructed to select a sufficient number of research participants to ultimately deliver a total of 120 completed questionnaires per experimental group with an equal representation of black and white males and females. These specifications would result in a total number of 1 920 respondents.

6.11.3.2 Multi-stage sampling process

Sampling can be conducted according to either a probability or non-probability approach. Probability sampling is a technique in which a sample is drawn in such a manner that the probability of being included in the sample is known for each sampling unit (Hair et al., 2008). Non-probability sampling is a process where the likelihood of selecting each sampling unit is unknown and therefore sampling error is also unknown (Hair et al., 2008).

In the current study a multi-stage sampling approach was followed including both non-probability and probability sampling methods. Multi-stage sampling refers to a process where sampling takes place sequentially across two or more hierarchical levels (Lavrakas, 2008). The multi-stage sampling process for the research comprised three phases, namely convenience, judgement and stratified random sampling.

Firstly, convenience sampling (i.e. obtaining those units that are most conveniently available) occurred as the decision was made to collect data for the study from Columinate's online research panel. As per the online panel, it was confirmed that all potential sample units were South African. The nature of the online panel further inferred that all potential sample units had access to the Internet and that people without Internet access were excluded from the sample. However, as LSM 7 and above households earn higher incomes and typically have Internet access either at work, home or both, it could be assumed that the Internet-access trait of the online sample fitted the expected characteristics of the target population.

Secondly, judgement sampling (i.e. sample selection by an experienced individual based on personal judgement about appropriate characteristics of the sample members) was implemented. An experienced researcher from a marketing research agency was responsible for selecting participants that would meet the requirements of the study (Hair et al., 2008).

Finally, a stratified random sampling process (i.e. simple random sub-samples that are more or less equal on some characteristics are drawn from each stratum of the population)

enabled the division of respondents from the judgement sample into strata according to pre-determined demographic quotas of 30 white males, 30 black males, 30 white females and 30 black females per experimental group. Respondents were thus randomly selected, but adhered to the set sampling criteria. Noteworthy is that none of the respondents were exposed to or completed more than one of the 16 questionnaires that formed part of this research and therefore the between-subjects nature of the experiment was respected (Zikmund & Babin, 2010).

6.12 DATA COLLECTION

The final data collection process for this study was managed by Columinate in a similar manner as during the pre-test when the Qualtrics online system was used. The data were collected over a period of approximately three weeks in consecutive phases. The phased approach was employed to ensure that the required gender and racial groups were equally represented in each experimental group.

Members of Columinate's online research panel who adhered to the pre-determined research criteria were invited to participate in the study by responding to a survey link that was distributed per e-mail. Respondents were also reminded about the survey per e-mail. Each question featured an embedded forced response function to ensure that respondents completed each question before progressing to the next web screen. Respondents were informed at the beginning of the survey that they would not be able to return to a screen once they have progressed to the next screen and that the *Enlighten reward points* could only be earned once a survey was fully completed and submitted. Missing variables were eliminated through this process.

Respondent data were captured electronically on the Columinate system. The data were then made available for analysis in Microsoft Excel or other preferred formats.

6.12.1 Internal validity

Internal validity is the extent to which any variance in the dependent variable is truly due to the experimental (independent) variable without interferences from extraneous factors that are beyond the control of researchers and cannot be accounted for, but could possibly weaken or invalidate the results (Zikmund & Babin, 2010; Hair et al., 2008). Field experiments are more prone to the negative influence of extraneous variables than

laboratory experiments in which internal validity is generally enhanced because of its ability to maximise control over outside forces (Zikmund & Babin, 2010).

Internal validity in experiments depends greatly on successful manipulations with meaningfully different effect levels that are confirmed with manipulation checks (Zikmund & Babin, 2010). The extraneous variables that can jeopardise a study's internal validity and the use of manipulation checks will be discussed as it applies to this research.

6.12.2 The role of extraneous variables

A history effect arises when changes other than the experimental treatment occur during the course of an experiment and influences the dependent variable (Gravetter & Forzano, 2015). The data collection for the final empirical research of this study took place over a three week period and no history effect was applicable. Also, there were no particularly newsworthy events that occurred during the data collection process that could have influenced the findings across groups. Maturation was not relevant as the experiment was not conducted over a long period of time (Gravetter & Forzano, 2015). Mortality effects were not applicable to the research as panellists participated in a once-off questionnaire and only fully completed questionnaires were considered for the research (Gravetter & Forzano, 2015). The current study did not make use of before-and-after testing and therefore testing effects could not occur. Potential selection effects were addressed by randomly assigning male and female, black and white subjects to the experimental groups in a manner that adhered to the sample criteria and deliberately pursued equivalence among the experimental groups before the commencement of the data collection. The equivalent nature of the experimental groups is further delineated in Chapter 8. The threat of the statistical regression effect was avoided by using only scales of which the reliability was confirmed in the pre-test and again in the final data analysis process.

Resentful demoralisation was not applicable in this research. Design contamination could not occur as respondents were unaware of the experimental nature of the study and the existence of other experimental groups and various versions of the stimuli. The online panel members were sophisticated survey participants and had no reason to jeopardise the research. Compensation rivalry amongst respondents was evaded by clearly communicating that a set, equal number of Enlighten reward points could be earned for completing the survey. The online nature of the survey diminished the possibility of social competition amongst respondents and thus eluded potential adverse effects on the impact of the treatment levels.

Care was taken to avoid instrumentation effects by ensuring that the data for each experimental group were collected in a similar fashion by the Columinate research agency's online system and that the only differences between questionnaires were those pertaining to the varied manipulations as reflected in the stimuli that were presented to the experimental groups.

6.12.3 Manipulation checks

The manipulation development process commenced during the qualitative research. Measurement items were included in the data collection instrument (pre-test and final experiment) to ensure that manipulations were perceived as meaningfully different throughout the experiment. The manipulation checks featured in the research pertained to product involvement, donation magnitude and donation expression format. The donation recipient brand specificity manipulation was not assessed as the manipulation aspect featured in several of the scale items in the questionnaire. However, as previously mentioned, the respondents' attitudes toward Reach for a Dream were assessed prior to exposure to any stimuli.

6.12.3.1 Product involvement manipulation check

Two product involvement levels were presented to respondents, namely high involvement products and low involvement products. The product involvement level manipulation was assessed by means of two items: (1) *When I buy glue stick I search for a lot of information about the product*, and (2) *When I buy glue stick I spend a lot of time searching for options*. The items were derived from Lamb et al.'s (2010) description of involvement. Responses were recorded on a seven-point Likert scale where 1 represented *strongly disagree* and 7 represented *strongly agree*.

A one-way ANOVA was performed to determine whether the independent variable of involvement resulted in a significant difference in the amount of information searched for during the consumer decision-making process. A significant difference ($p=0.000$) was found between involvement levels indicating that respondents searched for more information during the consumer decision-making process for purchasing a laptop computer (high involvement; $\mu=6.0955$) than for purchasing glue stick (low involvement; $\mu=4.2364$). A one-way ANOVA was also performed to determine whether the independent variable of involvement resulted in a significant difference in the amount of time spent searching for the product during the consumer decision-making process. A significant difference ($p=0.000$) was found between

involvement levels indicating that respondents searched for more information during the consumer decision-making process for purchasing a laptop computer (high involvement; $\mu=5.8674$) than for purchasing a glue stick (low involvement; $\mu=4.0630$).

It was thus confirmed in the pre-test that the high involvement and low involvement manipulations were meaningfully different.

6.12.3.2 Donation magnitude manipulation check

Two donation magnitude levels were presented to respondents, namely a high donation magnitude and a low donation magnitude.

The donation magnitude manipulation check was assessed by means of the following item: *I think the donation in the advertisement is high*. Once again, *strongly disagree* was represented by the number 1 and *strongly agree* by the number 7. A one-way ANOVA was performed to determine whether the independent variable of donation magnitude resulted in a significantly different response to the above-mentioned item. A significant difference ($p=0.000$) was found between donation magnitudes indicating that respondents who were exposed to a high donation magnitude indeed viewed the donation magnitude as higher ($\mu=4.4994$) than those respondents who were exposed to a low donation magnitude ($\mu=3.4388$).

It was thus confirmed in the pre-test and during the experiment that the high and low donation magnitude manipulations were meaningfully different.

6.12.3.3 Donation expression format manipulation check

The donation expression format manipulation was portrayed in the wording of the advertisement. A post-exposure manipulation check indicated that a small number of respondents erroneously identified the donation expression with which they were presented. However, this finding was deemed to be acceptable as: (1) respondents were exposed to the experimental stimuli throughout the applicable measurement, and (2) the assumption was made that the post-exposure measure of donation expression format was rather a portrayal of recall than manipulation effectiveness. The finding also resonated with earlier research pertaining to donation expression format (Olsen et al., 2003).

6.12.4 External validity

External validity is the “accuracy with which experimental results can be generalised beyond the experimental subjects” (Zikmund & Babin, 2010: 285). In the current study, external validity was supported by the recruitment of non-student, income-earning respondents who thus had the financial ability to make donations. The study was conducted as a field experiment and the advertising stimuli used in the study were similar to those used in real-world CARE campaigns, both offline and online.

The sample was representative of the LSM 7 and above segment of the population. Thus, the results cannot necessarily be generalised to the LSM 1 to 6 segment of the population, nor can they be generalised to all development sectors. For instance, sectors that are prone to controversy or critique (e.g. HIV/Aids) may trigger different responses than sectors that are seemingly viewed by most people as important and necessary (e.g. education).

6.13 DATA ANALYSIS AND INTERPRETATION

The quantitative results as generated by the data analysis process are discussed in Chapters 8 and 9 of this document. The results were obtained by means of a combination of statistical analysis techniques as provided by Microsoft Excel and IBM SPSS software.

6.13.1 Statistical techniques

Various statistical techniques were employed to gain insights from the primary data that were collected in this study. Reliability and data uni-dimensionality was evaluated in IBM SPSS by means of scale reliability analysis and principal axis factoring respectively. The demographic data were primarily assessed in IBM SPSS by means of descriptive statistics and cross-tabulations to provide an overview of the total sample of the study and the experimental group composition.

The individual and collective influences of the independent variables of the study on the measured dependent variables were investigated by means of one-way and univariate analysis of variance (ANOVA). Post hoc tests were conducted where more information about the nature of the experimental treatments' impact and about consequent between-group differences were required. Games-Howell post hoc tests were conducted where between-group variances were unequal and Hochberg's GT2 tests provided greater clarity where

between-group differences were equal. The use of post hoc tests will be further explained in Chapter 8. In some instances correlation analysis and one-sample t-tests were conducted to test relationships and differences between variables.

6.13.2 The meaning of the results

The implications of the research findings are contemplated in Chapter 10 of this document. The aim of this reflection process was to gain a thorough comprehension of the research results and to make recommendations about the development and implementation of CARE campaigns that could add value to both for-profit and non-profit marketing practitioners. The limitations of the study are also discussed in Chapter 10 and suggestions are made for future CARE research.

6.14 SUMMARY AND CONCLUSION

In this chapter, the methodology used during the different phases of the empirical study was described. Qualitative and quantitative approaches were employed to gain a better understanding of selected CARE phenomena. Focus groups provided an indication of the positive sentiment toward CARE among the target population of the study (LSM 7 and above, male and female, black and white). Useful insights for the development of the quantitative research design were obtained by the discussions among the participants. A 2 x 2 x 2 between-subjects factorial experimental design, including the independent variables product involvement, donation recipient specificity, donation magnitude and donation expression format, was selected. The manipulations were developed according to input from marketing experts and quantitative data collected during the focus groups. Advertisements featuring the manipulations were presented to respondents as experimental stimuli. The impact of the independent variables on the seven intention-, attitude- and perception-related dependent variables was assessed. The dependent variables were measured with reliable scales and included purchase intention, participation intention, attitude toward the CARE offer (cognitive and affective), attitude toward the CARE alliance, attitude toward the campaign advertisement, attitude toward helping others, attitude toward charitable organisations and perceived firm motives.

CHAPTER 7

QUALITATIVE RESEARCH FINDINGS

Any truth is better than indefinite doubt.

Arthur Conan Doyle, writer and physician

7.1 INTRODUCTION

Qualitative research is infinitely creative and interpretive (Lincoln & Denzin, 2003). In recent years, it has grown in importance as a research approach for gaining insights about the manner in which individuals think and behave (Keegan, 2009).

Several qualitative research methods exist. In this study, focus groups were selected as a method to explore the knowledge, awareness, attitude and opinions of South African consumers about cause-related marketing (CARE) and campaign-specific decision-making.

Seven focus groups were conducted according to a discussion guide. In this chapter an overview of the qualitative research process is provided. Participants shared input about their existing CARE knowledge and the perceived benefits and potential negative consequences associated with the strategy. These discussions are summarised, followed by an overview of the knowledge gained about specific campaign structural elements (CSEs), including the brands included in the campaign, the donation recipient, campaign geography, the donation itself and campaign duration.

Additional insights arising from discussions in the focus groups pertained to campaign communication and feedback, the perceived firm motives for participating in CARE campaigns, the role of trust and guilt in such campaigns and the relationship between charitable giving and CARE. A discussion of these aspects is provided before the chapter concludes by denoting the relevance of the focus group findings for the remainder of the study.

7.2 OVERVIEW OF THE QUALITATIVE RESEARCH PROCESS

In this study, qualitative research was conducted in the form of consumer focus groups as phase one of a mixed-method research approach. A phenomenological perspective was adopted to develop an understanding of the focus group participants' everyday knowledge, opinions and experiences pertaining to CARE (Calder, 1977).

In addition to gaining an understanding about the extant CARE knowledge of consumers, the focus groups contributed to the composition of the experimental stimuli to be used in the later quantitative research phase, and at generating insights that could enhance the interpretation of the quantitative results. The focus group discussions and the subsequent analyses were approached in a manner that was conducive to gaining a deeper awareness of consumers' views of CARE and its building blocks (Edwards, 2013).

Seven focus groups were conducted. Twelve participants were recruited per focus group with the assistance of a research agency to ensure adherence to specified criteria including gender, race, employment status and income. The recruited participants were all employed and earning a middle to high income salary (LSM 7 and above). Gender and race criteria were used to assign participants to different groups. Between six and ten recruited participants indeed attended each focus group.

The focus groups were conducted according to a discussion guide that was compiled from academic and other literature prior to implementation (see Addendum 6.1). An experienced moderator guided the process in a venue that was equipped with a one-way glass, which allowed the researcher to be present throughout the discussions without the participants noticing. As suggested by grounded theory, the researcher could thus already commence with the process of identifying potential patterns arising from the discussions and generating substantive codes for guiding later analysis (Johnson & Onwuegbuzie, 2004). All dialogues during the focus groups were recorded for later transcription.

Atlas.ti software and manual analyses were used to extract meaning from the focus group discussions and the transcripts thereof. Schema analysts suggest searching for repeating words when analysing qualitative research transcripts with the aim of identifying themes (Agar & Hobbs, 1985; Lincoln & Denzin, 2003). Miles and Huberman (1994) recommend that researchers commence the theme identification and analysis process by initially deriving general themes from the literature and then adding themes as the analysis progresses. As recommended by Miles and Huberman (1994), themes were identified from the literature

before the focus group discussions took place. These themes were included in the discussion guide and, in conjunction with additional themes that were identified during the focus groups, served as a post-focus group point of departure for the extraction of meaning.

The chapter has been structured to, firstly, include the topics that were addressed during the focus groups and, secondly, to reflect on additional acumen that emerged from the dialogue and subsequent analysis. Each section consists of a discussion of the relevant theme and evidence from the focus groups that are presented in table format and as part of the general discussion.

Each table includes relevant, numbered extracts from the focus group transcripts. In the tables, the words of the moderator are presented in capital letters, whilst participants' words are presented in lower case. When participants quoted examples (e.g. slogans or specific sentences) the words are presented in italics. Comments from different participants are separated by square brackets. Throughout the chapter the numbered table in which the relevant evidence is summarised is provided. Also, the abbreviation *E* is used to refer to the excerpt from the focus group transcriptions that support the themes discussed in the chapter. In some instances single-sentence transcript excerpts are provided as examples of the thematic discussion. However, as recommended by Silverman (1998), these sentences were considered in the context of the surrounding conversation throughout the analysis. One of the key principles of grounded theory is constant comparison (Lingard, Albert & Levinson, 2008; Glaser, 1992, 1978). Consistent with this view, the insights gained from the focus groups were compared with extant theory in this chapter and during the interpretation of the research results in Chapter 10.

During the focus groups, participants were requested to complete short surveys about selected CARE CSEs. The purpose of this process was to collect initial quantitative input in support of the quantitative research design process. The elements explored with the questionnaire included donation magnitude, donation expression format, cause familiarity and attitude, product-cause fit, product involvement, personality, CARE advertisement preference and demographic information. The findings from the surveys will be provided where applicable throughout the chapter.

The insights gained from the qualitative research are presented in this chapter according to the following themes: consumer knowledge and awareness of CARE, perceived benefits and potential negative consequences of CARE, product- and brand-related opinions including the matter of fit, the donation recipient and the donation itself, cause geography, donation and

campaign communication, campaign duration, trust and guilt, perceived firm motives, the interaction between selected elements as discussed in the chapter, and the relationship between CARE and charitable giving.

7.3 KNOWLEDGE AND AWARENESS OF CAUSE-RELATED MARKETING

Focus group participants were in agreement with existing research that CARE is a growing phenomenon in South Africa (Ritchie, 2014). Table 7.1 provides transcript excerpts pertaining to participants' knowledge and awareness of CARE.

Table 7.1
Cause-related marketing knowledge and awareness examples

Focus group excerpt	Quote
E1	Isn't it attached to charity that when you buy this, they will donate something. Johnson & Johnson does it and Elizabeth Anne does it. [If you market Coca Cola and you saying Coca Cola would like to be associated with Nelson Mandela, and the marketing you do around it is Coke Nelson Mandela, then you are marketing something toward a specific/related course definitely.]
E2	Well, it's selling products using a charity or cause, something that should benefit someone else
E3	I would definitely go for the ones that are donating to a charity,
E4	When you've got a choice of the exact same price for 2 articles and one is going to donate to charity, your human nature is going to say <i>well, rather let them have it.</i>
E5	It's not going to cost you anymore.
E6	If they donate R12 I am even more happy. The company isn't gaining anything they are just going to be a link between me and the charity I am happy.
E7	I think we all realise that there are more needy people now than there ever were before, so you would go for a product that donated to charity. It's not going to cost you anymore.
E8	There is so much that the government is expecting from companies.
E9	Sure, if this is going to boost them, and at the same time people/Reach for a Dream is benefiting, to a great or lesser degree, it's going to make everyone happy because Pritt is going to boost their sales, Reach for a Dream is going to benefit, and I'm going to feel good by giving, so who really loses?
E10	They do know that they have that CSR to give back to the community and in a way attract more sales and more customers.
E11	Charities; let's not undermine the work charities does, they do a lot of good work, many charities, reputable charities. So I think for them to make society aware of charity, you bring back the moral values number one, number two, you making people aware that in the fast pace lives that we live, it's not greet, greet take all be "wara, wara", you still need to give back, you still need to give. So it's good enough to use charities in a marketable society, in a capitalistic world for it to do some good. If give them a spotlight it's good, I buy into that.

The qualitative research indicated that respondents were not necessarily familiar with the term *cause-related marketing (CARE)*. However, they were aware of practical CARE

examples as used by businesses in South Africa (Table 7.1: E1, 2) and there seemed to be a collective acknowledgement that such examples are increasingly being observed.

As echoed by research from across the globe (La Ferle et al., 2013), South African respondents seem very positive toward CARE and are eager to increase their involvement with brands that display their social consciousness through strategies such as CARE. When probed for their preferences, the participants confirmed that they would generally prefer a cause-related brand above a brand with no societal connection (Table 7.1: E3, 4). Also, they would be willing to switch from a brand that is not socially aware to a brand that is supporting a CARE campaign (Table 7.1: E4). General views were that the strategy is “not merely another promotional campaign trying to increase sales”, but rather a “display of the brand’s care toward society”. During the discussions CARE was referred to as “an opportunity to give” and “an easy way to make a difference”.

It also became apparent that CARE was viewed as a form of charitable giving facilitated by the brand or firm, thereby eliminating the effort that would have been incurred by the individual during a donation process (Table 7.1: E6). Such effort, now tended to by the firm instead of being the individual’s responsibility, would have included decisions about the most worthwhile donation recipient, an appropriate donation magnitude and a convenient and sound donation process.

The important role of firms in creating the well-being of society was spontaneously mentioned by participants (Table 7.1: E7). The growing pressure experienced by firms due to government expectations for corporate intervention in societal problems was also mentioned (Table 7.1: E8). Participants indicated support for strategies such as CARE as a method for addressing societal challenges such as poverty (Table 7.1: E7), in particular if the campaign is “not going to cost you anymore”. This comment introduced the important consideration of price premiums when designing CARE campaigns and indicated similar South African and global views (Subrahmanyam, 2004).

The mutually beneficial nature of CARE for consumers, firms and societal partners (i.e. NPOs) were appropriately summarised by a participant (Table 7.1: E9): “it’s going to make everyone happy because Pritt is going to boost their sales, Reach for a Dream is going to benefit, and I’m going to feel good by giving, so who really loses?” With this comment it was acknowledged that CARE indeed benefits participating firms and brands, but that these benefits (e.g. sales increase and customer acquisition) also come with an obligation to act socially responsible and to contribute positively to communities (Table 7.1: E10) (Tustin &

Pienaar, 2005). During the discussions several other benefits and potential negative consequences of CARE were mentioned.

7.4 PERCEIVED BENEFITS AND POTENTIAL NEGATIVE CONSEQUENCES

According to participant responses, CARE has the potential to benefit firms, but can also trigger negative consequences. Table 7.2 summarises transcript excerpts that demonstrate the perceived benefits and potential negative consequences associated with CARE.

Table 7.2
Perceived benefits and potential negative consequences

Focus group excerpt	Quote
E1	Tax rebate. And the BEE score cards it says you remain in business.
E2	Don't they get a tax benefit because it's a donation to a charity?
E3	Sales. [Sales.] Sales. [Money.]
E4	Plus, they are not just giving a donation, they are getting something at the same time, a sale they might not otherwise have had.
E5	They would just be seen as a more personalised human brand.
E6	Corporate companies have a social responsibility, as well, and I think they reckon this is a way to oblige that. If you look at most brands anyway, it's like <i>Today, Tomorrow Together</i> , that whole kind of <i>we care</i> when you walk into the bank.
E7	Publicity.
E8	I think the heart is probably in a good place, but it just gets done to a point of getting jaded. It can become very jaded. I think we are all quite suspicious in this day and age of where money is going.
E9	Let's slap a sad child's face onto our high end product, and let's up sales.
E10	I will rather the money goes to other things I don't like to see charity ads because I think they are wasting money. Even though they do need some kind of marketing but I think this way by attaching themselves to corporate. I feel it is waste of money that money can do to something else.
E11	If the donation amount is too high, the company is making too much profit anyway, so rather be realistic.
E12	I like the fact that they are donating.
E13	AND THE FACT THAT THE PRITT AT THE PICK 'N PAY HAS GOT THE DONATION LINKED TO IT, BUT THE PRITT AT THE CNA HASN'T? It would make a big difference.
E14	You might as well pay the same amount and contribute to something and buy something that goes somewhere good.
E15	For me, the best way with cell phones is to actually give away what you manufacture as product, so you would give x amount of Pritt glue to Cotlands, or to a school, or an education fund or whatever.
E16	My problem is; I have a problem with these indirect structures to give to charity you know, I'd rather have to give a cheque of a thousand rand to charity. When somebody says <i>I will give 5% of every bit of my earnings</i> , to say so – I don't know if you actually going to do that. So I don't really...I wouldn't buy that product because of that, let me put it like that way. So for me it would have to be one and three, I would buy because of the price. So I'd probably be buying stationary for my child and I would just buy it because he needs it.

Table 7.2 (continued)

Focus group excerpt	Quote
E17	But that's what I don't want. My problem is these companies make enough money that they don't have to make us buy the product; they make enough money for them to write out a check for a million or two, instead of getting to UNICEF.
E18	Yes, that's emotional blackmail. I have a problem with that.

The mentioned perceived benefits from CARE included: tax rebates and BEE (Black Economic Empowerment) advantages (Table 7.2: E1, 2); increased product sales (Table 7.2: E3, 4); positive brand associations, such as being more human (Table 7.2: E5) and more caring (Table 7.2: E6); and good publicity (Table 7.2: E7).

Perceived potential negative aspects associated with campaigns such as CARE included: scepticism toward the allocation of funds generated through CARE (Table 7.2: E8); perceived firm insincerity (Table 7.2: E9); general negativity toward charitable campaigns (Table 7.2, E10); wasted money (Table 7.2: E10); and unnecessary high firm profits prior to campaigns, allowing firms to now participate in CARE (thus exploiting the consumer with high product prices preceding the campaign and therefore being in a position to launch a CARE initiative without truly relinquishing profits) (Table 7.2: E11) (Tustin & Pienaar, 2005).

Despite potential perceived CARE concerns, the approach appears to be preferred above campaigns with no social contribution (Table 7.2: E12, 13, 14), in particular when the CARE campaign does not incur a price premium (Table 7.2: E14). Participant responses raised the question whether firms should donate money through CARE campaigns or rather make another type of contribution, such as products or time (Table 7.2: E15). Opinions were divided in this regard.

Whether as donation or as campaign element, comments from participants aligned with extant research that the product/brand included in a CARE campaign plays an important role in the potential success of such a campaign.

7.5 PRODUCT- AND BRAND-RELATED OPINIONS

As discussed in Chapter 5, product and brand decisions are of key importance when planning a CARE campaign (Lafferty, 2007; Strahilevitz, 1999; Strahilevitz & Myers, 1998).

During the focus groups the relevance of this notion in South Africa was explored and confirmed.

In alignment with the education theme selected for the study (UMajozi, 2015), the moderator introduced CARE campaign examples featuring glue sticks and laptop computers into the discussions. These products were presumed to be representative of low and high involvement products respectively (Lamb et al., 2010). The assumption was confirmed by means of the surveys that formed part of the focus group procedure. Table 7.3 and Table 7.4 provide transcript excerpts to elucidate the discussions to follow.

Table 7.3
Product- and brand-related opinions

Focus group excerpt	Quote
E1	For me a minimal contribution because a lot of people are complaining already that the price of food has gone up. So a minimal amount for perishables because these are the things we buy some of the on a daily basis and some of them on a weekly basis so that R1 might end up being R5 at the end of the month.
E2	With the glue stick, it was 1%, it was different with the computer because the computer was bigger
E3	It's something. If it's a figure, they giving R100 per computer, if they sell one, do you think, because computers are not like Pritt, it's not something which you need every day. [Yes, it's not a moving item, and a laptop is a luxury.]
E4	That's what I said before, it's not like buying a laptop, Pritt is something that you need, it's stationery.
E5	It depends on the product. You generally find that CARE isn't generally these products (beer) – it is more of your everyday house kind of products your Skip or Surf they will generally say for every whatever you buy they will donate R5 or R1 so it is everyday use of product, so then you will obviously take it.
E6	Acer usually they've got bigger GIGS, they're fast. They usually give you their service guarantee, and they are overall guarantee better than Compact products. THAT WOULD BE YOUR CHOICE? Usually their screens are more of LCD, than their...Acer products to me they are...it is my personal opinion.

Participants indicated different views toward the presence and suitability of high or low involvement products in CARE campaigns. However, these campaigns were associated with low involvement products to a greater extent than high involvement products (Table 7.3: E5).

The lack of participant clarity about the suitability of low or high involvement products in CARE emerged because of the difference in product price and the influence of such inclusions on aspects such as donation frequency and magnitude. Low involvement products are often purchased more frequently than high involvement products (Lamb et al., 2010) – these products were viewed by participants as “necessities” and not “luxuries” (Table 7.3: E3, 4, 5). Therefore, campaigns that run for several months might coincide with more than one

purchase of a low involvement product per consumer and thus more than one CARE donation from the consumer in that time period (Table 7.3: E1). Some participants appreciated the opportunity to donate more often, whilst others preferred a lower priced product rather than a greater donation frequency.

Low involvement products are generally priced lower than high involvement products (Lamb et al., 2010) (Lamb et al., 2010). Consequently, percentage-based donations are lower for a low involvement product sold than for a high involvement product sold (Table 7.3: E2). However, total campaign proceeds are often higher as a result of the higher purchase frequency of low involvement products.

The role and importance of the brand in a CARE campaign was emphasised by focus group participants who commented that the consumer's preferred brand and product characteristics remained key purchase drivers, regardless of whether or not the product was linked to a CARE campaign (Table 7.3: E6; Table 7.4: E3, E4). A willingness to switch brands in favour of products linked to a CARE campaign was indicated (Table 7.4: E1).

Table 7.4
Product- and brand-related opinions (continued)

Focus group excerpt	Quote
E1	If you are not brand conscious, say you don't really mind a tomato sauce, so you see All Gold has got this thing going so you buy it because you think that's great, you will give the money. Then you decide <i>I actually like All Gold</i> , so next time you will buy it again. It's attracting a greater market.
E2	YOU WERE TALKING ABOUT BEING BRAND LOYAL TO SAY, FOR INSTANCE, PRITT AND ALL GOLD, BUT WHAT HAPPENS IF IT'S A PRODUCT TO WHICH YOU ARE NOT BRAND LOYAL? I can think of tin foil. I always buy the cheapest one. It makes no difference to me what tinfoil I use. In that case, the charity will win.
E3	I am going there for the brand I am going for Cross and Blackwell the fact that Cross and Blackwell donates it is great, if Trim wants to donate and Cross and Blackwell doesn't I am still going for Cross and Blackwell. SO IT IS THE BRAND THAT IS YOUR FIRST CHOICE? It is just a bonus if the brand donates.
E4	If it's a well-known product that I buy every day, like All Gold tomato sauce or Sunlight liquid, I will buy that product whether it's donating to a charity or not because there are certain brands I am going to buy whether it's donating to a charity or not.
E5	It's your choice of product. That product I would buy even if the one next to it on the shelf had a donation attached to it. I would still buy All Gold tomato sauce. Especially if it's All Gold tomato sauce, I'm not going to change to Heinz.
E6	You know the thing is you become loyal to your product when you bath you know you use Sunlight and when you go to a shop and you find that Life Boy is donating but you will go for your product. Like with lap tops you know which one you are looking for.
E7	No, if I like Amstel and there is Castle and Castle has got that CARE I am not going to leave my Amstel to go drink that, that isn't going to happen.

Table 7.4 (continued)

Focus group excerpt	Quote
E8	WHAT IF THEY HAD TO PUT A PRICE PREMIUM ON IT, FOR EXAMPLE, YOU ARE PAYING AN EXTRA RAND FOR THE ITEM OR PAYING AN EXTRA R50 FOR THE LAPTOP? Won't go there. [I will boycott you for that.] They are making it a grudge purchase. YOU WANT TO KNOW THAT IT'S ACTUALLY COMING FROM THEM. Exactly. [Yes.]
E9	WHAT YOU ARE SAYING IS IF IT AFFECTS THE PRICE OF THE PRODUCT YOU ARE GOING TO THINK TWICE BECAUSE IT IS MORE MONEY COMING OUT OF YOUR PURSE. If that product is R5 more than usual, I will rather buy the product that is R1 more than usual. I will go for the one that costs less
E10	SO YOU'RE PREPARED TO PAY MORE? I think it depends on your loyalty to the product really. If you don't mind you can use any other as long as it's glue.
E11	Because even if the non-donation one was R18.99 and this one was R19.99, I mean really, I would still go for the R19...that rand wouldn't make a difference really.
E12	YOU WOULD STILL PAY R1 MORE BECAUSE IT'S SCHEDULED FOR A GOOD COURSE? AND YOU? Hey, I won't. YOU WON'T. SO IT'S PRICE-DRIVEN FIRST OF ALL FOR YOU? Everything. NO IT'S TRUE! WE WANT THE TRUTH AND HONESTY. Buy the cheaper version. CHEAPER VERSION AGAIN? Yes. [Same here, cheaper.]

Two exceptions to participating willingness to switch brands in favour of products linked to a CARE campaign were noted. Firstly, brand switching toward a cause-related brand is more probable if consumers are not strongly loyal toward the brands they usually purchase (Table 7.4: E2). A participant noted: "if I really love my brand, I'll stick with it, but when I don't feel so strong about the brand I use I'll rather support the cause by buying the brand that is linked to it". It thus seems that existing brand loyalty might deter from the potential positive impact of a CARE campaign (Table 7.4: E3, 4, 5, 6 and 7) in that consumers are less willing to switch from their favourite brands than from less preferred brands to cause-linked options.

Secondly, consumers are sometimes reluctant to pay a price premium for the brand in the CARE campaign – a price premium might even result in negative attitudes toward the CARE brand (Table 7.4: E8). Thus, as existing brand loyalty may avert brand switching and may have a negative impact on CARE campaign effectiveness, the perceived presence and size of a price premium due to CARE can also exert an adverse effect on the success of the campaign. A participant concurred: "If that product is R5 more than usual, I will rather buy the product that is R1 more than usual. I will go for the one that costs less" (Table 7.4: E9, 10, 11).

Female participants indicated a greater willingness to pay a price premium and noted: “if the price is not that much higher than that of other products, I’ll be willing to buy the product because at least it goes to a good cause and it’s not costing me that much more”. The impression was conveyed that consumers are quite price sensitive due to the often perplexing state of the global economy and the rising cost of living in South Africa. They will thus opt for: (1) less expensive products when brand loyalty is not extensive (Table 7.4: E12) and (2) the CARE brand when brand loyalty toward competing brands is low and price premiums are low or non-existent (Table 7.4: E10, 11).

The above discussion proposes a relationship between product price and product type. Further, it accentuates the important role of product- and brand-related aspects in driving the success of CARE campaigns. The importance of the fit between the product/brand as the for-profit campaign partner and the NPO/cause as campaign donation recipient is also suggested.

7.5.1 Fit between for- and non-profit campaign participants

The concept of fit is of key importance when designing CARE campaigns (Till & Nowak, 2000; Aaker, 1991). Both extant research (Till & Nowak, 2000) and the focus group participants have mentioned the fit between the donor (product brand), the donation recipient (charitable cause), and the target consumer as an essential CARE consideration. In Table 7.5 transcript excerpts of participants’ views about the matter of fit are provided.

Table 7.5

Examples of fit between for-profit and non-profit campaign participants

Focus group excerpt	Quote
E1	When I see CARE, it gets even more attractive if it gets into something that is aligned with whatever the product is.
E2	To me, personally, what has banking got to do with wildlife? Granted, it takes money, but Johnson’s & Johnson’s represent babies, so they will be donating baby products.
E3	I would imagine Pritt is linked more to education and schools. Schools use Pritt, so they would donate toward a charity or a cause that is aimed to build x amount of schools in the rural areas. That would make sense.
E4	HOW IMPORTANT IS IT THAT THE ACTUAL PRODUCT MATCHES THE ACTUAL CHARITY/CAUSE AT THE END OF THE DAY? I think it plays a big role.
E5	I think of Mac who supports AIDS. Particularly with breast cancer, that’s your market, women, women buy make-up, men don’t buy make-up. Largely, women get breast cancer. Everyone has got a friend, an aunt, a grandmother or somebody who has had breast cancer, so you just have that affinity toward it. There is a link between the two, which I think is important. With the Pritt, I am forever buying Pritt glue sticks, it’s unbelievable. I definitely associate it with Reach for a Dream, Cotlands, CHOC.

Table 7.5 (continued)

Focus group excerpt	Quote
E6	I think you've got to be careful about trying to keep your market that buys the product interested in the charity. [For example, you could buy Pedigree dog food and the donation will go to SPCA.] If you buy toilet paper, it goes to Guide Dogs, which has got nothing in common, but it has become such a well-known thing now that you automatically put guide dogs and toilet paper together.
E7	In certain aspects, yes. Like Reebok had to turn around and say <i>We are going to donate R100 000 a month for the next 5 years to the rehabilitation of cerebral palsy and paralysed sports</i> , granted because they are sports related. But who is preventing Bosch from donating to sports? It's relative to a degree, but you can't really say <i>Because you supply oil, you can't use sports</i> . There are no limits to it, but it does make a slight difference. [I've got to be honest, if I owned Bosch, I won't go all of a sudden and start donating takkies all over the show, I will stay in my field.]
E8	You do get products that must go with the charity like Flora margarine has to go with the Heart Foundation, you can't expect Flora to go with breast cancer.
E9	For example for, I don't know maybe I am being stereotypical, but I, wild life for me have nothing to do with having kids, especially black kids. They are not adhering to you when you start talking about save the tiger, save the wild.
E10	Let me make an example, maybe it's because I am a teacher, but anything that is educational, it's an education tool I turn to tolerate it (cough). For an example reach for your dreams foundation. As you are saying kids who are physically challenged and who financial circumstances don't allow them to but they would like to reach for a dream. And I can only base it toward an educational thing. Now a laptop computer is an educational tool, something that opens doors, you connect to the net, the world becomes a global village, it is similar to a kid who is channeling their lives, into bettering their lives through education. So I'll assume that, or I would like to assume that when you are into computers you have some sort of academic background or some sort of literacy levels, and that goes hand in hand with helping a kid ... Most of the glue thing boils to somehow having some childness in it, but I also think it's ranked a bit higher. With kids there is that whole vulnerability thing that actually kicks in more so, compared to like the other ones of giving of actually giving without having any recourse to it, and later on what are they going to equip themselves with?

Whereas fit is often associated with brand-related decisions (e.g. the fit between a product brand and a charity brand), the focus group responses in this study emphasised the importance of fit between non-branded campaign aspects (including product and cause) as well as branded campaign aspects (including product brand and the donation recipient brand) (Table 7.5: E1, 2, 3, 4, 5, 8 and 9).

During the focus group discussions it was said that CARE “gets even more attractive if it gets into something that is aligned with whatever the product is” (Table 7.5: E1). This comment indicates the importance of strategic alignment between the product and the charitable cause during CARE planning (Table 7.5: E7). Strategic alignment seems vital because of its ability to influence campaign believability (Table 7.5: E5) and campaign effectiveness. Aaker (1991) cautioned that ill-conceived product-cause pairings could potentially damage the positive image of the partners involved.

However, noteworthy is that a campaign that seems like a misfit with no apparent core associations (John, Loken, Kim & Monga, 2006) will not necessarily result in less success. The South African case of a toilet paper brand sponsoring the South African Guide Dog Association was mentioned as an example (Table 7.5: E6). In this scenario, the for-profit organisations and NPOs have “nothing in common”, but an associative link has been established through an emotive approach and long-term marketing communication (Table 7.5: E6), thereby creating a perceived sense of belonging or fit (Till & Nowak, 2000). The example further illustrates that fit can occur based on both factual and emotive associations. Fit can also be based on consumer needs, personal relevance and previous experience. The example mentioned by participants was the charitable cause of female breast cancer awareness that fits better with female-oriented products (e.g. cosmetics) and might be particularly relevant to people who have directly or indirectly (e.g. friend, aunt or mother) been affected by the illness (Table 7.5: E6). It was mentioned that, given the above arguments, the association between Pritt and Reach for a Dream in a CARE campaign seems logical and relevant (Table 7.5: E5). The appropriateness of Reach for a Dream as a charitable partner for glue sticks and laptop computers was spontaneously motivated by a participant as indicated in Table 7.5 (E10).

The role of the donation recipient in CARE was further explored in the focus groups.

7.6 THE DONATION RECIPIENT

In Chapter 5 the selection of a donation recipient as partner in a CARE campaign was addressed. During the focus groups, a discussion about the CARE donation recipient generated varying opinions, indicating the personal nature of cause affinity. Some of the themes that emerged during the discussions were cause familiarity, cause preference, cause choice and cause geography. Table 7.6 provides transcript excerpts pertaining to the donation recipient.

Familiarity with or awareness of an NPO or charitable cause was mentioned by some participants as a prerequisite for supporting such organisations. The importance of selecting donation recipients that are familiar to CARE target audiences is inferred (Table 7.6: E1). However, it was also pointed out that the act of donating is considered more important than knowing the donation recipient (Table 7.6: E2).

Cause preference/liking seems to affect opinions about the act of donating and about CARE campaigns. Participants indicated a greater willingness to support charitable organisations that accord with their own interests (Table 7.6: E3, 4) or with whom they have personal experience (Table 7.6: E5, 6). Some participants even stated that they would refrain from purchasing a CARE-linked product if the campaign boasted a donation recipient they do not support (Table 7.6: E7). It was, however, emphasised that the product remains a key driver of the conscious purchase decision in CARE, despite the donation recipient of the campaign – if the consumer’s initial endeavour was to purchase a particular product, the purchase would most probably continue even if the consumer was not supportive of the donation recipient. This notion seems particularly true if high-priced products, such as cosmetics or electronics, were included in the CARE campaign (Table 7.6: E8) and when attitudes toward the donation recipient were not absolutely negative.

Table 7.6
The donation recipient

Focus group excerpt	Quote
E1	ARE YOU SAYING YOU MUST BE FAMILIAR WITH THE CHARITY? Yes. AND IF IT IS SOMETHING THAT YOU’VE NEVER HEARD OF, WOULD YOU STILL BE KEEN? No. [No.] I would be less keen
E2	One way of giving is to give without knowing where the money going. I think that’s the crux of giving. You don’t need to know.
E3	[I think it’s also you support the charity depending on what is going on in your life, whether you’re a well-liked person with children.]
E4	I agree with you 100%. I am an absolute animal lover, and I will always give to the SPCA and Dogs in Distress.
E5	If maybe you have a mother who has breast cancer and she passes away and there is an awareness campaign on breast cancer, you will be more active than a person who has never been touched. Whatever is close to you will motivate you.
E6	Also with the cause it depends on what hits you. If you’ve had a family member who died or suffered from HIV, or from cancer you are more inclined... You tend to concentrate more on that situation... You are more inclined to give to this particular charity, because it’s closer to your heart. Some of these organisations are very supportive, they would have come around to assist you, advice you counsel you, so you are more inclined to think about those people, they are now closer to your heart.
E7	I still wouldn’t buy a product from charity that I don’t support.
E8	I may, it depends where the money is going to. [For make-up, say you always use Clinique, and Estee Lauder has a campaign for breast cancer, I would change to Estee Lauder.] I think make-up is very personalized. [There’s another factor, it depends, I might try Estee Lauder, which is probably very rich and I break out from it, meaning the Estee Lauder creams are not so good for me]

The important role of the donation recipient in CARE campaigns became apparent during the focus groups. The question arose whether allowing consumers to select their own donation recipient could contribute to the success of CARE campaigns.

7.6.1 Donation recipient self-selection

During CARE campaigns, donations are typically made to a donation recipient that was pre-determined by the for-profit partner. This practice was questioned during the focus group discussions. Table 7.7 provides excerpts pertaining to the selection of the donation recipient for a CARE campaign.

The lack of donation recipient choice that accompanies most CARE campaigns was critically alluded to by some focus group participants (Table 7.7: E1, 2). In the majority of CARE campaigns the firm decides who the donation recipient is and consumers who purchase the CARE product inevitably donates to this selected recipient (Kuo & Rice, 2015; Varadarajan & Menon, 1988). Therefore, some participants viewed the option to choose the CARE beneficiary as a valuable addition to the campaign (Table 7.7: E3, 4). However, the potential negative perceptions arising from recipient self-selection were also noted: “It (choice) sounds good and it sounds very ideal, but logistically giving people a choice makes the thing a lot more complex” (Table 7.7: E4), and: “No. That will never work. Can you imagine the chaos? There would be complete mayhem” (Table 7.7: E5, 6).

Table 7.7
Cause choice

Focus group excerpt	Quote
E1	[I've got one problem with it, though, if I had to donate R1, I cannot just reduce the price and donate that R1 to wherever I want to, I'm sort of forced to donate it to someone, but I might not want to.]
E2	Well, the only benefit will be the satisfaction that you've relieved your social guilt. [It hasn't really cost you that much.] You still didn't have a choice at which charity your money went to, so you don't feel better.
E3	Yes it gives you choice as consumers we want to have some say. [Yes I think it is great because you give to what you want to give]
E4	BUT THE ISSUE OF HAVING CHOICE, WOULD THAT IMPROVE YOUR CHANCES OF BUYING THE CARE PRODUCT? Well, choice is always good. As a consumer, I want choice. [It sounds good and it sounds very ideal, but logistically giving people a choice makes the thing a lot more complex. You start getting cynical about it and question 'Is it actually going to happen? How is this actually going to work logistically?']
E5	WHAT ABOUT THE OPTION WHERE THEY STILL SAY <i>R1 OR R5 WILL GO TO ...</i> AND THEY GIVE YOU A CHARITY OF YOUR CHOICE, AMONGST THESE 4 OR 5 CHARITIES, AND YOU TICK YOUR CHOICE OF CHARITY? No. That will never work. Can you imagine the chaos? There would be complete mayhem. How do they actually control it? I think that would be impossible. Let's take all of us – we all support different charities. I don't think it will ever work.
E6	Generally mistrust, but I also think mayhem with the practical administration because I can go to the shelf and I find Pritt so I am going to donate to the SPCA and you are going to donate to Cotlands and you will donate to Reach for a Dream. The cashier will have absolutely no idea.

Table 7.7 (continued)

Focus group excerpt	Quote (continued)
E7	It wouldn't really make a difference to me. To me, a charity is a charity. If I woke up one morning and decided I wanted to give a donation, I wanted to give something, then I would think about the charity that I wanted to support and I would make that donation. But, I think if I was in a situation where it was there and it's not really making a difference to me per se, I'm still buying the product, I still have to buy it and I'm still spending the same amount, that doesn't really matter. If it's a really thought-out decision as to which charity I personally want to take out that R100 or R100 000 or R10 000, or whatever it is I am going to donate, I think it's more calculated. [It's also discipline. It's like the My School card. I had 4 in my purse. When you go to Woolies, you take it out immediately.] I get a charity that phones me and says 'we are releasing a story book, can we have your support?', so then I know it's going specifically for that. It's my choice whether I want to donate by buying that book or not. It's not much, it is R24, and I know I'm donating to that charity, I've got the choice <i>I don't want to</i> or <i>I want to do it</i> . I've bought plenty from them. At least you are donating money to that charity because it's their help desk that phones you.
E8	So the donation is just a bonus it doesn't matter what it is? Yes. It is a happy bonus.

Providing beneficiary choice during CARE conjures the idea of logistical chaos and an increased scope for corruption (Table 7.7: E6). Although the Woolworths My School Card was mentioned as an example where donations take place with all purchases made and consumers have the option to self-select the donation recipient, the initiative is perhaps not perceived as a typical CARE campaign where the donation is usually linked to the purchase of a specific product/brand and campaign communication also pertains to that specific product/brand (Table 7.7: E7).

A focus group participant mentioned that choice is perhaps more important when a person or a family makes the decision to support a specific charitable organisation through donations. Choice might be less important in CARE (Table 7.7: E7) where consumer participation depends to a large extent on whether the consumer needs or is willing and able to buy the product, and on whether the CARE campaign induces a price premium. In CARE the donation becomes less of a donation choice and more of an inexpensive *warm glow* (Winterich & Barone, 2011) (Table 7.7: E2) or a "happy bonus" (Table 7.7: E8).

Although consumers most often do not have the option to select the donation recipient in a CARE campaign, it emerged from the focus group discussions that the detail provided to consumers about the campaign beneficiary indeed influences campaign effectiveness.

7.6.2 Specified versus vague donation recipients

The focus group participants were further probed about the influence of donation recipient specificity in CARE. A lack in extant CARE research impelled the moderator to focus on whether the inclusion of specified, branded NPOs (e.g. Reach for a Dream, CANSA and Nkosi's Haven) or vague, unbranded causes (e.g. education, crime prevention, poverty alleviation, and HIV) were preferred. Responses varied as illustrated by the excerpts from the focus group transcripts in Table 7.8.

Respondents agreed that a cause was broader and represented a more general reference to unspecified charitable organisations or movements (Table 7.8: E1) than a specified, branded NPO (Table 7.8: E2).

Table 7.8
Specified versus vague donation recipients

Focus group excerpt	Quote
E1	A cause can include a movement of some sort, whether be political, social. Whereas charity is much more narrow.
E2	Cause is something like HIV and charity is Nkosi's Haven
E3	I prefer the cause, because I am not going to be specific about which the charity must go to there are charities that are well known and get over sponsored sometimes.
E4	Imagine if there are 10 of us we all donate to NKosi so the other party will suffer because who is benefiting Nkosi so if the cause it will go to AIDS and they will distribute to other charities.
E5	But then again with cause there is that sense of community, that sense of belonging, like we are fighting against Xenophobia, it's like we are fighting against Xenophobia, and now with charity it's like you are donating to the Nelson Mandela Children Fund, it's something that you are far from. So a cause is something that you are doing with other people and you are making the change.
E6	My problem with the AIDS one is I wouldn't be able to track it because when they say AIDS where exactly how many people have AIDS.
E7	If it's saying it is going to a specific charity, then I am more likely to say 'that's fine' because then I know it is going to that specific place
E8	If you are going to pay the same amount, I would rather pay for something that I know is contributing toward something than pay the same price where you don't know where the extra portion is going to.
E9	I think it is too broad when you are contributing to something but if they say your contribution is going to Cotlands you can go to Cotlands to see that this is what happens.

Some participants preferred CARE campaigns in which donations were promised to general charitable causes (Table 7.8: E3, 4, 5). Arguments in favour of this preference included the belief that well-known, branded charitable organisations are often over-sponsored (Table 7.8: E3). The assumption of several participants was that firms who include a general, unbranded cause in their CARE campaign will distribute the generated funds amongst more than one

charitable organisation (known and unknown) that works in the field (e.g. education and HIV/AIDS) of that cause (Table 7.8: E4). It seems that the inclusion of an unbranded cause in CARE invokes the idea that the consumer is joining fellow consumers in fighting for a worthy cause (Table 7.8: E5).

Contrary to the above, specified and branded charitable organisations were preferred as CARE beneficiaries by several focus group participants – the primary reason being that the donation and its impact can be tracked, meaning that greater transparency and impact assessment are possible when donations are made to specified organisations (Table 7.8: E6, 7, 8 and 9).

Besides the donation recipient, other campaign elements also exert an important influence on the success of a CARE campaign. The role of campaign geography was explored.

7.7 CAMPAIGN GEOGRAPHY

Geography plays an important role in CARE (Endacott, 2004). During campaign planning, the geographic boundaries of the campaign have to be determined in conjunction with decisions about the donation recipient and its geographic presence. Firms have the option to partner with local, national or international beneficiaries and can also implement CARE campaigns on a local, national or global scale. Table 7.9 summarises the excerpts from the focus group transcripts that will be mentioned in the discussion below.

Focus group participants indicated a general preference for donations to local beneficiaries (e.g. local NPOs). The adage that *charity begins at home* was frequently mentioned (Table 7.9: E1, 2, 15). The emphasis on local giving (Table 7.9: E3, 4, 5, 15) was justified primarily by referring to familiarity with the charitable organisation (Table 7.9: E5, 6, 7) and the ability to observe donation impact (Table 7.9: E8, 9, 10). Participants were of the opinion that the effect of donations is more evident when donations are made to local organisations (Table 7.9: E9, 10, 11).

Participants were particularly willing to contribute to local disaster relief causes (Skitka, 1999; Ross et al., 1992) and the CARE donation amounts that were regarded as acceptable were larger in such cases (Table 7.9: E13, 15). An example included relief efforts intended to assist people from your local geographical area who were negatively affected by heavy rain and flooding. Participant willingness to donate larger amounts was related to the extent

(Table 7.9: E11) and immediacy of the perceived need in the community (Table 7.9: E12), and the idea that the impact of their donations would be visible very soon after the donation (Table 7.9: E13).

The nature of the cause seems to interact with its geographic parameters in terms of generating consumer support (Table 7.9: E9) (Engelbrecht & Du Plessis, 2004). Consumers are aware of needs related to HIV/Aids in Africa and South Africa, but such causes often trigger morality questions amongst some consumers who experience *cause fatigue* and become “too tired to talk about it” (Table 7.9: E14). The fight against crime and violence and the improvement of education are regarded as critically important throughout South Africa, whereas on a local level participants seemed prone to support causes where the need is more clearly visible (e.g. poverty and hunger alleviation, animal care, and disaster relief).

Table 7.9
Cause-related marketing campaign geography

Focus group excerpt	Quote
E1	Charity begins at home.
E2	Charity starts at home, definitely.
E3	Local you get lot of street kids and unemployed people where a charity will be monies put in to build certain recreations I will feel strongly about it.
E4	NICE, HOW DO YOU FEEL ABOUT – WE TALKED ABOUT LOCAL LIFE ... AND YOU GET INTERNATIONAL. WHAT DO YOU FEEL STRONGER ABOUT? Locally. [Every day I would say, I'd feel better giving money to the lady next door knowing that this is the person you help through. Charity begins at home. I mean nationally, if you have to take all three of those charity organisations, I'd rather give to this lady. And beside everybody is going for this Nelson Mandela thing, so who is going for this lady.]
E5	I think local you are supporting something that you know.
E6	Chances are the people around you, you know them.
E7	It also depends on who is in your area, how well you know who is in your area. You can't just give blindly to whatever emotional charity comes your way.
E8	You see the impact of what you are doing, because you can see what is happening.
E9	BUT YOU DON'T FEEL STRONGER TOWARD THE AREA WHERE YOU LIVE VERSUS THE REST OF SOUTH AFRICA? Partly, yes, because I'm starting to see my own benefits. SO YOU CAN SEE THE BENEFITS THEN EASIER BECAUSE IT'S CLOSER? Yes. [I would be probably more likely to donate if it's a local charity.] It depends what the cause is. [If I can see results out of my own actions and about the actions with the people around me, I would be happy.] I would rather give bread to the guy living on my corner than some guy that I'm going to see once.
E10	You see the impact of what you are doing, because you can see what is happening.
E11	It's like, would you support your local school down the road that has got one classroom that's falling apart, or would you support a school that is quite affluent, who doesn't really need it? Sometimes they say charity begins at home.
E12	The floods in PE – South Africa, our home – I would support. [The problem is if there's a flood in Natal, it's not going to make me go out and buy a laptop. But I would much rather donate toward the flood than to UNICEF.]
E13	If I must buy it, it will be a once-off thing – and the cause must be very topical or relevant – if there is a disaster somewhere – I will make a once-off contribution for the purpose – it is not a repeat type of thing

Table 7.9 (continued)

Focus group excerpt	Quote
E14	If I have an issue to help AIDS people I would rather go and contribute there – rather than through my purchases – it does not really make sense to me – but if there is a flood somewhere and this goes toward that – maybe that is the only way that I now can help there
E15	Charity starts at home – I think that you are probably more aware of things that happen in places around Stellenbosch – I am quite sure with the big fire we had around here we are going to see it trickle in – food donations or people selling tickets or things – and it is something you can relate to – whereas your national charity you need a good brand name – you need to be sure that it is kosher
E16	Maybe my community won't need that charity as much as nationwide, not just bettering my community.
E17	DO YOU THINK AN INTERNATIONALLY BASED COMPANY IS MORE TRUSTWORTHY THAN A LOCAL COMPANY? Yes (agreement). [In this country, unfortunately, we have to say that]

Whilst acknowledging the importance of local giving, some participants mentioned the importance of donating beyond one's own community (Table 7.9: E16) and thus participating in CARE campaigns that not only support local causes or disasters, but also national (Table 7.9: E15, 16) and international needs (Table 7.9: E17). International charitable organisations were mentioned as worthy CARE partner alternatives, owing to the perceived high level of corruption amongst NPOs in South Africa and Africa (Table 7.9: E17). Male participants in particular referred to their skepticism toward South African and African charitable organisations and thus expressed a preference for international beneficiaries that have a local presence, but are managed from an international head office.

In addition to the product/brand, donation recipient and campaign geography, CARE decision-makers have to consider several aspects pertaining to the donations promised in campaigns. The role of donation magnitude and donation communication was explored. The reciprocal relationship between the donation and the product was also discussed.

7.8 THE DONATION IN CAUSE-RELATED MARKETING CAMPAIGNS

The donation factor in CARE has been assessed by numerous researchers (Chang, 2011; Folse, et al., 2010; Kim & Lee, 2009; Grau, et al., 2007; Hajjat, 2003). It is viewed as an important contributor to CARE success, but the nature of its influence remains somewhat elusive. The role of the donation in CARE campaigns was thus explored in this study by focusing on donation magnitude (transcript excerpts in Table 7.10), donation communication (transcript excerpts in Table 7.11) and the interrelation between the donation and other CARE elements (transcript excerpts in Table 7.12).

7.8.1 Donation magnitude

Donation magnitude refers to the size of the amount promised to the CARE campaign beneficiary (Folse et al., 2010). However, the focus group discussions soon indicated that donation magnitude perceptions are influenced to a large extent by other campaign elements and can thus become quite a complex CARE role player. The transcript excerpts in Table 7.10 provide evidence for this statement.

When questioned whether the magnitude of the donation pledged in a CARE campaign matters, some focus group participants were of the opinion that the fact that giving was taking place was more important than the donation magnitude itself (Table 7.10: E1, 2). However, participants who held this opinion were in the minority. Most contributors accentuated the importance of donation magnitude in CARE because of its ability to either activate or defer their purchases (Table 7.10: E3). From the discussions it was evident that donations in CARE can in some instances be viewed as too small or in other cases as too large (“they can under-do it, but they can also over-do it”) (Table 7.10: E4). A participant emphasised that deciding on a suitable donation magnitude was rather challenging: “there’s quite a thin line between too little and too much” (Table 7.10: E5).

Table 7.10
Donation magnitude

Focus group excerpt	Quote
E1	The level of donation does it matter on how high, middle or lower it is? It doesn't matter because I think any step toward helping somebody is a good step to take if it is 50c or R1 it doesn't matter, if it is Coke and 1c I won't sit and check how many people drink Coke in the world so I am not going to sit and calculate.
E2	So the donation is just a bonus it doesn't matter what it is? Yes. It is a happy bonus.
E3	BUT WOULD THE FACT THAT IT'S A LARGER AMOUNT VERSUS A SMALLER AMOUNT IMPACT ON YOUR DECISION IN ANY WAY? It would impact on me greatly.
E4	It needs to be justified. They can under-do it, but they can also over-do it.
E5	There's quite a thin line between too little and too much.
E6	If Samsung was making billions a year and they were donating a small percentage of their profit, you wouldn't be so impressed.
E7	If they can make an 800% profit and can give a sizeable donation... that's going to make a big difference to me. It makes all the difference if those guys (give more) of their profits as opposed to <i>we are going to donate R5</i> .
E8	0,5% is nothing. [What is 1% of R1 million?] It's not sincere. [In comparison, it's nothing.
E9	Because you expect the donation to be higher, you wouldn't expect a company who is selling a laptop for R6000 to donate R1.
E10	DO YOU THINK THAT THERE WILL EVER BE AN AMOUNT THAT'S TOO MUCH? Yes, it will depend on the circumstances at the time.
E11	If the donation amount is too high, the company is making too much profit anyway, so rather be realistic.

Table 7.10 (continued)

Focus group excerpt	Quote
E12	For me, it comes back to the previous thing I said, on a R6000 laptop, they can afford to give away R2 000 of that money. It still shows how much you are being ripped off for that product, and I've got a problem with that.]
E13	But there is a certain amount, but if it's too much, you think 'It shows you how they have been ripping us off for x amount of time'
E14	When it comes to 50% you will be suspicious.
E15	The charity who is going to get that money is going to get more
E16	If a company is giving more, you would support that company that's more willing to give.
E17	For me a minimal contribution because a lot of people are complaining already that the price of food has gone up. So a minimal amount for perishables because these are the things we buy some of the on a daily basis and some of them on a weekly basis so that R1 might end up being R5 at the end of the month.
E18	I know. Knowing that the product normally gets sold for R19, the size of the donation, in conjunction, with the price of the whole product, I would say <i>they are making an effort; they can afford it</i> , but donating 50 cents toward the cause if a product costs this, it won't leave a dent in their pockets
E19	It has got to have a good name. [I do agree there. If I buy that product for R1 more, that donates to a charity, I must know what the charity is all about.]

The donation magnitude communicated in a CARE campaign is most likely to exert a negative or positive influence. A donation that is too small can harm the firm's reputation as it may send a message of selfishness, exploitative motives ("they are just using the name of the charity for their own benefit") (Table 7.10: E6, 7), and insincerity (Table 7.10: E8). An unacceptably small donation also conveys the impression that the firm does not understand the expectations of consumers (Table 7.10: E9).

On the other hand, a donation that is too large (Table 7.10: E10) may prompt suspicion (Table 7.10: E14) about possible long-term consumer exploitation and the level of profits generated by the firm (Table 7.10: E11, 12, 13). This argument was mentioned more than once: "If the donation amount is too high, the company is making too much profit anyway" (Table 7.10: E11) – "it still shows how much you are being ripped off for that product" (Table 7.10: E12) "for x amount of time" (Table 7.10: E13). A number of participants noted that an overly large donation is not entirely negative as it does ultimately benefit the non-profit donation recipient (Table 7.10: E15). It also conveys the idea that the firm wants to support charitable organisations, which in turn triggers greater consumer willingness to support the firm (Table 7.10: E16).

It is important for CARE campaign decision-makers to note that donation magnitude indicates the level of support granted to donation recipients. However, donation magnitude also influences perceptions about the firm's past and current profit levels and can result in a sense of exploitation amongst consumers. Perceptions of donation magnitude seem to

interact with CARE aspects such as product price and the donation recipient. Participant input suggests that consumers implicitly compare the price of the product with the donation magnitude in the CARE campaign (Table 7.10: E17, 18) and then draw inferences about the campaign, the firm and the charitable organisation. Also, it appears that the nature and reputation of the charity influences the donation magnitude that consumers deem suitable (Table 7.10: E19).

Donation magnitude can be communicated to consumers in different formats and these were also discussed in the focus groups.

7.8.2 Donation communication (expression formats)

An overview of CARE literature indicates that CARE donations are generally communicated by means of four donation expression formats: (1) vague quantifiers, (2) percentage-of-profit, (3) percentage-of-price, and (4) actual amounts (see 4.7.3 of Chapter 4) (Olsen et al., 2003). Whereas firms often prefer vague quantifiers, consumers across the globe generally opt for either one of the other three donation expression formats (Olsen & Pracejus, 2002).

The donation expression format preferences of South African consumers were explored during this qualitative research and transcript excerpts are provided in Table 7.11.

Table 7.11
Donation communication (expression formats)

Focus group excerpt	Quote
E1	I don't think any amount needs to be specified, the fact is they are giving to a charity.
E2	I would be less likely to trust a <i>percentage</i> or <i>gives a donation</i> because they could donate a cent or the whole thing. It's very open to their interpretation.
E3	I prefer a set amount because then I know that is definitely going to the charity
E4	That's why a set amount would be more appealing to anyone.
E5	BUT, GENERALLY SPEAKING, IF YOU WERE NOT FACED WITH THAT OPTION, WHAT WOULD YOU WANT TO SEE? A set amount (agreement).
E6	Specific amount – if the profit, you never know what the profit, could be, the mark up could be 1, 8 to 1, 3, they might be making R500, and 1% to R500 is R5.
E7	I would be less likely to trust a <i>percentage</i> or <i>gives a donation</i> because they could donate a cent or the whole thing. It's very open to their interpretation.
E8	I would also go for something outright transparent as R100 for or R1 extra, because I mean life really it's so hectic, you don't have time really to be calculating this %, and that would start sowing seeds of doubt in my mind, and I will start thinking that analysing or over analysing the issue. I don't want to do that.
E9	All the percentage things I don't know how to work them out.
E10	For me 1% of price is too high maths for me which is why I chose an amount in rands.

Table 7.11 (continued)

Focus group excerpt	Quote
E11	BUT IT'S ABOUT THE TRANSPARENCY IS WHAT YOU ARE SAYING; THEY WANT TO KNOW WHAT THE RAND VALUE IS? As a regular Joe going in there, I don't take a calculator and going let's see now
E12	Yes, for me, it sounds better to talk percentage-wise than rand-wise.
E13	If you take R1 000 and you take a percentage, it's more, and it affects them more
E14	Again, this is being sceptical; they can make sure that they are not making a profit. I would rather know that there is exactly that amount going in. [Also there's no guarantee that that R1 is going there. You hope it is going there.] In this country, we live in hope. [That product is not guaranteed to sell a lot, so they might not make a lot on the profit, whereas if they just take your set amount, then at least you feel better that you've given something. Even if the campaign was a profit thing, they might not actually sell that and then nothing ever goes there.]
E15	With the glue stick, it was 1%, it was different with the computer because the computer was bigger.
E16	That would probably be fine too because you know it's going to a charity. If we had a choice, I think my choice would still be a specified amount
E17	I saw DONATE, but the 1% of profit, 1% of price, I had to read it a few times to see the difference. I wouldn't have enough time to absorb.

When prompted about the most preferred donation expression formats, one participant mentioned: "I don't think any amount needs to be specified, the fact is they are giving to a charity" (Table 7.11: E1). The comment indicates an acceptance of vague donation quantifiers. However, the majority of participants disagreed. They disliked vague communication about donation magnitudes and recipients, such as "a donation will be made to a cause" (Table 7.11: E2).

Donation expression preferences were also quantitatively assessed through the survey completed by respondents. Statistical results confirm that consumer preferences for the actual amount, percentage-of-price and the percentage-of-profit donation expression formats were similar, but vague quantifiers were significantly less popular in both a high ($F=14.5$; $p=0.000$) and low involvement ($F=7.92$; $p=0.0001$) scenario.

Further discussions suggested a stronger preference for actual amount expressions ("Rx will be donated...") (Table 7.11: E3, 4, 5) than was found in the quantitative analysis. Communicating an actual amount was viewed as more transparent (Table 7.11: E6, 8) and trustworthy than percentage-of-profit, percentage-of-price and vague expressions (Table 7.11: E7).

The percentage-of expression formats were generally viewed as too time-consuming and confusing as it requires a process of calculation before the actual donation amount or donation percentage is known (Table 7.11: E8, 9, 10 and 11). However, whilst female

participants seemed to favour actual amount donation promises, a number of males indicated a preference for percentage-of expressions (Table 7.11: E12). The male participants justified their preference by stating that they appreciated the idea of donations that increase as profits increase (Table 7.11: E13).

When a CARE donation is expressed as a percentage-of-profit, it means that the actual donation amount cannot be calculated, because the firm's profit percentage is usually unknown to the consumer (Olsen et al., 2003). However, when questioning the participants in this regard, it became apparent that they did not necessarily consider this lack of information when deciding on their preferred donation expression format. Neither did they contemplate their inability to ascertain whether a firm indeed generates a profit and is in a position to make a donation. It was mentioned by a participant who was familiar with CARE examples from abroad (Table 7.11: E14) that donation promises based on percentage-of-profit expressions can potentially result in no donation if the firm generated no profit. In such cases the profit-oriented partner (i.e. the brand/firm) exploits the non-profit partner to accrue reputational benefits, but fails to fulfill their donation promise. During the focus group discussions, the importance of individual perceptions as opposed to rational facts in shaping CARE preferences was noticed.

Suggestions were also made about the possible non-relevance of CARE donation expression formats during CARE campaigns (Table 7.11: E16). Non-relevance may occur due to: (1) the donation expression and magnitude being overshadowed by the act of giving (Table 7.11: E16), and (2) the similarity in the wording of the percentage-of expressions. A participant remarked: "I saw *donate*, but the 1 per cent of profit, 1 per cent of price – I had to read it a few times to see the difference. I wouldn't have enough time to absorb" (Table 7.11: E17).

During the focus group discussions, participants alluded to the possible reciprocal influence of the donation (magnitude and expression format), the donation recipient, and the product in CARE campaigns (Table 7.11: E15). Further input was prompted and the insights gained will be elaborated on next.

7.8.3 Product involvement, donation magnitude and expression format

The focus group discussions indicated that the detailed elements selected for CARE campaigns have an impact on one-another and therefore influence consumer responses

both individually and jointly. Table 7.12 provides transcript excerpts to guide the comprehension of the relationships between these elements (CSEs).

Table 7.12

Product involvement, donation magnitude and expression format interactions

Focus group excerpt	Quote
E1	It depends on the price if they can make it 1% or 5 th percentage.
E2	The next question say if Coke is R6 when you see this donation here and you know that the price of Coke is R6 and Coke says it will donate so much for charity, but all of a sudden Coke is R7, would you still go for Coke? No. [No there is something fishy.] I will go for Coke if they are raising it by R1 and they are donating R4.
E3	For me a minimal contribution because a lot of people are complaining already that the price of food has gone up. So a minimal amount for perishables because these are the things we buy some of the on a daily basis and some of them on a weekly basis so that R1 might end up being R5 at the end of the month.
E4	If the price is R20 and they are donating R20, what are they gaining? Are they realistic?
E5	For me, it comes back to the previous thing I said, on a R6 000 laptop, they can afford to give away R2 000 of that money. It still shows how much you are being ripped off for that product, and I've got a problem with that.]
E6	It is going to a worthy cause. Whether it's R1, R100 or R1 000, it's irrelevant to me.
E7	Also with the cause it depends on what hits you. If you've had a family member who died or suffered from HIV, or from cancer you are more inclined... You tend to concentrate more on that situation... You are more inclined to give to this particular charity, because it's closer to your heart. Some of these organisations are very supportive, they would have come around to assist you, advise you, counsel you, so you are more inclined to think about those people, they are now closer to your heart.
E8	I may, it depends where the money is going to. [For make-up, say you always use Clinique, and Estee Lauder has a campaign for breast cancer, I would change to Estee Lauder.] I think make-up is very personalised. [There's another factor, it depends, I might try Estee Lauder, which is probably very rich and I break out from it, meaning the Estee Lauder creams are not so good for me

CSEs that are most often mentioned in relation to one another are product-related aspects (e.g. product price and product involvement) (Table 7.12: E1, 2, 3, 4 and 5), donation magnitude (Table 7.12: E3, 4, 5 and 6), donation expression format (Table 7.12: E1), and the donation recipient (Table 7.12: E7, 8).

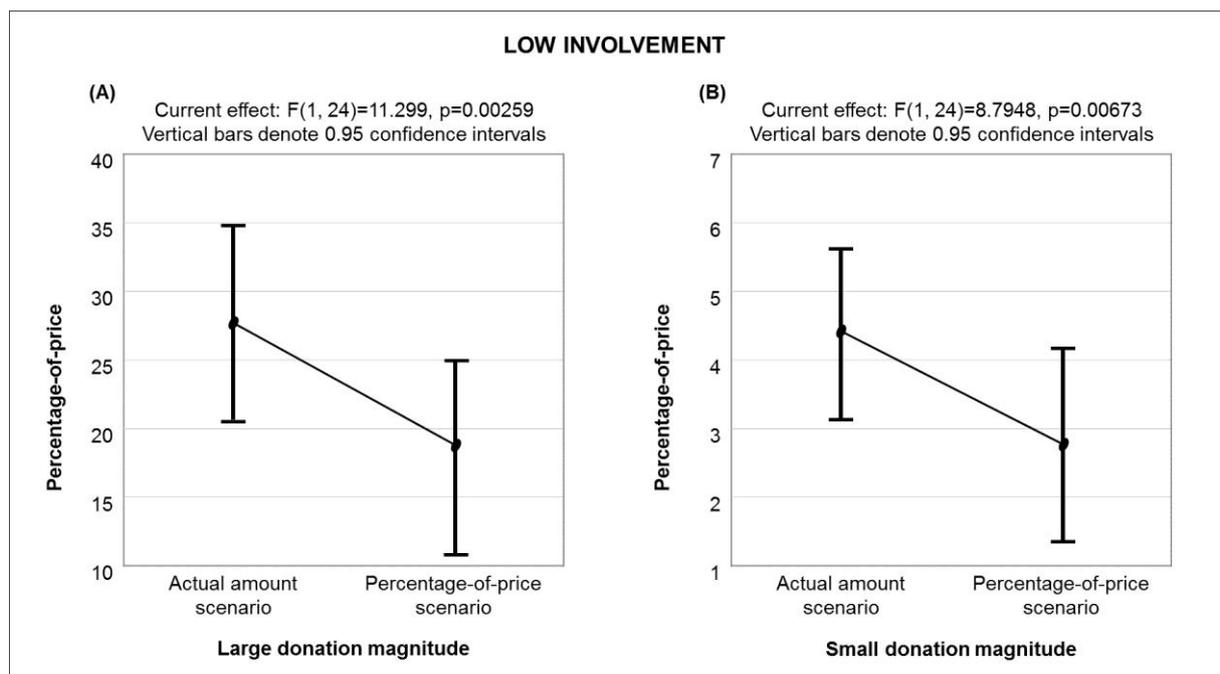
Due to their prominence in CARE and co-branding literature (Grau & Folse, 2007; Olsen et al., 2003; Strahilevitz, 1999; Simonin & Ruth, 1998), product involvement, donation magnitude and donation expression format were quantitatively investigated by means of the afore-mentioned surveys during the focus groups. Information about a product, including its price, was presented to respondents who were asked to indicate what they viewed as a small, medium, large and acceptable donation magnitude for both the actual amount and the percentage-of-price expression formats. The question was posed for a high involvement (laptop computer) and a low involvement (glue stick) product respectively. The data from the

questionnaires were analysed and revealed a relationship between the CSEs of product involvement, donation magnitude and donation expression format.

Figures 7.1A to D summarise the low involvement scenario with each graph representing a different donation magnitude: a large donation (Figure 7.1A), a small donation (Figure 7.1B), a medium donation (Figure 7.1C), and an acceptable donation (Figure 7.1D). Donation expression format was assessed in conjunction with product involvement and donation magnitude. Thus, the comparison between an actual amount and percentage-of-price donation expression format is graphically illustrated for each donation magnitude scenario. For comparison purposes, the actual amount data were configured into a percentage-of-price format which is consistently presented as the left plot on the graphs.

Figure 7.1A illustrates the interaction between a low involvement product, donation expression format and a large donation magnitude. The large donation magnitudes suggested by participants were significantly higher when expressed as an actual amount than when expressed as a percentage-of-price ($F=11.299$; $p=0.00259$). As depicted in Figure 7.1B, a similar trend was detected when participants reported what they viewed as a small donation magnitude ($F=8.7948$; $p=0.00673$).

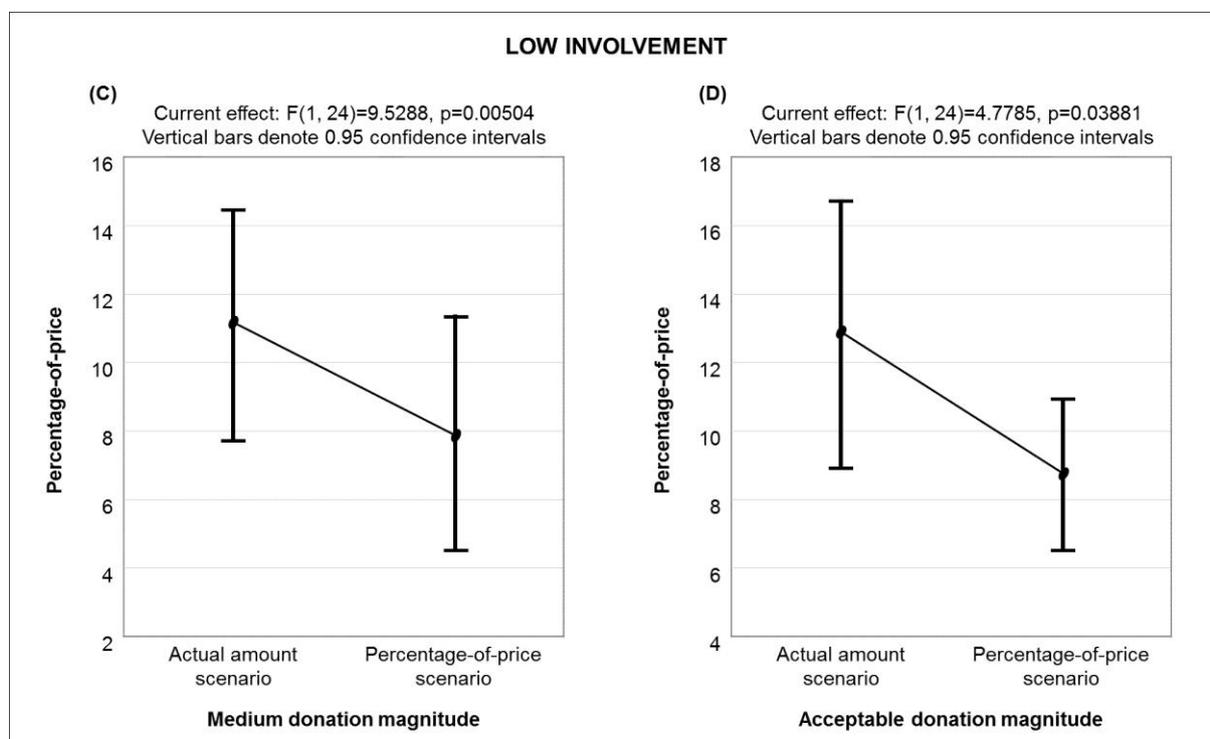
Figure 7.1A and B
The relationship between a low involvement product,
donation expression format and donation magnitude



As with the large and small donation scenarios (Figure 7.1A and B), the reported medium (F=9.5288; p=0.00504) and acceptable (F=4.7785; p=0.03881) donation magnitudes were significantly higher when expressed as actual amounts than when expressed as a percentage-of-price. Figures 7.1C and D illustrate the findings about what was viewed as a medium (Figure 7.1C) and an acceptable donation magnitude (Figure 7.1D).

Figures 7.1 A to D attest that, although slightly higher, the donation magnitudes regarded as acceptable were most similar to the suggested medium-sized donations for both the actual amount and percentage-of-price expressions.

Figure 7.1C and D
The relationship between a low involvement product,
donation expression format and donation magnitude

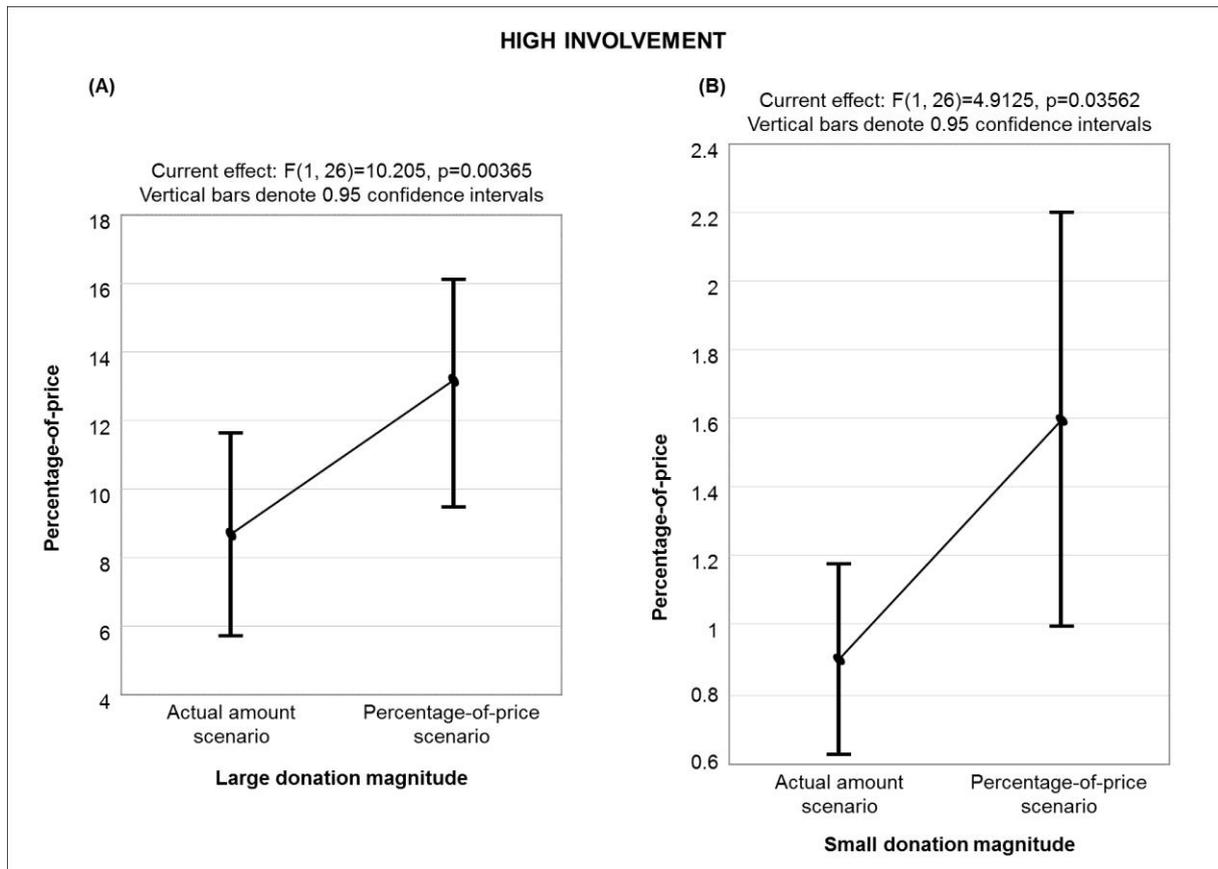


Figures 7.2A to D summarise the high involvement scenario and as with Figure 7.1, each graph represents a different donation magnitude: a large donation (Figure 7.2A), a small donation (Figure 7.2B), a medium donation (Figure 7.2C), and an acceptable donation (Figure 7.2D).

Figure 7.2A illustrates the interaction between a high involvement product, donation expression format and a large donation magnitude. The large donation magnitudes suggested by participants are significantly higher when expressed as a percentage-of-price

than when expressed as an actual amount ($F=10.205$; $p=0.0036$). As depicted in Figure 7.2B, a similar trend was detected when participants reported what they viewed as a small donation magnitude ($F=4.9125$; $p=0.03562$). Figures 7.2C and D illustrate the findings about what was viewed as a medium (Figure 7.1C) and an acceptable donation magnitude (Figure 7.1D).

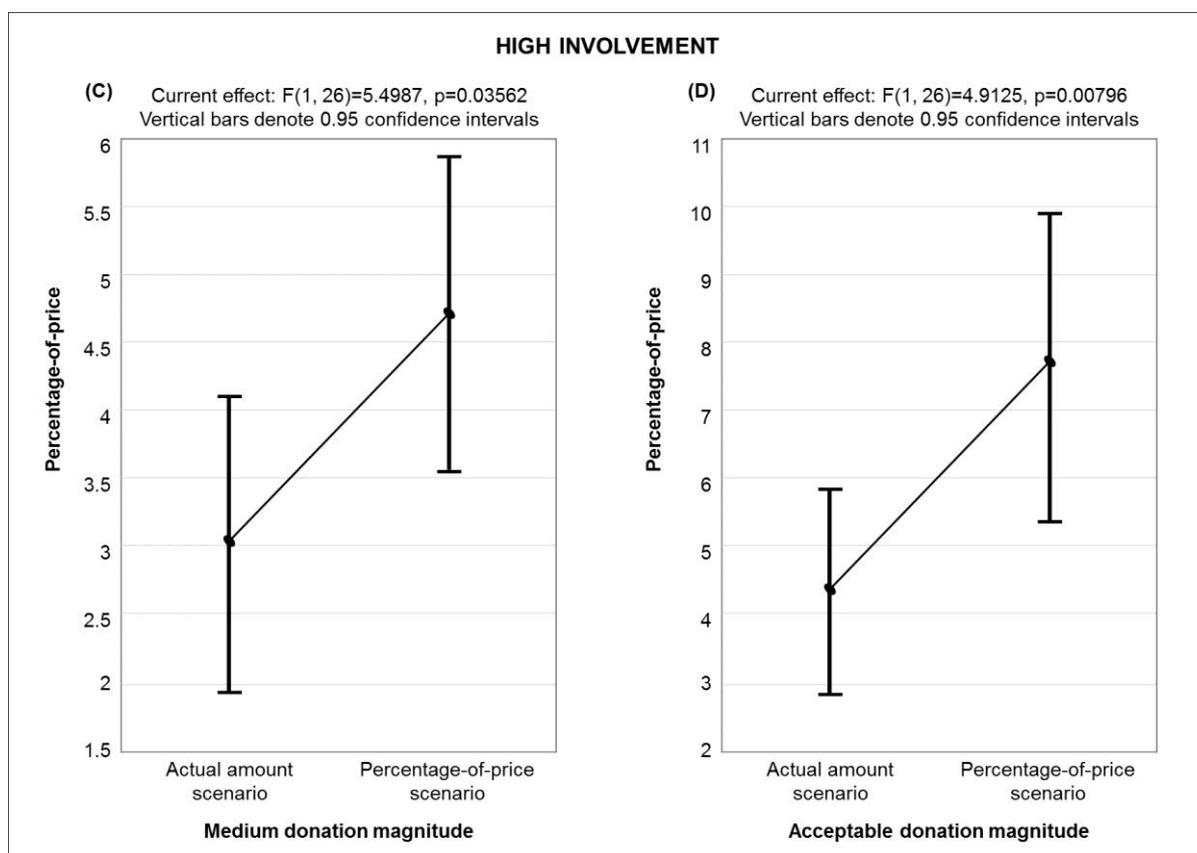
Figure 7.2A and B
The relationship between a high involvement product, donation expression format and donation magnitude



As with the large and small donation scenarios, the reported medium ($F=5.4987$; $p=0.03562$) and acceptable ($F=4.9125$; $p=0.00796$) donation magnitudes were significantly higher when expressed as a percentage-of-price than when expressed as actual amounts.

Figures 7.2A to D demonstrate that, although slightly higher, the donation magnitudes regarded as acceptable were most similar to the suggested medium-sized donations for both the actual amount and percentage-of-price expressions.

Figure 7.2C and D
The relationship between a high involvement product,
donation expression format and donation magnitude



In the low involvement case, the donation magnitudes suggested by respondents were higher for the actual amount expression format than for the percentage-of-price expression format across all four donation magnitude scenarios (small, medium, high and acceptable). The opposite occurred in the high involvement case where the donation magnitudes for the actual amount expressions were lower than those suggested for the percentage-of-price expressions across all donation magnitudes. Despite the inverted low and high involvement results, the recommended donation magnitudes were higher in the low than in the high involvement scenario for both the actual amount and percentage-of-price expressions.

The differential findings for the low and high involvement scenarios indicated that varying criteria may apply when planning effective CARE campaigns for low and high involvement products. Also, product involvement, donation magnitude and donation expression format seem to exert a collective influence in CARE and therefore it may be constructive to plan these CSEs conjunctively when designing CARE campaigns. Contrary to most of the CSEs that have been discussed thus far in Chapter 7, the duration of a CARE campaign is not necessarily visible to the consumer. The role of this factor will be discussed next.

7.9 CAMPAIGN DURATION

During CARE campaign planning, one of the aspects that requires deliberation by decision-makers is the duration of the campaign (Chéron et al., 2012; Tangari et al., 2010). Focus group participants were asked to comment on the potential influence of a campaign's duration in driving consumer decisions to purchase a CARE-linked product. Table 7.13 provides transcript excerpts pertaining to the topic.

Table 7.13
Campaign duration

Focus group excerpt	Quote
E1	JUST A ONE LAST THING. COKE IS R6 AND THEY GIVE R5.50 TO CHARITY, DOESN'T AT SOME POINT, DON'T YOU START THINKING: WEREN'T THEY MAKING TOO MUCH PROFIT IN THE FIRST PLACE? Yes. Of course, just look at the time frame, R6, R5, for how long? For twelve months, three months. SO THE TIME FRAME PLAYS AN IMPORTANT ROLE? Yes. [Then there is a problem, and it becomes suspicious. I think he is right when he says time frames, if they have a special for this month, we will give R5 to charity for the whole month, we will make R1, okay they will cover their costs in future, then it is okay they can do it. But when they say forever, then no ways, they are making way too much money, that means this can is only 25c, and then there is a problem.]
E2	For me, a better marketing decision for a company would be to say <i>for the month, we are going to donate x amount of our profits to these kind of organisations</i> , so it encourages people to maybe support that product within that month.
E3	I think it does make a difference. I think if you get pounded for 2 months, you are more aware of it, but if you have the same thing over and over and over again, you become so blasé about it, you think <i>it's always going to be there, I can do it at a later stage. I can always go and do it later.</i>

Participants indicated the importance of a CARE campaign time-frame (Table 7.13: E1) and expressed a preference for short- and/or medium-term campaigns (Table 7.13: E2). The justification for their preference was that when a limited time is available for donations by means of CARE-linked purchases, consumers are often propelled into making a positive purchase decision sooner because of their need to participate in giving behaviour (Table 7.13: E2, 3). Throughout the discussions, CARE was regarded by participants as “an opportunity to give” and “an easy method to make a difference” – CARE was not seen as merely another promotional campaign that is trying to increase sales.

Participants generally perceived a short-term campaign as preferable because of its capability of providing feedback about the total effect of the donations sooner than longer-term campaigns – it was perceived that feedback about the impact of participants'

contributions through CARE would be evident in a shorter period of time. Feedback as an element of communication was further explored.

7.10 THE ROLE OF COMMUNICATION IN CAUSE-RELATED MARKETING

CARE represents a method for firms to engage in charitable giving with consumers. Communication plays an important role in activating and facilitating the process (Tustin & Pienaar, 2005). The role of communication in CARE was discussed with focus group participants. In line with this study, the conversations focused on CARE communication with consumers. The communication process that takes place in a firm and with stakeholders, such as the donation beneficiary, during the design and planning of the campaign, was not addressed. Table 7.14 summarises transcript excerpts from the relevant conversations.

During the focus groups, participants spontaneously emphasised the importance of general communication principles during the promotion of a CARE campaign. Aspects such as clarity of reading, font size and promotional material layout were mentioned (Table 7.14: E1, 2). Features such as text copy length (“the shortest wording of them all”) (Table 7.14: E1) and the placement of key message elements in, for instance, a CARE print advertisement were viewed as role players in campaign effectiveness. The placement of a message ‘right at the bottom in small print’ would, for instance, communicate that the information is “a bit insignificant” (Table 7.14: E2). The feedback from participants indicated that CARE campaign planners can become so engrossed in the detailed planning of CSEs for CARE campaigns that general communication principles can be neglected and ultimately harm the effectiveness of the campaign.

Table 7.14
Communication in cause-related marketing

Focus group excerpt	Quote
E1	The one with the rand value, it makes more sense, I can see it. Plus, it’s got the shortest wording of them all.
E2	Or they could have the charity thing right at the top and it’s quite big, so the first thing you read is about the charity. If they put it right at the bottom in small print, you tend to think it’s a bit insignificant.
E3	You want to see where your money is going.
E4	We need that feedback because most of us we don’t have the time to go to all those charities and check...
E5	Yes, there is no time, but we need the feedback. If they advertised on TV, they must come back on TV and say, this is what we did.

Table 7.14 (continued)

Focus group excerpt	Quote
E6	We need that. From time to time they should tell us what is happening.
E7	I think it is true some other things we don't really follow up but some other things like My School cards you know that if you are using that there are points that are going there, and I think that you can also access it and see how many points you have.
E8	Coke can give feedback that we collected, on that charity we collected that much, and here maybe even if it's a paper or TV, but we have donated to this charity, whether it's accompany or the organisation.
E9	Sometimes you are avoiding those fly by nights, you donate and you want to make a difference to the community but somebody is gaining for some reason. So these things it is in your face and you can see the ad and after that the ad for the same product or whatever they are advertising you will see what they have done with the money
E10	Rather just leave your product as is; sell it, and then do a follow-up and go <i>by the way we've sold x amount, and therefore have donated x amount.</i>
E11	SO IT'S ALMOST LIKE 'AFTER THE TIME PROMOTING' INSTEAD OF 'BEFORE THE TIME PROMOTING.' If they take a specific route, they need to follow it up with some kind of follow-up because you are buying the product.
E12	Because, like that local area thing, you can see now on the receiving end, this person is saying <i>We received R10 million from Johnson's & Johnson's in monetary/product value</i> , then you can see it has made a difference. It's very sceptical from one side but on the reverse side, it's completely justified because now they are saying <i>We've received it</i> . It seems more sincere. [I would rather trust the charity than the actual company.] I think the problem is the public doesn't get feedback. [Why would a place, like Cotlands, say <i>we received R10 million from Coca Cola</i> and they didn't? They wouldn't lie about that, whereas Coca Cola could say <i>We donated R10 million to Cotlands</i> and they could be lying through their teeth and we don't know.] It is kind of like the small fish going <i>thank you</i> .
E13	WE WERE TALKING ABOUT PRODUCTS ADVERTISING THE CHARITIES THAT THEY WILL DO BUT IF A CHARITY ADVERTISES AND SAY THANK YOU TO SO AND SO FOR GIVING US MONEY? There is transparency there. [I think that is good.]
E14	That's an interesting question. But for me, I'd actually prefer it from the charity. The charity should come to me and say, we were struggling with cash, we had nothing, we have received such and such an amount from so many corporations, and this is what we have done with it. I think it's easy to put pictures of kids on Coke cans and say, these are the kids that are now educated because of this. You know it's easy, and once again it's Selfridge it's marketing for them and he turned it, emotional blackmail. It's better if Cotlands says thank you so and so. Even though I know it would be funded by the company, the whole ad, but for the kids who says thank you.
E15	DOES IT CHANGE THE WAY YOU FEEL ABOUT THE SPECIFIC CHARITY? Yes, if they report back on what have they done with that money to people, or showing people that with that money, we've done that and that.

Communication theory emphasises the influence of feedback in the communication process and suggests that the message source (profit-oriented organisation) should plan for feedback in advance (Kotler & Armstrong, 2008). Focus group participants acknowledged the importance of feedback in CARE: "You want to see where your money is going" (Table 7.14: E3, 4, 5 and 6). The Woolworths My School Card campaign was mentioned as a prime example of a social campaign where feedback reaches the consumer without them having to exert additional effort to obtain it (Table 7.14: E7). It seems that consumers are keen to

receive feedback about the positive impact of their contributions as such feedback supports the credibility of the campaign. However, the feedback is most positively received when it requires no exertion from the consumer.

In practice, feedback about donations from CARE campaigns is hardly ever communicated. When such feedback is provided, the messages are most often conveyed by the participating firm/brand. Participants in the focus groups agreed that feedback should at least be provided by the firm (Table 7.14: E8, 9, 10 and 11) in a medium deemed suitable (Table 7.14: E8) to inform consumers of the target audience about the impact of their purchases (Table 7.14: E9).

When participants were probed about who they regarded as the most appropriate source to provide feedback, they suggested that the impact of CARE donations should perhaps be communicated by the NPO rather than the firm. Participants were thus of the opinion that CARE feedback would be perceived as being more meaningful, authentic, sincere, trustworthy (Table 7.14: E12) and transparent (Table 7.14: E13) if it is provided by the CARE donation recipient rather than the participating firm. Feedback from the beneficiary can stretch beyond confirmatory messages about the firm's donation to also communicate the manner in which the funds have been used (Table 7.14: E14, 15). However, it was also mentioned that feedback received from the NPO instead of the firm may imply that more money is spent by the beneficiary on marketing than on actual charitable activities. Uncertainty about the appropriate application of donations can result in negative perceptions about the donation recipient. Such perceptions can also result in undesirable perceptions of the profit-oriented firm and its motives for participating in the CARE campaign. The influence of perceived firm motives was explored.

7.11 PERCEIVED FIRM MOTIVES

Perceptions shape a consumer's view of reality (Schiffman & Kanuk, 2015). Research indicated that consumer perceptions about a firm's motives for participating in CARE mediate the effectiveness of such campaigns (Folse et al., 2010). The role of perceived firm motives in CARE campaigns was discussed with focus group participants and the relevant transcript excerpts are provided in Table 7.15.

Table 7.15
Perceived firm motives

Focus group excerpt	Quote
E1	I think any company that is willing to extend themselves to helping any charity that is brilliant I will support that charity.
E2	DOES IT CHANGE THE WAY YOU PERCEIVE THE COMPANY? Yes (all agree). It is more like the care.
E3	If they donate R12 I am even more happy. The company isn't gaining anything; they are just going to be a link between me and the charity I am happy.
E4	[I think, at the end of the day, everybody really is in it for themselves.
E5	Again, this is being skeptical; they can make sure that they are not making a profit. I would rather know that there is exactly that amount going in. [Also there's no guarantee that that R1 is going there. You hope it is going there.] In this country, we live in hope. [That product is not guaranteed to sell a lot, so they might not make a lot on the profit, whereas if they just take your set amount, then at least you feel better that you've given something. Even if the campaign was a profit thing, they might not actually sell that and then nothing ever goes there.]
E6	I can get an extra R100. I will just say it's going to charity, but I'm not really and for every sale, let's say there are 10 000 sales, I'm getting an extra R100 for nothing. The fact of the matter is that, unfortunately, there are people who do that.
E7	It's the world we live in, we're skeptical of all things, so you want to know where your money is going to
E8	But there is a certain amount, but if it's too much, you think it shows you how they have been ripping us off for x amount of time.
E9	It can be done sincerely, but it can also be done insincerely.
E10	It is being sincere versus insincere.
E11	0.5% is nothing. [What is 1% of R1 million?] It's not sincere. [In comparison, it's nothing.]
E12	WHY DO YOU THINK COMPANIES/FIRMS DO THIS KIND OF THING? Advertising. [Yes.] To get their names out there. WHOSE NAME, THEIR ORGANISATION'S NAME? Yes, their company, their name. [And the product.] They are advertising the product. [It's going to promote sales, as well, obviously.] Play on human nature.

According to the focus groups, CARE campaigns tend to generate a positive image of the participating firm and often lead to greater support from consumers (Table 7.15: E1). Participants noted that CARE campaigns create perceptions of the firm as a caring entity (Table 7.15: E2). Some participants even considered CARE-linked firms as donation agents acting on behalf of the consumer and providing “a link between (the consumer) and the charity” (Table 7.15: E3). However, scepticism pertaining to CARE campaigns was also prevalent: “everybody really is in it for themselves” (Table 7.15: E4). Reasons for scepticism included: donation promises that are based on profits that are never generated (Table 7.15: E5); corruption and false campaigns (Table 7.15: E6); a lack of feedback about CARE donation allocation (Table 7.15: E7); and donation magnitudes that can be viewed as either too large or too small (Table 7.15: E8).

Participants often mentioned firm sincerity as an important requirement during CARE campaign planning and implementation (Table 7.15: E9, 10, 11), indicating the importance of perceptions and firm motives. Even though the planning process cannot be observed by consumers, participants suggested that firm sincerity can be observed in the outcomes of decisions made during the CARE planning process. The magnitude of donations, for instance, was mentioned as an indicator of campaign sincerity (Table 7.15: E11).

Some participants were convinced that firms' motives for participating in CARE are primarily self-directed (Table 7.15: E4) and for the purpose of generating sales and exposure (Table 7.15: E12). However, several participants viewed firms' motives for launching CARE campaigns as being helpful (Table 7.15: E1), caring (Table 7.15: E3) and without self-interest (Table 7.15: E2).

Consumer perceptions of firms' motives for CARE involvement do not necessarily represent the truth, but still have the ability to influence the credibility of campaigns (Folse, Niedrich and Grau, 2010). Quantitative data collected during the focus groups provided some insights into the influence of CARE on perceived firm motives. The following question was posed to respondents who were asked to respond on a six-point Likert scale anchored by the statements *Only to help themselves (1)* and *Only to help others (6): I think firms who engage in cause-related marketing mostly have the following motive*. Of all respondents 61.5 per cent selected four, five or six on the scale indicating that firm motives for participating in CARE were more readily perceived as altruistic than self-focused. Following perceived firm motives, the role of trust in CARE was further explored.

7.12 TRUST IN CAUSE-RELATED MARKETING

Trust is regarded as an important factor in marketing (Morgan & Hunt, 1994). Although it was not the primary purpose of the research to investigate the role of trust in CARE, the majority of the focus group participants referred to trust-related aspects. The concept was thus addressed during the transcript analysis. Table 7.16 provides transcript excerpts that contribute to a better comprehension of the role of trust in CARE.

Table 7.16**Trust in cause-related marketing**

Focus group excerpt	Quote
E1	There are a whole lot of scams. I can show now the issue of COSMOPOLITAN is talking about a whole lot of scams.
E2	You get a lot of scams today where people phone you and they give you this whole sob about a charity with the facts and the banking details, only to find out it's a big scam.
E3	I would trust a well-established and international company.
E4	DO YOU THINK AN INTERNATIONALLY BASED COMPANY IS MORE TRUSTWORTHY THAN A LOCAL COMPANY? Yes (agreement). [In this country, unfortunately, we have to say that.]
E5	If it's a reputable company, I would imagine they would choose an appropriate charity.
E6	Even if they are not giving money to charity, it doesn't matter, I don't know about it, so if they want to advertise that they are going to give this money to that charity, or whatever, I trust them.
E7	I will go for Acer, because I trust Acer as a brand.
E8	If it's a good brand that you've used for years, you will trust that brand to give it to whoever they want.
E9	I would rather trust the charity than the company.
E10	We trust them to do the right thing with our money. Yes it does also matter, because tomorrow nobody like me would be out there taking this there and that, and people say who is this person? Whatever, that kind of...trust is also important especially with the charity organisation, you cannot violate that, yes you can't.
E11	I would be less likely to trust a <i>percentage</i> or <i>gives a donation</i> because they could donate a cent or the whole thing. It's very open to their interpretation.
E12	It's given in trust but then again you don't really know if it's going to be for a good cause.
E13	I think it depends on what company it is. Some probably will take the risk, but your well-known companies won't take the risk.
E14	Transparency is more important though because in future we might not give.
E15	So these things it is in your face and you can see the ad and after that the ad for the same product or whatever they are advertising you will see what they have done with the money
E16	I would also go for something outright transparent as R100 for or R1 extra, because I mean life really it's so hectic, you don't have time really to be calculating this percentage and that would start sowing seeds of doubt in my mind, and I will start thinking that analysing or over analysing the issue. I don't want to do that.
E17	BUT IT'S ABOUT THE TRANSPARENCY IS WHAT YOU ARE SAYING; THEY WANT TO KNOW WHAT THE RAND VALUE IS? As a regular Joe going in there, I don't take a calculator and going let's see now
E18	If it's saying it is going to a specific charity, then I am more likely to say <i>that's fine</i> because then I know it is going to that specific place
E19	WE WERE TALKING ABOUT PRODUCTS ADVERTISING THE CHARITIES THAT THEY WILL DO BUT IF A CHARITY ADVERTISES AND SAY THANK YOU TO SO AND SO FOR GIVING US MONEY? There is transparency there. [I think that is good.]
E20	At the end of the day why do we have to donate, why must we be part of the charities?

Focus group participants expressed an acute awareness of the high perceived incidence of corruption and “scams” in South Africa and Africa (Table 7.16: E1, 2). It seemed that the importance of trust in CARE campaigns was intensified by the perception that corruption was not only prevalent in firms, but also in governments and NPOs. As a result, the preference for international profit-oriented and non-profit brands was quite noteworthy, because these

brands were viewed as less susceptible to corruption and thus more trustworthy (Table 7.16: E3, 4).

Reference to trust during the focus group discussions extended to several areas:

1. Trust in the profit-oriented CARE partner: Participants indicated that trust in the CARE-linked firm/brand is likely to transfer to the donation recipient and the CARE campaign – if a firm is reputable, the donation recipients it selects and the CARE campaigns it develops can also be trusted (Table 7.16: E5, 6, 7, 8, 13).
2. Trust in the donation recipient: Some participants were of the opinion that NPOs are generally more trustworthy than profit-oriented firms as NPOs could not afford to violate the trust of supporters by unethical or corrupt behaviour and misappropriation of donations (Table 7.16: E9, 10)
3. Trust related to donation expression formats and donation application: Vague donation expressions were viewed as less trustworthy (Table 7.16: E11). Also, participants acknowledged the pervasive uncertainty about whether firms will indeed donate the proceeds from CARE campaigns to charitable causes and agreed that consumers often have no other choice but to trust the firm as donation agent (Table 7.16: E12, E13).

A dedication to transparency was noted as an important requirement for firms participating in CARE campaigns because of its ability to influence consumer trust, perceptions about the firms' motives and future consumer behavior (Table 7.16: E14). It was suggested that transparency can be improved by providing feedback about the allocation of funds generated through CARE (Table 7.16: E15) and by strategically deciding on the source of the feedback (firm or donation recipient) (Table 7.16: E19). Transparency can also be enhanced by the CSEs selected for the CARE campaign. Perceived transparency, for example, can be improved by the manner in which donations are communicated – actual amount expressions are viewed as more transparent than vague quantifiers or percentage-of approaches (Table 7.16: E16, 17). Also, the specificity of information about the donation recipient can contribute positively to perceived transparency – branded NPOs are, for instance, seen as more transparent and trustworthy than unspecified donation recipients (Table 7.16: E18).

The focus group discussions revealed that transparency and trust are key considerations during CARE planning and implementation for firms who want to ensure that their campaigns are successful. A lack of transparency and trust may deter consumers from giving: “Transparency is ... important ... because in future we might not give” (Table 7.16: E14). It

may also cause them to reconsider their future donation behaviour: “At the end of the day, why do we have to donate, why must we be part of the charities?” (Table 7.16: E20).

The allusion by some participants that giving is a choice and not an obligation, raised the discussion about why people donate and participate in CARE campaigns. The personal benefits of giving were mentioned before the discussion about the benefits of CARE. However, as discussions progressed it became evident that guilt was a noteworthy impetus for donating and CARE participation behavior. The influence of guilt was further explored.

7.13 GUILT AND CHARITABLE GIVING

Guilt was mentioned several times during the focus groups as a reason for participating in charitable giving. Thus, the topic was further explored. Table 7.17 provides a summary of the transcript excerpts that supports the subsequent discussion.

Table 7.17
Guilt and charitable giving

Focus group excerpt	Quote
E1	It is two factors in my mind, one is Pick and Pay knows that you will feel guilty most charities are guilt-driven so they know with things like Pritt they are using that into your subconscious level to say I can be donating to charity by donating to this product, either way the other ones work just well. Even when I go to a store and there is an old pack that doesn't have any promotion and a new pack and they have the same price, I will buy the new pack because of the guilt and I know that I don't have time to donate.
E2	It is a two-way they are gaining with all the moneys that get into their accounts they are attracting all the people that are feeling guilty, and they will go there and all the money that they are banking everyday they are going to gain interest.
E3	Well, the only benefit will be the satisfaction that you've relieved your social guilt. [It hasn't really cost you that much.] You still didn't have a choice at which charity your money went to, so you don't feel better.
E4	Apart from the fact that I like to give charity and I do, you kind of feel like you are spending so much on movie tickets it just seems heartless not to give that R2.
E5	Just ease my conscious. Sometimes we're all selfish and think of ourselves only...

As previously mentioned, during the focus group discussions it became clear that feelings of guilt play a major role in driving participants to contribute to charitable organisations (“most charities are guilt-driven”) (Table 7.17: E1, 2) and to participate in social campaigns such as CARE (“the only benefit will be the satisfaction that you've relieved your social guilt”) (Table 7.17: E3). It appears that CARE is viewed as an opportunity for privileged consumers to avoid feelings of guilt by donating to those who are less-fortunate (Table 7.17: E4) – CARE provides the chance to break away from self-centred behaviours (Table 7.17: E5).

The conversations further revealed that the concept of guilt has a unique character and is particularly relevant in South Africa, owing to the country's complex history and apartheid-related associations. This notion is supported by research (Klandermans, Werner & Doorn, 2008; Diala, 2001/2002).

Black female and male participants mentioned that they often feel guilty when they are confronted with their own wealth and success in comparison to the poverty still experienced by many of their extended family and friends. Several of the black participants were aware of the expectations from their reference groups that wealth should be shared. However, participants expressed that they do not necessarily want to share all their hard-earned money and rather want to spend it on themselves. This conflict with peer group expectations results in feelings of guilt.

White participants were also probed about the role of guilt in their lives. They confirmed that they often sustain feelings of guilt, "because it seems that is what is expected of white people" owing to the apartheid history of South Africa.

Both white and black respondents expressed their guilt-fatigue and were of the opinion that campaigns such as CARE helps to diminish guilt as it provides an easy method of giving. This notion seemed particularly relevant when communication appeals other than guilt, such as humour and gratitude, are used in CARE campaigns.

Throughout the focus group discussions, the topic of CARE often veered to its similarity and differences with charitable giving. The links between CARE and charitable giving were investigated.

7.14 CAUSE-RELATED MARKETING AND CHARITABLE GIVING

The relationship between CARE and charitable giving (e.g. donations) became apparent during the focus group discussions. Although participants acknowledged the benefits accrued by firms through CARE, such campaigns were persistently viewed as charitable in nature. Table 7.18 summarises transcript excerpts pertaining to the link between CARE and charitable giving.

Table 7.18
Cause-related marketing and charitable giving

Focus group excerpt	Quote
E1	They do know that they have that CSR to give back to the community and in a way attract more sales and more customers.
E2	You will never just go and donate but if I see that product I will go and buy it because I know that there is money that will be given to charity.
E3	I think the fact that they are taking from their profit is that they are doing the same as you, because we also take from our profit we take from our monthly income, so we are on the same path.
E4	For me, the best way with cell phones is to actually give away what you manufacture as product, so you would give x amount of Pritt glue to Cotlands, or to a school, or an education fund or whatever.
E5	Just from a religious point, in our religion, you are taught to give to charity, and there's a very good meaning in you giving it. You could never give enough.

Participants expressed their opinions that it was a firm's social responsibility to "give back to the community". CARE was thus viewed as an acceptable form of corporate charitable contribution (Table 7.18: E1) that offers benefits to the community, the firm and the consumer (Table 7.18: E2). In the past, consumers often donated by means of traditional and facilitated channels, for instance through church contributions. However, according to the focus groups, independent individual decisions to contribute to social causes occur less frequently. As previously mentioned, through CARE campaigns, the firm acts as a donation agent/facilitator on behalf of the consumer and provides the consumer an easy method for contributing to charitable causes (Table 7.18: E2). CARE is also perceived as a manner in which firms collaborate with consumers to make a difference. This notion is strengthened by participants' beliefs that both the firm and the consumer sacrifice something to actuate the campaign and the donation (Table 7.18: E3).

Typically, monetary donations are associated with CARE campaigns. However, it was suggested that firms consider alternative donations (e.g. products) as outcomes of their CARE campaigns (Table 7.18: E4). Previously, the importance of fit between the CARE-linked firm, the donation recipient and the target audience was mentioned (Hamilin & Wilson, 2004; Bainbridge, 2001; Gray, 2000). Participants' recommendations pertaining to the nature of the donation further inferred the importance of fit between the CARE-linked firm/brand and the donation itself: "you would give x amount of Pritt glue to Cotlands, or to a school, or an education fund ..." (Table 7.18: E4).

Charitable giving forms an essential part of the lives of many South Africans because of their religious orientations (Table 7.18: E5). Participants agreed that their religious backgrounds or

current religious involvements have shaped their mind-sets to believe in the necessity of giving. Authentic CARE campaigns can benefit from such extant stances.

Dialogue during the focus groups confirmed that similarities and differences exist between charitable giving and CARE. It was suggested that CARE practitioners can enrich their campaign planning by understanding the factors affecting charitable giving. Concurrently, CARE does not merely represent a donation process, and campaigns will thus benefit when managed from both a societal and a business perspective.

7.15 QUALITATIVE RESEARCH RELEVANCE FOR SUBSEQUENT EXPERIMENT

Qualitative research was conducted to generate insights for designing the next phase in the mixed-methods research process, namely a quantitative research experiment. An experiment was selected as an appropriate empirical approach for learning more about CARE as it allowed the investigation of the independent and interactive influence of more than one independent variable on several dependent variables. Experiments were also consistent with the methods preferred by other researchers in their CARE inquiry processes (Folse, et al., 2010; Grau & Folse, 2007; Barone, et al., 2007; Subraymanyam, 2004; Engelbrecht & Du Plessis, 2004; Ellen, et al., 2000; Strahilevitz, 1999).

The objective of the research was to assess the influence of CARE structural elements that could be perceived by consumers during campaigns. However, to avoid excessive complexity in the experimental design and to ensure that the findings from the quantitative research could be meaningfully interpreted, only selected CSEs could be included in the experiment. The literature review and the qualitative research guided this process.

In this chapter it became evident that findings pertaining to CARE campaigns are often different in low and high involvement scenarios. The interrelation between product involvement and other CSEs such as donation magnitude and donation expression format was also observed. Although the influence of hedonic and utilitarian products has been investigated in the CARE context (Strahilevitz, 1999), the role of product involvement has not been assessed.

Previous research has addressed the influence of donation magnitude and donation expression format in CARE campaigns, but findings thus far have been inconclusive (Olsen et al., 2003). Also, these factors have not been assessed from a South African perspective.

During the focus group discussions, participants referred to the potential positive and negative influences of donation magnitudes on the perceptions and attitudes of CARE. It also became evident that the perceived suitability of donation magnitude depends on (1) the format in which donations are expressed, and (2) the product included in the campaign. The proposed significance of donation magnitude, donation expression format and product involvement incited the decision to include these CSEs as independent variables in this study.

Conversations in the focus groups emphasised the role of the donation recipient in driving CARE campaign effectiveness. Previous research has suggested the importance of aspects such as the nature of the CARE campaign beneficiary (Engelbrecht & Du Plessis, 2004; Lafferty & Matulich, 2002). In this qualitative research, the extent of the donation recipient detail provided in communication was mentioned as a key element in driving CARE campaign effectiveness. Participants expressed their preference for more information and clarity about the donation recipient in a CARE campaign. Research confirms the ability of brands to convey explicit and implicit information (Keller, 1993). Brands and branding are also extensively growing in importance in both the for- and non-profit domain. However, extant research has not extensively investigated the influence of cause/non-profit branding in CARE.

As outlined in Chapter 6, the overall purpose of this research was to assess the influence of CARE elements that are visible and necessary during CARE campaign communication. These elements include the donating product/brand, the donation recipient and the donation itself. Although aspects such as campaign geography, the duration of the campaign, and its strategic orientation were considered during the qualitative research phase, these campaign elements were not included in the study because of the study's boundaries and cost constraints.

7.16 SUMMARY AND CONCLUSION

Qualitative research was conducted to explore the extant knowledge and opinions of South African consumers about CARE. Focus groups were selected as the appropriate qualitative method of inquiry. Participants were male and female, income-earning individuals emanating from LSM 7 and above and representing white and black racial groups. Participants were positive about CARE, but mentioned several potential negative consequences of the strategy if not thoroughly planned and implemented. It was acknowledged that CARE benefits could

be accrued by consumers, charitable causes and firms. Focus group discussions confirmed the important role of the product selected for inclusion in a CARE campaign in driving its effectiveness. The product interacts with other CSEs and it is thus essential that these elements be planned conjunctively. Fit between the CARE product and the donation recipient is also necessary.

The donation recipient can either be specified in a CARE campaign, for instance, by mentioning its name and displaying its brand, or firms can refer to a vague beneficiary. Participants favoured a specified portrayal – it was viewed as more transparent and trustworthy. Recommendations included products rather than monetary donations as the outcome of CARE campaigns. Conversations about campaign geography confirmed the adage that *charity begins at home*. Although overall sentiments toward CARE were positive, participants indicated a preference for support to local causes and even more so when such causes offer provision during disasters. Divergent from the partialities toward local causes, NPOs with operations in South Africa but who have international headquarters were viewed as less corrupt and more trustworthy.

Participants agreed about the important influence of the donation in CARE. Criticism was expressed about both excessively small and excessively large donations. These approaches both conjured connotations of exploitation – the former of cause and the latter of consumer exploitation. Quantitative assessment confirmed that medium-sized donations were viewed as most acceptable. Participants noted that their perceptions of the donation magnitude were influenced by the manner in which donation magnitude was expressed. Generally, actual amount expressions were most preferred by participants. However, it was evident that product involvement, donation magnitude and donation expression format exerts a reciprocal influence on each other. This notion was confirmed when participants were asked to select large, medium, small and acceptable donation magnitudes given a specific product price. In a low involvement scenario, an actual amount expression resulted in higher suggested donation magnitudes than a percentage-of-price expression, whereas in a high involvement scenario, a percentage-of-price expression prompted higher donation magnitudes than an actual amount.

During the focus group discussions, short-term campaigns were viewed as more suitable to encourage prompt consumer participation in CARE. The importance of post-campaign feedback to positively endorse consumer participation was also emphasised. Such feedback from the CARE-linked firm can proliferate the reputational benefits associated with the

campaign. However, feedback from the donation recipient can result in even greater positive perceptions if the communication is not perceived as overly costly.

Consumers' perceptions of firms' motives for involvement with social campaigns may not necessarily represent the truth, but have the ability to influence campaign credibility. Perceived firm motives were generally positive, although scepticism sometimes arose as a result of mistakes, such as false donation promises and a lack of feedback. Such oversights have a negative impact on trust in the firm, the donation recipient and the CARE campaign. The focus groups revealed the significant role feelings of guilt play in driving charitable decisions. White participants indicated that their guilt was associated with the apartheid-related past of South Africa, whilst black participants felt guilty about defying their families' expectations. The similarities and differences between CARE and charitable giving were discussed and participants agreed that, although CARE represents a form of charitable giving for the consumer, it is also a business process that requires detailed planning and thorough implementation.

CHAPTER 8

QUANTITATIVE RESEARCH FINDINGS (PART 1): DESCRIPTIVE ANALYSES

A factorial design makes every observation do double (multiple) duty.

Jack Couden, software expert

8.1 INTRODUCTION

Chapters 8 and 9 report the results from the between-subjects factorial experiment that was introduced as the quantitative research phase of the study in Chapter 6. In this experiment, the influence of four independent variables, namely product involvement, donation recipient, donation magnitude and donation expression format, on seven intention-, attitude- and perception-related dependent variables, was assessed.

In Chapter 8, the first part of the quantitative research findings is discussed. The chapter commences with an overview of the data analysis approach. A discussion of the data preparation process follows, including a delineation of brand attitude pre-measures, the unidimensionality of the data and the assumptions of the analyses of variance (ANOVA) that were considered. The chapter proceeds with an overview of the reliability of the scales that were used to measure the dependent variables, both per experimental group and for the data set as a whole.

The descriptive statistics, used to gain a better understanding of the profile and the size of the sample of the study, follow. The demographic characteristics including gender, race, language, age, education level and household profile, are provided.

An explanation of the findings from the experiment starts with an analysis of the experimental manipulation checks that were conducted during the experiment's data collection process. Subsequently, findings arising from the investigation of the entire data set are discussed. Mathematicians have compared the first scrutiny of the data to a statement by iconic American baseball player, Yogi Berra, who was known for saying: *You can see a lot by just looking* (Terence's Stuff, 2011). The initial statistical data exploration resembled such an approach – the identification of preliminary trends and patterns in the data set in its entirety

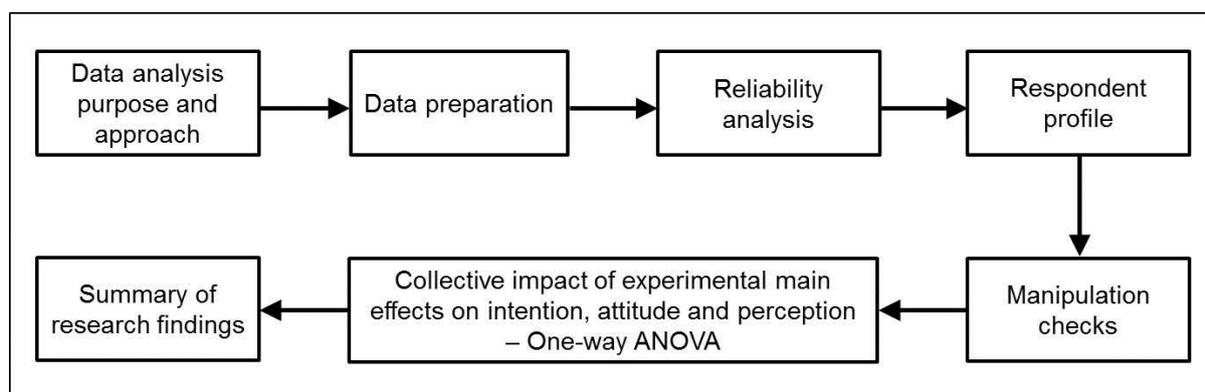
to gain a broad understanding of the sample's responses to cause-related marketing (CARE). A one-way analysis of variance was used for this overview process that forms a platform for the in-depth analyses that follow in Chapter 9.

Chapter 8 concludes by summarising the initial insights about the influence of product involvement, donation recipient brand specificity, donation magnitude and donation expression format on respondents' intentions, attitudes and perception.

8.2 DATA ANALYSIS PURPOSE AND APPROACH

Figure 8.1 provides an overview of the structure of Chapter 8. The chapter commences with an introduction of the data analysis approach that was followed in the study and presented in Chapters 8 and 9.

Figure 8.1
Structure of the chapter



Three categories of data were collected during the final empirical phase of this research, namely the 2 X 2 X 2 X 2 between-subjects factorial experiment. The data categories were (1) demographic information, (2) attitude and awareness data measured prior to experimental exposure, and (3) post-exposure intention-, attitude- and perception-related data. Each of the data categories required a specific data analysis purpose and approach.

The analysis of the demographic information provided an overview of the sample per experimental group and assessed whether respondent profiles were similar across the groups. Pre-exposure data were analysed in preparation of the data set for assessing the influence of the experimental main effects on respondents' intentions, attitudes and perceptions. Post-exposure measures were analysed by means of various statistical

techniques. A one-way analysis of variance (ANOVA) and the Welch robust test for the equality of means were used to detect significant differences between experimental groups due to the collective impact of experimental main effects. Where applicable, post hoc tests were conducted to ascertain the nature of the between-group differences. The findings of the one-way ANOVA, the Welch test and the post hoc tests are discussed in this chapter.

Univariate ANOVA was employed to further explore significant differences in dependent variables caused by individual main effects and the interaction between these variables. A correlation analysis was conducted in some instances to analyse the relationships between relevant variables. The results from the univariate ANOVA and correlation analysis are discussed in Chapter 9. Table 8.1 summarises the data that were collected and the corresponding methods of analyses.

Table 8.1
Data collected and corresponding methods of analyses

	Variables assessed	Method used for analyses	Programmes used for analyses
Demographic information	<ul style="list-style-type: none"> • Gender • Race • Age • Education level • Household information 	<ul style="list-style-type: none"> • Descriptive statistics • Cross-tabulations 	<ul style="list-style-type: none"> • IBM SPSS • Excel
Pre-exposure measures	<ul style="list-style-type: none"> • Attitude toward the product brand • Attitude toward the NPO • Familiarity with the product brand • Familiarity with the NPO 	<ul style="list-style-type: none"> • Descriptive statistics • One-way ANOVA • Chi-square 	<ul style="list-style-type: none"> • IBM SPSS
Post-exposure measures	<ul style="list-style-type: none"> • Purchase intention • Participation intention • Cognitive attitude toward the CARE offer • Affective attitude toward the CARE offer • Attitude toward the alliance • Attitude toward the advertisement • Perceived firm motives 	<ul style="list-style-type: none"> • One-way ANOVA • Welch tests • Post hoc tests • Univariate ANOVA • Correlations 	<ul style="list-style-type: none"> • IBM SPSS

During the discussion of the results in Chapters 8 and 9, reference will be made to the respective experimental groups as group 1 (exposed to stimulus 1), group 2 (exposed to stimulus 2), etc. Where applicable, the content of the stimulus will be described. For clarity purposes, a summary of the stimuli content that was presented to each group is available in Addenda 6.3 and 6.4.

The data analysis process commenced with the preparation of the data.

8.3 DATA PREPARATION

The accuracy of the collected raw data (Green & Tull, 1978) was initially examined by Columinate, the marketing research agency that was responsible for the data collection process. The complete data set was received in Microsoft Excel format from the agency. Each scale item was coded and then the data set was exported to IBM SPSS for the assessment of missing variables and further analysis.

8.3.1 Missing variables

The data that were collected contained no missing variables as the online data collection process required from respondents to complete each question before proceeding. It was thus not necessary to replace missing variables in the data.

8.3.2 Pre-measure findings and data modification

Before exposure to the experimental stimulus, respondent attitudes toward the product brand (Pritt gluestick or an HP laptop computer) and, where applicable, the donation recipient brand (Reach for a Dream) as featured in the stimulus, were measured by means of the adapted brand attitude scale of Folse et al. (2010). Researchers (Campbell & Keller, 2003) suggest the assessment of consumer attitudes prior to exposure to the experimental stimuli when actual brands as opposed to fictitious brands are used in the experiment. In this way respondents who reveal initial negative attitudes toward the brand can be removed to avoid extremity bias. The brand attitude measure thus acts as a screening question. Respondents who indicated a negative attitude toward the featured product/brand and toward Reach for a Dream ($\mu \leq 3.5$ on a seven-point scale) were not considered during the data analysis process. The total number of test units decreased from 1 906 to 1 715 as a result of this removal.

The respondents' familiarity with the product/brand featured in the experimental stimuli and the NPO/cause (where applicable) was also assessed to gain insights about the prior awareness of the brand. However, respondents with a low level of awareness were not removed from the study. The reasoning behind this decision was that respondents would be exposed to the stimulus (and thus the relevant for-profit/non-profit brands) throughout the assessment pertaining to the stimulus. Therefore, respondents who were less familiar with the featured brands would not be at an exposure disadvantage. Tables 8.2 and 8.3 summarise the means for the attitude and familiarity scales.

Table 8.2**Group 1 to 8: familiarity and pre-exposure brand attitude scores: low involvement**

Descriptive statistics					
Familiarity	n	Minimum	Maximum	Mean	Standard Deviation
Familiarity with Pritt	825	1.00	7.00	6.42	1.3829
Familiarity with Reach for a Dream	396	1.00	7.00	5.30	2.0076
Brand attitude	n	Minimum	Maximum	Mean	Standard Deviation
Attitude toward Pritt	825	3.50	7.00	6.43	0.9280
Attitude toward Reach for a Dream	396	3.50	7.00	5.97	1.1874

The results in Table 8.2 refer to the data from groups 1 to 8 in which a Pritt glue stick was featured as a low involvement product. The results pertaining to Reach for a Dream was derived from groups 1 to 4 in which this specified, branded donation recipient was featured. The findings indicate a high level of familiarity with Pritt glue stick ($\mu=6.42$) and Reach for a Dream ($\mu=5.30$). As can be seen in Table 8.2, the positive attitudes toward Pritt ($\mu=6.43$) and Reach for a Dream ($\mu=5.97$) in groups 1 to 8 are also evident.

The results in Table 8.3 were obtained from the analysis of the data from groups 9 to 16 in which an HP laptop computer was featured as a high involvement product. The results pertaining to Reach for a Dream were derived from groups 9 to 12. The findings indicate a high level of familiarity with the HP laptop computer ($\mu=6.56$) and Reach for a Dream ($\mu=5.23$). The positive attitudes toward HP ($\mu=6.31$) and Reach for a Dream ($\mu=5.93$) in groups 9 to 16 are also depicted in Table 8.3.

Table 8.3**Groups 9 to 16: familiarity and pre-exposure brand attitude scores: high involvement**

Descriptive statistics					
Familiarity	n	Minimum	Maximum	Mean	Standard Deviation
Familiarity with HP	890	1.00	7.00	6.56	0.8878
Familiarity with Reach for a Dream	434	1.00	7.00	5.23	1.9220
Brand attitude	n	Minimum	Maximum	Mean	Standard Deviation
Attitude toward HP	890	2.00	7.00	6.31	0.9686
Attitude toward Reach for a Dream	434	1.00	7.00	5.93	1.2319

The results in Tables 8.2 and 8.3 suggest that respondents were positive toward the brands featured in the experimental stimuli, namely Pritt, HP and Reach for a Dream, and that possible negative attitudes after exposure to the stimuli would not occur as a result of pre-existing negative attitudes. One-way ANOVAs were conducted to ascertain whether significant differences in familiarity and brand attitude existed between groups prior to the introduction of the stimuli. The results are summarised in Table 8.4, indicating no significant differences between experimental groups in terms of their familiarity with and attitude toward Pritt, HP and Reach for a Dream.

Table 8.4
Familiarity and pre-exposure attitude differences between groups

Analysis of variance (ANOVA)						
Construct		Sum of squares	Degrees of freedom	Mean square	F-value	Significance
Familiarity with Pritt/HP	Between groups	25.260	15	1.684	1.267	0.215
	Within groups	2258.904	1699	1.330		
	Total	2284.164	1714			
Pritt/HP brand attitude	Between groups	16.909	15	1.127	1.249	0.227
	Within groups	1532.933	1699	0.902		
	Total	1549.841	1714			
Familiarity with Reach for a dream	Between groups	19.400	7	2.771	0.718	0.657
	Within groups	3173.095	822	3.860		
	Total	3192.495	829			
Reach for a Dream brand attitude	Between groups	1.860	7	0.266	0.180	0.989
	Within groups	1212.522	822	1.475		
	Total	1214.381	829			

Once the brand familiarity with and brand attitude toward Pritt, HP and Reach for a Dream were assessed, the uni-dimensionality of the data was reviewed.

8.3.3 Uni-dimensionality of the data

After the collected data were captured in Microsoft Excel, it was exported to IBM SPSS and the summated versions of the dependent variables were computed from the various scale items. The uni-dimensionality of each construct was independently assessed by means of factor analysis. Principal axis factoring (Eigen values greater than 0.4) with direct oblimin rotation was selected as the factor extraction method. In all cases all the constructs proved to be uni-dimensional.

8.3.4 Analysis of variance assumptions

The research design (factorial experiment) resulted in 16 experimental groups who were each exposed to a unique stimulus. Each respondent completed a questionnaire corresponding with the experimental group and stimulus. Thus, 16 subsets of data were generated. The objective of the study was to analyse the differences between the experimental groups arising from exposure to the various stimuli. Analysis of variance (ANOVA) was deemed a suitable method for determining the differences between groups (Field, 2013; Haase & Ellis, 1987). Thus, the following assumptions of ANOVA were considered during the data analysis process:

1. the dependent variables should be measured on interval scales;
2. the observations made in the research should be independent;
3. the distributions within groups should be normal; and
4. the variances in each experimental condition should be fairly alike (Field, 2013).

Interval data were collected by means of Likert scales and semantic differential measurements in the study (Hair et al., 2008; Cooper & Schindler, 2006). Each respondent participated in the study once and was thus exposed to only one experimental stimulus and completed one questionnaire. As a result, the measurements that were recorded were indeed independent.

The assumption of normality was statistically assessed per dependent variable, per experimental group and for the data set as a whole by means of the Kolmogorov-Smirnov (Lilliefors significance correction) and Shapiro-Wilk tests. The results from the normality tests were all significant ($p < 0.05$), except for the purchase intention scores in groups 5, 12 and 14. A p-value of less than 0.05 indicates a violation of the normality assumption – thus, the data in the groups were not normally distributed, except for the purchase intention data of groups 5, 12 and 14. According to Field (2013), the F-statistic (produced by ANOVA) controls the Type 1 error well under conditions of non-normality and its power is also relatively unaffected (Field, 2013). In the current study, the degrees of freedom exceeded 40 in each experimental group and it was concluded that ANOVA would produce valid results despite relatively mild variations of non-normality and somewhat unequal group sizes (Field, 2013).

The homogeneity of variances assumption was assessed by means of Levene's test (Pallant, 2005). Levene's test applies the "F-test to the absolute deviations of the observations from their group means" (Gastwirth, Gel & Miao, 2009:343). Contrary to other tests that assess

homogeneity of variances, Levene's test is powerful and robust to non-normality (Gastwirth et al., 2009). When Levene's test produces a p-value of less than 0.05, it indicates an inequality of variances. In the current study, the variances of the respective experimental groups were equal for several of the dependent variables ($p > 0.05$) and unequal for others (Field, 2013). The outcome of Levene's test and the nature of the experimental groups (i.e. group size) provided an indication of the most appropriate post hoc tests to further explore the differences between groups. In the case of equal variances, the Hochberg's GT2 post hoc tests provided more information about between-group differences (Field, 2013). Hochberg's Sequential Method is a high-power alternative to other tests and controls for Type 1 error (Keselman, Cribbie and Holland, 2002). In the cases where variances were not homogenous, the Games-Howell post hoc test was used to detect differences between groups. The Games-Howell test is particularly suitable for situations where population or group variances differ (Field, 2013). It is a powerful test that is also accurate when sample sizes are unequal (Field, 2013; Ruxton & Beauchamp, 2008; Toothaker, 1993). When Levene's test returns a p-value of less than 0.05 (thus indicating unequal variances), it is recommended that the Welch robust test for the equality of means rather than one-way ANOVA be used to assess whether significant between-group differences exist. This guideline was followed in the current study.

8.4 RELIABILITY ANALYSIS FOR DEPENDENT VARIABLES

The reliability of the scales used to measure all the dependent variables was assessed for the overall data set (experimental groups 1 to 16) and per experimental group. Table 8.5 provides a summary of Cronbach's alpha coefficients for each construct that was assessed based on the overall data set. All the Cronbach's alpha coefficients for the total data set exceeded 0.85, which is above the generally agreed upon lower limit of 0.70 (Hair et al., 2008).

Table 8.5
Reliability analysis of the overall data set

Dependent variable	Dependent variable abbreviation	Number of items	Cronbach alpha based on standardised items
INTENTION			
Purchase intention	PIC	6	0.932
Participation intention	PARI	4	0.867

Table 8.5 (continued)

Dependent variable	Dependent variable abbreviation	Number of items	Cronbach alpha based on standardised items
ATTITUDE			
Cognitive attitude toward the offer	ATOT	5	0.920
Affective attitude toward the offer	ATOF	4	0.897
Attitude toward the alliance	AAL	3	0.891
Attitude toward the advertisement	AAD	5	0.953
PERCEPTION			
Perceived firm motives	FM	6	0.940

An analysis of the Cronbach's alpha coefficients for each construct per experimental group indicates that the reliability for all constructs per experimental group exceeds 0.8. This finding is consistent with the Cronbach's alpha for the total data set as evident in Table 8.5.

8.5 OVERVIEW OF RESPONDENT NUMBERS AND DEMOGRAPHIC PROFILE

The demographic characteristics of people seem to play a particularly important role in decision-making pertaining to social situations and campaigns (Stafford & Tripp, 2006). In the current study, the following demographic characteristics were investigated: gender; ethnic composition, such as race and language; age; education level; and household information, such as household income and size, and the number of income earners per household. These demographic characteristics were selected for analysis based on previous research in the field of CARE, non-profit marketing and social marketing (Shelley & Polonsky, 2002; Schellenberg, Abdulla, Nathan, Mukusa, Marchant, Kikumbih, Mushi, Mponda, Minja, Mshinda, Tanner & Lengeler, 2001; Kotler & Lee, 2008).

8.5.1 Total number of respondents

In experimental research it is recommended that at least ten to fifteen respondents or test units are included per experimental group (Field, 2012). Considering that this study comprised 16 experimental groups, the minimum number of respondents required for meaningful analysis was therefore 480. To make provision for the possibility of an in-depth inquiry and a similar representation of males and females from white and black racial groups, a large number of 1 920 test units were included in the post-exposure phase of the study. After the enactment of the previously mentioned screening question, the total number of

respondents included in the further post-exposure analysis was 1 715. The test unit distribution per experimental group is displayed in Table 8.6.

Table 8.6
Respondent distribution per experimental group

Experimental group	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Number of respondents per group	108	88	88	112	110	103	111	105	109	100	109	116	115	114	115	112
% of total sample	6.3	5.1	5.1	6.5	6.4	6	6.5	6.1	6.4	5.8	6.4	6.8	6.7	6.6	6.7	6.5

The total number of test units per group as displayed in Table 8.6 can be viewed again in the tables that follow as a summative part of the discussion of the demographic profile of the sample.

8.5.2 Gender profile of respondents

Male respondents comprised 840 (49 per cent) and female respondents 875 (51 per cent) of the total sample. A Chi-square test was conducted to confirm that the gender distribution was similar across the experimental groups. No statistically significant differences were found ($p=1.000$). It was thus confirmed that the gender distribution across the experimental groups was similar.

8.5.3 Ethnic profile of respondents – language and race

For the purpose of this study, the ethnic profile of respondents included the race and language of respondents. It was intended to incorporate an equal representation of black and white test units. In total, 831 black (48.5 per cent of the total sample) and 884 white (51.5 per cent of the total sample) respondents participated in the study. The distribution of black and white respondents per experimental group is summarised in Table 8.7. A Chi-square test was conducted to confirm that the race distribution was similar across the experimental groups. No statistically significant differences were found ($p=1.000$). It was thus confirmed that the race distribution across the experimental groups was similar.

Table 8.7**Population group distribution of respondents per experimental group**

Experimental group	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
% of black respondents per group	48.1	52.3	53.4	48.2	47.3	44.7	46.8	45.7	48.6	47.0	47.7	49.1	48.7	50.9	48.7	49.1
% of white respondents per group	51.9	47.7	46.6	51.8	52.7	55.3	53.2	54.3	51.4	53.0	52.3	50.9	51.3	49.1	51.3	50.9

South Africa has eleven official languages with English being a popular default communication option to facilitate understanding amongst different language groups. The largest percentage (37 per cent) of the respondents in the study indicated their first language as English, whilst 22 per cent were Afrikaans, 11 per cent were Zulu, 8 per cent were Xhosa and 22 per cent spoke one of the seven remaining South African official languages.

8.5.4 Age profile of respondents

Respondents were only included in the study if they had at least completed their secondary education and were earning an income that placed them in LSM 7 or above. All respondents included in this study were at least 20 years of age. Figure 8.2 provides a summary of the respondents' age distribution.

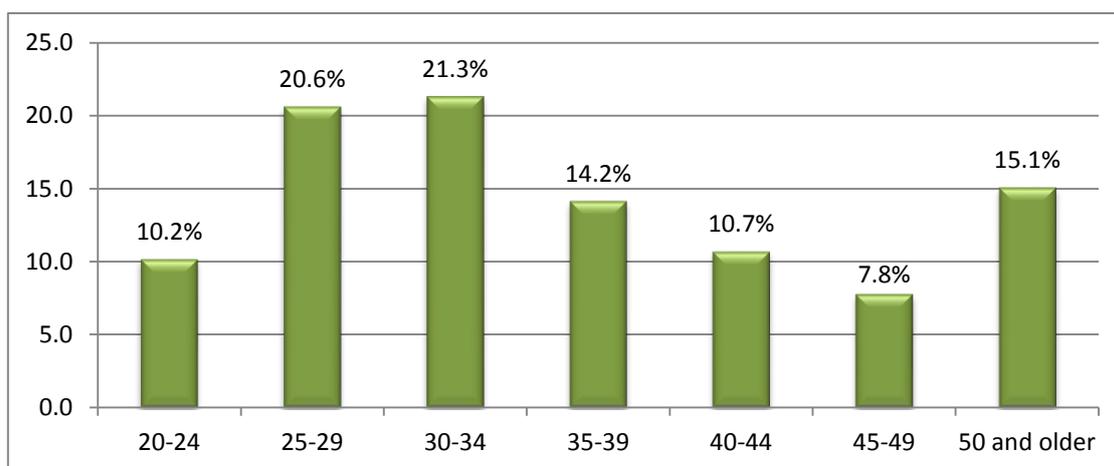
Figure 8.2
Age profile of respondents

Figure 8.2 indicates that the largest portion of the respondents (41.9 per cent) were between 25 and 34 years of age. A one-way analysis of variance (ANOVA) indicated that there was

no statistically significant difference between the 16 experimental groups in terms of age ($F=0.974$; $p=0.481$). The conclusion can thus be drawn that test units from various groups were spread equitably across the experimental groups.

8.5.5 Education level profile of respondents

Respondents were only included in the study if they had at least completed their secondary education. The respondents in the study were thus educated with 69.7 per cent having received tertiary education and 26.2 per cent having completed at least a matric certificate. Only one respondent indicated that he had no formal education, whilst 0.3 per cent of the sample had primary school education and 3.7 per cent had some level of secondary education, but not a matric certificate.

The experimental groups thus consisted of educated and literate respondents and it was concluded that the respondents would be able to read and understand the stimulus presented to them, namely a marketing communications message in the form of a print advertisement. A one-way ANOVA confirmed that there were no statistically significant differences in education levels across experimental groups ($F=0.505$; $p=0.939$). It was thus confirmed that the education level distribution across the experimental groups was similar.

8.5.6 Household profile of respondents

Research in the field of non-profit marketing often assesses households rather than individual characteristics (Burgoyne et al., 2005). Non-profit marketing campaigns often strive to generate donations from households. Household income is thus viewed as an important indicator of the household's donation ability. In this study, household income and the number of income-earning individuals per household were measured.

Of all respondents in this study 33.6 per cent formed part of households that earned between R12 000 and R24 999 per month, whilst 45.1 per cent of the total sample earned more than R18 000 per household per month, including 10.6 per cent with an income of more than R40 000 per month. Approximately 8 per cent of respondents opted not to respond to the question about their income.

In response to the monthly household income analysis, the question arose how many people in the respondents' households actually contributed to the specified monthly household income. It was found that the majority of respondents (59.4 per cent) were jointly responsible

for household income generation along with one other household member, 16.2 per cent were responsible for income generation with three or more other household members and 24.4 per cent of respondents were individually responsible for generating the total income of the household.

A one-way ANOVA indicated that there were no significant differences in income levels across the experimental groups ($F=0.827$; $p=0.648$), which indicates that respondents were equitably allocated to experimental groups in terms of household income.

The above demographic analysis of the respondents provides perspective about the nature of the sample of this study. It confirms that the sample was representative of the requirements discussed in Chapter 6, namely male and female, black and white, and part of LSM 7 and above. Subsequent to the corroboration of the respondents' demographic profile, the manipulations exerted in the study were also confirmed.

8.6 MANIPULATION CHECKS

The manipulation checks included in the data collection instrument were discussed in Chapter 6. Analyses and results related to these checks are explained next.

8.6.1 Product involvement

The level of product involvement manipulation check was assessed by means of two items, namely: *When I buy glue stick I search for a lot of information about the product* and *When I buy glue stick I spend a lot of time searching for options*. *Strongly disagree* was represented by the number 1 and *strongly agree* by the number 7.

A one-way ANOVA was performed to determine whether the independent variable of product involvement (high or low) resulted in a significant difference in the amount of information searched for during the consumer decision-making process. A significant difference ($p=0.000$) was found between the groups exposed to high versus low product involvement levels. The results confirmed that respondents would search for more information during the consumer decision-making process for purchasing a laptop computer (high involvement; $\mu=6.0955$) than for purchasing a glue stick (low involvement; $\mu=4.2364$). A one-way ANOVA was also performed to determine whether the independent variable of product involvement resulted in a significant difference in the amount of time spent searching for the product

during the consumer decision-making process. A significant difference ($p=0.000$) was found between the groups exposed to a high involvement product as opposed to those exposed to a low involvement product, indicating that respondents would spend more time searching for a laptop computer (high involvement; $\mu=5.8674$) than for a glue stick (low involvement; $\mu=4.0630$).

8.6.2 Donation recipient

The donation recipient was displayed in the print advertisement stimulus where applicable throughout the research. Some groups were exposed to Reach for a Dream as a specified donation recipient, while other groups were exposed to donation promises made to a charity in general.

8.6.3 Donation magnitude

The donation magnitude manipulation check was assessed by means of the following item: *I think the donation in the advertisement is high*. Again, *strongly disagree* was represented by the number 1 and *strongly agree* by the number 7. A one-way ANOVA was performed to determine whether the independent variable of donation magnitude resulted in a significantly different response to the abovementioned item. A significant difference ($p=0.000$) was found between the groups exposed to a high versus a low donation magnitude, confirming the appropriateness of the manipulation – respondents who were exposed to a high donation magnitude indeed viewed the donation magnitude as significantly higher ($\mu=4.4994$) than those exposed to a low donation magnitude ($\mu=3.4388$).

8.6.4 Donation expression format

The donation expression format was visible to respondents in the print advertisement stimulus where applicable throughout the study. Some groups were exposed to percentage-of-price expressions, while other groups were exposed to actual amount donation promises.

After the stimulus was viewed for the final time, respondents were asked to indicate which donation magnitude and expression format combination was featured in the advertisement. Table 8.8 summarises the responses from each group.

Table 8.8
Post-exposure recall of donation magnitude and expression format
(percentage of group)

Donation magnitude and expression format	GROUP															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
High actual amount	1	2	94	3	4	2	96	0	0	2	87	0	1	0	94	1
Low actual amount	4	5	1	88	2	6	0	96	0	1	4	92	4	3	1	94
High percentage-of-price	92	1	2	4	95	1	4	1	94	3	6	4	94	2	3	3
Low percentage-of-price	4	92	2	6	0	91	0	3	6	94	3	3	1	96	2	3

In Table 8.8 the correct donation magnitude and expression format combination presented to each experimental group is highlighted. It is evident that the majority of the respondents correctly identified the element that they were exposed to. However, in all groups there were respondents who erroneously selected another magnitude and expression format combination, and the influence of these selections on the results of the study was thus contemplated. It was decided that these respondents would remain part of the data set as the objective of the study was not to assess recall and respondents were exposed to the necessary stimuli throughout the applicable survey questions.

The process of donation manipulation checks was followed by analyses of the variance that occurred due to the simultaneous impact of the experimental main effects.

8.7 THE COLLECTIVE IMPACT OF EXPERIMENTAL MAIN EFFECTS ON INTENTIONS, ATTITUDES AND PERCEPTION

The 2 X 2 X 2 X 2 factorial experimental design of this study resulted in 16 experimental groups, for the purpose of this study named group 1 to group 16. Each group was presented with a unique combination of the four independent variables in the form of a print advertisement. It was hypothesised that the varying presence of the experimental treatments would trigger diverse consumer responses (intentions, attitudes and perception) and thus result in differences between the 16 experimental groups.

As evident in Table 8.9, a null hypothesis was set for each dependent variable. These proposed null hypotheses stated that the means of all experimental groups would be equal

for each dependent variable (Hair et al., 2008). The null hypothesis and the alternate hypothesis were therefore:

H_0 : All group means are equal

H_A : All group means are not equal

One-way analyses of variance were conducted to assess whether significant differences existed between the experimental groups. Table 8.9 provides a summary of the results and also indicates whether or not the null hypothesis could be rejected.

Table 8.9
Collective influence of independent variables on dependent variables

Dependent variable	One-way ANOVA						H_0	Research finding
		Sum of squares	Degrees of freedom	Mean square	F-value	Sig. (p-value)		
Purchase intention (PIC)	Between groups	191.025	15	12.735	6.794	0.000	H_{0-PIC}	Null hypothesis rejected
	Within groups	3184.629	1699	1.874				
	Total	3375.654	1714					
Participation intention (PARI)	Between groups	104.935	15	6.996	4.350	0.000	H_{0-PARI}	Null hypothesis rejected
	Within groups	2732.331	1699	1.608				
	Total	2837.266	1714					
Attitude toward the advertisement (AAD)	Between groups	34.449	15	2.297	1.540	0.084	H_{0-AAD}	Null hypothesis rejected (10% level of significance)
	Within groups	2534.156	1699	1.492				
	Total	2568.605	1714					
	Within groups	1555.062	1699	0.915				
	Total	1570.262	1714					
Cognitive attitude toward the offer (ATOT)	Between groups	43.710	15	2.914	2.148	0.006	H_{0-ATOT}	Null hypothesis rejected
	Within groups	2305.173	1699	1.357				
	Total	2348.883	1714					
Affective attitude toward the offer (ATOF)	Between groups	40.214	15	2.681	2.053	0.010	H_{0-ATOF}	Null hypothesis rejected
	Within groups	2218.786	1699	1.306				
	Total	2259.000	1714					
Attitude toward the alliance (AAL)	Between groups	47.270	15	3.151	2.515	0.001	H_{0-AAL}	Null hypothesis rejected
	Within groups	2129.215	1699	1.253				
	Total	2176.485	1714					

Table 8.9 (continued)

Dependent variable	One-way ANOVA						H ₀	Research finding
		Sum of squares	Degrees of freedom	Mean square	F-value	Sig. (p-value)		
Perceived firm motives (FM)	Between groups	172.377	15	11.492	8.539	0.000	H _{0-FM}	Null hypothesis rejected
	Within groups	2286.457	1699	1.346				
	Total	2458.834	1714					

The null hypotheses could be rejected for the dependent variables of purchase intention (H_{0-PIC}), participation intention (H_{0-PARI}), cognitive attitude toward the offer (H_{0-ATOT}), affective attitude toward the offer (H_{0-ATOF}), attitude toward the alliance (H_{0-AAL}) and perceived firm motives (H_{0-FM}). Whereas the abovementioned null hypotheses were rejected on the five per cent level of significance, the null hypothesis for attitude toward the advertisement (H_{0-AAD}) was rejected on the ten per cent level of significance. The results mean that the presence of the experimental treatments in the stimuli advertisements revealed significant differences among the 16 experimental groups for the mentioned dependent variables.

In Table 8.10 a summary of the mean scores per dependent variable per experimental group can be observed. The mean scores have been ranked from the highest to the lowest for each dependent variable and the corresponding experimental group number provides preliminary insights about the experimental stimuli that generated the highest and lowest intention, attitude and perception scores.

Table 8.10
Dependent variables' mean scores per group

Ranking	Dependent variables													
	Purchase intention		Participation intention		Cognitive attitude toward the offer		Affective attitude toward the offer		Attitude toward the alliance		Attitude toward the advertisement		Perceived firm motives	
	Group	μ	Group	μ	Group	μ	Group	μ	Group	μ	Group	μ	Group	μ
1	3	5.62	3	5.68	1	6.31	3	5.95	4	6.41	15	5.57	3	6.17
2	4	5.4	4	5.65	2	6.28	4	5.89	2	6.39	3	5.56	4	6.15
3	2	5.35	2	5.57	3	6.16	2	5.85	1	6.39	1	5.53	1	6.14
4	6	5.32	1	5.56	4	6.14	8	5.81	9	6.35	4	5.49	2	5.95
5	1	5.31	5	5.42	9	6.04	1	5.8	3	6.34	2	5.43	15	5.87
6	7	5.3	6	5.41	15	6.03	5	5.8	15	6.26	6	5.39	7	5.85
7	5	5.22	7	5.4	7	6.01	6	5.7	6	6.23	7	5.39	9	5.8

Table 8.10 (continued)

Ranking	Purchase intention		Participation intention		Cognitive attitude toward the offer		Affective attitude toward the offer		Attitude toward the alliance		Attitude toward the advertisement		Perceived firm motives	
	Group	μ	Group	μ	Group	μ	Group	μ	Group	μ	Group	μ	Group	μ
8	8	5.08	8	5.33	6	6	7	5.7	12	6.19	9	5.37	6	5.8
9	15	4.87	15	5.28	8	5.99	15	5.69	11	6.19	12	5.29	8	5.77
10	14	4.77	9	5.18	5	5.96	9	5.64	5	6.15	14	5.29	11	5.74
11	13	4.74	14	5.11	12	5.9	12	5.6	10	6.13	11	5.26	10	5.69
12	10	4.74	10	5.08	11	5.87	11	5.59	7	6.07	10	5.24	13	5.64
13	12	4.65	11	5.03	13	5.87	10	5.56	13	6.02	13	5.23	12	5.6
14	11	4.65	12	5.01	16	5.83	13	5.53	8	5.99	5	5.21	14	5.59
15	9	4.61	13	4.98	10	5.81	14	5.5	14	5.93	8	5.18	16	5.43
16	16	4.54	16	4.87	14	5.71	16	5.35	16	5.87	16	5.07	5	4.81

As can be seen in Table 8.10, the three most positive scores for purchase intention, participation intention and affective attitude toward the offer were generated by the stimulus advertisements that were respectively presented to experimental groups 3, 4 and 2 (arranged from high to low). It is noteworthy that experimental stimuli 2, 3 and 4 were present in the five uppermost scores of all the dependent variables. Table 8.11 summarises the combination of the experimental main effect levels that were presented to groups 2, 3 and 4.

Table 8.11**Content of stimuli presented to groups 2, 3 and 4**

Experimental group and stimulus number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Product involvement
2	Percentage-of-price	Low (1%)	Specified recipient	Low
3	Actual amount	High (R9.50)	Specified recipient	Low
4	Actual amount	Low (R1.50)	Specified recipient	Low

Table 8.11 illustrates that groups 2, 3 and 4 had a specified donation recipient and low product involvement level in common across the groups. According to the results in Table 8.10, the eight groups that were exposed to the low involvement Pritt glue stick stimulus generally returned more positive scores than the groups that were exposed to the high involvement HP laptop computer stimulus. However, groups 9 and 15 (see Table 8.12) were the exceptions as their mean scores for perceived firm motives and the attitudinal

measures (cognitive attitude toward the offer, affective attitude toward the offer, attitude toward the alliance, and attitude toward the advertisement) were most often among the eight highest scores. Table 8.12 also illustrates that stimuli 9 and 15 had a high donation magnitude and high involvement level in common.

Table 8.12
Content of stimuli presented to groups 9 and 15

Experimental group and stimulus number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Product involvement
9	Percentage	High (15%)	Specified recipient	High
15	Actual amount	High (R750)	Vague recipient	High

Further, it can be noted that experimental stimulus 16 achieved the lowest mean score across all dependent variable measures (purchase intention, participation intention, affective attitude toward the offer, attitude toward the alliance, and attitude toward the advertisement), except for cognitive attitude toward the offer and perceived firm motives, where the mean scores resulting from stimulus 16 could be found in the lowest three rankings. Stimulus 16 portrayed the high involvement HP laptop computer, a low, actual amount donation and a vague donation recipient.

The above analyses provided an initial overview of the influence exerted by the experimental main effects in the different experimental groups. A more in-depth investigation of the collective impact of the treatment variables on the respective dependent variables was conducted.

8.7.1 The collective impact of the experimental main effects on intention

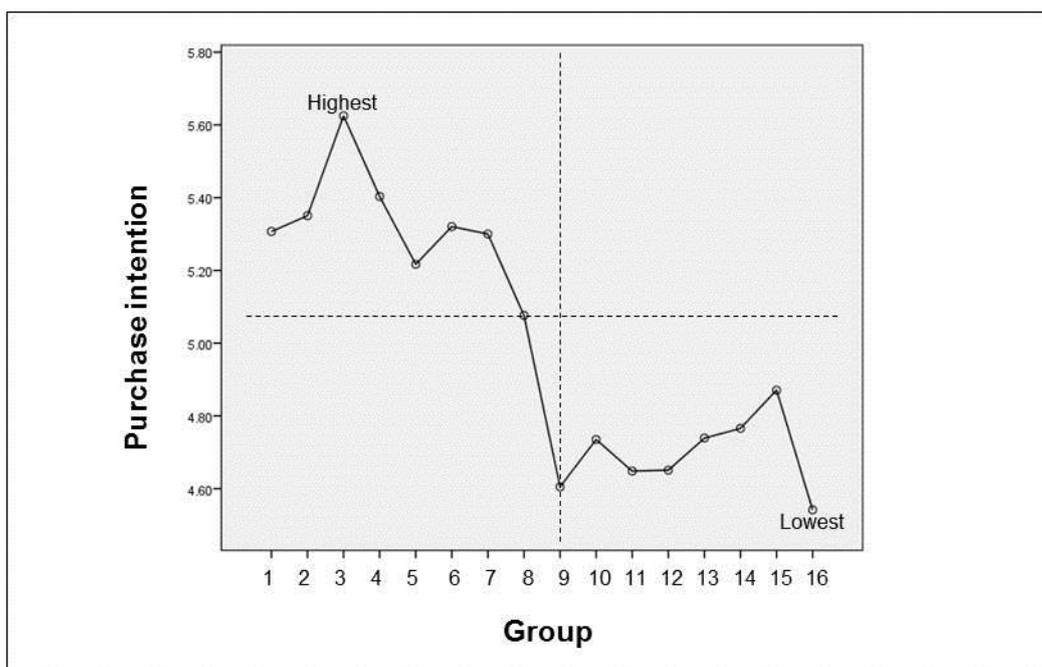
The results in Table 8.9 indicate that purchase intention and participation intention were significantly influenced by the experimental factors as presented to subjects in the advertisement stimuli and that the related null hypotheses could be rejected. The findings pertaining to between-group differences in both purchase and participation intentions are discussed below.

8.7.1.1 Purchase intention

For the purpose of this study, purchase intention referred to the likelihood or probability that the respondent would undertake the action step to purchase the product featured in the CARE campaign.

It was found by means of the Welch robust test for the equality of means ($F=7.142$; $p=0.000$) that purchase intention was significantly different among the 16 experimental groups. Levene's test for the homogeneity of variances indicated inequality between group variances ($F=1.940$; $p=0.016$). Therefore, where necessary, the Games-Howell post hoc test was used to gain further clarity about the between-group differences. Figure 8.3 provides a visual comparison of the purchase intention mean scores recorded in each experimental group.

Figure 8.3
Purchase intention per experimental group



In Figure 8.3 the vertical dotted line indicates the separation between the purchase intention scores recorded in groups 1 to 8 who were exposed to a low involvement product (Pritt glue stick) as opposed to those recorded in groups 9 to 16 who were exposed to a high involvement product (HP laptop computer). The horizontal dotted line stipulates group 8 (stimulus featured a low actual amount donation from a low involvement product to a vague recipient) as the lowest purchase intention mean score ($\mu=5.0764$) recorded in the low involvement scenarios. Although not necessarily significant, the horizontal line indicates that,

across groups, purchase intentions were more positive when a low involvement rather than a high involvement product was featured in the CARE advertisement. This result may be attributed to the difference in the price of the products. When further probed, none of the respondents indicated that their financial position would influence their purchase of the lower cost Pritt glue stick, whilst 27 per cent of the respondents that were exposed to the high involvement scenario (higher cost HP laptop computer) stated that they would purchase the product if they had enough money for it. The low involvement product's greater affordability seemingly exerted a positive impact on purchase intention.

Figure 8.3 illustrates that the most positive purchase intentions were recorded in groups 1 to 4, with the highest overall score ($\mu=5.6249$) being measured in group 3 (Pritt donating a high actual amount to Reach for a Dream). Groups 1 to 4 were all exposed to an advertisement featuring Pritt (low involvement product) and a donation to Reach for a Dream (specified recipient). The most positive mean score amongst the groups that were exposed to the high involvement HP laptop computer advertisement was measured in group 15. Similar to the group 3 low involvement scenario, the advertisement also featured a high actual amount donation.

The lowest overall mean score ($\mu=4.5418$) was returned in group 16. Similar to group 8 (where the lowest score was recorded in the groups exposed to the low involvement product), group 16 was exposed to a low actual amount donation to a vague recipient. Thus, the only difference in the stimuli presented to groups 8 and 16 is the level of involvement as represented by the product featured in the CARE advertisement.

As mentioned earlier, although purchase intentions arising from exposure to a low involvement product were more positive than those emanating from exposure to a high involvement product, the finding was not significant in all cases. However, the between-group differences detected by the Games-Howell post hoc test indicated that the mean scores recorded in groups 1, 2, 6 and 7 were all significantly more positive than those recorded in groups 9, 11, 12 and 16.

In group 3 more positive purchase intentions were recorded than in groups 9 to 16 – the purchase intentions of group 3 were thus significantly more positive than those measured in each of groups 9 to 16. Noteworthy (see Table 8.13 for stimuli content) is the result that the purchase intentions of group 10 and 15 differed significantly only from group 3 where higher scores emerged. As indicated in Table 8.13, the advertisements presented to groups 10 and 15 had only the high involvement HP laptop computer in common. Stimulus 3 differed from

stimulus 10 in terms of donation expression format, donation magnitude and involvement level and from stimulus 15 in terms of donation recipient and product involvement level.

Table 8.13
Stimuli content and mean scores – groups 3, 10 and 15

Experimental group and stimulus number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Product involvement	Purchase intention mean score
3	Actual amount	High (R9.50)	Specified recipient	Low	5.625
10	Percentage	Low (1%)	Specified recipient	High	4.735
15	Actual amount	High (R750)	Vague recipient	High	4.871

Further, the purchase intentions of groups 13 and 14 differed significantly from groups 3 and 4 where more positive scores were recorded. Table 8.14 shows that group 3 and 4 were exposed to advertisements featuring actual amount donations from Pritt (low involvement) to Reach for a Dream (specified recipient). Groups 13 and 14 were exposed to percentage-of-price donations from HP (high involvement) to a vague recipient.

Table 8.14
Stimuli content and mean scores – groups 3, 4, 13 and 14

Experimental group and stimulus number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Product involvement	Purchase intention mean score
3	Actual amount	High (R9.50)	Specified recipient	Low	5.6249
4	Actual amount	Low (R1.50)	Specified recipient	Low	5.4033
13	Percentage	High (15%)	Vague recipient	High	4.7391
14	Percentage	Low (1%)	Vague recipient	High	4.7658

The findings from the Games-Howell post hoc tests suggest that low involvement products are perhaps more suitable for triggering high purchase intentions in a CARE campaign than high involvement products. Also, it seems as if all main effects exerted an influence on the intention to purchase the CARE product, with a larger portion of positive results emanating from high donation magnitudes, actual amount expressions and specified donation recipients. However, further exploration to statistically assess the influence of individual main effects and their interactions was conducted by means of univariate ANOVA and are reported in Chapter 9.

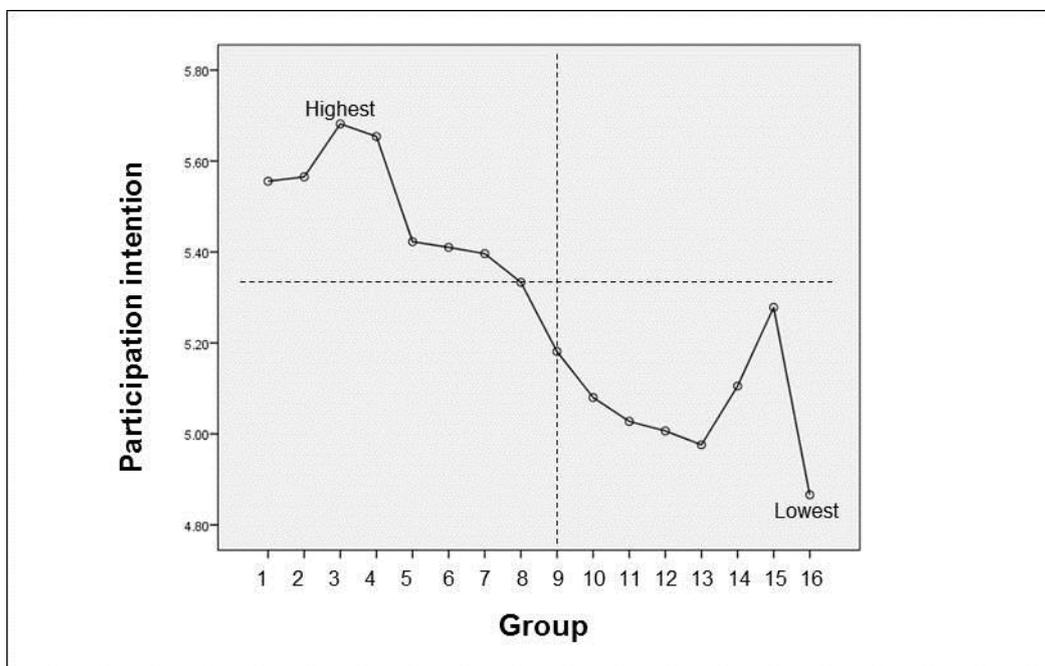
In addition to assessing the intentions of respondents to purchase the cause-linked product, the intention of respondents to participate in the CARE campaign was also investigated.

8.7.1.2 Participation intention

Participation intention refers to the expectations of consumers that they will perform the prescribed campaign behaviors that are necessary to initiate a donation to the donation recipient (Grau & Folse, 2007; Folse et al., 2010).

It was found by means of the Welch robust test for the equality of means ($F=4.815$; $p=0.000$) that participation intention was significantly influenced by the independent variables in this experiment. Levene's test for the homogeneity of variances indicated inequality between group variances ($F=2.101$; $p=0.008$). Therefore, where necessary, the Games-Howell post hoc test was used to further clarify the between-group differences. The participation intention measures that were recorded in the various experimental groups are graphically illustrated in Figure 8.4.

Figure 8.4
Participation intention per experimental group



The vertical dotted line in Figure 8.4 indicates the separation between the participation intention scores recorded in groups 1 to 8 who were exposed to a low involvement product (Pritt glue stick) versus those recorded in groups 9 to 16 (HP laptop computer) who were

exposed to a high involvement product. The horizontal dotted line stipulates group 8 (stimulus featured a low actual amount donation from a low involvement product to a vague donation recipient) as the lowest participation intention mean score ($\mu=5.3333$) recorded in the low involvement scenario. Similar to the previously discussed results pertaining to purchase intention, the horizontal line indicates that, across groups, participation intention was more positive when a low involvement rather than a high involvement product was featured in the CARE advertisement. The low involvement product's greater affordability seemingly exerted a positive impact on participation intention.

Figure 8.4 further denotes that the most positive participation intention scores were measured in groups 3 and 4 who were exposed to stimuli featuring actual amount donation promises to a specified donation recipient. Also, it shows that the participation intention scores recorded in groups 1 to 4, who were all exposed to stimuli featuring a low involvement product and a specified donation recipient, were more positive than those measured in their high involvement counterparts (groups 9 to 12). The group 3 participation intention scores ($\mu=5.6818$) were overall the most positive, whilst the group 16 scores were the least positive ($\mu=4.8661$). Groups 3 and 16 differed in terms of product involvement level, donation magnitude and donation recipient. Similar to the purchase intention findings, the results suggest that participation intentions resulting from CARE campaigns are perhaps more positive when the campaign features a low involvement product and when the donation recipient is specified. Further analysis suggest that, in several instances, high magnitude, actual amount donation promises resulted in more positive responses than low magnitude, percentage-of-price pledges. However, the Games-Howell post hoc test revealed that stimuli featuring a low involvement product, a specified donation recipient, and actual amount donations of high magnitude do not always result in significantly more positive participation intentions. For instance:

1. groups 14 and 15 were exposed to a vague donation recipient and, albeit not significant, the scores returned in these groups were more positive than when compared to the participation intention of groups 10, 11 and 12 who were exposed to a specified donation recipient; and
2. group 16 was exposed to an actual amount donation, but returned significantly lower scores than groups 5 and 6 (both featuring percentage-of-price donations).

Noteworthy is that when a donation was promised to a vague donation recipient in the low involvement scenario (groups 5 to 8), participation intention scores were generally not significantly more positive than was the case with their high involvement counterparts

(groups 13 to 16). Also, stimuli where an actual amount donation was promised in the low involvement groups (groups 3 and 4) generally triggered significantly more positive participation intentions than did stimuli featuring an actual amount donation in the high involvement groups (e.g. groups 11 and 12).

Games-Howell post hoc tests revealed that participation intentions measured in groups 7 and 8 (both low involvement), and groups 9 and 15 (both high involvement) differed from no other experimental group to a significant extent. This finding possibly occurred because, as illustrated in Figure 8.4, groups 7 and 8 reported the lowest participation scores amongst the low involvement groups, whilst the most positive scores amongst the high involvement groups were measured in groups 9 and 15. Table 8.15 summarises the content of the stimuli presented to these groups.

Table 8.15
Stimuli content and mean scores – groups 7, 8, 9 and 15

Experimental group and stimulus number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Product involvement	Participation intention mean score
7	Actual amount	High (R9.50)	Vague recipient	Low	5.3964
8	Actual amount	Low (R1.50)	Vague recipient	Low	5.3333
9	Percentage-of-price	High (15%)	Specified recipient	High	5.1812
15	Actual amount	High (R750)	Vague recipient	High	5.2783

Table 8.15 indicates that stimuli 7 and 8 both promised an actual amount donation to a vague recipient, whilst stimuli 9 and 15 both promised a high donation magnitude. The participation intentions of group 15 were more positive than those of group 9. The findings suggest that different CSEs are perhaps intention drivers in the low involvement scenario opposed to the high involvement scenario, but further exploration is warranted.

The most positive participation intentions were reported in groups 3 and 4. These two groups differed significantly from groups 10 to 14 and group 16, but not from groups 9 and 15 (the most positive intention scores in the high involvement scenarios). Table 8.16 provides a summary of the content of the stimuli presented to these groups.

Table 8.16
Stimuli content – groups 3, 4, 10 to 14 and 16

Experimental group and stimulus number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Product involvement
3	Actual amount	High (R9.50)	Specified recipient	Low
4	Actual amount	Low (R1.50)	Specified recipient	Low
10	Percentage-of-price	Low (1%)	Specified recipient	High
11	Actual amount	High (R750)	Specified recipient	High
12	Actual amount	Low (R65)	Specified recipient	High
13	Percentage-of-price	High (15%)	Vague recipient	High
14	Percentage-of-price	Low (1%)	Vague recipient	High
16	Actual amount	Low (R65)	Vague recipient	High

The stimuli presented to groups 3 and 4 both featured Pritt (low involvement product), an actual amount donation expression and Reach for a Dream (specified donation recipient). Groups 10 to 12 had a specified donation recipient in common, whilst groups 13, 14 and 16 promised donations to a vague recipient. The donation magnitude and donation expression format varied between the groups and no clear inference could be made about the role of these variables in driving intentions.

The initial one-way ANOVAs were conducted to ascertain whether the main effects of the experiment exerted an influence on participation intention. The results indicated several significant differences. Although product involvement and donation recipient specificity seem to play an important role in driving the detected differences, further exploration was necessary to elucidate these findings. Therefore, univariate ANOVA was conducted to explore the impact of the experimental main effects and their interactions on participation intention.

As discussed in Chapter 5, intentions are often influenced by attitudes (Ajzen & Fishbein, 1977). The preliminary investigation of intentions was followed by an assessment of the influence of the independent variables on various attitudinal measures.

8.7.2 The collective impact of the experimental main effects on attitude

The initial analysis indicated statistically significant differences between groups in terms of the following attitudinal measures: cognitive attitude toward the offer, affective attitude toward

the offer, attitude toward the alliance and attitude toward the advertisement. All attitudinal dependent variables were thus influenced by the independent variables of the study. The findings of the initial analysis will subsequently be discussed.

8.7.2.1 Attitude toward the advertisement

Attitude toward the advertisement refers to the predisposition to respond in a consistently favourable or unfavourable way toward a CARE advertisement (Schiffman & Kanuk, 2015).

A one-way ANOVA was conducted to assess the collective influence of the experiment's main effects on attitude toward the advertisements. The results indicate that there were significant between-group differences in attitude toward the advertisement on the ten per cent level of significance ($F=1.540$; $p=0.084$). Levene's test for the homogeneity of variances indicated equality between attitude toward the advertisement group variances ($F=1.426$; $p=0.127$). Therefore, the Hochberg's GT2 post hoc test was deemed suitable to investigate between-group differences. Figure 8.5 provides a graphical illustration of the mean scores of attitude toward the advertisement.

Figure 8.5

Attitude toward the advertisement per experimental group

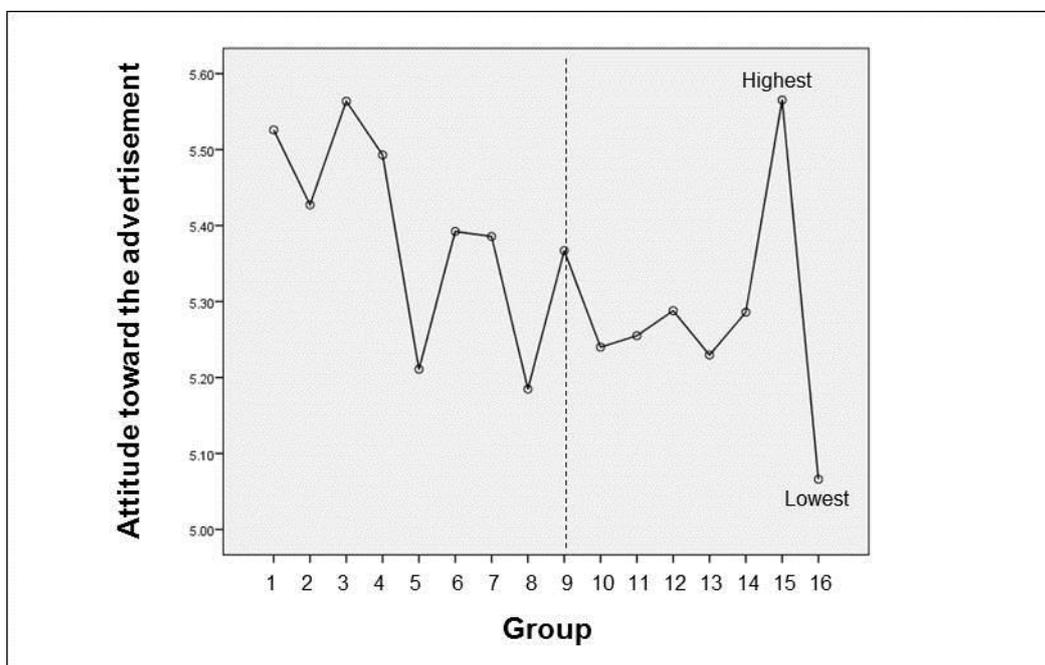


Figure 8.5 indicates that the three most positive scores differed marginally from one another and were measured in group 15 ($\mu=5.5652$), group 3 ($\mu=5.5636$), and group 1 ($\mu=5.5259$).

The stimuli presented to these groups shared one experimental treatment, namely that the stimuli all featured a high magnitude donation promise. The most positive overall attitude toward the advertisement was recorded in group 15 who, in addition to a high donation magnitude, was exposed to an actual amount donation promise from a high involvement product to a vague donation recipient.

In Figure 8.5 the alternating mean score pattern of groups 1 to 4 is worth mentioning. These groups were all exposed to a stimulus featuring a low involvement product and a specified donation recipient with stimuli 1 and 3 triggering more positive attitudes than stimuli 2 and 4, possibly because of the high donation magnitude promised in the CARE campaign.

The three least positive scores were measured in group 16 ($\mu=5.0661$), group 8 ($\mu=5.1848$) and group 5 ($\mu=5.2109$). These three groups (5, 8 and 16) were exposed to stimuli featuring a vague donation recipient. The least positive overall attitude was reported by group 16 ($\mu=5.0661$) in which respondents were, in addition to a vague donation recipient, exposed to a low actual amount donation promised by a high involvement product.

Although it seems as if donation magnitude and donation recipient specificity played an important role in influencing attitudes toward the advertisement, Figure 8.5 and the results of the Hochberg's GT2 post hoc tests infer the difficulty of detecting trends in the attitude toward the advertisement data, and therefore further analyses are required. The Hochberg's GT2 post hoc tests that were conducted could not identify any significant between-group differences. Despite the lack of significant differences, it is notable that attitude toward the advertisement mean scores varied between 5.07 and 5.57 and it can thus be concluded that respondents generally responded positively to the CARE advertisement they were exposed to. Univariate ANOVA was subsequently conducted to assess the influence of the experimental main effects and their interactions on attitude toward the CARE advertisement. The results from this analysis are reported in Chapter 9.

The advertisement employed as stimulus in the current study's experimental design featured a CARE offer comprising various CSEs as independent variables. Given the growing importance of the role of emotion in marketing, an initial analysis of the combined influence of CSEs on cognitive and affective attitude toward the offer was conducted.

8.7.2.2 Cognitive and affective attitude toward the cause-related marketing offer

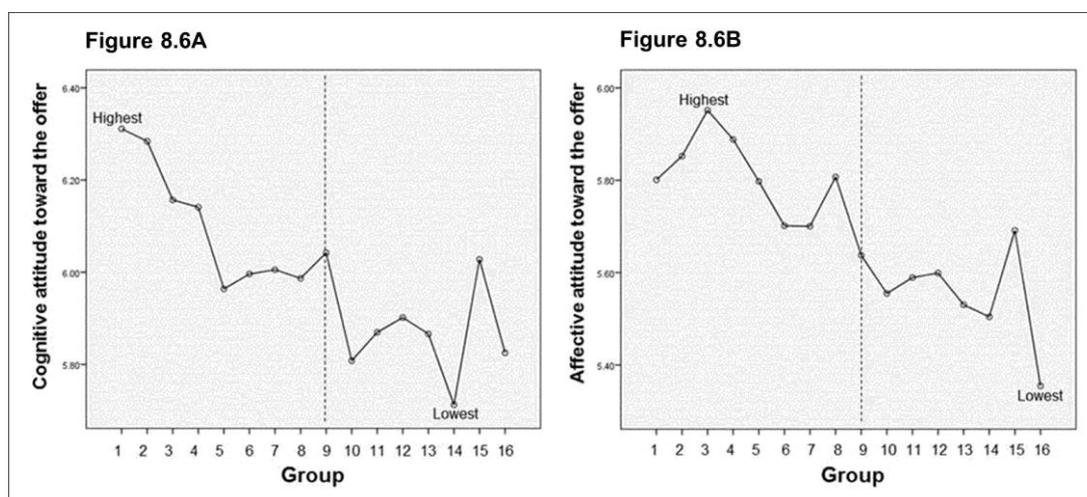
Attitude toward the CARE offer was assessed in this research in terms of both cognitive and affective components. Cognitive attitude refers to the predisposition to cognitively respond in a consistently favourable or unfavourable way toward a CARE offer, thus thinking positively or negatively about the offer (Schiffman & Kanuk, 2015).

A one-way ANOVA ($F=2.148$; $p=0.006$) indicated that cognitive attitude toward the offer was significantly influenced by the independent variables in this experiment. Levene's test for the homogeneity of variances indicated equality between cognitive attitude toward the offer group variances ($F=1.353$; $p=0.162$). Therefore, where necessary, Hochberg's GT2 post hoc tests were deemed suitable for gaining further clarity about between-group differences.

Affective attitude toward the offer can be described as the predisposition to affectively respond in a consistently favourable or unfavourable way toward a CARE offer, thus feeling positive or negative toward the offer (Schiffman & Kanuk, 2015). A one-way ANOVA ($F=2.053$; $p=0.010$) indicated that affective attitude toward the offer was significantly influenced by the independent variables in this experiment. Levene's test for the homogeneity of variances indicated equality between affective attitude toward the offer group variances ($F=1.546$; $p=0.082$; ten per cent level of significance). Therefore, the Hochberg's GT2 post hoc test was conducted to gain further clarity about between-group differences.

Figure 8.6A and B provide a graphical illustration of the mean scores for cognitive and affective attitude toward the CARE offer in the study.

Figure 8.6A indicates that the most positive cognitive attitude score was measured in group 1 ($\mu=6.3111$), whereas the most positive affective attitude score emanated from group 3 ($\mu=5.9517$) (Figure 8.6B).

Figure 8.6**Cognitive and affective attitude toward the cause-related marketing offer per experimental group**

As evident in Figure 8.6A, group 14 reported the least positive cognitive attitude ($\mu=5.7123$) and group 16 the lowest affective attitude ($\mu=5.3549$). However, despite the attitudes recorded in groups 14 and 16 being less positive than those measured in the other experimental groups, both the mean scores were above five on a seven-point scale and were thus regarded as positive. Table 8.17 provides a summary of the stimuli content of groups 1, 3, 14 and 16.

Table 8.17**Stimuli content that prompted the most and least positive mean scores for cognitive and affective attitude toward the offer**

Experimental group and stimulus number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Product involvement	Mean scores
Most positive attitude scores					
1	Percentage	High (20%)	Specified recipient	Low	Cognitive attitude 6.3111
3	Actual amount	High (R9.50)	Specified recipient	Low	Affective attitude 5.9517
Least positive attitude scores					
14	Percentage	Low (1%)	Vague recipient	High	Cognitive attitude 5.7123
16	Actual amount	Low (R65)	Vague recipient	High	Affective attitude 5.3549

Table 8.17 indicates that both the most positive cognitive (group 1) and affective attitude toward the CARE offer (group 3) resulted from exposure to a stimulus featuring a low involvement product and a high donation magnitude promised to a specified donation recipient. However, the least positive cognitive (group 14) and affective attitude (group 16) scores were both measured in groups that were exposed to a high involvement product and a low donation magnitude promised to a vague donation recipient. Product involvement, donation magnitude and donation recipient specificity seem to play a key role in influencing cognitive and affective attitude. In Table 8.17 it is evident that both the most and least positive cognitive attitude measures resulted from a percentage-of-price donation expression, whereas both the most and least positive affective attitude scores resulted from an actual amount donation expression. It can be assumed that donation expression format plays a less important role in driving cognitive and affective attitude toward a CARE offer.

A review of the cognitive attitude toward the offer mean scores as illustrated in Figure 8.6A, suggests that the presence of a low involvement product and a specified donation recipient (groups 1 to 4) played a key role in generating the most positive cognitive attitude. The least positive cognitive attitude scores, as returned from groups 10, 14 and 16, emanated from exposure to a low donation magnitude to a high involvement product. Groups 9 and 15 were the only high involvement groups that reported higher cognitive attitude scores than a number of low involvement groups, namely groups 5, 6, 7 and 8. Groups 5 to 8 were all exposed to a stimulus featuring a vague donation recipient, whilst groups 9 and 15 were exposed to a high donation magnitude promise.

The Hochberg's GT2 post hoc test revealed that both groups 1 and 2 (ten per cent level of significance) returned cognitive attitude scores that were significantly more positive than those emanating from group 14. The content of the stimuli presented to these three groups are summarised in Table 8.18.

Table 8.18
Stimuli content – groups 1, 2 and 14

Experimental group and stimulus number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Product involvement
1	Percentage-of-price	High (20%)	Specified recipient	Low
2	Percentage-of-price	Low (1%)	Specified recipient	Low
14	Percentage-of-price	Low (1%)	Vague recipient	High

The stimuli presented to groups 1 and 2 promised a percentage-based donation from a low involvement product to a specified donation recipient. The stimulus presented to group 14 featured a high involvement product and a vague donation recipient. From the preliminary analyses it seems that exposure to a low involvement product and a specified donation recipient resulted in positive cognitive attitudes toward the CARE offer. However, univariate ANOVA was conducted to further explore the initial findings and to statistically assess the influence of the experimental main effects and their interactions on cognitive attitude toward the offer. The results from this analysis are reported in Chapter 9.

A review of the preliminary results on the affective attitude toward the offer (see Figure 8.6B) suggest that the most positive scores emanated from exposure to a donation promise from a low involvement product to a specified donation recipient (groups 1 to 4). The least positive attitudes were recorded in groups who were exposed to stimuli featuring a percentage-based donation (groups 10, 13 and 14) and a low donation magnitude (groups 10, 14 and 16) from a high involvement product (groups 10, 13, 14 and 16) to a vague donation recipient (group 13, 14 and 16).

Hochberg's GT2 post hoc tests found that groups 3 and 4 (10 per cent level of significance) reported significantly more positive affective attitudes than group 16. The content of the stimuli presented to these three groups are summarised in Table 8.19.

Table 8.19
Stimuli content – groups 3, 4 and 16

Experimental group and stimulus number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Product involvement
3	Actual amount	High (R9.50)	Specified recipient	Low
4	Actual amount	Low (R1.50)	Specified recipient	Low
16	Actual amount	Low (R65)	Vague recipient	High

Groups 3 and 4 were both exposed to stimuli featuring an actual amount donation from a low involvement product to a specified donation recipient. Similar to stimuli 3 and 4, stimulus 16 also promised an actual amount donation, but the featured donation recipient (vague) and product (high involvement) differed. From the preliminary analyses it seems that exposure to a low involvement product, a specified donation recipient and an actual amount donation returned positive affective attitude scores toward the CARE offer. However, univariate ANOVA was conducted to further explore the initial findings and to statistically assess the

influence of the experimental main effects and their interactions on the affective attitude toward the offer. The results from this analysis are reported in Chapter 9.

A comparison between the cognitive and affective attitude toward the CARE offer indicated that the cognitive attitude mean scores varied between 5.7123 and 6.3111, whilst the affective attitude scores were generally slightly lower, varying between 5.3549 and 5.9517. The finding contrasts with existing beliefs that affective responses are typically more often associated with charity-linked campaigns than cognitive responses (Small, Loewenstein & Slovic, 2007; Radley & Kennedy, 1995). Therefore, following the abovementioned univariate ANOVA, a more in-depth comparison of cognitive and affective attitude toward the CARE offer was conducted. The results are reported in Chapter 9.

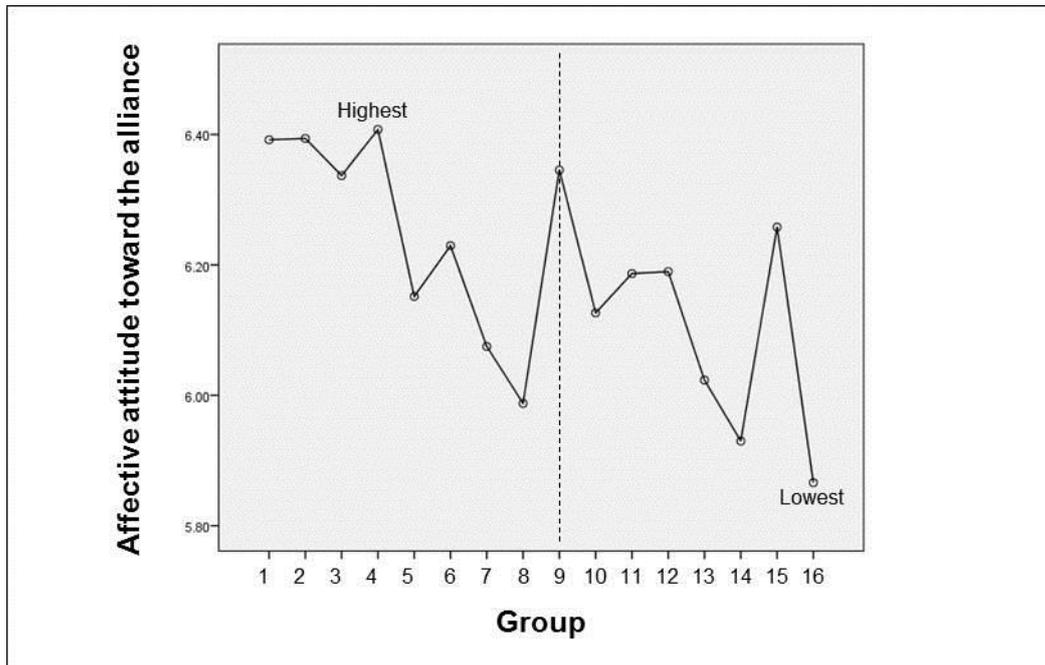
The CARE offer – presented to respondents in the form of an advertisement in the current study – featured an alliance between a product and a specified or vague donation recipient. In this way the influence of the experimental main effects and their interactions on attitude toward the alliance could be assessed.

8.7.2.3 Attitude toward the alliance

Attitude toward the alliance refers to the favourable or unfavourable predispositions (Schiffman & Kanuk, 2015) toward the associations between or combinations of two or more individual brands (Simonin & Ruth, 1998; Rao & Ruekert, 1994). Using the Welch robust test for the equality of means ($F=2.421$; $p=0.002$), it emerged that attitude toward the alliance that was portrayed in the CARE advertisement was significantly influenced by the combination of the independent variables in this experiment. Levene's test for the homogeneity of variances indicated inequality between group variances ($F=2.887$; $p=0.000$). Therefore, the Games-Howell post hoc test was used to gain further clarity about the between-group differences. Figure 8.7 provides a graphical illustration of the attitude toward the alliance mean scores that were measured in the different experimental groups.

Figure 8.7 illustrates that the most positive attitude toward the alliance score was recorded in group 4 ($\mu=6.4077$) where a low magnitude, actual amount donation was promised by a low involvement product to a specified donation recipient upon purchasing the product.

Figure 8.7
Attitude toward the alliance per experimental group



As evident in Figure 8.7, group 1 ($\mu=6.3919$), group 2 ($\mu=6.3940$), group 3 ($\mu=6.3370$), group 4 ($\mu=6.4077$) and group 9 ($\mu=6.3455$) returned the most positive attitudes toward the alliance after exposure to different stimuli with one aspect in common, namely featuring a specified donation recipient.

The least positive attitude toward the alliance were returned by group 8 ($\mu=5.9875$), group 14 ($\mu=5.9298$) and group 16 ($\mu=5.8661$). The different stimuli presented to these groups had two aspects in common – it featured a low donation magnitude promised to a vague donation recipient. Overall, the least positive attitude toward the alliance was recorded in group 16. In addition to being exposed to a low donation magnitude and a vague donation recipient, the group was also shown an actual amount donation and a high involvement product.

Figure 8.7 thus illustrates that the attitudes toward the alliance were most positive when the portrayed alliance was between a low involvement product and a specified donation recipient (groups 1 to 4). Also, with the exception of group 15, the attitude measures in the low involvement and high involvement scenarios respectively, were more positive when the alliance was between the product and Reach for a Dream as the specified donation recipient (groups 1 to 4 and groups 9 to 12). Group 15, who was exposed to an advertisement featuring a high donation magnitude, and an actual amount donation from a high involvement product to a vague donation recipient, was more positive than the other high involvement

groups, except for group 9 where a high donation magnitude and a percentage-of-price was promised to Reach for a Dream.

The Games-Howell post hoc test demonstrated which of the above findings were significant. It was found that groups 1, 2 and 4 all yielded significantly more positive attitude scores than group 16 (ten per cent level of significance). As mentioned earlier, groups 1, 2 and 4 were all exposed to a low involvement product and a specified donation recipient, whereas group 16 viewed a stimulus featuring a high involvement product and a vague donation recipient.

The preliminary findings point to the positive role that low involvement products and specified donation recipients may play in CARE. However, confirmation of these findings is required. Therefore, further analyses were conducted to assess the impact of the experimental main effects and their interactions on attitude toward the alliance portrayed in the CARE advertisement. These analyses and results are reported in Chapter 9.

In addition to intention and attitude, perception in the form of a firm's perceived motives for participating in CARE was also investigated in this study.

8.7.3 The collective impact of experimental main effects on perceived firm motives

In this study, the construct of perceived firm motives was assessed. Perceived firm motives refer to a firm's perceived reasons for employing tactics such as advertising appeals (e.g. using guilt, humour or fear), rhetorical, and cause-linked campaigns. (Campbell & Kirmani, 2008). The construct is viewed as important because of its ability to influence consumers' scepticism and behavioural intentions.

The Welch robust test for the equality of means ($F=10.675$; $p=0.000$) revealed that perceived firm motives were significantly influenced by a combination of the independent variables included in this experiment. Levene's test for the homogeneity of variances indicated inequality between group variances ($F=2.425$; $p=0.002$). Therefore, the Games-Howell post hoc test was used to gain further clarity about between-group differences.

The results from the Games-Howell post hoc test indicated that perceived firm motives were to a large extent influenced by the experimental main effects and several between-group differences were found.

A graphical illustration of the mean scores reported by the different experimental groups is provided in Figure 8.8. The perceived firm motives measured in all the experimental groups were positive with all mean scores being 5.42 (group 16) or higher, with the exception of group 5 who returned a mean score of 4.81.

Figure 8.8
Perceived firm motives per experimental group

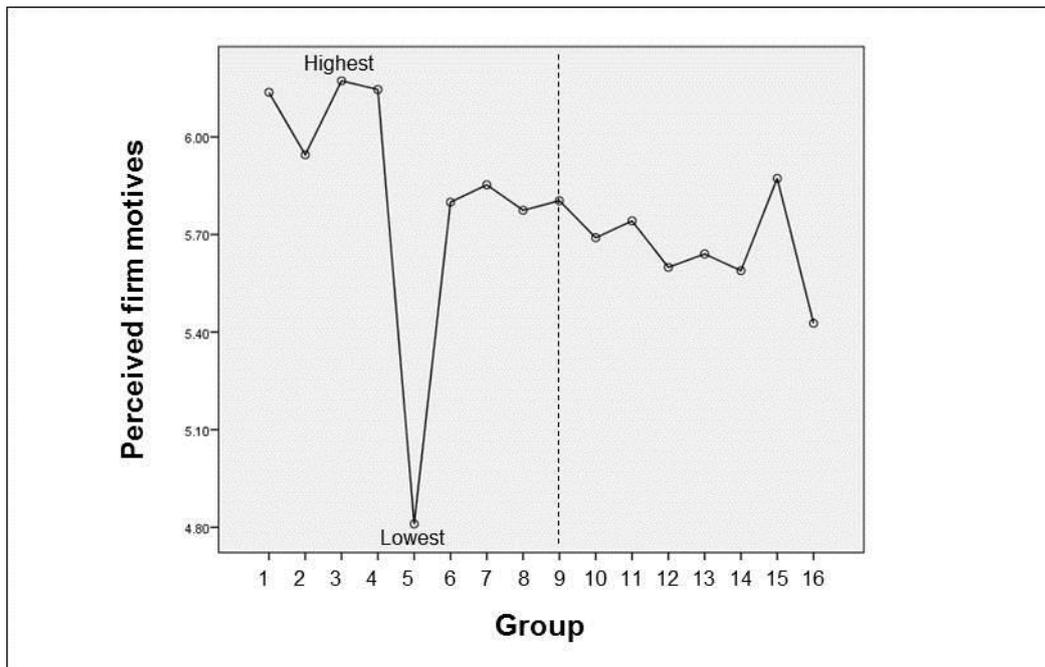


Figure 8.8 illustrates that the perceived firm motives mean scores for group 1 ($\mu=6.1373$), group 2 ($\mu=5.9451$), group 3 ($\mu=6.1725$) and group 4 ($\mu=6.1458$) were more positive than those recorded in the other experimental groups. The results mean that the most positive perceived firm motives were yielded by groups who were presented with stimuli featuring a donation from a low involvement product to a specified donation recipient. As evident in Figure 8.8 and as was the case with purchase and participation intention, group 3 returned the overall most positive perceived firm motives score. The result indicates that respondents in this study perceived a firm's motives for participating in CARE to be most positive when a high, actual amount donation was promised by a low involvement product to a specified donation recipient.

The perceived firm motives score for group 5 ($\mu=4.8103$) was less positive than the means of all the other groups. The stimulus presented to this group featured a high magnitude, percentage-of-price donation from a low involvement product to a vague donation recipient.

Figure 8.8 indicates that, similarly to purchase and participation intention, group 15 returned the most positive perceived firm motives score ($\mu=5.8725$) among the high involvement scenario (groups 9 to 16). The finding means that a high donation magnitude, actual amount donation to a vague donation recipient triggered the most positive perceptions toward the high involvement product's motives for participating in the CARE campaign.

In Figure 8.8 it is evident that from groups 1 to 4 and from groups 6 to 16 the perceived firm motives mean scores alternated between high and low, except for group 5. The stimuli presented to the groups with the more positive scores (groups 1, 3, 7, 9, 11, 13 and 15) had one aspect in common, namely a high donation magnitude. It appears that high donation magnitudes generally resulted in more positive perceived firm motives than their low donation magnitude counterparts (groups 2, 4, 6, 8, 10, 12, 14 and 16), except for group 5, as previously mentioned.

Games-Howell post hoc tests provided an indication of which groups differed significantly from one another in terms of perceived firm motives. Table 8.20 summarises the results.

Table 8.20
Summary of perceived firm motives between-group differences

Group		Group	p-value
1	differs significantly from	5	0.0000
		12	0.0005
		14	0.0004
		16	0.0000
2	differs significantly from	5	0.0000
3	differs significantly from	5	0.0000
		12	0.0005
		13	0.0012
		14	0.0004
4	differs significantly from	16	0.0000
		5	0.0000
		12	0.0004
		13	0.0010
		14	0.0003
		16	0.0000

Table 8.20 (continued)

Group		Group	p-value
5	differs significantly from	1	0.0000
		2	0.0000
		3	0.0000
		4	0.0000
		6	0.0000
		7	0.0000
		8	0.0000
		9	0.0000
		10	0.0000
		11	0.0000
		12	0.0000
		13	0.0000
		14	0.0000
		15	0.0000
		16	0.0001

The post hoc tests summarised in Table 8.20 indicate that groups 1, 3 and 4 (specified donation recipient) all returned significantly more positive perceived firm motives scores than group 5 (vague donation recipient), and groups 12, 14 and 16 (all low donation magnitude promises). Groups 3 and 4 (actual amount donation) were also significantly more positive in terms of their perceived firm motives than group 13 (percentage-based donation). Group 2 (low percentage-of-price donation, specified donation recipient) did not differ significantly with any other group, except for group 5 (high percentage-of-profit donation, vague donation recipient). Group 5 reported attitudes that were significantly less positive than all the other experimental groups. Groups 6 to 8 (low involvement product, vague donation recipient) and groups 10, 11 and 15 (high involvement product) differed significantly only from group 5.

The perceived firm motives findings suggest the potential importance of product involvement, donation recipient brand specificity and donation magnitude. However, the large number of significant between-group differences identified by the Games-Howell post hoc tests necessitated further analyses to ascertain the influence of the experimental main effects and their interactions on perceived firm motives. These analyses and their results are reported in Chapter 9.

8.8 SUMMARY OF THE COLLECTIVE INFLUENCE OF EXPERIMENTAL MAIN EFFECTS ON INTENTION, ATTITUDE AND PERCEPTION

The results discussed in this chapter provide a preliminary overview of the collective influence of the experimental main effects (product involvement, donation magnitude, donation expression format and donation recipient specificity) on the dependent variables of purchase and participation intention, cognitive and affective attitude toward the CARE offer, attitude toward the advertisement, attitude toward the alliance and perceived firm motives.

Responses were generally positive after exposure to the stimuli advertisements. Table 8.21 illustrates this phenomenon by summarising the least positive mean scores that were reported for each dependent variable that was assessed in the study, on a seven-point scale. The groups in which the least positive scores were recorded were also mentioned.

Table 8.21
Lowest mean scores reported per dependent variable

Dependent variable	Lowest mean score recorded	Group in which mean score was recorded
Purchase intention	4.54	16
Participation intention	4.87	16
Attitude toward the advertisement	5.07	16
Cognitive attitude toward the CARE offer	5.71	14
Affective attitude toward the CARE offer	5.35	16
Attitude toward the alliance	5.87	16
Perceived firm motives	4.81	5

The initial results suggest that the respondents' intentions, attitudes and perception were most often positively influenced when they were presented with an advertisement featuring a low involvement product and a specified donation recipient. The experimental stimuli featuring this combination of product involvement and donation recipient were presented to groups 1 to 4. Groups 1 to 4 (in varying order) consistently reported the most positive mean scores across dependent variables, with the exception of attitude toward the advertisement where the most positive attitude was recorded in group 15. Group 15 was exposed to a high magnitude, actual amount donation promised to a vague recipient upon purchasing a high involvement product.

The most positive mean scores were generally returned by the same groups across dependent variables, but a different pattern was evident in the least positive mean scores that were recorded in the various experimental groups in respect of the different dependent variables. The results suggest that respondents' intentions, attitudes and perceptions were

generally least positively influenced by an experimental stimulus featuring a high involvement product, a low donation magnitude and a vague donation recipient (groups 14 and 16). The responses of groups 5, 8 and 13 (all exposed to a vague donation recipient) also frequently appeared amongst the least positive mean scores across the experimental groups. The summated responses of groups 1, 10 and 12 each appeared once among the least positive mean scores. These findings were unexpected and further inquiry is required.

The analyses from which the reported findings were derived, formed part of an initial exploration. Thus, exceptions to the preliminary results were found and several of the detected trends were not necessarily confirmed. Further analyses were thus warranted to gain a more in-depth understanding of the phenomena and to clarify the impact of each independent variable and the interactions between them on the dependent variables. The findings from the more detailed analyses are provided in Chapter 9.

8.9 SUMMARY AND CONCLUSION

The results of the between-subjects factorial experiment that was described in Chapter 6, are reported in Chapters 8 and 9.

In Chapter 8 an overview of the data analyses and data preparation processes that were followed during the current study was provided. Due to forced response capability contained in the data collection process, the questionnaires were all completed in full and the replacement of missing variables was unnecessary. Brand attitudes were measured prior to exposure to the experimental stimuli and were approached as a treatment variable – respondents who held negative attitudes toward the brands depicted in the experimental stimuli were not considered in the subsequent analyses. Therefore, the results are applicable only to scenarios where existing brand attitudes toward CARE alliance partners were neutral or positive. The uni-dimensionality of the different factors investigated in the study was confirmed per scale, per experimental group as well as for the data set as a whole. An overview was provided of the assumptions of ANOVA, the manner in which the assumptions were considered in this study and the Hochberg's GT2 and Games-Howell post hoc tests that were subsequently selected to assess between-group differences. The chapter proceeded by confirming the reliability of the scales used to measure the dependent variables, both per experimental group and for the entire data set.

Descriptive statistics were used to gain a better understanding of the sample that participated in the study. The profile and size of the sample were discussed and it was found that the experimental groups were similar in terms of demographic characteristics such as gender, ethnic composition, language, age, education level and household profile. The groups were thus considered as equal in terms of their demographic profile prior to their exposure to the experimental stimuli.

A delineation of the findings from the experiment commenced with an analysis of the experimental manipulation checks and the findings confirmed that the manipulations were correctly perceived by respondents. Subsequently, the findings emanating from the investigation of the entire data set were discussed. The initial statistical data exploration revealed preliminary trends and patterns that offered a broad understanding of the sample's responses to CARE. One-way ANOVAs were conducted and it was ascertained that the independent variables (product involvement, donation recipient specificity, donation magnitude and donation expression format) collectively exerted a significant influence on purchase and participation intention, cognitive and affective attitude toward the CARE offer depicted in the stimuli, attitude toward the alliance portrayed in the advertisement, and attitude toward the advertisement. Chapter 8 concluded by summarising the initial insights about the influence of the independent variables on the dependent variables that were discussed in the chapter. Although the role of product involvement and donation recipient brand specificity seemed quite prominent in the initial analysis, the necessity for further inquiry about the individual and interactive influence of the experimental main effects became apparent. Therefore, further analyses were conducted and the findings from this in-depth investigation are reported in Chapter 9.

CHAPTER 9

QUANTITATIVE RESEARCH FINDINGS (PART 2): INFERENCE ANALYSES

A very subtle difference can make the picture or not.

Annie Leibovitz, photographer

9.1 INTRODUCTION

Chapters 8 and 9 are devoted to an overview of the descriptive and inferential cause-related marketing (CARE) results from the study. In Chapter 8, the first part of the findings from the quantitative research phase was discussed. It included a descriptive summary of the study's sample and data. Chapter 8 also elaborated on the initial inferential results, which focused primarily on a one-way analysis of variance, addressing the collective impact of all the experimental main effects on the study's dependent variables.

In Chapter 9, the second part of the findings from the quantitative research phase of the study is discussed. Univariate analysis of variance (ANOVA) results pertaining to the independent and interactive impact of the experimental main effects on the study's dependent variables are discussed. The experimental main effects included product involvement, donation recipient brand specificity, donation magnitude and donation expression format. The dependent variables were purchase and participation intention, attitude toward the CARE advertisement, attitude toward the CARE offer portrayed in the advertisement (affective and cognitive), attitude toward the alliance and perceived firm motives.

Chapter 9 commences by justifying the data analysis approach used to extract the results discussed in this chapter. The chapter continues by discussing the interactive and independent impact of the experimental main effects on each of the dependent variables. During the data analysis process, the relationship between purchase and participation intention, and between cognitive and affective attitude toward the CARE offer, became apparent and is therefore also discussed.

The chapter concludes with a summary of the univariate ANOVA inferential findings presented in the chapter, before proceeding to Chapter 10 where a final reflection about the meaning and relevance of the results in Chapters 7, 8 and 9 will be provided.

9.2 THE INDEPENDENT AND INTERACTIVE IMPACT OF EXPERIMENTAL MAIN EFFECTS ON INTENTIONS, ATTITUDES AND PERCEPTION

The independent and interactive influence of the experimental main effects of product involvement, donation recipient brand specificity, donation magnitude and donation expression format on respondents' intentions, attitudes and perceived firm motives was explored in this chapter. Univariate ANOVA was used to investigate between-group differences resulting from exposure to stimuli representing 16 different permutations of the main effects. Additional statistical analysis techniques provided further insights about the relationships between the dependent variables. The analyses techniques and approach that were followed are discussed next.

9.2.1 Univariate analysis of variance (ANOVA)

The analyses of between-group differences that commenced in Chapter 8 were continued and reported in Chapter 9 to provide a more thorough comprehension of the influence of each experimental main effect and the interaction between these variables on the dependent variables of the study. Univariate analyses of variance (ANOVA) were used to provide more in-depth insights. In addition, correlation analyses were conducted to measure the relationship between (1) purchase and participation intention, and (2) cognitive and affective attitude toward the CARE offer. One-sample t-tests were conducted to assess whether significant differences existed between (1) purchase and participation intention, and (2) cognitive and affective attitude toward the CARE offer.

9.2.2 Data analyses approach

The extraction of meaning from an experiment with higher-order interactions is a complex process (Murphy, Myors and Wolach, 2014; Rajan, 2013). In the current study, the inclusion of four independent variables resulted in the potential presence of four-way interactions. A consistent analysis approach was thus adopted to ensure the clarity of the findings. The assumptions that guided the univariate analysis process are discussed next.

Where four-way interactions were present, it was presumed that all main effects exerted a collective impact on the dependent variable. In such cases it was regarded as less important to consider three-way, two-way and one-way interactions independently, as the significant four-way interaction already indicated that all main effects jointly influenced the dependent variable (Kidd, 2014). Similarly, when four-way interactions were not present, but significant three-way interactions were detected, independent consideration of two-way and one-way effects were considered unnecessary. When neither four- or three-way interactions were found, but a significant impact was exerted by two-way interactions, the assessment of the influence of individual main effects was regarded as superfluous (Kidd, 2014).

Thus, the highest-order interactions that emerged from the analyses are discussed in greater depth. Results pertaining to the independent main effects are discussed in addition to the higher-order interactions to contribute to a complete understanding of the research findings and to highlight possible trends in the data. The highest-order interactions will be delineated as key findings, with further interactions and main effects mentioned as ancillary insights.

Throughout the discussion graphical illustrations will be provided to ensure clarity of findings, particularly in respect of interaction effects. In the graphs the estimated marginal mean scores will be visible on the Y-axis with the independent variables depicted on the X-axis and as the lines on the graph. Each line on the graph represents a level of the main effect and, typically, when the lines cross an interaction effect exists.

The R-squared values resulting from each analysis will be reported as part of the research results per dependent variable. A discussion about the variance explained by all the independent variables will be provided towards the end of the chapter (Paragraph 9.11).

The influence of the experimental main effects on purchase and participation intention will be discussed, followed by an overview of the results pertaining to attitudes and perceived firm motives.

9.3 EXPERIMENTAL MAIN EFFECTS AND PURCHASE INTENTION

As stated in Chapter 6, the first objective of this study was to assess the influence of product involvement, donation recipient brand specificity, donation magnitude, donation expression format and the interaction between these main effects on consumer intentions to purchase a CARE product. Purchase intention is an important indicator of CARE effectiveness as selling

the cause-linked product is typically a key objective for firms implementing the strategy. A six-item seven-point Likert scale anchored by *strongly disagree* and *strongly agree* was used to assess purchase intention in this study (see Chapter 6). The data analysis by means of Univariate ANOVA revealed several statistically significant results that are summarised in Table 9.1.

Table 9.1
Significant influences of main effects and interactions on purchase intention

Tests of between-subjects effects					
Source	Type III Sum of squares	Degrees of freedom	Mean square	F-value	Significance
Product involvement	169.159	1	169.159	90.246	0.000
Product involvement x Donation recipient brand specificity	7.327	1	7.327	3.909	0.048
Donation expression format x Donation magnitude	7.702	1	7.702	4.109	0.043
R-squared = 0.057					

As evident in Table 9.1, product involvement exerted a main effect on purchase intention. H_{01a} was thus rejected. No four- or three-way interactions were identified. However, significant two-way interactions were detected between: (1) product involvement and donation recipient brand specificity, and (2) donation expression format and donation magnitude. These results led to the rejection of H_{01e} in respect of the significant two-way interactions.

Table 9.2 provides a summary of the hypotheses pertaining to purchase intention (see Chapter 6). It also indicates which null hypotheses were rejected after statistical analyses revealed the significant effects of the independent variables on purchase intention.

Table 9.2
Hypotheses tested for purchase intention

Hypothesis number	Hypothesis	Research finding
H_{01a}	Product involvement will not influence consumer intention to purchase CARE products	H_{01a} rejected
H_{01b}	Donation recipient specificity will not influence consumer intention to purchase CARE products	H_{01b} not rejected
H_{01c}	Donation magnitude will not influence consumer intention to purchase CARE products	H_{01c} not rejected

Table 9.2 (continued)

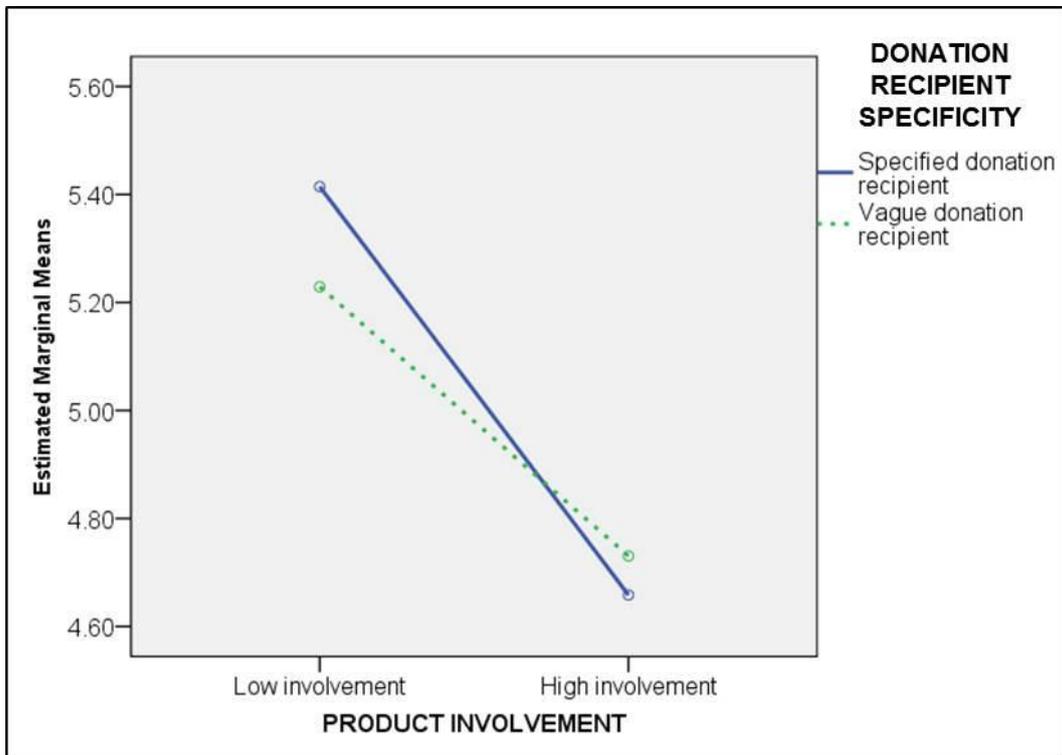
Hypothesis number	Hypothesis	Research finding
H _{01d}	Donation expression format will not influence consumer intention to purchase CARE products	H _{01d} not rejected
H _{01e}	The interaction between experimental main effects will not influence consumer intention to purchase CARE products	H _{01e} rejected

A more in-depth explanation of the main and interaction effects that led to the rejection of H_{01a} and H_{01e} will be provided next.

9.3.1 Two-way interaction between product involvement and donation recipient brand specificity

The results in Table 9.1 reveal a two-way interaction between product involvement and donation recipient brand specificity that exerted a significant influence on purchase intention ($F=3.909$; $p=0.048$). Figure 9.1 provides a graphical illustration of the findings. The solid line in the graph represents a specified donation recipient and the dotted line refers to a vague donation recipient. Product involvement (low and high) is visible on the X-axis, whilst the y-axis depicts the purchase intention mean scores.

Figure 9.1 shows that product involvement and donation recipient brand specificity exerted a combined influence on purchase intention. The most positive purchase intention scores were generated by exposure to the CARE stimulus featuring a specified beneficiary and a low involvement product ($\mu=5.421$). The lowest purchase intention score ($\mu=4.729$) resulted from exposure to a high involvement scenario featuring a donation promise to a specified beneficiary.

Figure 9.1**Purchase intention:****Interaction between product involvement and donation recipient specificity**

In Figure 9.1 it is evident that purchase intention was more positive in the low involvement scenario, irrespective of the featured donation recipient. A low involvement product thus seems to be a more prominent driver of positive purchase intention than a high involvement product.

Figure 9.1 also illustrates that an interaction effect occurred as a result of the featured donation recipient – a specified donation recipient generated more positive purchase intentions in a low involvement product scenario, whilst a vague donation recipient triggered slightly more positive purchase intentions than a specified recipient in the high involvement scenario. However, irrespective of the donation recipient, purchase intention was more positive when a low involvement rather than a high involvement product featured in the CARE experimental stimulus.

9.3.2 Two-way interaction between donation expression format and donation magnitude

Neither donation magnitude nor donation expression format exerted a significant influence on purchase intention as a main effect, but as indicated in Table 9.2, the impact of the interaction between these factors was significant ($F=4.109$; $p=0.043$).

Figure 9.2 provides a graphical illustration of the interaction between donation expression format and donation magnitude. The solid line in the graph represents an actual amount donation and the dotted line refers to a percentage-of-price donation expression. Donation magnitude (high and low) is visible on the X-axis, whilst the y-axis depicts purchase intention mean scores.

The most positive purchase intention score ($\mu=5.111$) resulted from a high donation magnitude expressed as an actual amount. The actual amount expression in interaction with a low donation magnitude also resulted in the least positive purchase intention score ($\mu=5.043$).

Figure 9.2
Influence of interaction between donation expression format and donation magnitude on purchase intention

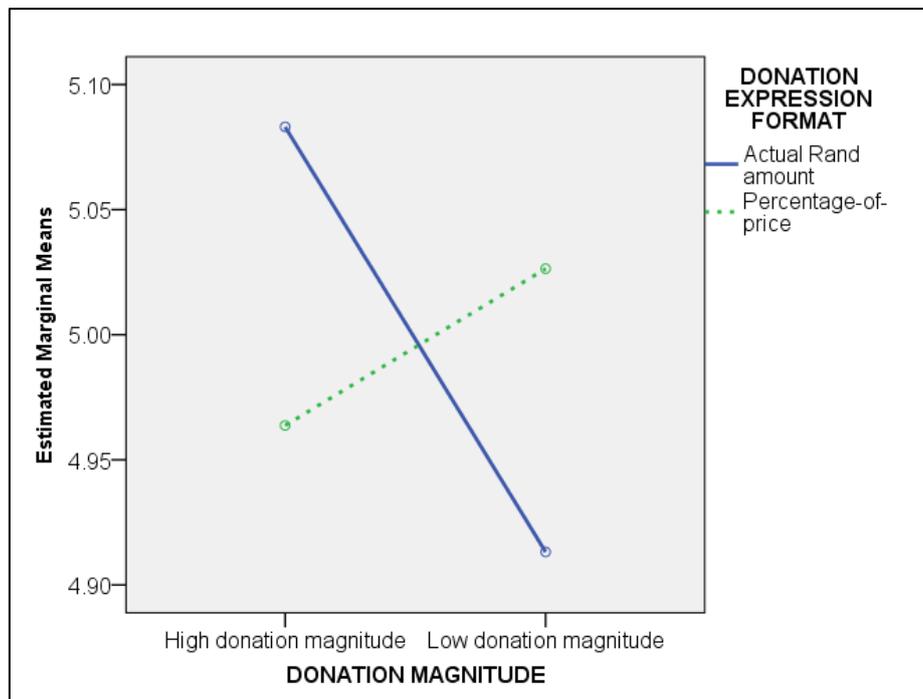


Figure 9.2 demonstrates that the interaction between donation magnitude and donation expression format resulted in graphs that interact due to their contrasting slopes. Figure 9.2 indicates that an actual amount expression generated more positive purchase intentions when featured in conjunction with a high donation magnitude, but a percentage-of-price expression generated more positive purchase intentions when coupled with a low donation magnitude.

It is noteworthy, from Figure 9.2, that responses were more extreme when the actual amount was featured compared to the percentage-of-price scenario. As previously mentioned, both the most and the least positive purchase intention scores were recorded in groups that were exposed to an actual amount donation. The significant influence of individual main effects was also considered.

9.3.3 Influence of individual main effects on purchase intention

As product involvement had a significant impact on consumer intention to purchase CARE products ($p=0.000$; $F=90.246$), H_{01a} could be rejected. This finding is mentioned for clarity purposes and is subordinate to the abovementioned two-way interactions. The estimated marginal means indicated that respondents favoured the low involvement scenario ($\mu=5.325$) above the high involvement scenario ($\mu=4.695$). In this study, the low involvement Pritt glue stick featured in the CARE advertisement thus resulted in more positive purchase intentions than the high involvement HP laptop computer.

The other main effects (donation recipient brand specificity, donation magnitude and donation expression format) did not have a significant independent influence on purchase intention. H_{01b} , H_{01c} and H_{01d} could thus not be rejected.

Aligned with earlier CARE research (Folse et al., 2010), participation intention was assessed in addition to purchase intention to further explore respondent behavioural intentions as a result of CARE.

9.4 EXPERIMENTAL MAIN EFFECTS AND PARTICIPATION INTENTION

One of the objectives of this study was to assess the influence of product involvement, donation recipient brand specificity, donation magnitude, donation expression format and the interaction between these main effects on consumer intention to participate in a CARE

campaign. Participation intention is frequently investigated in CARE research as an indication of behavioural intention (Folse et al., 2010) and an alternative to purchase intention. For comparison purposes, both purchase intention and participation intention were assessed in the current study. Participation intention was assessed by means of a four-item seven-point Likert scale anchored by *strongly disagree* and *strongly agree*. The univariate ANOVA revealed several statistically significant results that are summarised in Table 9.3.

Table 9.3
Significant influences of main effects and interactions on participation intention

Tests of between-subjects effects					
Source	Type III Sum of squares	Degrees of freedom	Mean square	F-value	Significance
Product involvement X Donation recipient specificity	4.524	1	4.524	2.813	0.094
Product involvement	81.430	1	81.430	50.634	0.000
Donation recipient specificity	6.177	1	6.177	3.841	0.050
R-squared = 0.037					

As evident in Table 9.3, product involvement and donation recipient specificity significantly influenced participation intention as individual main effects. Therefore, H_{02a} and H_{02b} were rejected. No four- or three-way interactions were found. However, a significant two-way interaction between product involvement and donation recipient specificity was identified. Therefore H_{02e} was rejected in respect of the interaction between product involvement and donation recipient specificity.

Table 9.4 summarises the hypotheses pertaining to participation intention that were proposed in Chapter 6. It also indicates which null hypotheses were rejected after statistical analyses revealed the significant effects of the independent variables.

Table 9.4
Hypotheses tested for participation intention

Hypothesis number	Hypothesis	Research finding
H_{02a}	Product involvement will not influence consumer intention to participate in a CARE campaign	H_{02a} rejected
H_{02b}	Donation recipient specificity will not influence consumer intention to participate in a CARE campaign	H_{02b} rejected
H_{02c}	Donation magnitude will not influence consumer intention to participate in a CARE campaign	H_{02c} not rejected

Table 9.4 (continued)

Hypothesis number	Hypothesis	Research finding
H _{02d}	Donation expression format will not influence consumer intention to participate in a CARE campaign	H _{02d} not rejected
H _{02e}	The interaction between experimental main effects will not influence consumer intention to participate in a CARE campaign	H _{02e} rejected

A more in-depth explanation of the main and interaction effects that resulted in the rejection of H_{02a}, H_{02b} and H_{02e} will be provided.

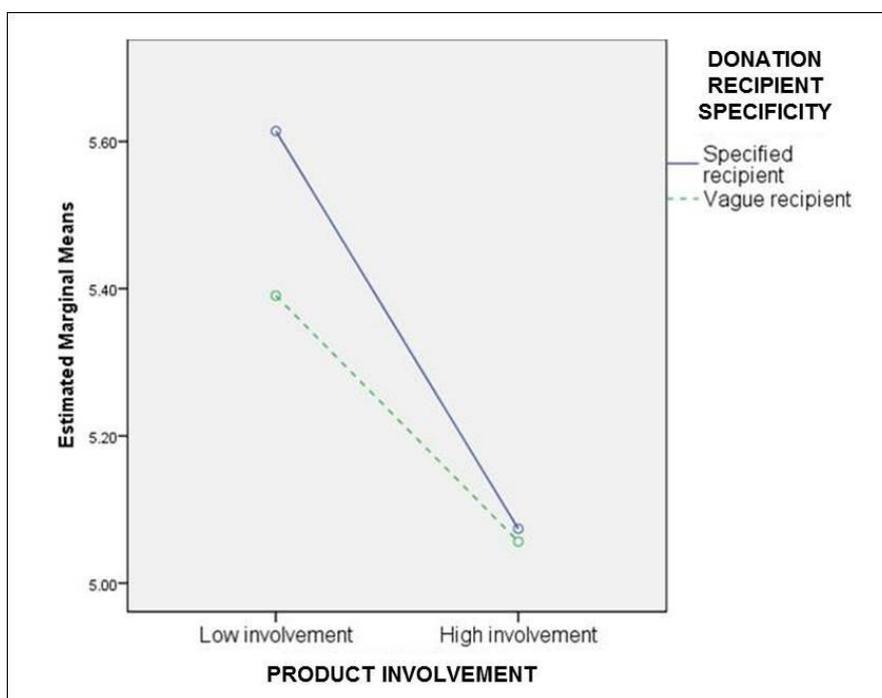
9.4.1 Two-way interaction between product involvement and donation recipient brand specificity

The results in Table 9.3 indicate that the interaction between product involvement and donation recipient brand specificity exerted a significant influence ($F=2.813$; $p=0.094$) on respondent intention to participate in the presented CARE campaign (ten per cent level of significance). The nature of the interaction is graphically illustrated in Figure 9.3.

The solid line in the graph represents a specified donation recipient and the dotted line refers to a vague donation recipient. Product involvement (low and high) is visible on the X-axis, whilst the y-axis depicts participation intention mean scores.

The most positive participation intention mean score resulted from the interaction between a low involvement product and a specified donation recipient ($\mu=5.614$), whereas the least positive score was triggered by the interaction between a high involvement product and a vague donation recipient ($\mu=5.056$).

Figure 9.3
Participation intention:
Two-way interaction between donation recipient and product involvement



It is evident from Figure 9.3 that participation intentions were more positive in the low involvement scenario, both when respondents were presented with a specified and a vague recipient. A low involvement product thus seems to be a more prominent driver of positive participation intentions than a high involvement product.

The graph also shows that the difference in participation intention between a low and high product involvement scenario was more pronounced when a specified donation recipient was featured. The participation intentions of respondents were visibly more positive when presented with a specified donation recipient ($\mu=5.614$) rather than a vague donation recipient ($\mu=5.391$) in the low involvement scenario. However, intentions were quite similar in the high involvement scenario, irrespective of the depiction of a specified ($\mu=5.07$) or a vague donation recipient ($\mu=5.06$), with the specified donation recipient producing only slightly more positive mean scores.

As previously mentioned, the interaction between product involvement and the donation recipient resulted in the rejection of H_{02e} . In addition to being influenced by the interaction between product involvement and the donation recipient, the respondents' participation intentions were also influenced by these variables as individual main effects.

9.4.2 Influence of individual main effects on participation intention

Participation intentions were significantly influenced by two of the four independent variables in this experiment. Product involvement exerted a significant influence on respondent intention to participate in the presented CARE campaign ($F=50.634$; $p=0.000$). H_{02a} was thus rejected. Respondents displayed more positive intentions to participate in the CARE campaign when it featured the low involvement product ($\mu=5.502$) than when linked to the high involvement product ($\mu=5.065$). The impact of product involvement on participation intention was similar to the effects that were observed in respect of the purchase intention dependent variable.

Donation recipient specificity also significantly influenced participation intention ($F=3.841$; $p=0.050$). H_{02b} was thus rejected. Respondents were more likely to participate in the CARE campaign when Reach for a Dream, as a specified donation recipient, featured in the stimulus ($\mu=5.344$) than when a vague recipient was mentioned ($\mu=5.224$).

The main effects of donation magnitude ($F=1.030$; $p=0.310$) and donation expression format ($F=0.011$; $p=0.915$) did not have a significant influence on participation intention. H_{02c} and H_{02d} could thus not be rejected.

Similarities in the findings between purchase and participation intention were apparent. The literature review also elaborated on the relationship between these two variables (see Chapter 5). Therefore, the relationship between purchase and participation intention was further explored.

9.5 THE RELATIONSHIP BETWEEN PURCHASE AND PARTICIPATION INTENTION

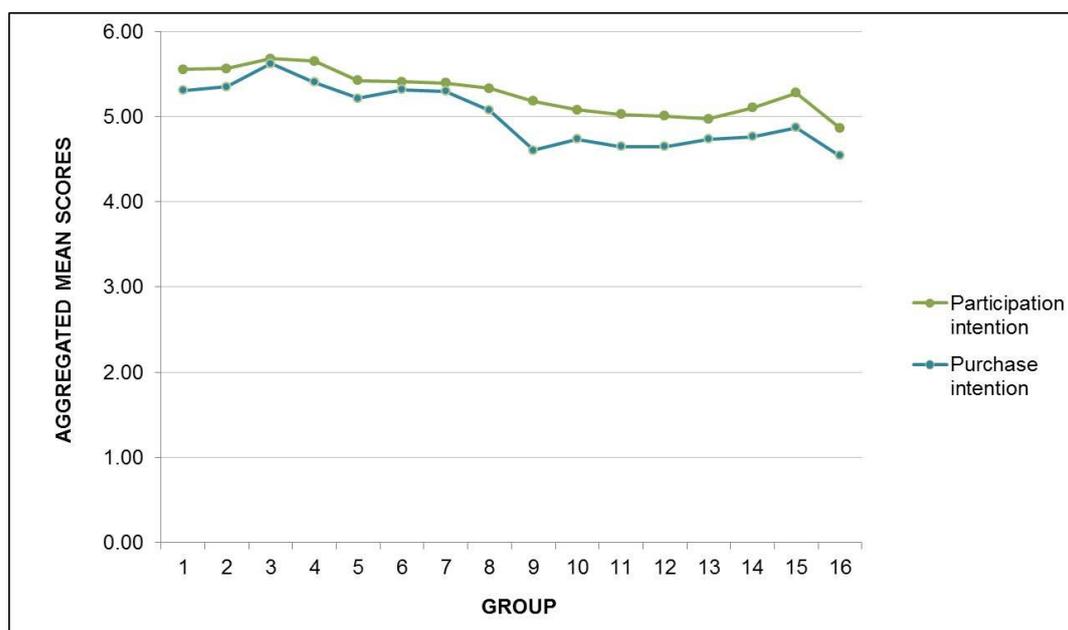
Further inquiry into the relationship between purchase and participation intention was conducted to assess the suitability of these measures as indicators of the success of the CARE campaign. Purchase and participation intention represent two different campaign objectives. Whereas purchase intention is an indicator of whether the respondent is willing to purchase the cause-linked product, it seems that participation intention is more representative of a respondent's willingness to be part of a CARE campaign, albeit not necessarily by purchasing the product. However, as purchase and participation intention have never been assessed in the same research, it is unclear whether: (1) a relationship exists between these variables, (2) they are similar to or different from one another, and (3)

they are influenced in a similar manner by various CSEs. Therefore, further analyses were warranted. A correlation analysis was conducted to assess whether a relationship exists between purchase and participation intention. The results are provided in Table 9.5.

Table 9.5
Correlation and difference between purchase and participation intention

Correlation between purchase and participation intention					One-sample t-test		
	Mean	Standard deviation	N	Correlation	t	df	Significant (2-tailed)
Purchase intention	4.9949	1.40337	1 715	0.858**	147.395	1 714	0.000*
Participation intention	5.2732	1.2866	1 715		169.73	1 714	0.000*
** Correlation is significant at the 0.01 level (2-tailed)					Significant at the 0.01 level		

As summarised in Table 9.5, the correlation analysis reveal that participation and purchase intention are highly and significantly correlated ($r=0.858$; $p<0.01$). A strong, positive relationship thus exists between purchase and participation intention, inferring that an increase or decrease in the positivity of one of the variables will typically coincide with a similar movement in the other variable. The correlation infers a 74 per cent shared variance between the variables. Despite the overlap between the two variables, a one-sample t-test (see Table 9.5 for results) confirm that purchase and participation intention were also significantly different from one another – in the current study, participation intention ($\mu=5.2732$) was significantly more positive than purchase intention ($\mu=4.9949$). Figure 9.4 provides a graphical comparison of the aggregated participation and purchase intention mean scores per experimental group. It illustrates that participation intention was more positive than purchase intention across the groups. Figure 9.4 also shows, as discussed in Chapter 8, that for both purchase ($\mu=5.62$) and participation intention ($\mu=5.68$), the mean scores reported by group 3 were the most positive. The respondents in group 3 were exposed to a stimulus featuring a high magnitude, actual amount donation promised to a specified donation recipient when a low involvement product was purchased.

Figure 9.4**Participation and purchase intention mean score comparison**

As depicted in Table 9.5 and Figure 9.4, the difference between purchase and participation intention impels further exploration of the suitability of the respective measures as indicators of CARE effectiveness. As stated earlier, for the purpose of the current study, purchase intention referred to the level of respondents' intentions to purchase the Pritt glue stick or the HP laptop computer that featured in the print advertisement stimuli as part of the presented CARE campaign. Although most CARE campaigns have several objectives (Tustin & Pienaar, 2005), one of the key outcomes is often to sell the CARE-linked product. Therefore, it can be assumed that an appropriate measure of CARE effectiveness would be whether or not consumers intend to purchase the cause-linked product.

The participation intention scale was developed specifically for the CARE context by Grau and Folse (2007). Participation intention (discussed in Chapters 5 and 6) is defined somewhat broader than purchase intention, as reflected in the scale items that were used to measure it (see Table 9.6). One item of the participation intention scale (Table 9.6, Item 3) related to purchase considerations, whilst the other items assessed thoughts about the CARE campaign (Table 9.6, Item 1), willingness to participate (Table 9.6, Item 2) and likeliness of involvement (Table 9.6, Item 4) (Folse et al., 2010). Item 1 and 2, the most non-committal items in the scale, generated the most positive mean scores, whilst purchase considerations and involvement likelihood returned lower scores.

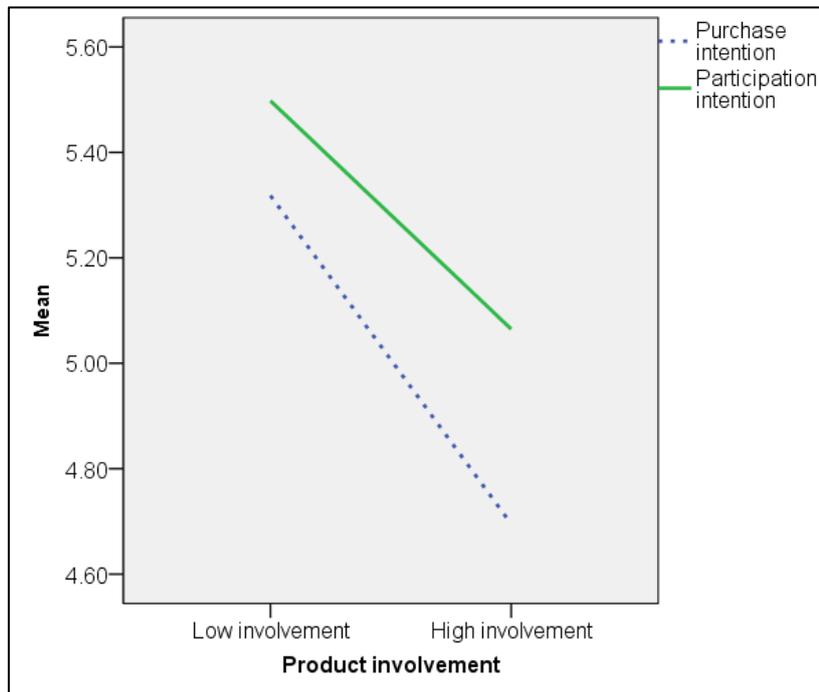
Table 9.6
Participation intention scale items and mean scores

Item number	Item	Mean
1	I think the marketing campaign portrayed in the advertisement is a good idea.	5.6309
2	I would be willing to participate in the marketing campaign showed in the advertisement.	5.3026
3	I would consider buying Pritt glue stick as showed in the advertisement in order to help Reach for a Dream.	5.1703
4	It is likely that I would contribute to Reach for a Dream by getting involved in the marketing campaign showed in the advertisement.	4.9889

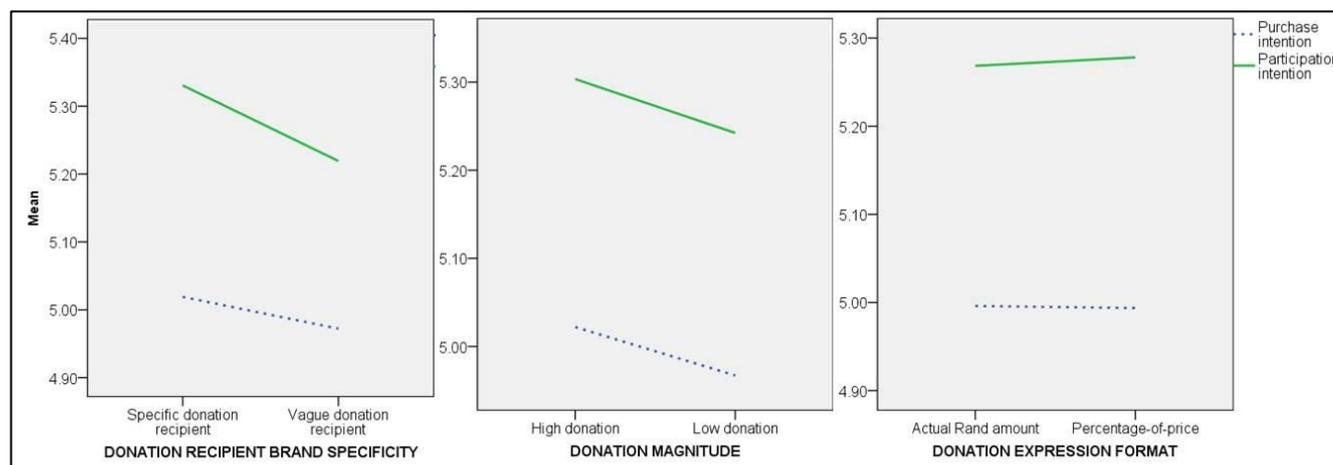
As indicated by the individual items in Table 9.6, the participation intention scale relates to broad outcomes that might be set by marketing managers when developing CARE campaigns. However, as indicated by the comparison between the participation and purchase intention scales, the use of only participation intention as a measure of CARE effectiveness may result in an inflated perception of success – even though consumers are willing to participate in a CARE campaign, their purchase intentions may be considerably less positive. However, if the purpose of the campaign was not merely to generate sales, but also, for instance, to achieve other objectives such as improved reputation or positive word-of-mouth, campaign participation may be an appropriate measure

In the above discussion, in addition to whether a relationship and/or differences exist between purchase and participation intention, the question was raised whether purchase and participation intentions were influenced in a similar manner by various CSEs. The analysis indicated that both these variables were significantly influenced by product involvement. The results also suggest that both purchase and participation intention were more positively influenced by the presence of a low involvement product as opposed to a high involvement product in a CARE advertisement. This finding is illustrated in Figure 9.5 where purchase and participation intention are plotted in relation to product involvement. Purchase intention is represented by the dotted line whilst participation intention is depicted with the solid line. Figure 9.5 further confirms that participation intention was generally more positive than purchase intention.

Figure 9.5
Purchase and participation intention comparison
(main effect: product involvement)



The comparative influence of the other experimental main effects (donation recipient brand specificity, donation magnitude and donation expression format) on purchase and participation intention is illustrated in Figure 9.6. Donation recipient brand specificity significantly influenced participation intention, but not purchase intention. Neither purchase nor participation intention was significantly influenced by donation magnitude and donation expression format. Despite the lack of significance in some instances, the tendency of participation intention being more positive than purchase intention is evident in Figure 9.6.

Figure 9.6**Purchase and participation intention comparison****(main effects: donation recipient, donation magnitude and donation expression format)**

Albeit non-significantly, the graphs in Figure 9.6 further indicate that for both purchase and participation intention: (1) a specified donation recipient yielded a more positive influence than a vague donation recipient, and (2) a high donation magnitude returned more favourable results than a low donation magnitude. However, from the graphs in Figure 9.6 it can be assumed that both purchase and participation intention were less affected by donation expression format than by the other main effects of the study (product involvement, donation recipient brand specificity and donation magnitude).

9.6 EXPERIMENTAL MAIN EFFECTS AND ATTITUDE TOWARD THE ADVERTISEMENT

A further objective of this study was to assess the influence of product involvement, donation recipient brand specificity, donation magnitude, donation expression format and the interaction between these main effects on attitude toward the advertisement in which the CARE campaign was introduced. The advertisement acted as the platform for framing the CARE message and for conveying the CARE offer to respondents. Research indicates that consumer attitude toward an advertisement influences consumer attitude toward the brand featured in the advertisement. Therefore, it is important to investigate the impact of CSEs on attitude toward the advertisement in a CARE context because of its potential influence on the for- and non-profit brand featured in the advertisement. In the current study, attitude toward the advertisement was assessed with a five-item seven-point Likert scale, anchored by *strongly disagree* and *strongly agree*.

The univariate ANOVA revealed that the main effects and their interactions exerted several statistically significant influences on attitude toward the advertisement. These results are summarised in Table 9.7.

Table 9.7
Significant influences of main effects and interactions on
attitude toward the advertisement

Tests of between-subjects effects					
Source	Type III sum of squares	Degrees of freedom	Mean square	F-value	Significance
One-way influences					
Product involvement	5.227	1	5.227	3.505	0.061
Donation recipient specificity	4.687	1	4.687	3.142	0.076
Two-way interactions					
Product involvement * Donation recipient specificity	4.617	1	4.617	3.096	0.079
Three-way interactions					
Donation recipient specificity * Donation magnitude * Donation expression format	8.427	1	8.427	5.649	0.018
R-squared = 0.013					

As evident in Table 9.7, product involvement and donation recipient specificity resulted in significant main effects on attitude toward the advertisement. H_{03a} and H_{03b} were thus rejected. No four-way interactions were identified. However, a significant three-way interaction was found between donation recipient brand specificity, donation magnitude and donation expression format. Also, a significant two-way interaction between product involvement and donation recipient brand specificity was identified. Consequently, H_{03e} could thus be rejected in respect of the significant three- and two-way interactions.

Table 9.8 summarises the hypotheses pertaining to attitude toward the advertisement that were formulated in Chapter 6. It also indicates which null hypotheses were rejected after statistical analyses revealed the significant effects of the independent variables.

Table 9.8
Hypotheses tested for attitude toward the advertisement

Hypothesis number	Hypothesis	Research finding
H_{03a}	Product involvement will not influence attitude toward the CARE advertisement	H_{03a} rejected
H_{03b}	Donation recipient specificity will not influence attitude toward the CARE advertisement	H_{03b} rejected

Table 9.8 (continued)

Hypothesis number	Hypothesis	Research finding
H _{03c}	Donation magnitude will not influence attitude toward the CARE advertisement	H _{03c} not rejected
H _{03d}	Donation expression format will not influence attitude toward the CARE advertisement	H _{03d} not rejected
H _{03e}	The interaction between experimental main effects will not influence attitude toward the CARE advertisement	H _{03e} rejected

A more in-depth explanation of the main and interaction effects that led to the rejection of H_{03a}, H_{03b} and H_{03e} will be provided.

9.6.1 Three-way interaction between donation recipient brand specificity, donation magnitude and donation expression format

The results reported in Table 9.7 reveal a significant three-way interaction between donation recipient brand specificity, donation expression format and donation magnitude ($F=5.649$; $p=0.018$). The estimated marginal means related to the findings are provided in ranked order in Table 9.9.

Table 9.9

Attitude toward the advertisement: Three-way interaction between donation recipient brand specificity, donation expression format and donation magnitude

Donation recipient brand specificity	Donation expression format	Donation magnitude	Mean ranking	Mean	Std. Error	95% Confidence interval	
						Lower bound	Upper bound
Vague donation recipient	Actual amount	High	1	5.475	0.081	5.316	5.635
Specified donation recipient	Percentage	High	2	5.446	0.083	5.284	5.609
Specified donation recipient	Actual amount	High	3	5.409	0.088	5.238	5.581
Specified donation recipient	Actual amount	Low	4	5.39	0.081	5.232	5.549
Vague donation recipient	Percentage	Low	5	5.339	0.083	5.176	5.502
Specified donation recipient	Percentage	Low	6	5.334	0.089	5.159	5.509
Vague donation recipient	Percentage	High	7	5.22	0.081	5.061	5.38
Vague donation recipient	Actual amount	Low	8	5.125	0.083	4.963	5.288

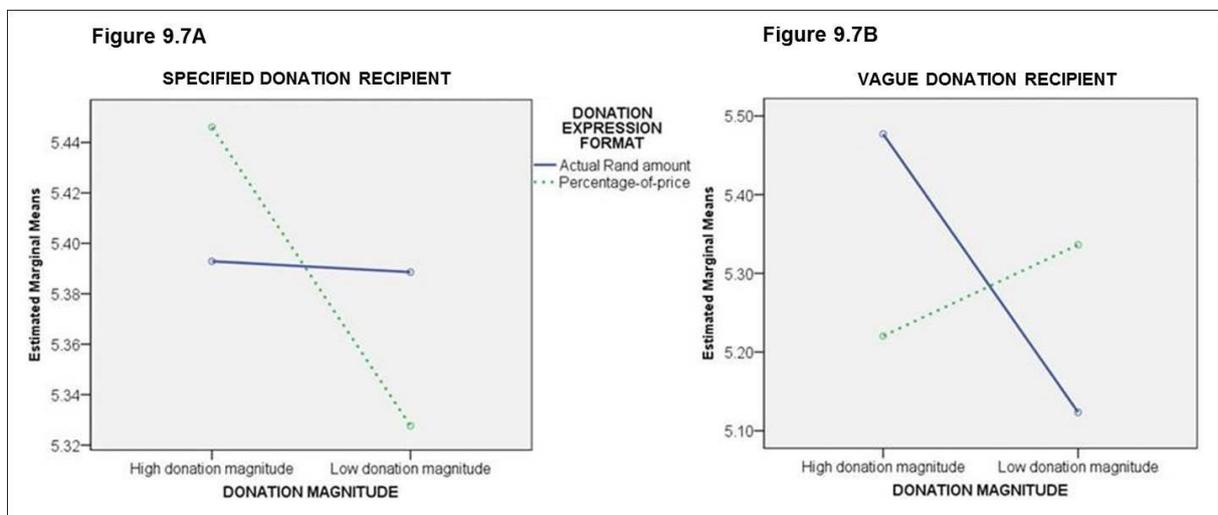
From Table 9.9 it is evident that the three most positive attitude toward the advertisement scores all had one aspect in common, namely exposure to the high donation magnitude main effect. The most positive attitude score resulted from exposure to an advertisement that

featured a high magnitude, actual amount donation promised to a vague donation recipient ($\mu=5.475$).

Figures 9.7A and B illustrate the influence of the three-way interaction on attitude toward the advertisement. Two graphs are portrayed. In both cases the X-axis represents the donation magnitude main effect, the solid lines refer to an actual amount expression and the dotted lines denote a percentage-of-price expression. Figure 9.7A on the left depicts a specified donation recipient scenario, whilst a vague donation recipient scenario is evident in the Figure 9.7B on the right.

Figures 9.7A and B

Attitude toward the advertisement: Three-way interaction between donation magnitude, donation expression format and donation recipient



From Figures 9.7A and B it is evident that the graphs differ when a specified as opposed to a vague donation recipient featured in the advertisement. Table 9.10 provides a summary of the findings by comparing the specified and vague donation recipient scenarios.

As summarised in Table 9.10, and in the specified recipient scenario in Figure 9.7A, it is evident that respondents who were exposed to a stimuli featuring Reach for a Dream as a specified donation recipient were more positive toward the advertisement when a high magnitude, percentage-of-price donation was promised. However, when a low donation magnitude was offered, an actual amount expression resulted in a more positive attitude than a percentage-of-price expression.

In the vague donation recipient scenario, a high magnitude, actual amount donation returned more positive attitudes than a high magnitude donation expressed as a percentage-of-profit. However, contrary to the specified donation recipient scenario, in the vague donation recipient scenario a low magnitude donation expressed as a percentage-of-price generated a more positive attitude toward the advertisement than a high magnitude donation expressed as a percentage-of-price.

Table 9.10

Donation recipient specificity-based comparison for three-way interaction between donation recipient specificity, donation magnitude and donation expression format

Donation recipient	Specified	Vague
Most positive attitude toward the advertisement	When a high donation magnitude and percentage-of-price expression featured.	When a high donation magnitude and an actual amount expression featured.
Least positive attitude toward the advertisement	When a low donation magnitude and a percentage-of-price expression featured.	When a low donation magnitude and an actual amount expression featured.
Extremity of findings	Results are more extreme in the percentage-of-price scenario.	Results are more extreme in the actual amount scenario.
Data trends in donation expression format	For both the percentage-of-price and actual amount expression graphs, attitudes are more positive in the high than in the low donation magnitude scenario.	For the actual amount scenario, attitudes are more positive in the high than in the low donation magnitude scenario. For percentage-of-price scenario, attitudes are more positive in the low than in the high donation magnitude scenario.
Interaction effect	The interaction occurs despite a similarity in the slopes of the graphs.	The interaction occurs as a result of the contrast in the slopes of the graphs.

In addition to the three-way interaction between donation recipient brand specificity, donation expression format and donation magnitude, a two-way interaction with a significant impact on attitude toward the advertisement emerged.

9.6.2 Two-way interaction between product involvement and donation recipient brand specificity

Table 9.7 reveals a significant two-way interaction ($F=3.096$; $p=0.079$) between product involvement and donation recipient brand specificity (ten per cent level of significance).

The estimated marginal means revealed that the most positive attitudes toward the advertisement were generated by the stimulus featuring a low involvement product and a specified donation recipient ($\mu=5.50$), whilst the least positive attitudes were the result of

each of the high involvement scenarios (specified recipient $\mu=5.29$; vague recipient $\mu=5.29$). Noteworthy is the important role of product involvement in driving these findings with the low involvement product resulting in the most positive attitudes.

Figures 9.8A and B provide two graphical perspectives of the two-way interaction between product involvement and donation recipient specificity. In Figure 9.8A product involvement is evident on the X-axis and attitude toward the advertisement mean scores on the Y-axis. The solid line represents a specified donation recipient and the dotted line depicts a vague donation recipient. In Figure 9.8B, donation recipient specificity is evident on the X-axis and attitude toward the advertisement mean scores on the Y-axis. The solid line represents low involvement and the dotted line depicts high involvement.

Figure 9.8A and B

Attitude toward the advertisement:

Two-way interaction between product involvement and donation recipient specificity

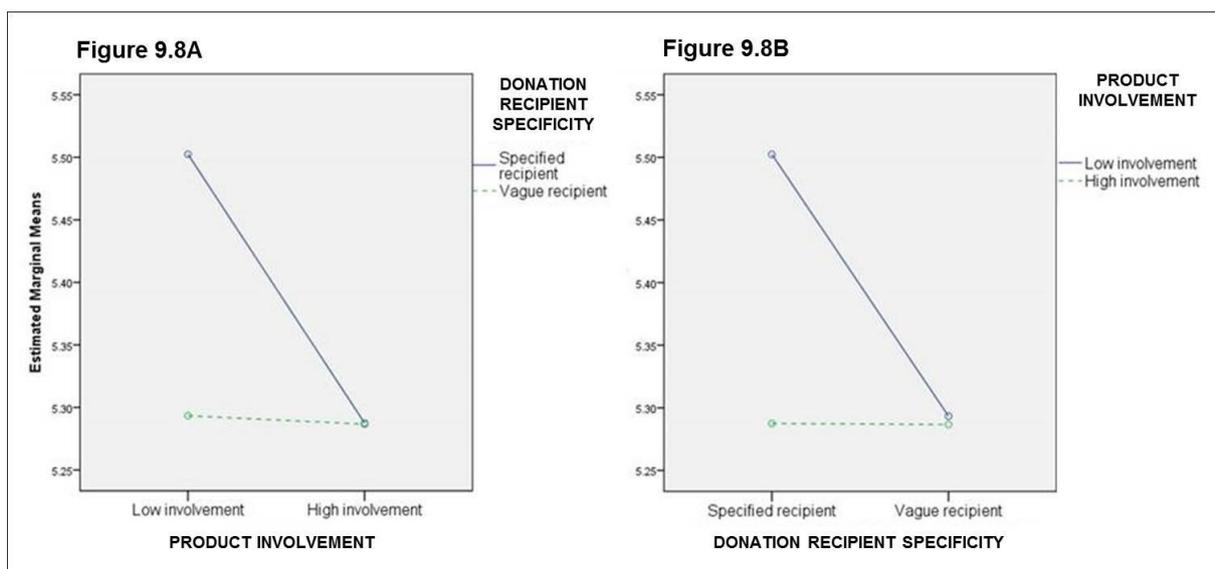


Figure 9.8A indicates that a specified recipient led to more positive attitudes toward the advertisement than the vague recipient in the low involvement scenario. However, in the high involvement scenario, attitudes were similar irrespective of the featured donation recipient. The graph further demonstrates that attitudes were marginally affected by differences in involvement when a vague donation recipient was featured, but exposure to a specified recipient resulted in stronger attitude differences between the low and the high involvement scenario. This finding is also illustrated in Figure 9.8B that provides an alternative view of the two-way interaction between product involvement and donation recipient specificity – attitudes differed when a specified donation recipient was presented in conjunction with a

high or low involvement product, but were similar when a vague donation recipient was mentioned.

These findings confirm that attitude toward the CARE advertisement was influenced by a three-way and a two-way interaction between the experimental main effects. In addition, product involvement and donation recipient brand specificity also influenced the respondents' attitudes toward the advertisement as individual main effects.

9.6.3 Influence of individual main effects on attitude toward the advertisement

Product involvement, as a main effect, exerted a significant influence (ten per cent level of significance) on attitude toward the CARE advertisement ($F=3.505$; $p=0.061$). H_{03a} could thus be rejected. Respondents displayed more positive attitudes toward the advertisement when it featured the low involvement product ($\mu=5.398$) than when the high involvement product featured ($\mu=5.287$).

Donation recipient brand specificity also exerted a significant impact (ten per cent level of significance) on attitude toward the advertisement ($F=3.142$; $p=0.076$). H_{03b} could thus be rejected. Respondents were more positive toward the advertisement when Reach for a Dream as a specified, branded beneficiary featured in the stimulus ($\mu=5.395$) than when charity, in general, as a vague beneficiary was mentioned ($\mu=5.290$).

The main effects of donation magnitude ($F=2.349$; $p=0.126$) and donation expression format ($F=0.067$; $p=0.796$) did not have a significant influence on participation intention. H_{03c} and H_{03d} could thus not be rejected.

9.7 EXPERIMENTAL MAIN EFFECTS AND ATTITUDE TOWARD THE CAUSE RELATED MARKETING OFFER

An objective of this study was to assess the influence of product involvement, donation recipient brand specificity, donation magnitude, donation expression format and the interaction between these main effects on respondents' attitudes toward the CARE offer presented in the advertisement stimuli. Both cognitive and affective attitude toward the CARE offer and the relationship between these constructs were measured.

9.7.1 Cognitive attitude toward the cause-related marketing offer

The influence of the experimental main and the interaction effects of product involvement, donation recipient brand specificity, donation magnitude and donation expression format on cognitive attitude toward the CARE offer was assessed by means of univariate ANOVA. The CARE offer denotes the combination of CSEs that are presented to the consumer in a CARE advertisement. Cognitive attitude toward the offer refers to whether consumers have favourable thoughts about the CARE offer and whether the mental energy they spend on the campaign is positive. It was assessed in the current study by means of a six-item semantic differential scale. The analyses revealed several statistically significant results that are summarised in Table 9.11.

Table 9.11
Significant influences of main effects and interactions on
cognitive attitude toward the cause-related marketing offer

Tests of between-subjects effects					
Source	Type III sum of squares	Degrees of freedom	Mean square	F- value	Significance
One-way influences					
Product involvement	21.366	1	21.366	15.748	0.000
Donation recipient brand specificity	8.521	1	8.521	6.280	0.012
Two-way interactions					
Product involvement * Donation recipient brand specificity	3.750	1	3.750	2.764	0.097
R-squared = 0.019					

It is clear from Table 9.11 that no four- or three-way interactions were found. However, a significant two-way interaction between product involvement and donation recipient brand specificity was identified. Therefore, H_{04e} could be rejected in respect of this two-way interaction. Product involvement and donation recipient specificity, as individual main effects, also had a significant impact on cognitive attitude toward the CARE offer. Therefore, H_{04a} and H_{04b} were rejected.

Table 9.12 summarises the null hypotheses pertaining to cognitive attitude toward the CARE offer that were formulated in Chapter 6. It also indicates which null hypotheses were rejected after statistical analyses revealed the significant effects of the independent variables.

Table 9.12**Hypotheses tested for cognitive attitude toward the cause-related marketing offer**

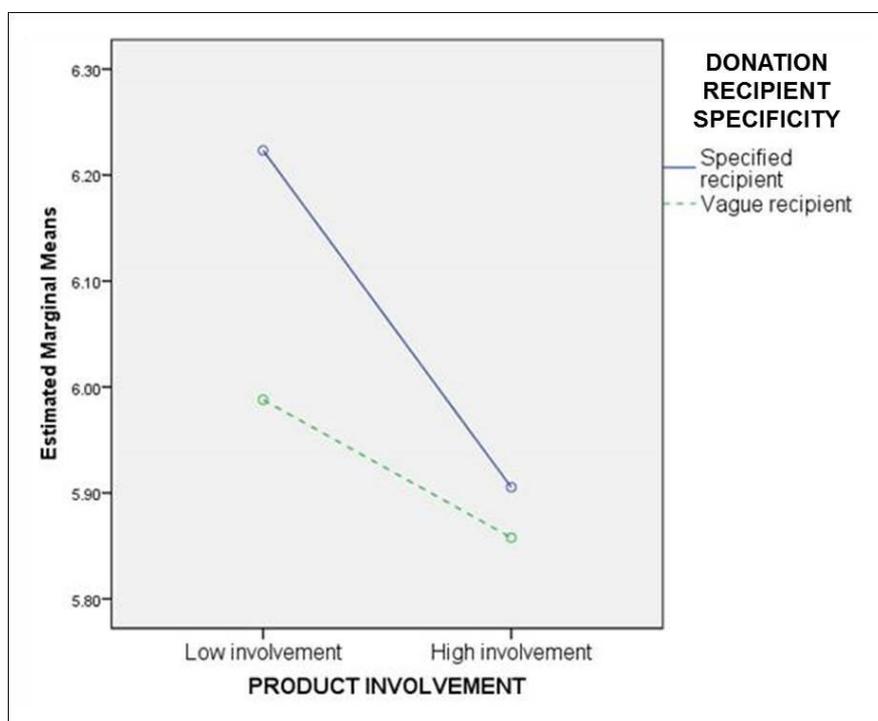
Hypothesis number	Hypothesis	Research finding
H _{04a}	Product involvement will not influence cognitive attitude toward the CARE offer	H _{04a} rejected
H _{04b}	Donation recipient specificity will not influence cognitive attitude toward the CARE offer	H _{04b} rejected
H _{04c}	Donation magnitude will not influence cognitive attitude toward the CARE offer	H _{04c} not rejected
H _{04d}	Donation expression format will not influence cognitive attitude toward the CARE offer	H _{04d} not rejected
H _{04e}	The interaction between experimental main effects will not influence cognitive attitude toward the CARE offer	H _{04e} rejected

A more in-depth explanation of the main and interaction effects that led to the rejection of H_{04a}, H_{04b} and H_{04e} will be provided.

9.7.1.1 Two-way interaction between product involvement and donation recipient brand specificity

The results in Table 9.11 indicate that the interaction between product involvement and donation recipient brand specificity exerted a significant influence ($F=2.764$; $p=0.097$) on cognitive attitude toward the CARE offer (ten per cent level of significance). The nature of the interaction is graphically illustrated in Figure 9.9. The solid line represents a specified donation recipient, whilst the dotted line refers to a vague donation recipient. Product involvement is plotted on the X-axis and the Y-axis depicts cognitive attitude toward the CARE offer.

As illustrated in Figure 9.9, product involvement and donation recipient brand specificity exerted a combined influence on cognitive attitude toward the CARE offer. The results further reveal that the most positive cognitive attitudes were generated by the presence of a specified beneficiary in the CARE advertisement featuring a low involvement product. The least positive cognitive attitude score ($\mu=4.729$) emanated from the interaction between a high involvement product and a vague donation recipient.

Figure 9.9**Cognitive attitude toward the cause-related marketing offer:****Two-way interaction between donation recipient specificity and product involvement**

It is evident from Figure 9.9 that cognitive attitudes toward the CARE offer were more positive in the low involvement scenario, both when respondents were presented with a specified and a vague donation recipient. Figure 9.9 also indicates that cognitive attitudes were more positive when respondents were exposed to a specified donation recipient than when a vague recipient was shown, irrespective of the product involvement featured in the advertisement. The finding signalled the importance of carefully considering the product and the donation recipient when deciding on which CSEs to use in CARE campaigns.

Figure 9.9 further illustrates that the difference in cognitive attitude between a low and high involvement scenario was more apparent when a specified donation recipient featured. The cognitive attitudes of respondents were visibly more positive when they were presented with a specified donation recipient rather than a vague recipient in the low involvement scenario. In the high involvement scenario this finding was also evident with a specified donation recipient triggering more positive cognitive attitudes than was the case with a vague donation recipient.

Figure 9.10 depicts an alternative view of the influence of the interaction between product involvement and donation recipient specificity on cognitive attitude toward the CARE offer.

The solid line represents the low involvement scenario and the dotted line depicts the high involvement scenario. On the X-axis donation recipient specificity is plotted, with cognitive attitude toward the CARE offer evident on the Y-axis.

Figure 9.10

**Alternative view of cognitive attitude toward the cause-related marketing offer:
Two-way interaction between product involvement and donation recipient specificity**

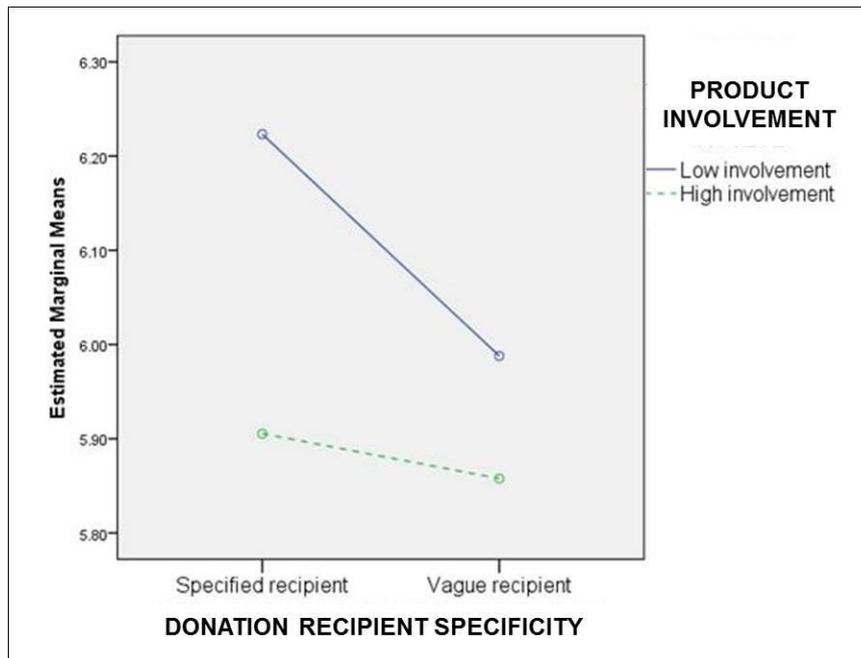


Figure 9.10 confirms that responses were more affected by a change in the donation recipient in the low than in the high involvement scenario – thus, cognitive attitudes were less affected by the donation recipient in the high involvement than in the low involvement scenario. The respondents' cognitive attitudes were also more positive in the low than in the high involvement scenario, irrespective of the donation recipient. The estimated marginal means in Table 9.13 illustrates this finding.

Table 9.13

Cognitive attitude toward the cause-related marketing offer estimated marginal means: Two-way interaction between product involvement and donation recipient

Product involvement	Donation recipient specificity	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Low involvement	Specified recipient	6.223	0.059	6.108	6.339
	Vague recipient	5.988	0.056	5.878	6.098
High involvement	Specified recipient	5.905	0.056	5.796	6.015
	Vague recipient	5.858	0.055	5.751	5.965

As evident in Figure 9.9 and Figure 9.10, cognitive attitudes toward the CARE offer were generally highly positive with the lowest overall aggregated attitude score being as high as 5.71. This mean score was reported in group 14 that was exposed to a low magnitude, percentage-of-price donation promised to a vague donation recipient upon the purchase of the high involvement HP laptop computer.

In addition to the interactive impact, product involvement and donation recipient specificity also exerted main effects on cognitive attitude toward the CARE offer.

9.7.1.2 Influence of individual main effects on cognitive attitude toward the cause-related marketing offer

Cognitive attitude toward the CARE offer was significantly influenced by two of the four main effects in this study, namely product involvement and donation recipient specificity.

Product involvement exerted a significant impact on the respondents' cognitive attitudes toward the CARE offer ($F=15.748$; $p=0.000$). H_{04a} was thus rejected. According to the estimated marginal means, the low involvement product produced a more positive cognitive attitude toward the CARE offer as presented in the CARE advertisement ($\mu=6.106$) than the high involvement product ($\mu=5.882$). The product involvement impact was thus similar to the findings for the other dependent variables of purchase and participation intentions.

Donation recipient brand specificity also exerted a significant impact on cognitive attitude toward the offer ($F=6.280$; $p=0.012$). H_{04b} was thus rejected. The presence of a specified donation recipient in the CARE campaign prompted more positive cognitive attitudes toward the offer ($\mu=6.064$) than the presence of a vague beneficiary ($\mu=5.923$).

The main effects of donation magnitude and donation expression format did not have a significant influence on cognitive attitude toward the CARE offer. H_{04c} and H_{04d} could therefore not be rejected. The influence of the experimental main effects on affective attitude toward the CARE offer was subsequently assessed.

9.7.2 Affective attitude toward the cause-related marketing offer

A further objective of this study was to assess the influence of product involvement, donation recipient brand specificity, donation magnitude, donation expression format and the interaction between these main effects on affective attitude toward the CARE offer presented

in the CARE advertisement. Affective attitude toward the CARE offer refers to whether consumers have favourable emotions about the CARE offer. Affective attitude was measured with a four-item semantic differential scale. Univariate ANOVA revealed two statistically significant results that are summarised in Table 9.14.

Table 9.14
Significant influences of main effects on
affective attitude toward the cause-related marketing offer

Tests of between-subjects effects					
Source	Type III Sum of squares	Degrees of freedom	Mean square	F- value	Significance
One-way influences					
Product involvement	27.628	1	27.628	21.156	0.000
Donation recipient specificity	4.117	1	4.117	3.153	0.076
R-squared = 0.018					

As evident in Table 9.14, no four-, three- or two-way interactions were found. It can therefore be inferred that the main effects exerted no interactive influence on affective attitude toward the CARE offer. H_{05e} was thus not rejected. However, two of the four independent variables of the current study exerted main effects on affective attitude toward the CARE offer. Product involvement had a significant impact on affective attitude toward the offer ($F=21.156$; $p=0.000$), resulting in the rejection of H_{05a} . A more positive affective attitude toward the CARE offer was generated in the low involvement scenario ($\mu=5.813$) than in the high involvement scenario ($\mu=5.558$). The product involvement impact was similar to the findings for the dependent variables of purchase intention, participation intention and cognitive attitude toward the offer.

Donation recipient specificity also significantly influenced affective attitude toward the CARE offer ($F=3.153$; $p=0.076$) (ten per cent level of significance). H_{05b} was thus rejected. A more positive affective attitude toward the CARE offer was triggered when a specified donation recipient featured in the stimulus advertisement ($\mu=5.73$) than when a vague donation recipient was shown ($\mu=5.64$). This finding was similar to the impact of donation recipient specificity on the dependent variables of purchase intention, participation intention and cognitive attitude toward the offer.

The main effects of donation magnitude and donation expression format did not have a significant influence on affective attitude toward the offer. H_{05c} and H_{05d} were thus not rejected. Table 9.15 summarises the null hypotheses pertaining to affective attitude toward

the offer that were proposed in Chapter 6 and also indicates which null hypotheses were rejected.

Table 9.15

Hypotheses tested for affective attitude toward the cause-related marketing offer

Hypothesis number	Hypothesis	Research finding
H _{05a}	Product involvement will not influence affective attitude toward the CARE offer.	H _{05a} rejected
H _{05b}	Donation recipient specificity will not influence affective attitude toward the CARE offer.	H _{05b} rejected
H _{05c}	Donation magnitude will not influence affective attitude toward the CARE offer.	H _{05c} not rejected
H _{05d}	Donation expression format will not influence affective attitude toward the CARE offer.	H _{05d} not rejected
H _{05e}	The interaction between experimental main effects will not influence affective attitude toward the CARE offer.	H _{05e} not rejected

The relationship between cognitive and affective attitude toward the offer was investigated to provide a comprehensive view of the respondents' attitudes toward the CARE offer. The findings are subsequently discussed.

9.8 RELATIONSHIP BETWEEN COGNITIVE AND AFFECTIVE ATTITUDE TOWARD THE OFFER

Researchers view attitude as a multi-faceted construct including affection, cognition and conation (likelihood to behave/intention) as key components (Schiffmann & Kanuk, 2015). However, researchers often opt for assessing a composite attitude construct with no differentiation between its affective and cognitive components (see Chapter 5). The CARE offer refers to the combination of the CSEs that are presented to consumers during CARE campaigns (Ellen et al., 2000). Comprehending whether respondents were favourably influenced by an offer and the CSEs embedded in it is a core focus of the current study. To provide more in-depth insights, both the cognitive and affective attitudes toward the CARE offer presented to respondents in the study were assessed. An analysis of the relationship and differences between the two constructs was conducted to assess whether exposure to the same CSEs returned different cognitive and affective attitudes. Such different results would infer that similar CSEs may relate differently to cognitive versus affective attitudes. Consequently, CARE campaigns with the purpose of influencing consumer emotions may require a different combination of CSEs than those campaigns directed at influencing consumer cognition.

Firstly, the relation between cognitive and affective attitude toward the CARE offer was assessed by means of a correlation analysis. Subsequently, a one-sample t-test was conducted to determine whether the difference between the variables was significant. The results are provided in Table 9.16.

Table 9.16
Correlation and difference between cognitive and affective
attitude toward the cause-related marketing offer

Correlation between cognitive and affective attitude toward the CARE offer					One-sample t-test		
	Mean	Standard deviation	N	Correlation	t	df	Significant (2-tailed)
Cognitive attitude toward the offer	5.9873	1.17065	1715	0.719**	211.805	1714	0.0000*
Affective attitude toward the offer	5.6786	1.14803	1715		204.842	1714	0.0000*
** Correlation is significant at the 0.01 level (2-tailed).					* Significant at the 0.05 level		

As evident in Table 9.16, the correlation analysis found that both cognitive and affective attitude toward the offer were highly and significantly correlated ($r=0.719$; $p<0.01$). The correlation infers a 52 per cent shared variance and a strong positive relationship between the two variables. A strong, positive relationship means that an increase or decrease in the positivity of one of the variables will typically coincide with a similar movement in the other variable. The finding thus infers that, if modifications made to the CSEs that are presented to respondents as part of a CARE offer result in more positive cognitive attitudes, it is also likely to result in more positive affective attitudes.

However, the one-sample t-test found that cognitive attitude toward the offer ($\mu=5.9873$) was significantly more positive than affective attitude toward the offer ($\mu=5.6786$) ($p<0.001$) as a result of exposure to the combination of CSEs in the CARE advertisement. Thus it can be assumed that, although there is a relationship between cognitive and affective attitude toward the offer, these variables are different and therefore exposure to CSEs returns different results.

Figure 9.11 provides a graphical comparison of the aggregated cognitive and affective attitude toward the CARE offer mean scores and illustrates the difference between the two variables.

Figure 9.11
Cognitive and affective attitude toward the cause-related marketing offer
mean score comparison

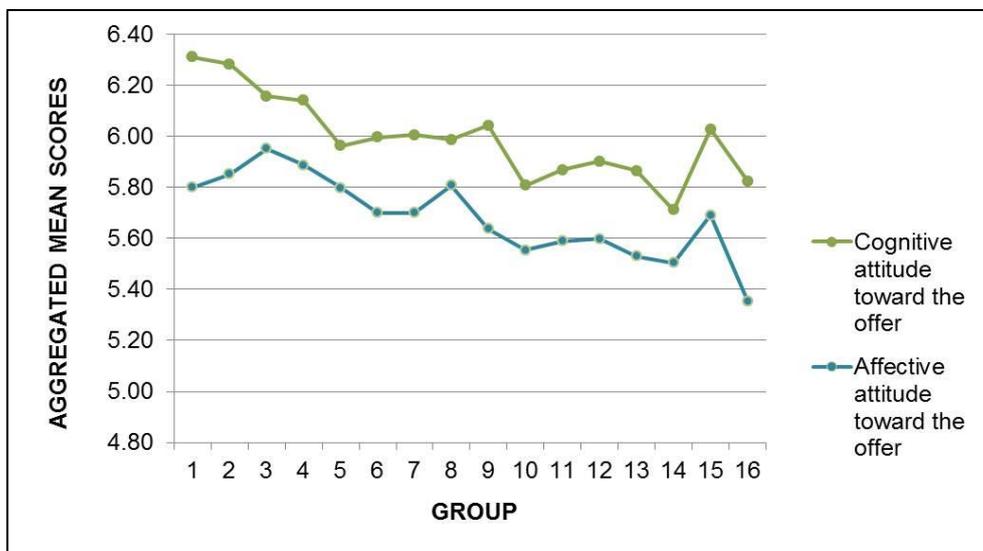


Figure 9.11 indicates that cognitive attitudes were more positive than affective attitudes across the experimental groups. It can therefore be inferred that, although CARE the strategy exerted a positive effect on affective attitude toward the CARE offer, CARE cannot merely be viewed as a social strategy that should be directed to consumer emotions. Rather, it is a strategy that contains several references to rational content (e.g. product price and donation magnitude) and therefore generates mental thought processes and cognitive attitudes. Research suggests that consumers have the tendency to employ defence mechanisms when they become aware of a marketer's persuasion attempts (e.g. advertisement) as a result of too much mental energy being required from them to understand or make sense of the advertisement (Friestad & Wright, 1994). Similarly, when mental energy is required to understand an advertisement that was developed to actually connect with consumers' emotions, defense mechanisms are often employed (Friestad & Wright, 1994). Considering that CARE generates more positive cognitive attitudes than affective attitudes, marketers are encouraged to provide clear information in their CARE campaigns to ensure that the mental energy exerted by consumers remain favourable, and that the information does not result in defence mechanisms being formed due to unnecessary mental energy being spent on sense-making. Further analyses were conducted to compare the influence of various CSEs (in the form of the current study's main effects) on cognitive and affective attitude toward the CARE offer.

Figure 9.11 indicates that both cognitive and affective attitudes tended to be more positive among groups 1 to 8. These groups were all exposed to stimuli featuring a low involvement product. Earlier discussions indicated that both cognitive and affective attitude toward the offer were significantly influenced by product involvement, with the results indicating that more positive attitudes emanated from exposure to the low involvement Pritt glue stick. Figure 9.12 plots cognitive and affective attitude toward the offer in relation to product involvement. The solid line represents cognitive attitude toward the offer, the dotted line depicts affective attitude toward the offer and product involvement is visible on the X-axis.

Figure 9.12

**Cognitive and affective attitude toward the cause-related marketing offer comparison
(main effect: product involvement)**

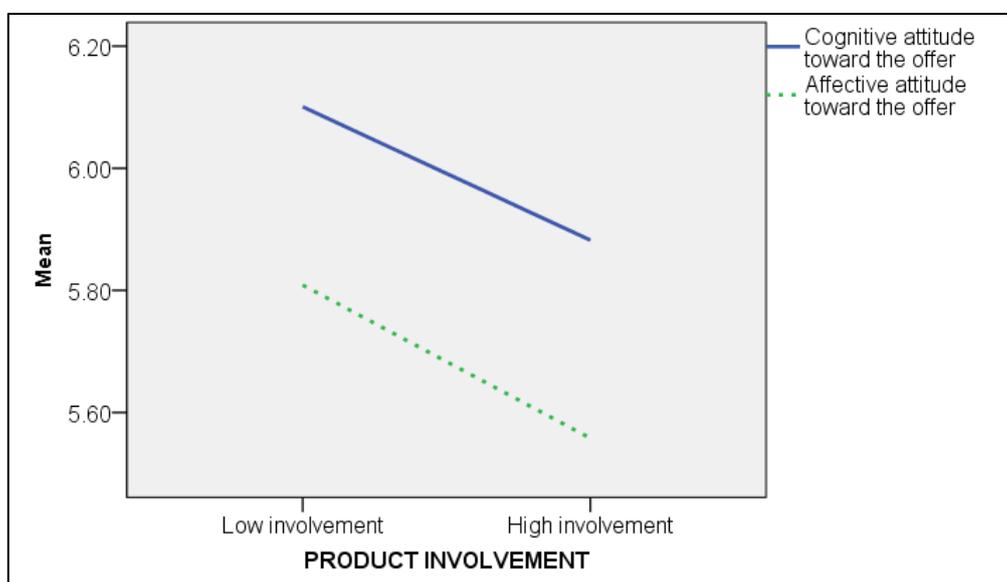


Figure 9.12 illustrates that the low involvement product scenario initiated more positive cognitive and affective attitudes than the high involvement alternative. Figure 9.12 also confirms that cognitive attitude was more positive than affective attitude toward the offer in both the low and high involvement scenarios.

Cognitive and affective attitude toward the offer were also both significantly influenced by donation recipient specificity, with Reach for a Dream as the specified donation recipient leading to more positive cognitive and affective attitudes than the vague recipient scenario. Figure 9.13 plots cognitive and affective attitude toward the offer in relation to donation recipient specificity. The solid line represents cognitive attitude toward the offer, the dotted line depicts affective attitude toward the offer and donation recipient specificity is evident on the X-axis.

Figure 9.13

**Cognitive and affective attitude toward the cause-related marketing offer comparison
(main effect: donation recipient)**

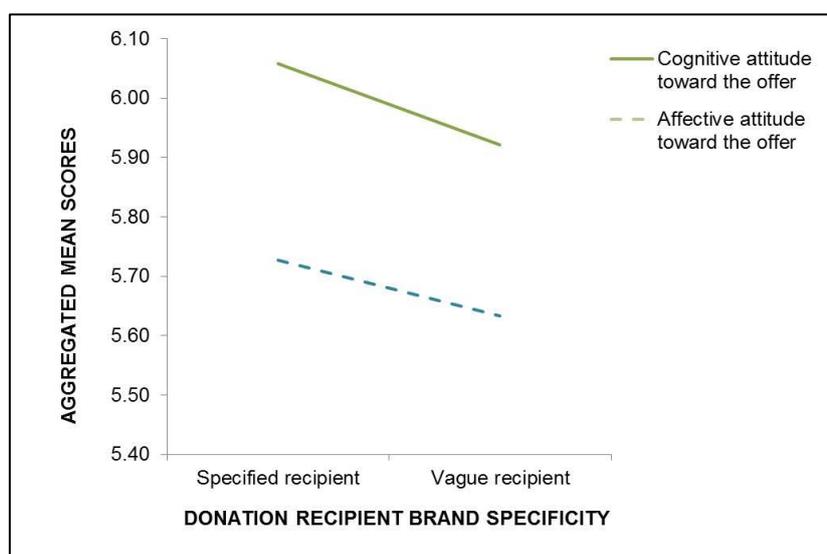
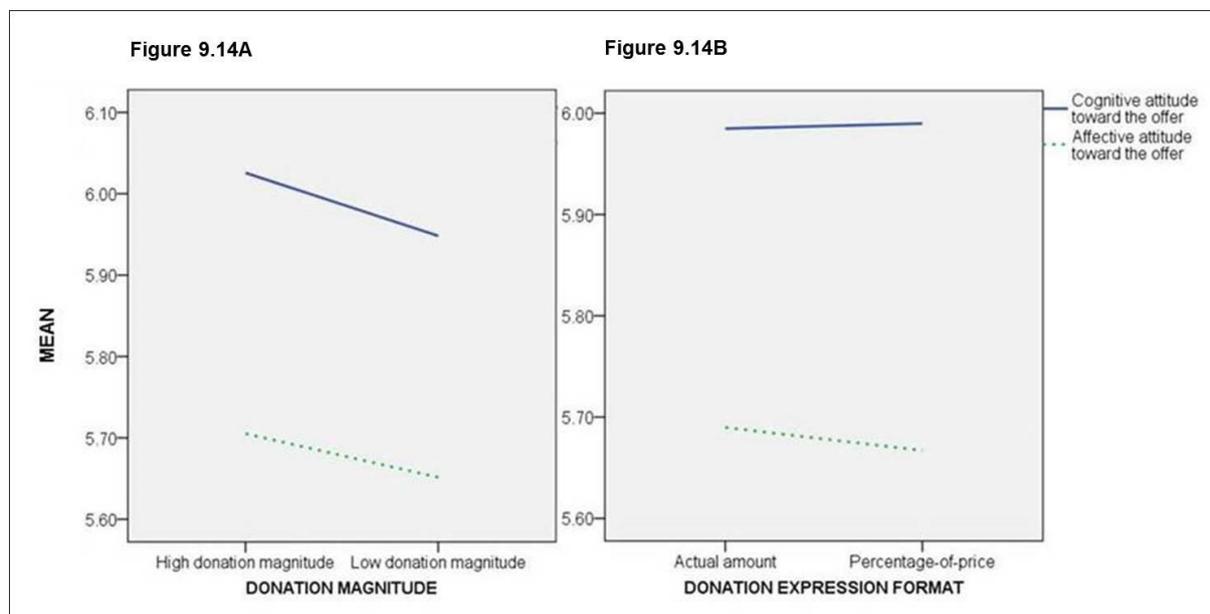


Figure 9.13 illustrates that stimuli featuring a specified donation recipient generated more positive cognitive and affective attitudes than those featuring a vague recipient. From Figure 9.13 it is again evident that cognitive attitude was more positive than affective attitude toward the offer.

Neither cognitive nor affective attitude toward the offer was significantly influenced by donation magnitude and donation expression format. Despite this finding, Figure 9.14 was compiled to provide a complete view of the difference between cognitive and affective attitude toward the offer across experimental main effects. Donation magnitude is presented on the X-axis of the left graph (Figure 9.14A), whilst donation expression format is on the X-axis of the graph on the right (Figure 9.14B). In each graph cognitive attitude is represented by the solid line with affective attitude depicted as the dotted line.

Figures 9.14A and B show that cognitive attitude toward the CARE offer was more positive than affective attitude toward the offer when related to donation magnitude and donation expression format. Albeit non-significant, the results resembled the impact exerted by product involvement and donation recipient specificity on cognitive and affective attitude toward the offer.

Figures 9.14A and B
Cognitive and affective attitude toward the offer comparison
 (main effects: donation magnitude and donation expression format)



The graphs in Figures 9.14A and B suggest that high donation magnitudes generated more positive cognitive and affective attitudes than low donation magnitudes. The results related to donation expression format were, however, slightly more inconsistent – cognitive attitudes were slightly more positive in percentage-of-price scenarios than in actual amount expression formats, whereas affective attitudes were somewhat more positive when actual amounts were promised. As previously mentioned, the results pertaining to donation magnitude and donation expression format were not statistically significant, but are mentioned to provide a complete overview of the influences exerted by the main effects on cognitive and affective attitude.

9.9 EXPERIMENTAL MAIN EFFECTS AND ATTITUDE TOWARD THE ALLIANCE

An objective of the research was to assess the influence of product involvement, donation recipient specificity, donation magnitude, donation expression format and the interaction between these main effects on attitude toward the alliance between the donor (for-profit firm) and the donation recipient (NPO or cause) portrayed in the CARE stimulus advertisement. When CARE features a branded donation recipient, a co-branding relationship originates. However, many firms opt for selecting a vague donation recipient as a CARE partner to ensure greater flexibility and control, thereby negating the potential positive image transfers

that can be accrued from partnering with a well-known, branded NPO. In the current study, attitude toward the alliance was measured on a three-item seven-point semantic differential scale. The analyses were derived from univariate ANOVA and revealed several statistically significant results that are summarised in Table 9.17.

Table 9.17

Significant influences of main effects and interactions on attitude toward the alliance

Tests of between-subjects effects					
Source	Type III sum of squares	Degrees of freedom	Mean square	F-value	Significance
One-way influences					
Product involvement	7.312	1	7.312	5.835	0.016
Donation recipient brand specificity	22.976	1	22.976	18.334	0.000
Two-way interactions					
Product involvement * Donation magnitude	3.891	1	3.891	3.105	0.078
Three-way interactions					
Donation recipient brand specificity * Donation magnitude * Donation expression format	3.787	1	3.787	3.022	0.082
R-squared = 0.022					

As evident in Table 9.17, no four-way interactions were identified. However, a three-way interaction between donation recipient brand specificity, donation magnitude and donation expression format did emerge. In addition, a two-way interaction between product involvement and donation magnitude was found. The interaction effects were significant on the ten per cent level and led to the rejection of H_{06e} in respect of these significant interactions. Product involvement and donation recipient specificity, as individual main effects, also had a significant impact on attitude toward the alliance. Therefore, H_{06a} and H_{06b} were rejected.

Table 9.18 summarises the null hypotheses pertaining to attitude toward the alliance that were formulated in Chapter 6. It also indicates which null hypotheses were rejected after statistical analyses revealed the significant effects of the independent variables.

Table 9.18

Hypotheses tested for attitude toward the alliance

Hypothesis number	Hypothesis	Research finding
H_{06a}	Product involvement will not influence attitude toward the alliance portrayed in the CARE campaign	H_{06a} rejected

Table 9.18 (continued)

Hypothesis number	Hypothesis	Research finding
H _{06b}	Donation recipient brand specificity will not influence attitude toward the alliance portrayed in the CARE campaign	H _{06a} rejected
H _{06c}	Donation magnitude will not influence attitude toward the alliance portrayed in the CARE campaign	H _{06c} not rejected
H _{06d}	Donation expression format will not influence attitude toward the alliance portrayed in the CARE campaign	H _{06d} not rejected
H _{06e}	The interaction between experimental main effects will not influence attitude toward the alliance portrayed in the CARE campaign	H _{06e} rejected

A more in-depth explanation of the main and interaction effects that led to the rejection of H_{06a}, H_{06b} and H_{06e} will be provided.

9.9.1 Three-way interaction between donation recipient specificity, donation magnitude and donation expression format

As revealed by the analyses, attitude toward the alliance was significantly influenced by the three-way interaction between donation recipient specificity, donation magnitude and donation expression format ($F=3.022$; $p=0.082$). Table 9.19 provides a summary of the estimated marginal means associated with the interaction. The results are provided in ranked order.

Table 9.19
Ranked estimated marginal means derived from the influence of the three-way interaction on attitude toward the alliance

Donation recipient specificity	Donation magnitude	Donation expression format	Mean	Ranking	Std. Error	95% Confidence Interval	
						Lower Bound	Upper Bound
Specified recipient	High	Percentage-of-price	6.369	1	0.076	6.220	6.518
Specified recipient	Low	Actual amount	6.299	2	0.074	6.153	6.444
Specified recipient	High	Actual amount	6.262	3	0.080	6.105	6.419
Specified recipient	Low	Percentage-of-price	6.260	4	0.082	6.100	6.421
Vague recipient	High	Actual amount	6.167	5	0.074	6.020	6.313
Vague recipient	High	Percentage-of-price	6.087	6	0.075	5.941	6.234
Vague recipient	Low	Percentage-of-price	6.080	7	0.076	5.930	6.229
Vague recipient	Low	Actual amount	5.927	8	0.076	5.778	6.076

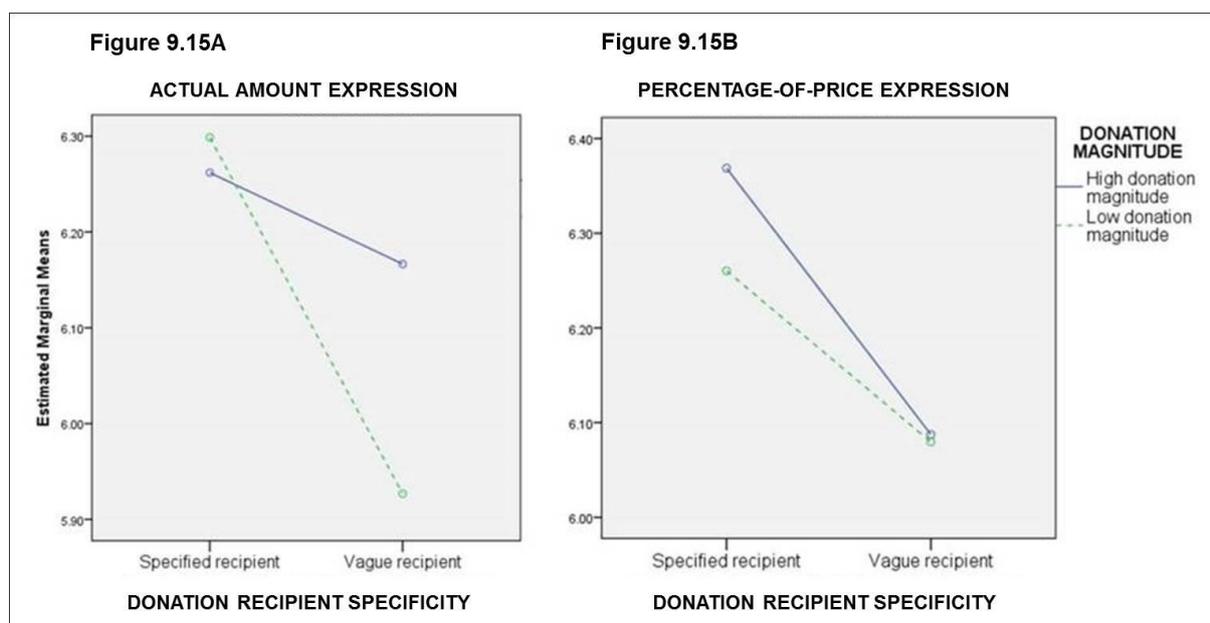
From Table 9.19 it is evident that the most positive attitude score ($\mu=6.369$) was recorded in the group that was exposed to the stimulus featuring a high magnitude donation expressed as a percentage-of-price and promised to a specified recipient. The least positive attitude score ($\mu=5.927$) resulted from exposure to a low magnitude donation expressed as an actual

amount donation and promised to a vague donation recipient. These scores indicate that attitudes toward the alliance were highly positive across the experimental groups affected by the three-way interaction.

Figures 9.15A and B provide a graphical illustration of the three-way interaction with an actual amount scenario depicted on the left (Figure 9.15A) and a percentage-of-price scenario on the right (Figure 9.15B). The X-axis represents the donation recipient with attitude toward the alliance portrayed on the Y-axis. In each of the graphs, the solid line represents the high donation magnitude scenario and the dotted line depicts the low donation magnitude scenario.

Figures 9.15A and B

Attitude toward the alliance: Three-way interaction between donation recipient, donation magnitude and donation expression format



The graphs in Figures 9.15A and B show that a specified donation recipient generally resulted in more positive attitudes toward the alliance than a vague donation recipient. This finding applied to both the high and the low donation magnitude, and the actual amount and percentage-of-price expression format scenarios. The finding is also reflected in the ranked mean scores reported in Table 9.19.

From Figures 9.15A and B it is evident that the graphs differ when an actual amount (Figure 9.15A) as opposed to a percentage-of-price expression (Figure 9.15B) featured in the

stimulus. Table 9.20 provides a summary of the findings by comparing the actual amount and percentage-of-price scenarios.

Table 9.20

Donation expression format: Comparison of the three-way interaction between donation recipient, donation magnitude and donation expression format

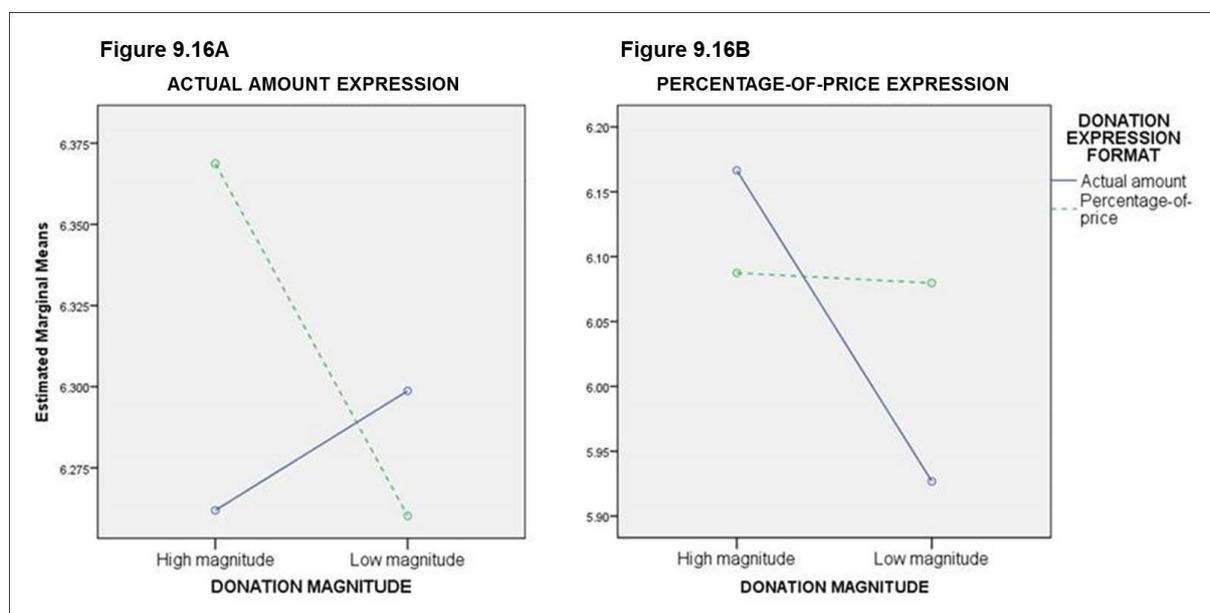
Donation expression format	Actual amount	Percentage-of-price
Extremity of findings	Results are more extreme in the low donation magnitude scenario.	Results are somewhat more extreme in the high donation magnitude scenario.
Data trends in donation magnitude	For both the high and low donation magnitude graphs, attitudes are more positive in the specified than the vague recipient scenario.	For both the high and low donation magnitude graphs, attitudes are more positive in the specified than the vague recipient scenario.
Interaction effect	The interaction occurs despite a similarity in the slopes of the graphs.	The graphs have similar slopes and do not intersect – attitudes are almost similar when a vague recipient is featured, despite the magnitude of the donation.

Figures 9.16A and B provide an alternative graphical perspective of the interaction between donation recipient specificity, donation magnitude and donation expression format. The figure on the left (Figure 9.16A) depicts a specified donation recipient scenario and the figure on the right (Figure 9.16B) represents a vague donation recipient scenario. In both figures, the solid line displays the results for an actual amount expression, while the dotted line is the percentage-of-price expression format. Donation magnitude can be seen on the X-axis with attitude toward the alliance portrayed on the Y-axis.

As evident in Figures 9.16A and B, when a specified donation featured, attitude toward the alliance was most positive when a high magnitude percentage-of-price donation was promised and less positive when a low magnitude percentage-of-price donation was promised. The opposite occurred when actual amounts were promised to a specified recipient – a low donation magnitude then led to more positive attitudes than a high donation magnitude. In the vague recipient scenario, the results are similar (although less extreme) when a percentage-of-price donation was promised. However, the results are contrasting when an actual amount was promised – a high magnitude, actual amount donation resulted in more positive attitudes than a low magnitude, actual amount donation. When a vague donation recipient was mentioned, a high magnitude, actual amount donation led to more positive attitudes than a low magnitude, actual amount donation. However, both a high and a low magnitude, percentage-of-price donation led to similar attitudes.

Figures 9.16A and B

Attitude toward the alliance: An alternative view of the three-way interaction between donation recipient, donation magnitude and donation expression format



In addition to the three-way interaction between donation recipient, donation expression format and donation magnitude, a two-way interaction with a significant impact on attitude toward the alliance was apparent.

9.9.2 Two-way interaction between product involvement and donation magnitude

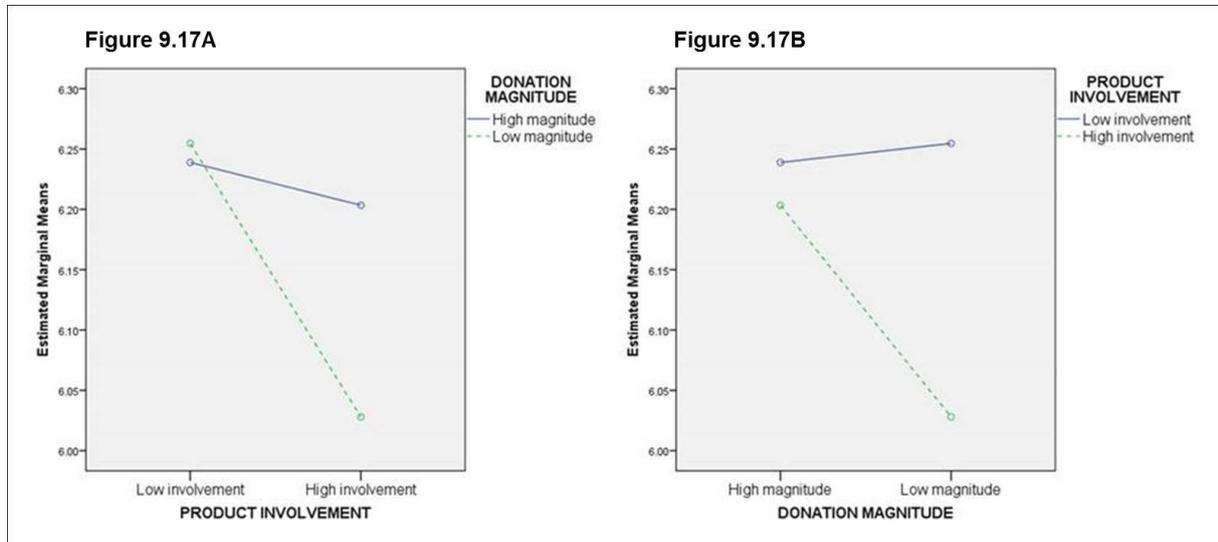
As revealed by univariate ANOVA (Table 9.17) attitude toward the alliance was significantly influenced by the interaction between product involvement and donation magnitude ($F=3.105$; $p=0.078$).

The most positive attitude toward the alliance ($\mu=6.239$) was recorded in the group presented with a stimulus featuring a low involvement product and a low donation magnitude, with a slightly lower measure resulting from the interaction between a low involvement product and a high donation magnitude. The least positive attitudes ($\mu=6.028$) emanated from exposure to a stimulus featuring a high involvement product and a low donation magnitude. Figures 9.17A and B provide two graphical perspectives of the two-way interaction. In both graphs the attitude toward the alliance estimated marginal means are depicted on the Y-axis. In the graph on the left (Figure 9.17A), product involvement is shown on the X-axis, whilst the dotted line represents a low donation magnitude and the solid line represents a high donation magnitude. In the graph on the right (Figure 9.17B), donation magnitude is shown on the X-

axis, whilst the dotted line represents high involvement and the solid line represents low involvement.

Figures 9.17A and B

Two-way interaction between product involvement and donation magnitude



Both Figures 9.17A and B indicate that more positive attitudes toward the alliance were triggered by exposure to a low involvement product as opposed to a high involvement product, irrespective of the donation magnitude featured in the stimulus. Figures 9.17A and B also suggest that attitudes were affected to a greater extent by product involvement when a low rather than a high donation magnitude featured in the stimulus – thus, high donation magnitude scenarios were less affected by product involvement than low donation magnitude scenarios. Also, attitudes were influenced to a greater extent by donation magnitude when a high rather than a low involvement product featured – thus, low involvement scenarios were less affected by donation magnitude than high involvement scenarios.

Despite significant between-group differences resulting from the two-way interaction between product involvement and donation magnitude, it is noteworthy that the overall attitudes toward the alliance were highly positive ($\mu > 6.03$).

The influence of individual main effects on attitude toward the alliance portrayed in the stimuli advertisements was also assessed.

9.9.3 Influence of individual main effects on attitude toward the alliance

The univariate ANOVA results revealed that product involvement exerted a significant main effect on attitude toward the alliance between the for-profit and non-profit partners that were portrayed in the CARE campaign ($F=5.835$; $p=0.016$). H_{06a} could thus be rejected. The attitude toward the alliance was more positive in the low involvement scenario ($\mu=6.247$) than in the high involvement scenario ($\mu=6.116$), with the mean scores in both cases being relatively high (above 6 on a seven-point Likert scale), indicating highly positive attitudes.

Donation recipient brand specificity also exerted a significant main effect on attitude toward the alliance ($F=18.334$; $p=0.000$). H_{06b} could thus be rejected. Attitude toward the alliance in the CARE campaign was more positive when the donation recipient was specified ($\mu=6.297$) than when it was vague ($\mu=6.065$). Again, the attitudinal scores were quite high (above 6 on a seven-point Likert scale), indicating highly positive attitudes

Despite their role in the interactive relationship along with donation recipient brand specificity, the main effects of donation magnitude and donation expression format did not exert a significant main effect on attitude toward the alliance. H_{06c} and H_{06d} could thus not be rejected.

9.10 EXPERIMENTAL MAIN EFFECTS AND PERCEIVED FIRM MOTIVES

The final objective of this study was to assess the influence of product involvement, donation recipient brand specificity, donation magnitude, donation expression format and the interaction between these main effects on firms' motives to participate in CARE as perceived by the respondents. Firms are often criticised for their campaigns that involve society as their motives for becoming involved are questioned. It is imperative that CARE campaigns result in positively perceived firm motives. Therefore, the current study investigated whether the CSEs featured in the CARE advertisement returned positive perceptions about the firm's motives for participating in the campaign. A six-item seven-point semantic differential scale was used to assess perceived firm motives. The univariate ANOVA revealed several statistically significant results that are summarised in Table 9.21.

Table 9.21**Significant influences of main effects and interactions on perceived firm motives**

Tests of between-subjects effects					
Source	Type III sum of squares	Degrees of freedom	Mean square	F-value	Significance
One-way influences					
Product involvement	10.801	1	10.801	8.026	0.005*
Donation recipient brand specificity	40.592	1	40.592	30.163	0.000*
Donation expression format	9.117	1	9.117	6.775	0.009*
Two-way interactions					
Product involvement * Donation recipient brand specificity	22.954	1	22.954	17.056	0.000*
Product involvement * Donation magnitude	13.898	1	13.898	10.327	0.001*
Product involvement * Donation expression format	11.879	1	11.879	8.827	0.003*
Donation recipient brand specificity * Donation magnitude	5.261	1	5.261	3.909	0.048*
Donation recipient brand specificity * Donation expression format	6.723	1	6.723	4.996	0.026*
Donation magnitude * Donation expression format	11.678	1	11.678	8.678	0.003*
Three-way interactions					
Product involvement * Donation recipient brand specificity * Donation magnitude	12.491	1	12.491	9.282	0.002*
Donation recipient brand specificity * Donation magnitude * Donation expression format	16.997	1	16.997	12.630	0.000*
Four-way interaction					
Product involvement * Donation recipient brand specificity * Donation magnitude * Donation expression format	5.008	1	5.008	3.721	0.054
R-squared = 0.070					

As evident in Table 9.21, a significant four-way interaction was found (ten per cent level of confidence). Two significant three-way interactions emerged, but two other three-way interactions did not exert a significant influence on perceived firm motives, namely:

1. Product involvement, donation recipient brand specificity and donation expression format ($F=1.540$; $p=0.215$); and
2. Product involvement, donation magnitude and donation expression format ($F=1.134$; $p=0.287$).

All the two-way interactions pertaining to perceived firm motives were significant (at least at the 5 per cent level of significance). The significant four-, three- and two-way interactions resulted in the rejection of H_{07e} in respect of these interactions.

Three individual main effects had a significant impact on perceived firm motives, namely product involvement, donation recipient brand specificity and donation expression format. Therefore, H_{07a} , H_{07b} and H_{07d} were rejected. One individual main effect, namely donation magnitude, exerted no influence on perceived firm motives ($F=0.019$; $p=0.891$).

Table 9.22 summarises the hypotheses pertaining to perceived firm motives that were formulated in Chapter 6. It also indicates which null hypotheses were rejected after statistical analyses revealed the significant effects of the independent variables.

Table 9.22
Hypotheses tested for perceived firm motives

Hypothesis number	Hypothesis	Research finding
H_{07a}	Product involvement will not influence perceived firm motives for participating in CARE	H_{08a} rejected
H_{07b}	Donation recipient specificity will not influence perceived firm motives for participating in CARE	H_{08b} rejected
H_{07c}	Donation magnitude will not influence perceived firm motives for participating in CARE	H_{08c} not rejected
H_{07d}	Donation expression format will not influence perceived firm motives for participating in CARE	H_{08d} rejected
H_{07e}	The interaction between the experimental main effects will not influence perceived firm motives for participating in CARE	H_{08e} rejected

As previously mentioned, a four-way interactive influence on perceived firm motives emerged. The finding confirms that all the experimental main effects included in the current study collectively influenced the respondents' perception of the participating firm's motives. A more in-depth explanation of the significant main and interaction effects that led to the rejection of H_{07a} , H_{07b} , H_{07d} and H_{07e} will be provided.

9.10.1 Four-way interaction between experimental main effects

The univariate ANOVA found that all the main effects of the study – product involvement, donation recipient brand specificity, donation magnitude and donation expression format – collectively influenced the firm's (Pritt or HP) motives for participating in the CARE campaign as perceived by the respondents ($F=3.721$; $p=0.054$). The finding thus confirmed the significant influence of the interaction effects on perceived firm motives.

The nature of the four-way interaction was further explored by assessing the associated estimated marginal means. Table 9.23 shows the ranked means of the perceived firm motives construct that were recorded in the 16 experimental groups.

Table 9.23

Four-way interactive influence on perceived firm motives: Estimated marginal means

Four-way interaction: Product involvement X donation recipient brand specificity X donation magnitude X donation expression format									
Rank	Group	Product involvement	Donation recipient brand specificity	Donation magnitude	Donation expression format	Mean	Std. error	95% Confidence interval	
								Lower bound	Upper bound
1	3	Low involvement	Specified recipient	High	Actual amount	6.173	0.124	5.93	6.415
2	4	Low involvement	Specified recipient	Low	Actual amount	6.146	0.11	5.931	6.361
3	1	Low involvement	Specified recipient	High	Percentage-of-price	6.137	0.112	5.918	6.356
4	2	Low involvement	Specified recipient	Low	Percentage-of-price	5.945	0.124	5.703	6.188
5	15	High involvement	Vague recipient	High	Actual amount	5.873	0.108	5.66	6.085
6	7	Low involvement	Vague recipient	High	Actual amount	5.853	0.11	5.637	6.069
7	9	High involvement	Specified recipient	High	Percentage-of-price	5.804	0.111	5.586	6.022
8	6	Low involvement	Vague recipient	Low	Percentage-of-price	5.799	0.114	5.575	6.024
9	8	Low involvement	Vague recipient	Low	Actual amount	5.774	0.113	5.552	5.997
10	11	High involvement	Specified recipient	High	Actual amount	5.742	0.111	5.524	5.96
11	10	High involvement	Specified recipient	Low	Percentage-of-price	5.69	0.116	5.463	5.918
12	13	High involvement	Vague recipient	High	Percentage-of-price	5.64	0.108	5.428	5.852
13	12	High involvement	Specified recipient	Low	Actual amount	5.599	0.108	5.388	5.81
14	14	High involvement	Vague recipient	Low	Percentage-of-price	5.589	0.109	5.376	5.802
15	16	High involvement	Vague recipient	Low	Actual amount	5.427	0.11	5.212	5.642
16	5	Low involvement	Vague recipient	High	Percentage-of-price	4.81	0.111	4.593	5.027

As evident from Table 9.23, the perceived firm motives recorded after exposure to the experimental stimuli were generally positive with the lowest mean score being 4.81 on a seven-point Likert scale. Despite the general positive nature of the responses, significant

differences in perceived firm motives emerged from the various permutations of the main effects that were presented to respondents in the different experimental groups by means of the advertisement stimuli.

Table 9.23 indicates that the most positive perceived firm motives (mean=6.173) were recorded in group 3 that was presented with a stimulus featuring (1) a low involvement product, (2) a specified donation recipient, and (3) a high donation magnitude (4) expressed as an actual amount (Rand). The second most positive perceived firm motive score was recorded in group 4 that was exposed to a low involvement product, a specified donation recipient and a low magnitude, actual amount donation.

Table 9.23 further indicates that the four most positive perceived firm motives were measured where a low involvement product and a specified donation recipient featured in all the presented stimuli. In these positive responses, donation expression format seemingly also played an important driving role with actual amount donations leading to more positive perceived firm motives than percentage-of-price donations. More specifically, high actual amount donations triggered more positive perceived firm motives than low actual amount donations. Also, high percentage-of-price donations returned more positive perceived motives than low percentage-of-price donations.

The groups that reported the eight most positive estimated marginal means were presented with stimuli advertisements in which the following experimental manipulations were most prominent:

1. A low involvement product featured in the advertisements six out of eight times
2. A specified donation recipient featured in the advertisements five out of eight times
3. A high donation magnitude featured in the advertisements five out of eight times
4. An actual amount expression format featured in the advertisements four out of eight times with a percentage-of-price expression format equalling the number

As shown in Table 9.23, the least positive perceived firm motives ($\mu=4.81$) were reported in the group that was presented with a stimulus featuring (1) a low involvement product, (2) a vague donation recipient, and (3) a high donation magnitude (4) expressed as a percentage-of-price.

The groups that reported the eight least positive estimated marginal means were presented with stimuli advertisements in which the following experimental manipulations were most prominent:

1. A high involvement product featured in the advertisements six out of eight times
2. A vague donation recipient featured in the advertisements five out of eight times
3. A low donation magnitude featured in the advertisements five out of eight times
4. An actual amount expression format featured in the advertisements four out of eight times with a percentage-of-price expression format equalling this number

The findings pertaining to the four-way interaction suggest that product involvement, donation recipient brand specificity, donation magnitude and donation expression format collectively exerted a significant impact on perceived firm motives. The results further suggest that low involvement products and specified donation recipients are key drivers of positive perceived firm motives, with a high donation magnitude and actual amount expression exerting a more positive influence on perceived firm motives than their low donation magnitude and percentage-of-price expression format counterparts.

In addition to the significant four-way interactions, the results in Table 9.23 indicate that three-way interactions also influenced perceived firm motives. These three-way interactions were further explored.

9.10.2 Influence of three-way interaction on perceived firm motives

Perceived firm motives were significantly influenced by two three-way interactions. The main effects of product involvement, donation recipient brand specificity, donation magnitude and donation expression format all featured in at least one of the three-way interactions and will subsequently be discussed.

9.10.2.1 Three-way interaction between product involvement, donation recipient brand specificity and donation magnitude

The first significant three-way interaction occurred between product involvement, donation recipient brand specificity and donation magnitude ($F=9.282$; $p=0.002$).

Similar to the findings in the four-way interaction, the estimated marginal means analysis of the three-way interaction indicated that the recorded perceived firm motives were generally

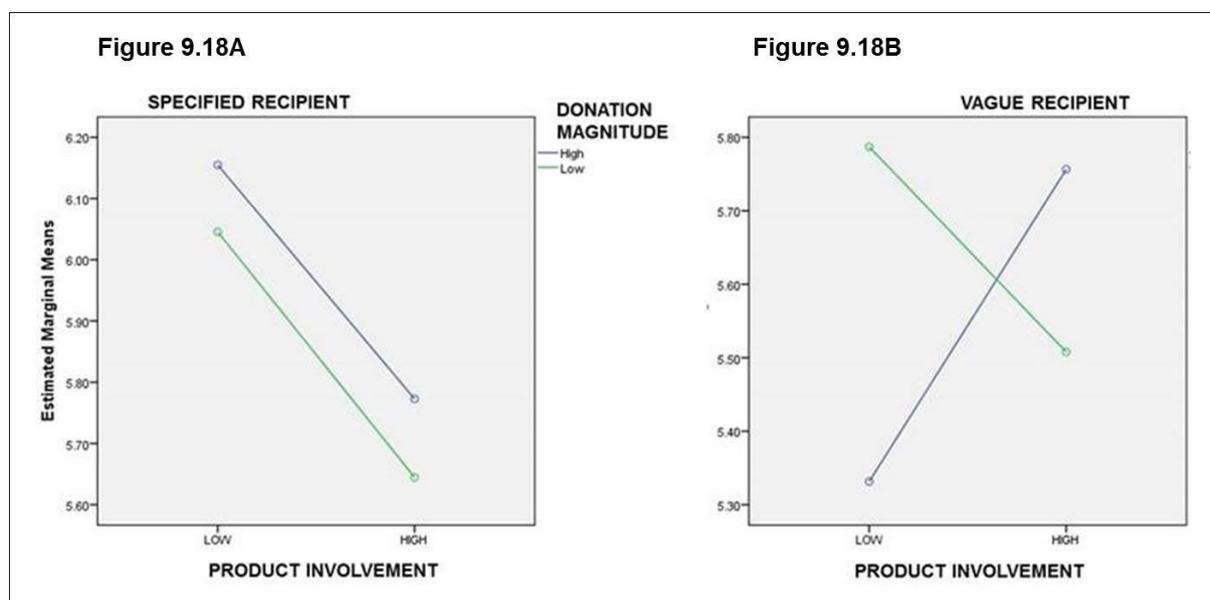
positive with the lowest mean score being 5.332 on a seven-point Likert scale. Despite the positive responses, significant between-group differences were identified.

The most positive perceived firm motives were reported when the experimental stimulus included a low involvement product, a specified donation recipient and a high donation magnitude ($\mu=6.155$). The estimated marginal means further indicated that a low involvement product and a specified donation recipient generated more positive perceptions than a high involvement product and a vague donation recipient. The role of donation magnitude in driving the three-way interaction was somewhat less pronounced with a low donation magnitude leading to more positive perceived firm motives in some groups and a high donation magnitude featuring more prominently in others. It was, however, evident that high donation magnitudes more often triggered positive perceived firm motives in the high than in the low involvement scenarios.

The least positive perceived firm motives were measured when the stimulus featured a low involvement product and a high donation magnitude, but with a vague recipient included as donation beneficiary ($\mu=5.332$). The second least positive perceived firm motives were recorded when the stimulus featured a high involvement product and a low donation magnitude, again combined with a vague donation recipient. The lack of a positive influence exerted by a vague donation recipient seems evident.

Figures 9.18A and B provide a graphical illustration of the three-way interaction between product involvement, donation recipient specificity and donation magnitude with a specified donation recipient scenario depicted in graph A and a vague donation recipient shown in graph B. In both figures the solid line represents a high donation magnitude, whilst the dotted line depicts a low donation magnitude. Product involvement is plotted on the X-axis with perceived firm motives evident on the Y-axis.

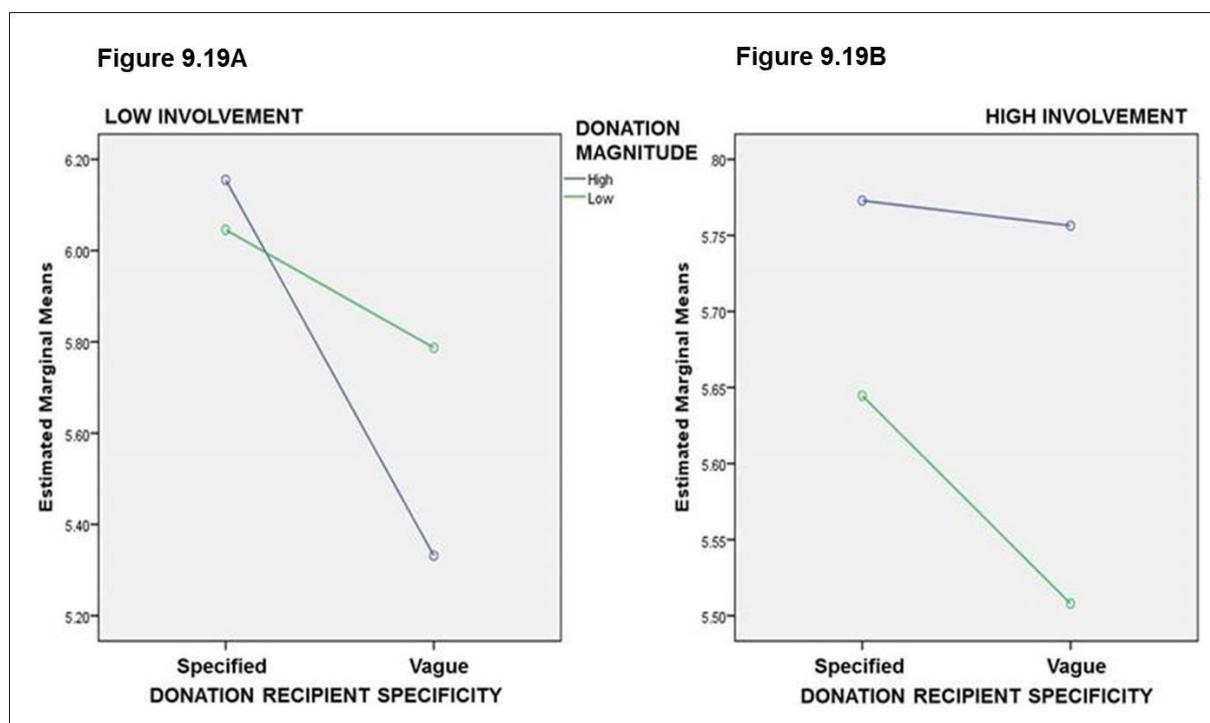
Figure 9.18A illustrates that, in a scenario featuring a specified donation recipient, a low involvement product leads to more positive perceived firm motives than a high involvement product, irrespective of the donation magnitude featured in the stimulus. Also, when presented with a specified donation recipient, a high donation magnitude initiates more positive perceptions of a firm's motives than a low donation magnitude in both a low and high involvement scenario.

Figures 9.18A and B**Perceived firm motives: Three-way interaction between product involvement, donation recipient and donation magnitude**

The slopes of the graphs in Figure 9.18A indicate that no interaction occurred in the specified recipient scenario. However, the slopes of the graph in Figure 9.18B indicate the contrary – in the vague donation recipient scenario, an interaction effect occurred.

A low donation magnitude triggered positive perceived firm motives in the low involvement scenario. However, a high donation magnitude resulted in positive perceived firm motives in the high involvement scenario. Thus, when a low involvement product featured in the stimulus, more positive perceptions were generated by a low donation magnitude than by a high donation magnitude, but when a high involvement product was shown, more positive perceptions of the firm's motives emerged from a high donation magnitude than from a low donation magnitude.

Figures 9.19A and B provide an alternative view of the interaction between product involvement, donation recipient brand specificity and donation magnitude, with a low involvement scenario illustrated on Graph A and a high involvement scenario on Graph B. The blue line represents a high donation magnitude, whilst the green line depicts a low donation magnitude. The donation recipient is indicated on the X-axis and perceived firm motives on the Y-axis of each graph.

Figures 9.19A and B**Perceived firm motives: Alternative view of three-way interaction between product involvement, donation recipient brand specificity and donation magnitude**

Figures 9.19A and B indicate that a specified donation recipient led to more positive perceptions of the firm's motives than a vague donation recipient, irrespective of the level of product involvement and the extent of the donation magnitude. In the low involvement scenario, perceptions of the firm's motives were less affected by a difference in the donation recipient specificity when a low donation magnitude was promised. However, in the high involvement scenario, perceptions were less affected by a difference in the donation recipient when a high donation magnitude was promised. Perceived firm motives were also more positive when a high donation magnitude featured.

The results pertaining to the interaction between product involvement, donation recipient brand specificity and donation magnitude suggest the important role of a specified donation recipient in generating positive perceived firm motives. The finding is particularly relevant when a low involvement product featured in conjunction with a specified recipient, irrespective of the donation magnitude. However, when a vague donation recipient featured, perceptions were generally more positive when a low involvement product was presented in conjunction with a low donation magnitude or a high involvement product featured combined with a high donation magnitude.

9.10.2.2 Three-way interaction between donation recipient brand specificity, donation magnitude and donation expression format

A second three-way interaction with a significant impact on perceived firm motives was identified. The interaction occurred between donation recipient brand specificity, donation magnitude and donation expression format ($F=12.630$; $p=0.000$).

Similar to the findings in the four-way interaction and the abovementioned three-way interaction, the estimated marginal means analysis of this three-way interaction indicated that the recorded perceived firm motives were generally positive with the lowest mean score being 5.225. Despite these positive responses, significant between-group differences were detected.

The most positive perceived firm motives were reported when the experimental stimulus included a specified donation recipient, a high donation magnitude and a percentage-of-price expression format (mean=5.971). Worth mentioning is that the least positive perceived firm motives were reported by the group that was also exposed to a high donation magnitude and a percentage-of-price expression, but in conjunction with a vague donation recipient and not a specified donation recipient ($\mu=5.225$). The estimated marginal means further indicated that a specified donation recipient generally resulted in more positive perceptions than a vague donation recipient. One exception was, however, noted: a vague donation recipient in conjunction with a high donation magnitude, actual amount donation led to somewhat more positive perceptions than a specified donation recipient when featured with a low donation magnitude expressed as a percentage-of-price.

Figures 9.20A and B contribute to an improved understanding of the interaction that was apparent between donation recipient specificity, donation magnitude and donation expression format. Figure 9.20A illustrates the actual amount expression format scenario and Figure 9.20B a percentage-of-price expression format. In each graph the blue line represents a high donation magnitude and the green line depicts a low donation magnitude. On the X-axis donation recipient brand specificity is plotted, whilst perceived firm motives are presented on the Y-axis.

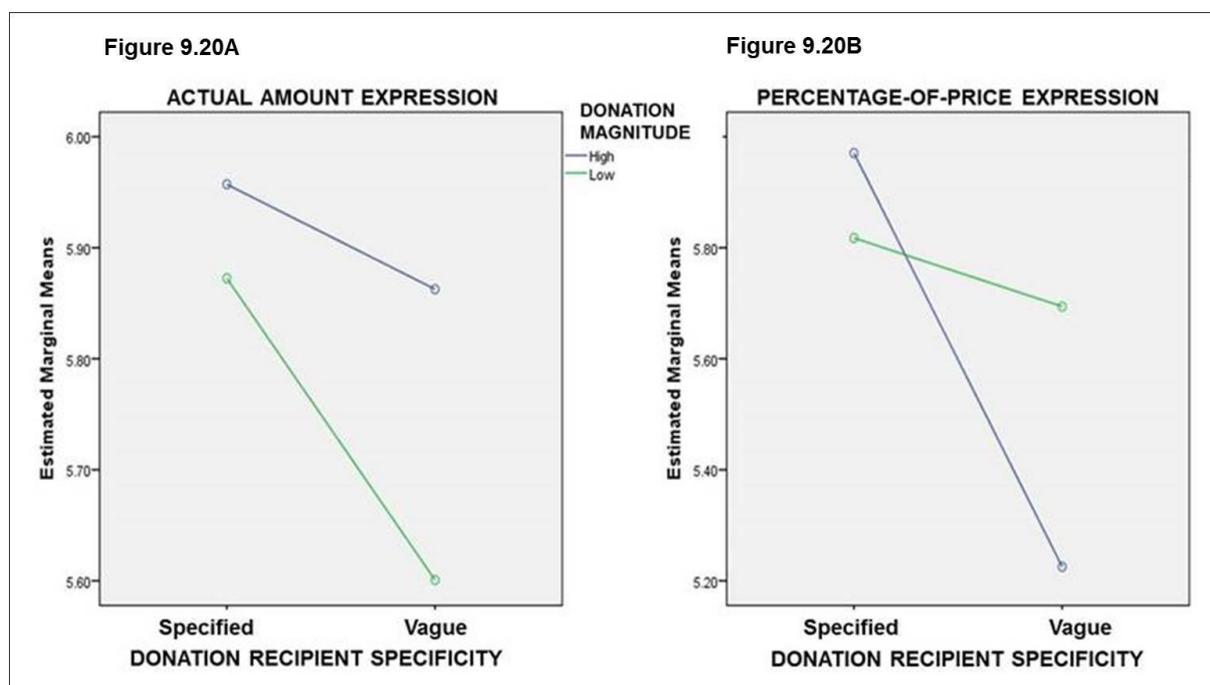
Figures 9.20A and B**Perceive firm motives: Three-way interaction between donation recipient, donation magnitude and donation expression format**

Figure 9.20A (actual amount scenario) illustrates that perceived firm motives were more positive when a high rather than a low donation magnitude was promised, regardless of the featured donation recipient. It is also evident that a specified donation recipient triggered more positive perceptions in both a high and low donation magnitude setting. This finding is evident when donations were expressed as an actual amount and as a percentage-of-price.

As suggested by the slopes of the graphs in Figure 9.20A (actual amount scenario) and Figure 9.20B (percentage-of-price scenario), perceptions were similarly affected by a difference in the donation recipient irrespective of donation magnitude – in other words, overall, specified donation recipients led to more positive perceptions than vague donation recipients. However, in the actual amount scenario, perceptions were less affected by a difference in the donation recipient when a high donation magnitude was promised, whereas in the percentage-of-price scenario perceptions were less affected when a low donation magnitude was promised.

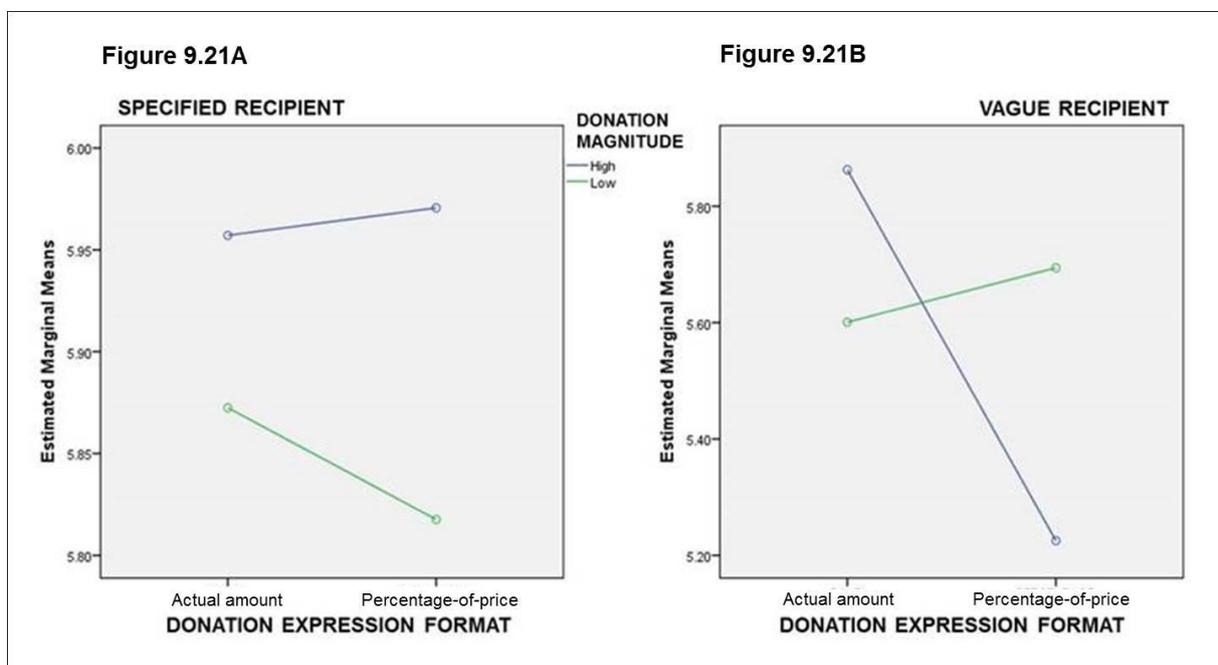
Figure 9.20B illustrates that an interaction occurred within the percentage-of-price scenario – when a specified donation recipient featured, more positive perceptions were triggered by a high donation magnitude than a low donation magnitude, but when a vague donation

recipient was shown, more positive perceptions emerged from exposure to a low rather than a high donation magnitude.

Figures 9.21A and B provide an alternative view of the interaction between donation recipient brand specificity, donation magnitude and donation expression format. Figure 9.21A depicts the findings for a specified donation recipient scenario, whilst Figure 9.21B shows a vague donation recipient setting. Donation expression format is depicted on the X-axis.

Figures 9.21A and B

Perceived firm motives: Alternative view of the three-way interaction between donation recipient specificity, donation magnitude and donation expression format



From Figure 9.21A (specified recipient scenario) it is evident that a high donation magnitude led to more positive perceptions of the firm's motives than a low donation magnitude, irrespective of donation expression format. Also, perceptions were less affected by a difference in donation expression format when donation magnitudes were high than when donation magnitudes were low. High donation magnitudes triggered slightly more positive perceptions when donations were expressed as a percentage-of-price than when expressed as an actual amount. In contrast, when donation magnitudes were low, perceptions were more positive when donations were expressed as an actual amount.

In Figure 9.21B (vague recipient scenario) an interaction effect is visible. Figure 9.21B also shows that a high donation magnitude resulted in more positive perceptions than a low donation magnitude when featured in conjunction with an actual amount donation

expression. However, a low donation magnitude led to more positive perceptions of the firm's motives than a high donation magnitude when featured in conjunction with a percentage-of-price donation expression. Perceptions were less affected by a difference in donation expression format when donation magnitudes were low than when donation magnitudes were high. It is also evident from Figure 9.21B that perceptions were more positive when donations were expressed as an actual amount than when expressed as a percentage-of-price when a high donation magnitude was promised. However, perceptions were more positive when donations were expressed as a percentage-of-price than when expressed as an actual amount when a low donation magnitude featured.

The findings pertaining to the interaction between donation recipient brand specificity, donation magnitude and donation expression format suggest the importance of specifying the beneficiary in the campaign because the specified donation recipient main effect seems to be an important driver of positive perceptions. Further, when promising actual amounts, high donation magnitudes are of key importance irrespective of the donation recipient. However, when percentage-of-price donations are promised, high donation magnitudes are less acceptable than low donation magnitudes when featured in conjunction with a vague donation recipient.

In addition to a four-way and two three-way interactions, several two-way interactions with a significant impact on perceived firm motives were identified.

9.10.3 Influence of two-way interactions on perceived firm motives

Several two-way interactions exerted a significant influence on perceived firm motives. These interactions are subordinate to the aforementioned four-way interaction and will thus be briefly summarised for the purpose of providing a comprehensive view of the factors influencing perceived firm motives. Table 9.24 provides a summary of the significant two-way interactions that were identified. The content of the interaction driving the most and the least positive perceived firm motives are also mentioned in the table.

Table 9.24 indicates that all the two-way interactions present in the study exerted a significant impact on perceived firm motives. Figure 9.22 provides a graphical illustration of the significant two-way interactions summarised in Table 9.24. On each graph the perceived firm motive scores are presented on the Y-axis. The applicable two-way interaction is mentioned as the heading of each graph, whilst the main effects relevant to the graph are stated on the X-axis and in the legend to the right of the graph.

Table 9.24**Summary of two-way interaction effects on perceived firm motives**

	Two-way interaction	F	Sig	Content of interaction driving most positive perceptions	Mean score	Content of interaction driving least positive perceptions	Mean score
1	Product involvement * Donation recipient brand specificity	17.056	0.000*	Low involvement Specified recipient	6.100	Low involvement Vague recipient	5.559
2	Product involvement * Donation magnitude	10.327	0.001*	Low involvement Low magnitude	5.916	High involvement Low magnitude	5.576
3	Product involvement * Donation expression format	8.827	0.003*	Low involvement Actual amount expression	5.986	High involvement Actual amount expression	5.660
4	Donation recipient brand specificity * Donation magnitude	3.909	0.048*	Specified recipient High magnitude	5.964	Vague recipient High magnitude	5.544
5	Donation recipient brand specificity * Donation expression format	4.996	0.026*	Specified recipient Actual amount expression	5.915	Vague recipient Percentage-of-price expression	5.460
6	Donation magnitude * Donation expression format	8.678	0.003*	High magnitude Actual amount expression	5.910	High magnitude Percentage-of-price	5.598

Figure 9.22A reflects the interaction between product involvement and donation recipient brand specificity. It confirms that perceived firm motives were most positive when respondents were presented with a specified donation recipient, regardless of the product involvement level. However, as stated in Table 9.26, the interaction between a specified recipient and a low involvement product resulted in the most positive perceived firm motives.

Figure 9.22B illustrates the interaction between product involvement and donation magnitude. It suggests that respondents' perceptions were most positive when a low donation magnitude was promised in a low involvement scenario, but least positive when a similar donation magnitude was promised in a high involvement scenario. Perceived firm motives were seemingly less perceptive to a difference in involvement when a high donation magnitude was promised.

Figure 9.22C depicts the interaction between product involvement and donation expression format. It confirms the findings presented in Table 9.24 that an actual amount donation resulted in more positive perceptions in a low rather than a high involvement scenario. It also

illustrates that perceptions were less susceptible to a difference in product involvement levels in a percentage-of-price scenario than in an actual amount scenario.

Figure 9.22D shows the interaction between donation recipient brand specificity and donation magnitude. It illustrates that positive perceptions emanated from the exposure to a specified recipient, irrespective of donation magnitude, and that the interaction between a high donation magnitude and a specified recipient led to the most positive perceptions in this scenario.

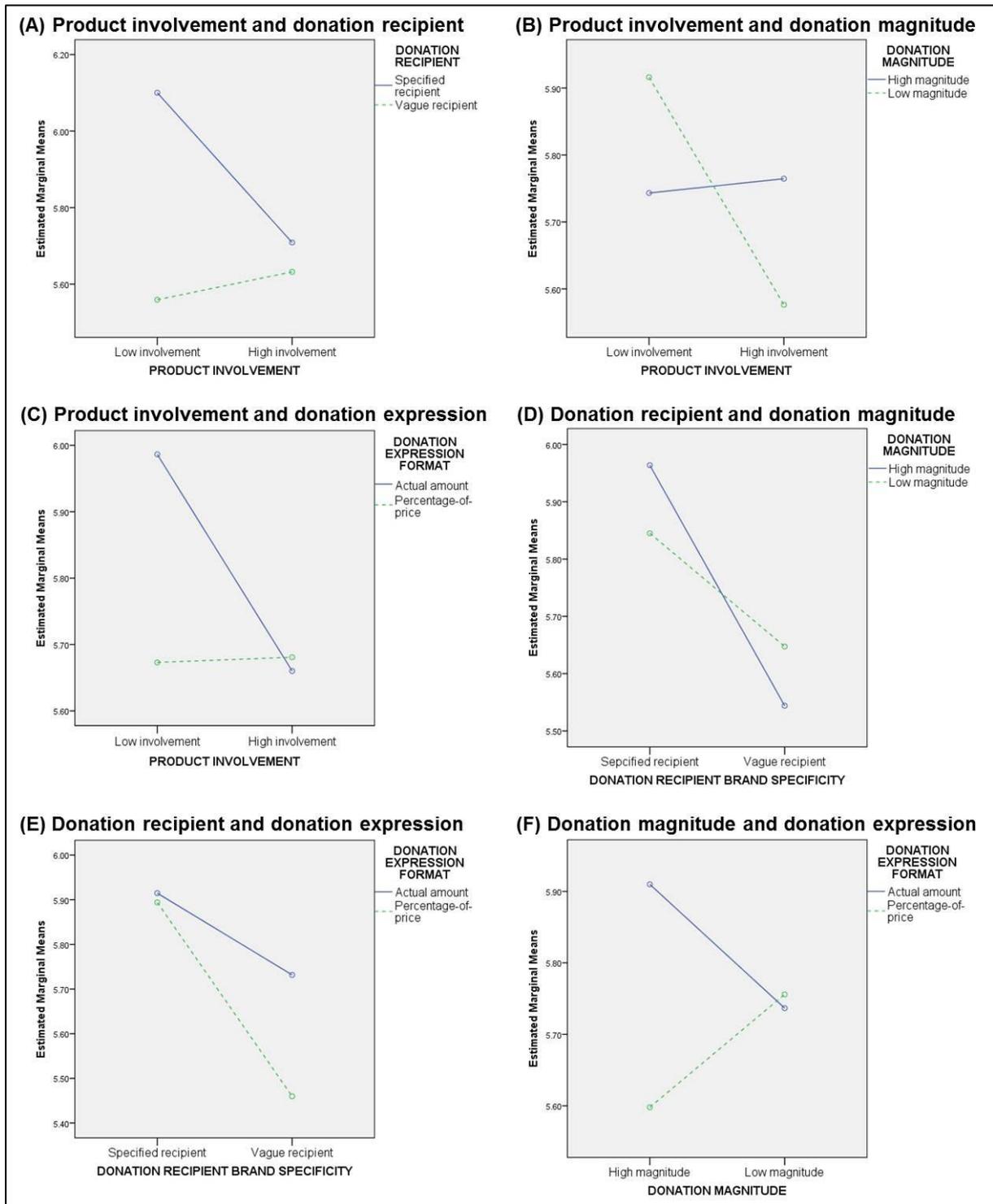
Figure 9.22E illustrates the interaction between donation recipient brand specificity and donation expression format. It confirms that exposure to a specified rather than a vague recipient resulted in more positive perceptions, irrespective of the donation expression format. Also, perceptions were influenced to a greater extent by a difference in the donation recipient in the percentage-of-price scenario than the actual amount setting.

Figure 9.22F depicts the interaction between donation magnitude and donation expression format. It confirms, as suggested in Table 9.25, that a high, actual amount donation resulted in the most positive perceived firm motives, whereas a high magnitude, percentage-of-price donation resulted in the least favourable perceptions.

From the analysis of the two-way interactions it seems that perceived firm motives were most often positively influenced by the portrayal of a low involvement product, a specified donation recipient and an actual amount expression. The findings about donation magnitude are less clear as both a high and a low donation magnitude featured frequently in the stimuli content that determined the most and least positive perceived firm motives. Consistent with the above contentions about the drivers of the most favourable perceptions, the least positive perceptions most often emerged from the groups that were exposed to the high involvement product, the vague donation recipient and the percentage-of-price expression.

Figure 9.22

Significant two-way interactions influencing perceived firm motives



Noteworthy, as evident in the final column of Table 9.25, even the least favourable perceived firm motives were positive. These results confirm the positive influence of CARE on perceived firm motives. As was the case with the impact of the three- and two-way

interactions, the individual main effects that exerted a significant influence on perceived firm motives will be discussed as ancillary to the four-way interaction effect.

9.10.4 Influence of main effects on perceived firm motives

The results from the univariate ANOVA of perceived firm motives indicate that three of the experimental main effects (product involvement, donation recipient brand specificity and donation expression format) had a significant main effect on perceived firm motives for participating in CARE.

Product involvement ($F=8.026$; $p=0.005$) had a significant impact on perceived firm motives and thus H_{07a} could be rejected. Firm motives were perceived as positive in both a low and high involvement scenario (in both scenarios $\mu > 5.670$ on a seven-point Likert scale). However, firm motives for participating in CARE were perceived as more positive when the campaign was linked to a low involvement product ($\mu=5.830$) as opposed to a high involvement product ($\mu=5.670$).

Donation recipient brand specificity ($F=30.163$; $p=0.000$) influenced perceived firm motives significantly and thus H_{07b} could be rejected. Respondents viewed perceived firm motives as more positive when a campaign promised a donation to a specified, branded NPO ($\mu=5.904$) than when the donation recipient was vaguely specified ($\mu=5.596$).

The donation expression format ($F=6.775$; $p=0.009$) significantly influenced perceived firm motives and thus H_{07d} could be rejected. Firm motives were perceived to be more positive when an actual amount expression ($\mu=5.823$) rather than a percentage-of-price expression ($\mu=5.677$) featured in the stimuli.

These findings about the influence of product involvement, donation recipient brand specificity and donation expression format as individual main effects echo the results of the four-, three- and two-way interactions. Donation magnitude was the only individual main effect that did not significantly influence perceived firm motives ($F=0.019$; $p=0.891$) and thus H_{07c} could not be rejected. This outcome also relates to the previously mentioned two-way interaction results that indicated indistinct findings pertaining to the role of donation magnitude in driving perceived firm motives.

In the current study all the main effects (product involvement, donation recipient brand specificity, donation magnitude and donation expression format) exerted a significant

influence on perceived firm motives. It thus seems that respondents' perceptions of the motives driving firms to participate in CARE were quite sensitive to different CSEs. Considering the findings pertaining to perceived firm motives and the other dependent variables investigated in the study, it is evident that the main effects and their interactions exerted a more extensive influence on perceived firm motives than on the other dependent variables. This contention is supported by the R-squared associated with the perceived firm motives results ($R^2=0.070$) that will be discussed next.

9.11 VARIANCE EXPLAINED BY INDEPENDENT VARIABLES

Each univariate ANOVA of the dependent variables that was conducted in this study returned an R-squared statistic. R-squared in the experimental context refers to the percentage of variation in the dependent variable that is explained by the independent variables investigated in the research (Das, 2015). Researchers have commented that R-squared is an almost irrelevant important statistic when the purpose of the research is to determine which independent variables are statistically significant and how changes in such variables will affect the dependent variable (Frost, 2014). Therefore, a low R-squared result is not necessarily problematic. If the R-squared value in a study is low, but the independent variables exert a statistically significant influence on the dependent variables, valuable conclusions can still be drawn about how changes in the independent variable will affect changes in the dependent variable (Frost, 2013). In some research domains (e.g. psychology), particularly those attempting to predict or explain human behaviour, low R-squared values are expected due to the unpredictability of human behaviour (Frost, 2013). The R-squared values of the current study are summarised in Table 9.25.

Table 9.25
Variance in dependent variables explained

Dependent variables	R-squared statistic	Percentage variance explained by the experimental main effects
Purchase intention	0.057	5.7
Participation intention	0.037	3.7
Attitude toward the advertisement	0.013	1.3
Cognitive attitude toward the CARE offer	0.019	1.9
Affective attitude toward the CARE offer	0.018	1.8
Attitude toward the alliance	0.022	2.2
Perceived firm motives	0.070	7

It is evident from Table 9.25 that the main effects in the current study explains more variance in perceived firm motives (7 per cent) and purchase intention (5.7 per cent) than in the other dependent variables. Considering all the dependent variables investigated in this study, the variance in attitude toward the advertisement was least explained by the experimental main effects (1.3 per cent). As mentioned earlier, the low R-squared statistics returned in this research does not diminish the value of the statistically significant findings pertaining to the influence of the main effects on the dependent variables. However, it does infer that variations in purchase intention, participation intention, attitude toward the advertisement, cognitive and affective attitude toward the offer, attitude toward the alliance and perceived firm motives in the CARE context are not fully explained by the CSEs of product involvement, donation recipient specificity, donation magnitude and donation expression format. The finding was expected, considering that the purpose of the current study was not to develop a complete model of CSEs that influence consumer intentions, attitudes and perceptions, but rather to assess the influence of those CSEs that are visibly communicated to consumers during CARE campaigns and whose impact is still unclear. Thus, despite the low R-squared values recorded, the value of the findings from the study's descriptive and inferential analysis remains relevant.

9.12 SUMMARY AND CONCLUSION

Chapter 9 provided the results from the between-subjects factorial experiment that was described in Chapter 6. The extraction of meaning from a factorial experiment is a complex process, in particular when more than two treatment variables and several dependent variables are considered. This study assessed the influence of four independent variables (product involvement, donation recipient specificity, donation magnitude and donation expression) on seven intention-, attitude- and perception-related dependent variables. The dependent variables were purchase intention, participation intention, attitude toward the advertisement, cognitive and affective attitude toward the CARE offer, attitude toward the alliance and perceived firm motives.

The data were analysed by means of univariate ANOVA and post hoc tests. The findings indicate that all the dependent variables were influenced by either independent or interactive main effects. Throughout the analysis the highest-order interactions were explained first, followed by the lower-order and independent main effects as ancillary results.

The results from the inferential analysis provided statistical proof for the importance of the selected CSEs on consumer responses during CARE campaigns. In Chapter 10 the relevance of the results will be discussed along with recommendations to firms and NPOs, the limitations of the study and suggestions for future research.

CHAPTER 10

DISCUSSION, RECOMMENDATIONS AND CONCLUSION

No matter what people tell you, words and ideas can change the world.

Robin Williams, actor

10.1 INTRODUCTION

In this study, cause-related marketing (CARE) research was conducted about the influence of product involvement, donation recipient specificity, donation magnitude and donation expression format on the consumer responses of purchase intention, participation intention, attitude toward the CARE advertisement, cognitive and affective attitude toward the CARE offer, attitude toward the alliance and perceived firm motives. The insights from the qualitative focus groups were provided in Chapter 7 and acted as input for the development of a 2 X 2 X 2 X 2 between-subjects experiment as the research design for the study. In Chapters 8 and 9 the results of the quantitative research were discussed.

In this chapter, a brief overview is provided of the research process, alluding to the problem statement that impelled the research. Additional qualitative insights are presented, followed by a discussion of the quantitative findings from both an independent and dependent variable perspective.

The research offers new knowledge for both firms and non-profit organisations (NPOs). The managerial implications of the research will be explained as input for the development of effective CARE campaigns, followed by recommendations for NPOs that are considering to participate in CARE or other collaborations with firms.

The chapter concludes by delineating the limitations of the research, offering suggestions for future research and confirming the contribution of the study to the extant body of CARE knowledge.

10.2 RESEARCH OVERVIEW

Cause-related marketing is a transaction-based approach characterised by an offer from a firm to make a contribution to a donation recipient when consumers purchase a particular cause-linked product (Varadarajan & Menon, 1988). It is a strategy that offers benefits to firms, NPOs and consumers in an era where firms are held responsible for their actions in society, where NPOs are confronted with increasing social demands and decreasing funding, and where consumers value the social identity and so-called *warm glow* feeling that emanate from charitable involvement (Guerreiro et al., 2015; Laidler-Kylander, 2012; Winterich & Barone, 2011).

Cause-related marketing campaigns are constructed from several campaign structural elements (CSEs). These elements include the product featured in the campaign, the donation promised and the donation recipient. Research has indicated that consumers are generally positive toward CARE and that CSEs influence consumer responses, both independently and interactively (Grau & Folse, 2007). Given the number of potential CSEs, the multiplicity of their possible permutations, the simplicity of certain previous studies and the contextual nature of CARE, further investigation into the influence of these elements on consumer responses have been recommended (Baghi & Gabrielli, 2013; Galan-Ladero et al., 2013; Pracejus & Olsen, 2004; Subrahmanyam, 2004). The current study responded to this call for further research. Thus, the purpose of the research was to explore South African middle- to high income consumers' knowledge and opinions about CARE, and to investigate the independent and interactive influence of selected CSEs on consumer responses. The research was conducted by means of qualitative focus groups and a quantitative 2 X 2 X 2 X 2 between-subjects factorial experiment.

The study adopted a communications-based approach and therefore focused on the CSEs that are typically visibly communicated to consumers as part of a CARE offer. The CSEs that were investigated in this study were product involvement (high; low), donation recipient specificity (specified; vague), donation magnitude (high; low) and donation expression format (actual amount; percentage-of-price).

Product involvement and donation recipient specificity have received limited attention in the CARE research domain, as many researchers have focused more on the for-profit than the non-profit brand during their research and have most often assessed the role of the hedonic-utilitarian product framework. Previous findings concerning donation magnitude and donation expression format have been elusive and have indicated that the influence exerted by these

CSEs often occur in interaction with other elements (Das et al., 2014; Chang & Liu, 2012; Folse et al., 2010). Therefore, the assessment of these four independent variables was deemed suitable for the purpose of this study.

The consumer responses that exert the most determinant influence on the effectiveness of CARE are attitudes and behavioural intentions. As previous studies focused extensively on CARE outcomes derived from the campaign (Lafferty & Edmondson, 2014; Ellen et al., 2000; Ross et al., 1992) the purpose of this research was to investigate those consumer responses pertaining to the communicated campaign itself. Purchase intention, participation intention, attitude toward the CARE advertisement, cognitive and affective attitude toward the communicated CARE offer, and attitude toward the alliance featured in the offer were investigated along with the perceived firm motives for participating in CARE.

10.3 QUALITATIVE RESEARCH INSIGHTS

Qualitative focus groups were conducted to explore the extant knowledge and understanding of South African consumers about CARE, by investigating participant responses to several CSEs and to gain insights about the elements that would exert the largest impact on consumer decision-making.

The qualitative research revealed that South Africans are generally positive toward CARE and that they prefer positively-framed rather than negatively framed prosocial campaign messages. The experiment confirmed that CSEs exert significant independent and interactive influences on consumer intentions, attitudes and perception. A low involvement product, a specified donation recipient, a high donation magnitude and actual amount donation expression were found to have the most positive impact on consumer responses.

During the focus groups, participants were asked to provide their initial input about what they viewed as a small, medium, large and acceptable donation. Participants repeated this task at different intervals to ascertain their donation magnitude views when both high as opposed to low involvement products and actual amount as opposed to percentage-of-price donation expressions were applicable. As discussed in Chapters 6 and 7, the collected data were used to guide decisions pertaining to the quantitative phase of the research and to develop the stimuli for the study's experiment. In addition, this data also provided indications about the donation magnitudes that are most suitable for CARE campaigns.

Table 10.1 lists the average donation magnitudes recommended by participants. For comparison purposes all amounts are presented as a percentage of the price of the product.

Table 10.1
Donation magnitude inferences

	Product involvement level	Donation expression format	Donation magnitude	
			Donation magnitude respondents were requested to specify	Average percentage-of-price donation recommended by respondents
1	Low	Actual amount	Small	4.5
2	Low	Percentage-of-price	Small	2.8
3	Low	Actual amount	Medium	11
4	Low	Percentage-of-price	Medium	8
5	Low	Actual amount	Large	27.5
6	Low	Percentage-of-price	Large	19
7	Low	Actual amount	Acceptable	13
8	Low	Percentage-of-price	Acceptable	9
9	High	Actual amount	Small	0.9
10	High	Percentage-of-price	Small	1.6
11	High	Actual amount	Medium	3.1
12	High	Percentage-of-price	Medium	4.7
13	High	Actual amount	Large	9
14	High	Percentage-of-price	Large	13
15	High	Actual amount	Acceptable	4.4
16	High	Percentage-of-price	Acceptable	7.7

As mentioned in Chapter 7 and reflected in Table 10.1, in the low involvement scenario the actual amount donations specified by participants were consistently higher than their percentage-of-price counterparts, irrespective of whether participants were instructed to indicate what they viewed as a small, medium, large or acceptable donation. The opposite pattern occurred in the high involvement scenario where the percentage-of-price donations were consistently higher than the actual amount donations.

The indicated donation magnitudes were consistently higher in the low involvement scenario than in the high involvement scenario. This observation can perhaps be ascribed to the reasoning that participants were provided with the price of the product, and that they probably related the donation amount to this price when indicating their requested donation amounts. The calculation of the respective averages was also made relative to the price of the product. As the low involvement product's price was considerably lower than the price of the high involvement product, a comparatively higher actual or percentage-based donation had to be indicated in the low involvement scenario, to ensure a meaningful contribution to the donation recipient.

Noteworthy is that in both the low and high involvement scenario, and for both the actual amount and percentage-of-price expression format, the medium donation magnitude was closest to what participants viewed as an acceptable donation to feature in a CARE campaign.

10.4 THE ROLE OF THE INDEPENDENT VARIABLES IN THE STUDY

In this research, the influence of four independent variables – product involvement, donation recipient specificity, donation magnitude and donation expression format – were assessed. The role of each of these variables in determining consumer responses will be discussed next.

10.4.1 The role of product involvement

Product involvement refers to the level of time, effort and other resources devoted to process information and to make decisions pertaining to a specific product (Bian & Moutinho, 2011; Lamb et al., 2010).

Product involvement was included in this study for several reasons. Firstly, in CARE research the influence of the product on consumer responses and campaign effectiveness has been noted. However, the hedonic-utilitarian framework has been used in the majority of CARE studies and the influence of other product frameworks is under-explored (Christofi et al., 2015; Christofi et al., 2014; Galan-Ladero et al., 2013; Chang, 2008). Therefore, previous research has called for an investigation into other frameworks and the call has been partly addressed in this research (Christofi et al., 2015; Christofi et al., 2014; Galan-Ladero et al., 2013). Secondly, in this research, CARE is viewed as a strategy that resembles co-branding (Baghi & Gabrielli, 2013). In co-branding literature inquiry into the role of the product has focused extensively on the product involvement framework (Li & He, 2013; Simonin & Ruth, 1998). Therefore, this study adopted the co-branding approach and explored the impact of product involvement in CARE.

The product involvement main effect was operationalised on two levels, namely high and low involvement. The high involvement product was represented by an HP laptop computer priced at R7 999. The low involvement product was represented by a Pritt glue stick priced at R37.99. The products were selected based on secondary research and by means of the participants' input that was given during the focus groups. Pre-tests and manipulation checks

confirmed that the involvement levels of the products were correctly perceived by the respondents during the quantitative research.

The influence of product involvement on the dependent variables of purchase intention, participation intention, attitude toward the advertisement, cognitive attitude toward the CARE offer, affective attitude toward the CARE offer, attitude toward the alliance, and perceived firm motives were assessed. The results in Chapter 9 indicated that the main effect of product involvement exerted a significant influence on all these dependent variables.

Table 10.2 provides a summary of the role played by product involvement in the results that were presented in Chapters 8 and 9 of this study. In Table 10.2, product involvement is abbreviated and indicated as *PI*. The dependent variables are presented along with an indication of whether product involvement exerted a one-way effect on the respective variables. The two-, three- and four-way effects in which product involvement played a significant role are also presented.

Table 10.2

The role of product involvement (PI) in the significant inferential results

Dependent variable	Did a one-way effect occur?	Which two-way interaction occurred?	Which three-way interaction occurred?	Which four-way interaction occurred?
Purchase intention	Yes	PI x donation recipient specificity		
Participation intention	Yes	PI x donation recipient specificity		
Attitude toward the advertisement	Yes	PI x donation recipient specificity		
Cognitive attitude toward the offer	Yes	PI x donation recipient specificity		
Affective attitude toward the offer	Yes			
Attitude toward the alliance	Yes	PI x donation magnitude		
Perceived firm motives	Yes	PI x donation recipient specificity	PI x donation recipient specificity x donation magnitude	PI x donation recipient specificity x donation magnitude x donation expression format

Table 10.2 (continued)

Dependent variable	Did a one-way effect occur?	Which two-way interaction occurred?	Which three-way interaction occurred?	Which four-way interaction occurred?
		PI x donation magnitude		
		PI x donation expression format		

The results summarised in Table 10.2 suggest that the product selected for a CARE campaign plays an important role in determining the effectiveness of the campaign. Further analysis of the one-way effects indicated that the low involvement product induced significantly higher mean scores than the high involvement product across all dependent variables. A low involvement product, thus, affected respondent intentions, attitudes and perception more positively than a high involvement product did. It can be concluded that in this study featuring a low involvement product in a CARE campaign resulted in more positive outcomes.

It should, however, be noted that respondents' intentions, attitudes and perception were positive, irrespective of the product involvement level and despite the significant differences resulting from the high and low involvement product scenarios.

The lowest mean score deriving from the product involvement main effect was the purchase intentions that resulted from the respondents' exposure to a high involvement product ($\mu=4.695$). The largest significant difference due to exposure to the high and low involvement scenarios respectively was also measured in terms of purchase intention. This finding might be because purchase intention represents the highest level of measureable consumer commitment. If a consumer indicates a positive purchase intention, the implied next step is behaviour, in other words purchasing the product (Ajzen & Fishbein, 1977). Owing to the low price of the low involvement product, the intention to purchase it implies the commitment to fewer resources (i.e. time, effort, money) than when an intention to purchase the high involvement, high cost product is indicated (Lamb et al., 2010). The potential risk involved is thus higher when purchasing a high involvement product (Schiffman & Kanuk, 2015), hence the lower purchase intention mean score.

The highest mean score deriving from the product involvement main effect was measured in terms of attitude toward the alliance ($\mu=6.247$). It can thus be inferred that product

involvement plays a particularly important role in whether or not consumers will be favourable toward the CARE alliance portrayed in the CARE advertisement.

Product involvement interacted with other CSEs to exert an influence on the measured dependent variables. Noteworthy is that product involvement interacted with donation recipient specificity to significantly influence purchase intention, participation intention, attitude toward the advertisement, cognitive attitude toward the CARE offer and perceived firm motives. The interaction results indicate that the low involvement product scenario yielded higher mean scores than the high involvement product scenario, irrespective of the donation recipient featured in the CARE advertisement. However, the mean score of each dependent variable was more positive when a specified donation recipient rather than a vague recipient was mentioned in conjunction with the low involvement product.

Product involvement also interacted with donation magnitude to influence attitude toward the alliance. The results indicate that the low-involvement product led to more positive attitudes toward the advertisement than a high-involvement product, irrespective of whether a high or low donation magnitude featured. However, the finding was less pronounced when a high donation magnitude was promised. As prior CARE research has not assessed product involvement, comparison with previous findings is not possible. However, considering that glue stick can also be viewed as a utilitarian product, comparison with previous research based on the hedonic-utilitarian product classification framework is possible. Previous research in a Western context found CARE more suitable when featuring a hedonic product, thus contrasting with the findings of the current study (Polonsky & Speed, 2001; Strahilevitz & Myers, 1998). However, in line with the findings of the current study research from a study conducted in Singapore found that consumers were more positive toward CARE campaigns featuring a utilitarian product (Subrahmanyam, 2004). Product involvement did not interact with any other independent variable to exert an influence on affective attitude toward the alliance.

In terms of perceived firm motives, product involvement was present in several interactions that significantly affected this dependent variable. As previously mentioned, product involvement interacted with donation recipient specificity to influence perceived firm motives. The results confirm the abovementioned findings – the most positive perceived firm motives emerged from the interaction between a low involvement product and a specified donation recipient. However, product involvement was not the driver in the findings – rather, the specified donation recipient played a more prominent role in triggering positive perceived firm motives.

Product involvement also interacted with donation magnitude and the donation expression format respectively. In both cases, the low involvement product resulted in the most positive mean score when it interacted with firstly, a low donation magnitude and secondly, with an actual amount expression.

The significant interaction between product involvement, donation recipient specificity and donation magnitude revealed the following findings: in the low involvement scenario, a specified donation recipient resulted in the most positive perceived firm motives irrespective of donation magnitude. However, in the high involvement, vague recipient scenario, a high donation magnitude resulted in more positive perceived firm motives. However, it is important to note that the low involvement product overall triggered the most positive perceived firm motives.

Product involvement interacted with the other independent variables of donation recipient specificity, donation magnitude and donation expression format, to result in a significant four-way effect on perceived firm motives. A closer analysis revealed that product involvement, along with donation recipient specificity, played a key role in the results with the influence of donation magnitude and donation expression format being more inconclusive. A low involvement product and a specified donation recipient resulted in the most positive perceived firm motives. This finding is in line with the views of Chang (2012) that when a cause is specified through its name and brand, the focus on the cause becomes more prominent and the campaign advertisement more easily evokes altruistic feelings (Chang, 2012).

The results further suggest that an actual amount expression in conjunction with a high donation magnitude might be more influential than a percentage-of-price expression and a low donation magnitude with regard to perceived firm motives. The donation magnitude results are in line with the research of Olsen et al. (2003), but contrasts with the findings of other researchers such as Strahilevitz (1999). Chang (2008) reminded that consumer responses are sometimes conflicting, for instance, when donation levels are high, consumers question the firm's motives and expend mental energy to determine why the firm is making the donation (Chang, 2008), but when donation levels are low consumers also question the firm's motives and the firm runs the risk of being mistrusted by consumers for their apparent lack of commitment (Chang & Liu, 2012).

Considering that the influence of the four-way interaction on perceived firm motives has been discussed in this section, it will not be delineated again in subsequent sections pertaining to the respective independent variables.

10.4.2 The role of donation recipient specificity

Donation recipient specificity refers to how identifiable the donation recipient featured in the CARE campaign is due to its brand being present in the campaign communication (Sheikh & Beise-Zee, 2011). Donation recipient specificity was included in this study for several reasons. Firstly, the for-profit partner has received considerable attention in recent CARE research with results confirming a positive influence of CARE on the for-profit brand and the importance of cause-brand fit (Bigné-Alcaniz et al., 2012; Harben & Forsythe, 2011). However, scant attention has been devoted to the influence of the non-profit partner in CARE research (Liston-Heyes & Liu, 2013). Secondly, research has indicated that collaboration between profit-oriented firms and NPOs can result in benefits for both. Cause-related marketing provides an opportunity for such collaboration. However, as mentioned before, research about the contribution of the NPO when presented in a CARE campaign is limited. Thirdly, a growing body of research is emphasising the importance of marketing and branding for NPOs (Tabaku & Mersini, 2014; Stride & Lee, 2007). Non-profit organisations, on the other hand, are acutely aware of their growing responsibility in society and the lack of funding to fulfil these responsibilities. The possibilities presented for increased funding and improved stakeholder relationships have encouraged NPOs to consider the adoption of more extensive branding and marketing practices. However, it is uncertain whether the inclusion of the NPO brand rather than a vague reference to charity contributes positively to the effectiveness of a CARE campaign.

The donation recipient specificity main effect was operationalised on two levels, namely specified versus vague. Reference to a branded NPO was viewed as most specific, whilst reference to charity in general was considered to be most vague. The specified donation recipient was represented by the Reach for a Dream NPO, whilst the vague donation recipient was merely described as *charity*. The Reach for a Dream organisation was selected during focus groups based on its familiarity to participants and its fit with the products/brands featured in the CARE advertisement, namely the Pritt glue stick and the HP laptop computer. Pre-tests and manipulation checks confirmed the suitability of the levels of the donation recipient specificity main effect.

The influence of donation recipient specificity on the dependent variables of purchase intention, participation intention, attitude toward the advertisement, cognitive attitude toward the CARE offer, affective attitude toward the CARE offer, attitude toward the alliance, and perceived firm motives were assessed. The results in Chapters 8 and 9 indicated that the main effect of donation recipient specificity exerted a significant one-way influence on all the dependent variables, except for purchase intention. The inference can thus be made that donation recipient specificity plays an important role in determining the effectiveness of a CARE campaign.

Table 10.3 provides a summary of the role played by donation recipient specificity in the results that were presented in Chapters 8 and 9. In Table 10.3, donation recipient specificity is abbreviated and indicated as *DRS*. The dependent variables are presented with an indication of whether donation recipient specificity exerted a one-way effect on the respective variables. The two-, three- and four-way effects in which donation recipient played a significant role are also presented.

Table 10.3

The role of donation recipient specificity (DRS) in the significant inferential results

Dependent variable	Did a one-way effect occur?	Which two-way interaction occurred?	Which three-way interaction occurred?	Which four-way interaction occurred?
Purchase intention	No	DRS x product involvement		
Participation intention	Yes	DRS x product involvement		
Attitude toward the advertisement	Yes	DRS x product involvement	DRS x donation magnitude x donation expression format	
Cognitive attitude toward the offer	Yes	DRS x product involvement		
Affective attitude toward the offer	Yes			
Attitude toward the alliance	Yes		DRS x donation magnitude x donation expression format	

Table 10.3 (continued)

Dependent variable	Did a one-way effect occur?	Which two-way interaction occurred?	Which three-way interaction occurred?	Which four-way interaction occurred?
Perceived firm motives	Yes	DRS x product involvement	DRS x product involvement x donation magnitude	DRS x product involvement x donation magnitude x donation expression format
		DRS x donation magnitude	DRS x donation magnitude x donation expression format	
		DRS x donation expression format		

Further analysis indicated that the specified donation recipient induced higher mean scores than the vague donation recipient across all dependent variables. All the results were significant, except for purchase intention. It can be concluded that featuring a specified donation recipient in a CARE campaign resulted in more positive outcomes in this study. The most positive outcome was measured in terms of attitude toward the alliance ($\mu=6.297$). The importance of including a specified donation recipient in CARE to ensure consumer favourability toward the portrayed alliance was thus confirmed. The least positive measurement resulted from featuring a vague donation recipient and was reflected in participation intention ($\mu=5.224$). Noteworthy is that overall, donation recipient specificity exerted positive effects on the respondents' intentions, attitudes and perception.

In terms of the two-way effects, the results in Table 10.3 indicate that donation recipient specificity mostly interacted with product involvement to exert a significant influence on the dependent variables of purchase intention, participation intention, attitude toward the advertisement, cognitive attitude toward the alliance and perceived firm motives. Affective attitude toward the offer and attitude toward the alliance were not significantly influenced by a two-way effect featuring donation recipient specificity.

A closer inspection revealed that the most pronounced two-way effects were found when a specified donation recipient featured in conjunction with a low involvement product. When presented in an advertisement with a high involvement product, the differences resulting from a specified versus a vague recipient were smaller, and in the case of purchase intention, the vague recipient resulted in a slightly higher mean score than the specified recipient.

Perceived firm motives were significantly influenced by the two-way interaction between firstly, donation recipient specificity and donation magnitude, and secondly, donation recipient specificity and donation expression format. The results showed that a specified

recipient generated more positive perceived firm motives irrespective of donation magnitude and donation expression format.

Donation recipient specificity featured in significant three-way interactions that influenced attitude toward the advertisement, attitude toward the alliance and perceived firm motives. Attitude toward the advertisement was significantly influenced by the interaction between donation recipient specificity, donation magnitude and donation expression format. A closer analysis showed that a specified donation recipient and a vague recipient displayed different relationships with donation magnitude and donation expression format – although some exceptions existed, overall, a specified donation recipient combined with an actual amount donation expression format and a high donation magnitude resulted in the most positive attitudes toward the advertisement.

As with attitude toward the advertisement, attitude toward the alliance was significantly influenced by the interaction between donation recipient specificity, donation magnitude and donation expression format. The results indicate that a specified donation recipient played a major role in driving positive attitudes toward the alliance, with donation magnitude and donation expression format exerting a less definite influence.

Three-way interactions between firstly, donation recipient specificity, product involvement and donation magnitude, and secondly, between donation recipient specificity, donation magnitude and donation expression format, exerted a significant influence on perceived firm motives. Further analysis pertaining to the first-mentioned interaction showed that a specified donation recipient in conjunction with a low involvement product resulted in the most positive perceived firm motives with a suggested preference for a high donation magnitude. However, the role of donation magnitude is less clear. In terms of the second-mentioned interaction, the positive impact of a specified donation recipient was clear, indicating that an actual amount expression and a high donation magnitude resulted in more positive effects.

The positive influence of a specified donation recipient in the current study is in line with for-profit branding research that emphasises that, albeit intangible, a brand is one of an organisation's most valuable assets (Keller, 2016; De Chernatony, 2009; Aaker, 2004). Consequently, building, managing and protecting a strong brand, whether it being a for- or non-profit entity, is a key focus of modern organisations (Keller, 2016; Kotler & Keller, 2009). During the focus groups where the product brand and the non-profit brand for inclusion in the experiment was selected, the fit between these selected brands was also confirmed. Thus, the CARE campaign featured in the experiment was characterised by a good fit between the

featured product and donation recipient. In line with co-branding research, this good level of fit can also be a contributing factor to the positive influence of the specified donation recipient in the current study (Baghi & Gabrielli, 2013; Robinson et al., 2012; Anghel et al., 2011).

10.4.3 The role of donation magnitude

Donation magnitude refers to the size of the donation promised to a donation recipient in a CARE campaign (Chang, 2008).

Donation magnitude was included in this study for several reasons. Firstly, donation magnitude has been assessed in previous CARE studies, but results about its impact have been varied and clear guidance about which donation magnitude to feature in CARE campaigns is lacking (Das et al., 2014; Folse et al., 2010). Further research was thus warranted. Secondly, given the differential findings of the influence of CSEs in various cultural contexts (La Ferle et al., 2013; Subrahmanyam, 2004), the assessment of donation magnitude in the South African context was deemed appropriate. Thirdly, previous research has indicated that donation magnitude tends to interact with other CSEs (Chang & Liu, 2012; Strahilevitz, 1999). Considering that both product involvement and donation recipient specificity have not been previously assessed in CARE, the interaction of donation magnitude with these and several other CSEs are unknown.

The donation magnitude main effect was operationalised on two levels, namely a low (small) and a high (large) donation magnitude. The donation magnitude levels were determined during the focus groups, taking into consideration the recommendations from secondary research. As donation expression format was also included in the current research as a dependent variable, high and low donation magnitudes were determined for both an actual amount and a percentage-of-price expression format.

The low donation magnitude was either R1.50 or 1 per cent for the low involvement scenario, whilst the high donation magnitude was either R9.50 or 20 per cent for the high involvement scenario. Pre-tests and manipulation checks confirmed that the various donation magnitudes accurately represented the respective levels of the main effect (namely low and high donation magnitude) and was thus deemed as suitable for the experiment.

The influence of donation magnitude on the dependent variables of purchase intention, participation intention, attitude toward the advertisement, cognitive attitude toward the CARE offer, affective attitude toward the CARE offer, attitude toward the alliance, and perceived

firm motives was assessed. The results in Chapter 9 indicated that the main effect of donation magnitude exerted a significant one-way influence on none of the dependent variables.

Table 10.4 provides a summary of the role played by donation magnitude in the results that were presented in Chapter 9 of this study. In Table 10.4, donation magnitude is abbreviated and indicated as *DM*. The dependent variables are presented with an indication of whether donation magnitude exerted a one-way effect on the respective variables. The two-, three- and four-way effects in which donation magnitude played a significant role are also presented.

Table 10.4
The role of donation magnitude (DM) in the significant inferential results

Dependent variable	Did a one-way effect occur?	Which two-way interaction occurred?	Which three-way interaction occurred?	Which four-way interaction occurred?
Purchase intention	No	DM x donation expression format		
Participation intention	No			
Attitude toward the advertisement	No		DM x donation recipient specificity x donation expression format	
Cognitive attitude toward the offer	No			
Affective attitude toward the offer	No			
Attitude toward the alliance	No	DM x product involvement	DM x donation recipient specificity x donation expression format	
Perceived firm motives	No	DM x product involvement	DM x product involvement x donation recipient specificity	DM x donation recipient specificity x donation magnitude x donation expression format
		DM x donation recipient specificity	DM x donation recipient specificity x donation expression format	
		DM x donation expression format		

As indicated in Table 10.4, donation magnitude did not exert an independent influence in this study. However, it featured in several interaction effects. The inference can thus be made that donation magnitude did not exert a direct influence on the dependent variables of this study, but instead played an indirect and/or moderator role.

Donation magnitude interacted with donation expression format to significantly influence purchase intention. The results indicate that the highest purchase intention derived from the interaction between a high donation magnitude and an actual amount expression. The influence of different levels of donation magnitude depended on the donation recipient specificity featured in the alliance.

Donation magnitude also interacted with product involvement to exert a significant impact on both attitude toward the alliance and perceived firm motives. The results indicate that the highest attitude toward the alliance derived from the interaction between a low donation magnitude and a low involvement product. The finding is similar to that of Strahilevitz (1999). The influence of different levels of donation magnitude depended on the product involvement level featured in the alliance. The findings further indicated that the most positive perceived firm motives resulted from the interaction between a low donation magnitude and a low involvement product. The influence of different levels of donation magnitude depended on the product involvement level featured in the advertisement – the influence from a high donation magnitude was less susceptible to a change in product involvement than the influence from a low donation magnitude.

Donation magnitude interacted with donation recipient specificity to significantly influence perceived firm motives. The most positive perceived firm motives resulted from the advertisement featuring a specified donation recipient, irrespective of donation magnitude.

Donation magnitude further interacted with donation expression format to significantly influence perceived firm motives. The most positive perceived firm motives resulted from the advertisement featuring a high donation magnitude and an actual amount expression. This finding contrasts with that of Chang (2008) who found that the influence of donation expression format is insignificant when a high donation magnitude is present in the CARE campaign. In the current study the influence of different levels of donation magnitude depended on the donation expression format featured in the advertisement.

In conjunction with donation recipient specificity and donation expression format, donation magnitude exerted a significant three-way effect on attitude toward the alliance. Results

suggest that high donation magnitudes perhaps play a more important role than low donation magnitudes in driving positive attitudes toward the alliance, but results are not definite. In the interaction, donation recipient specificity played a major role with a specified recipient being the preferred option irrespective of donation magnitude and expression format.

The role played by donation magnitude in the three-way effects that exerted an influence on perceived firm motives (as summarised in Table 10.4), is less clear. Results suggest that both a high and a low donation magnitude led to more positive perceived firm motives when combined with a specified donation recipient, irrespective of product involvement and donation expression format.

10.4.4 The role of donation expression format

Donation expression format refers to the manner in which the donation is communicated or portrayed in a CARE campaign (Das et al., 2014).

Donation expression format was included in this study for several reasons. Firstly, donation expression format has been assessed in previous CARE studies, but results about its impact vary (Pracejus et al., 2003). Further research has thus been called for. Secondly, given the differential findings of the influence of CSEs in various cultural contexts, the assessment of donation expression format in the South African context was deemed appropriate (La Ferle et al., 2013; Subrahmanyam, 2004). Thirdly, firms often prefer more vague expressions as they believe it to be more flexible, whilst consumers are favourable toward transparent donation communication (Pracejus et al., 2003). The current research explored whether transparent communication efforts might not deliver more positive outcomes than expected for South African firms that launch CARE campaigns. Finally, previous research has indicated that donation expression format interacts with other CSEs (Olsen et al., 2003). Considering that donation expression format is prone to interaction with donation magnitude (Olsen et al., 2003) and that its interaction with product involvement and donation recipient specificity has not been previously assessed in CARE, the current research endeavoured to assess the influence of donation expression format.

The donation expression format main effect was operationalised on two levels, namely an actual amount expression (framed in Rand) and a percentage-of-price expression. These donation expression formats were selected after secondary research indicated that they are the most transparent methods for communicating donations in CARE campaigns. As donation magnitude was also included in this research as an independent variable, actual

amount and percentage-of-price expressions were determined during the focus groups for both high and low donation magnitudes. The actual amount expressions were set at either R1.50 (low magnitude) or R9.50 (high magnitude), whilst the percentage-of-price expressions were set at either 1 per cent (low magnitude) or 20 per cent (high magnitude). Pre-tests and manipulation checks confirmed the suitability of the levels of the donation expression format main effect.

The influence of donation expression format on the dependent variables of purchase intention, participation intention, attitude toward the advertisement, cognitive attitude toward the CARE offer, affective attitude toward the CARE offer, attitude toward the alliance, and perceived firm motives was assessed. The results in Chapter 9 indicated that the main effect of donation expression format exerted a significant one-way influence only on the dependent variable of perceived firm motives.

Table 10.5 provides a summary of the role played by donation expression format in the results that were presented in Chapter 9. In Table 10.5, donation expression format is abbreviated and indicated as *DEF*. The dependent variables are presented with an indication of whether donation expression format exerted a one-way effect on the respective variables. The two-, three- and four-way effects in which donation expression format played a significant role are also presented.

Table 10.5

The role of donation expression format (DEF) in the significant inferential results

Dependent variable	Did a one-way effect occur?	Which two-way interaction occurred?	Which three-way interaction occurred?	Which four-way interaction occurred?
Purchase intention	No	DEF x donation magnitude		
Participation intention	No			
Attitude toward the advertisement	No		DEF x donation recipient specificity x donation magnitude	
Cognitive attitude toward the offer	No			
Affective attitude toward the offer	No			
Attitude toward the alliance	No		DEF x donation recipient specificity x donation magnitude	

Table 10.5 (continued)

Dependent variable	Did a one-way effect occur?	Which two-way interaction occurred?	Which three-way interaction occurred?	Which four-way interaction occurred?
Perceived firm motives	Yes	DEF x product involvement	DEF x donation recipient specificity x donation magnitude	DM x donation recipient specificity x donation magnitude x donation expression format
		DEF x donation recipient specificity		
		DEF x donation magnitude		

As indicated in Table 10.5, donation expression format exerted an independent influence only on perceived firm motives. Further analysis indicated that actual amount expressions resulted in more positive perceived firm motives than percentage-of-price expressions. The finding is similar to that of Chang (2008) that pertains to donation framing.

Donation expression format featured in several interaction effects. The inference can thus be made that donation expression format had a greater indirect/moderating influence than a direct influence in this study. Donation expression format interacted with donation magnitude to influence purchase intention. The most positive purchase intentions derived from the interaction between an actual amount expression and a high donation magnitude, whilst the influence of the various donation expression formats depended on the featured donation magnitude.

Donation expression format further interacted with product involvement to influence perceived firm motives. The most positive perceived firm motives resulted from the interaction between an actual amount donation and a low involvement product. The results indicate that actual amount portrayals resulted in notably more positive perceived firm motives in the low involvement than in the high involvement scenario. This finding is similar to that of Chang (2008). Donation expression format interacted with donation recipient specificity to influence perceived firm motives. The most positive perceived firm motives resulted from the interaction between an actual amount donation and a specified donation recipient. Irrespective of the donation expression format, a specified donation recipient resulted in more positive perceived firm motives.

Donation expression format interacted with donation magnitude to influence perceived firm motives. The most positive perceived firm motives resulted from the interaction between an

actual amount donation and a high donation magnitude, whilst perceived firm motives were quite similar in the low donation magnitude scenario, irrespective of donation expression format.

The interaction between donation expression format, donation recipient and donation magnitude influenced both attitude toward the alliance and perceived firm motives. The results indicate that a specified donation recipient evoked more positive attitudes toward the alliance and more positive perceived firm motives than a vague donation recipient, irrespective of the donation expression format and donation magnitude. The influence of the donation expression formats varied, depending on the donation magnitude.

10.5 THE INFLUENCE OF THE INDEPENDENT VARIABLES ON THE DEPENDENT VARIABLES

The influence of the aforementioned independent variables on the dependent variables of purchase intention, participation intention, attitude toward the advertisement, cognitive and affective attitude toward the CARE offer, attitude toward the alliance and perceived firm motives was assessed. The insights gained from this assessment will be discussed for each dependent variable next.

10.5.1 The influence of the independent variables on purchase intention

Purchase intention refers to the likelihood or probability that the respondent will undertake the action step to purchase the product featured in the CARE campaign (Rossiter & Percy, 1998).

Purchase intention was included in this study, because the ultimate purpose of a CARE campaign is to sell a cause-linked product. When consumers purchase the cause-linked product, the CARE campaign and the benefits arising from it are activated. As purchase intention provides an indication of purchasing behaviour, gaining an improved understanding of the influence exerted by CSEs on purchase intention is critical for the development of a CARE campaign.

Purchase intention was represented by H_{01} . The influence of product involvement (H_{01a}), donation recipient specificity (H_{01b}), donation magnitude (H_{01c}), donation expression format

(H_{01d}) and the interaction between these variables (H_{01e}) were assessed. Hypotheses H_{01a} and H_{01e} were rejected.

In Chapter 9 the influence exerted on purchase intention by the highest-order interactions between the independent variables were discussed first. Ancillary results from lower-order interactions and independent main effects were subsequently provided.

The findings provide several insights about CARE. Purchase intention was influenced by the interaction firstly between product involvement and donation recipient specificity, and secondly, between donation magnitude and donation expression format.

10.5.1.1 The influence of product involvement and donation recipient specificity on purchase intention

Further analysis indicated respondent preferences for a specified donation recipient in a low involvement scenario, but the contrary in a high involvement scenario where a vague donation recipient was favoured. Respondents were generally more willing to purchase the low involvement cause-linked product, especially when Reach for a Dream as a branded, specified donation recipient was featured. Consumer participation intention was influenced by the interaction between product involvement and donation recipient specificity in a similar manner.

Considering that the influence of product involvement on purchase intention has not previously been assessed in CARE, a comparison could not be made to previous research. However, it has been stated that purchasing low involvement products requires less time, money and effort from consumers and consequently also holds fewer risks than high involvement products (Lamb et al., 2010). Purchase intention, as a dependent variable, represents a larger consumer commitment than attitudinal or perception-related measures. Thus, it can be deduced that consumers commit easier to lower costs and risks and will therefore respond more positively when a low involvement product is featured in a CARE campaign. The previous discussion in this chapter about the influence of product involvement on consumer responses confirmed that the low involvement preference occurred across dependent variables each time product involvement exerted a significant influence.

Previous research that was conducted in emerging markets indicated that consumers respond more favourably toward practical products (Galan-Ladero et al., 2013; Subrahmanyam, 2004). Although the practical-hedonic framework was not included in this

study, Pritt glue stick can also be described as a practical product. The findings in this research thus align well with the findings recorded in other emerging markets.

The previous discussion in this chapter about the influence of donation recipient specificity on consumer responses confirmed that the preference for specified donation recipients occurred across dependent variables each time donation recipient specificity exerted a significant influence. However, in some instances deviations from this pattern were identified, one such divergence occurring in terms of consumer purchase intention – when respondents were exposed to a high involvement product their purchase intentions were slightly more positive if the stimulus featured a vague donation recipient. Although it was not always the case that a vague recipient triggered more positive responses than a specified recipient when combined with a high involvement product, the occurrence introduced a pattern that was evident across several respondent responses – the measures of purchase intention, participation intention, attitude toward the advertisement, cognitive attitude toward the offer and perceived firm motives all indicated a smaller difference in respondent responses toward a specified as opposed to a vague donation recipient in the high involvement scenario compared to the low involvement scenario. This pattern suggests that respondents would be more sensitive toward the featured donation recipient in a low involvement scenario, but that consumer purchase intentions would remain more positive in a low involvement scenario, irrespective of the donation recipient featured. The question, however, arises why a specified donation recipient becomes less acceptable when a high involvement product is featured. A possible explanation derives from the input given by the focus group participants as part of this research.

Arguments in favour of this preference included the belief that well-known, branded charitable organisations are often over-sponsored (Table 7.8: E3). The assumption of several participants was that firms that include a general, unbranded cause in their CARE campaign will distribute the generated funds amongst more than one charitable organisation (known and unknown) that works in the field (e.g. education, HIV/AIDS, etc.) of that cause (Table 7.8: E4). It seems that the inclusion of an unbranded cause in CARE invokes the idea that the consumer is joining fellow consumers in fighting for a worthy cause (Table 7.8: E5).

Most participants suggested that they preferred the inclusion of specified, branded donation recipients in CARE campaigns as it increased associations of transparency and improved perceptions about the traceability of the donation's impact (Table 7.8: E6, 7, 8 and 9). However, the inclusion of a vague recipient in a CARE offer conveyed the idea that the funds generated through the campaign would be distributed amongst several recipients, rather than

being donated to an “over-sponsored” recipient (Table 7.8: E3). As larger donations are perhaps associated with high involvement products, it might be that this contention about the distribution of funds becomes even more pronounced when a high involvement product is featured and thus a lower preference for a specified donation recipient. However, it might be that this finding is contextual and dependent on the collective social history of respondents in a particular country. Further research about the interactive influence of product involvement and donation recipient specificity in other contexts is therefore recommended.

10.5.1.2 The influence of donation magnitude and donation expression format on purchase intention

Donation magnitude and donation expression format interacted to exert a significant influence on purchase intention. The first inference that can be made is that, in a South African context, the donation featured in the CARE campaign exerted a significant influence on purchase intention, irrespective of the product or donation recipient featured in the CARE offer. The finding correlated with results in other emerging and developing contexts where the CARE donation was also found to positively influence purchase intention (Ćorić et al., 2011; Chang, 2008; Strahilevitz & Myers, 1998). In the current study, however, the donation’s influence was a combination of its magnitude and the manner in which it was expressed – donation magnitude and donation expression format did not influence purchase intention independently.

Further analysis into the significant interactive influence of donation magnitude and donation expression format on purchase intention revealed divergent preferences. The most positive purchase intentions emanated from a donation framed as a high, actual amount. However, when a low donation was promised, coupling the donation magnitude with a percentage-of-price expression resulted in greater purchase intentions. The possible reasons for this result are two-fold. Firstly, consumers value transparency. In an age where corruption and unethical business conduct is widespread (Bazerman & Tenbrunsel, 2011), a clear, direct expression of the CARE donation promise in the format of an actual amount is viewed as most transparent and thus leads to more positive purchase intentions (Das et al., 2014; Olsen et al., 2003). However, in the current study, such actual amount communication only delivered positive outcomes when high donation magnitudes were promised. Secondary research has suggested that the clear communication of a low donation magnitude perhaps conjures consumer scepticism about the firm’s commitment to the CARE campaign and its motives for participating in a prosocial campaign (Svensson & Wood, 2011; Folse et al., 2010).

Secondly, a low donation magnitude expressed in a percentage format might be perceived as much larger than its true magnitude due to the over-estimation error that consumers are bound to make. As discussed in Chapter 4, the over-estimation of amounts once a calculation is required is common. Although over-estimation is more prevalent when profits have to be estimated to subsequently ascertain the CARE donation magnitude, it can also occur when donation magnitudes are determined based on a percentage of the product's price (Bolton, Warlop & Alba, 2003; Olsen et al., 2003).

The interaction between donation magnitude and donation expression format had a significant impact on one other dependent variable, namely perceived firm motives, and the same pattern as described earlier was revealed – a high actual amount donation was preferred, whilst a low donation magnitude expressed as percentage-of-price was favoured above actual amount expressions of low donation magnitudes.

The above discussion alludes to the potential of consumer scepticism arising from the interaction between donation magnitude and donation expression format. However, consumer scepticism was not assessed in this research. Future research might provide greater clarity in this regard.

It can be concluded that consumer intentions to purchase the cause-linked product in this study was most positively influenced when a low involvement product, a specified donation recipient and a high actual amount donation featured in the CARE advertisement.

10.5.2 The influence of the independent variables on participation intention

Participation intention refers to consumers' expectations that they will perform the prescribed campaign behaviours that are necessary to initiate a donation to the donation recipient (Folse et al., 2010).

Participation intention was included in this study as it is a construct that has become increasingly popular in CARE research (Folse et al., 2010; Grau & Folse, 2007). In many CARE studies it has even been included as a substitute for purchase intention. However, prior research has not yet compared the two constructs and their potential to predict CARE campaign effectiveness – an outcome that depends greatly on cause-linked product sales.

Participation intention was represented by H_{02} . The influence of product involvement (H_{02a}), donation recipient specificity (H_{02b}), donation magnitude (H_{02c}), donation expression format

(H_{02d}) and the interaction between these variables (H_{02e}) were assessed. Hypotheses H_{02a} , H_{02b} and H_{02e} were rejected.

In Chapter 9 the influence exerted on participation intention by the highest-order interactions between the independent variables were discussed first. Ancillary results from lower-order interactions and independent main effects were subsequently provided.

The findings provide several insights about CARE. The influence of the experimental main effects on participation intention was similar to the impact they exerted on purchase intention. However, the following two exceptions were identified: Firstly, the interaction between product involvement and donation recipient specificity had a significant impact on consumer intentions to participate in the CARE campaign. This result was similar for purchase intention. Also similar to the purchase intention results was the finding that participation intentions were more positive when a low rather than a high involvement product was included in the campaign. However, the nature of the interaction also differed from the effect exerted on purchase intention – participation intention was more positive when a specified donation recipient was mentioned, irrespective of the product included in the campaign. Participation intention appears to represent a lower level of commitment than purchase intention. Therefore, the donation recipient might play a more important role in the interaction than was the case with purchase intention where the product and its associated price were more prominent determinants in the interaction. The inference can be made that CSEs other than the product and its price become more important considerations in CARE when the responses expected from the consumer require lower levels of commitment and perhaps lower levels of perceived risk. In other words, if the purpose of the campaign is merely to generate sales, the product included in the campaign might play a more critical role than when the objective is, for instance, to encourage broad consumer participation, to build a positive reputation for the brand or to encourage consumer involvement. The findings suggest that the donation recipient might be prominent in achieving the objective of encouraging consumer involvement.

Collaborative campaigns such as CARE can contribute to building an NPO's brand, but as previously mentioned, such campaigns are more effective when the participating brands are already strong (Baghi & Gabrielli, 2013; Laidler-Kylander & Simonin, 2009).

Research has confirmed that a strong NPO brand can signal trustworthiness and professionalism (Weisnewski, 2009). When partnering with a for-profit entity, such associations can be transferred from the NPO to the product brand. Thus, as suggested by

the associative network memory model and attribution theory, if a specified donation recipient with a strong brand is included in a CARE campaign, the positive associations will transfer to the product brand and the positive NPO associations will be attributed to the for-profit entity (Dickinson & Barker, 2007; Basil & Herr, 2003; Till & Nowak, 2000). Therefore, the NPO brand included in the current research, namely Reach for a Dream, was carefully selected in terms of familiarity and fit.

Secondly, purchase intention was not significantly impacted by the independent main effect of donation recipient specificity, whereas participation intentions were significantly affected by this CSE. Further analysis indicated that participation intentions were more positive when a specified donation recipient was included in the advertisement. As with purchase intentions, the significant independent effect of product involvement triggered more positive participation intentions when a low involvement product was evident in the CARE campaign.

Past research pertaining to CARE and participation intention did not assess the influence of product involvement, donation recipient specificity or donation expression format on participation intention. Rather it focused on the influence of donation proximity, positive message framing (Grau & Folse, 2007), purchase quantity, consumer participation effort (Folse et al., 2014; Folse et al., 2010) and firm donation type (products versus monetary) (Folse et al., 2014).

Grau et al. (2007) suggested that participation intention might be influenced by four critical donation-related CSEs, namely: (1) the donation quantifier, in other words, how the donation amount is expressed, (2) the perceptions of the donation quantifier relative to the price of the product, (3) the presence or absence of donation caps and deadlines, in other words, limits to the campaign duration, and (4) the methods used by firms to promote their CARE contributions during the campaign. However, the influence of these CSEs on participation intention was not empirically assessed (Grau et al., 2007). In the current study, the influence of donation expression format or the donation quantifier on participation intention was investigated to extend the research of Grau et al. (2007). As mentioned before, the influence of donation expression format on participation intention was found to be insignificant. The finding, thus, differed from the notion of Grau et al. (2007).

Folse et al. (2010) assessed the influence of the donation amount on campaign participation intention. In their study, the donation was expressed as an actual amount and various magnitudes were presented to consumers. They found that the donation amount did not exert a significant influence on participation intention. The current study's findings concur

with those of Folse et al. (2010), namely that donation magnitude did not exert a significant effect on participation intention.

10.5.3 Comparing purchase and participation intention

In Chapter 9 purchase intention and participation intention were compared to assess the relationship and differences between these two constructs. The results showed that participation intention was significantly more positive than purchase intention. This pattern was prevalent across all the experimental groups. This discovery prompted further inquiry into the deeper meaning of these constructs and the relevance of their measurement scales as indicators of the effectiveness of a CARE campaign.

For the purpose of this study, purchase intention referred to the level of respondents' intentions to purchase the Pritt glue stick or the HP laptop computer that was shown in the print advertisement stimuli as part of the presented CARE campaign. Although most CARE campaigns have several objectives (Tustin & Pienaar, 2005), one of the key outcomes is often to sell the CARE-linked product. Therefore, it can be assumed that an appropriate measure of CARE effectiveness would be whether or not consumers would purchase the product. In this study, the reliable purchase intention scale was deemed suitable as a measure to determine the likelihood of purchasing behaviour.

The participation intention scale was developed specifically for the CARE context by Grau and Folse (2007). The participation intention construct (discussed in Chapters 5, 6 and 9) is defined somewhat broader than purchase intention, as reflected in the scale items used to measure the participation intention construct (see Table 10.6). As can be seen in Table 10.6, one item of the participation intention scale (Table 10.6, Item 3) relates to purchase considerations, whilst the other items assess thoughts about the CARE campaign (Table 10.6, Item 1), a willingness to participate (Table 10.6, Item 2) and a likeliness of involvement (Table 10.6, Item 4) (Folse et al., 2010). Items 1 and 2, the most non-committal items in the scale, generated the highest mean scores, whilst purchase considerations and involvement likelihood returned lower scores.

Table 10.6
Participation intention scale items and mean scores

Item number	Item	Mean
1	I think the marketing campaign portrayed in the advertisement is a good idea.	5.6309
2	I would be willing to participate in the marketing campaign showed in the advertisement.	5.3026
3	I would consider buying Pritt glue stick as showed in the advertisement in order to help Reach for a Dream.	5.1703
4	It is likely that I would contribute to Reach for a Dream by getting involved in the marketing campaign showed in the advertisement.	4.9889

As indicated by the individual items in Table 10.6, the participation intention scale relates to broad outcomes that might be set by marketing managers when developing CARE campaigns. However, as indicated by the comparison between the participation and purchase intention scales, the use of only participation intention as a measure of CARE effectiveness may result in an inflated perception of success – thus, even if consumers are willing to participate in a CARE campaign, their purchase intentions might still be significantly lower than their participation intentions. However, if the purpose of the campaign was not merely to generate sales, but also, for instance, to achieve other objectives such as general participation as a result of brand improved reputation, campaign participation might be an appropriate measure.

Noteworthy is that the most positive purchase and participation intentions were both measured in experimental group 3 where respondents were exposed to a low involvement product, a specified donation recipient, and a high, actual amount donation. The advertisement shown to group 3 was also the stimulus that resulted in the most similar purchase and participation intentions.

10.5.4 The influence of the independent variables on attitude toward the advertisement

Attitude toward the advertisement refers to the predisposition to respond in a consistently favourable or unfavourable way toward a CARE advertisement (Schiffman & Kanuk, 2015).

Attitude toward the advertisement was included in this study for several reasons. A communications-based approach was adopted and therefore independent variables that are typically visibly communicated to consumers in a CARE campaign and dependent attitudinal variables that assess consumer responses to the campaign itself were selected. The

advertisement – a print advertisement in the current study – was the medium selected to communicate the CARE offer conveying the CARE campaign message. Consumer favourability toward the advertisement has the ability to influence consumer intentions and was therefore included in this research (Schiffman & Kanuk, 2015).

Attitude toward the advertisement was represented by H_{03} . The influence of product involvement (H_{03a}), donation recipient specificity (H_{03b}), donation magnitude (H_{03c}), donation expression format (H_{03d}) and the interaction between these variables (H_{03e}) were assessed. Hypotheses H_{03a} , H_{03b} and H_{03e} were rejected.

In Chapter 9, the influence exerted on attitude toward the advertisement by the highest-order interactions between the independent variables were discussed first. Ancillary results from lower-order interactions and independent main effects were subsequently provided.

The findings provide several insights about CARE. In interactions where more than two main effects are involved, consumers are more favourable toward the advertisement when the number of less-preferred CSE levels is limited. For instance, the results indicate a three-way interaction. The three-way interaction features donation recipient, donation magnitude and expression format. Indications are that consumers favour a specified donation recipient, a high donation magnitude and an actual amount expression. However, when one of these main effects is portrayed in its less-preferred format, the preferred portrayals of the other two main effects surpass the potential negative effect of the less-preferred format. But, when more than one of the main effects are portrayed in its less-preferred format (two less-preferred portrayals in the case of a three-way interaction), only one main effect is portrayed according to its preferred level. The number of preferred main effects is thus surpassed by the influence of the number of less-preferred portrayals to result in less favourable outcomes. This argument seems to be valid, except when the portrayals of the less-preferred formats collectively result in lower risk. The following is an example: When a specified donation recipient is featured in conjunction with a high donation magnitude, the percentage-of-price expression format will not affect consumer attitudes toward the advertisement negatively despite being the less-preferred donation expression format when compared to an actual amount expression. Thus, the combination of a specified donation recipient, a high donation magnitude and a percentage-of-price expression format will result in favourable consumer attitudes toward the advertisement. This notion was confirmed in this study. However, when the featured donation magnitude changes from high to low or when the donation recipient changes from specified to vague, the number of less-preferred portrayals will exceed the number of preferred portrayals and will result in less positive consumer attitudes. But, the

exception occurs when a low donation magnitude is promised to a vague recipient and expressed as a percentage-of-price (in other words three less-preferred portrayals). Firstly, the overestimation error increases the perceived donation magnitude. Secondly, the low donation magnitude seems to be a less risky option because of the vagueness of the donation recipient.

The results from this research concur with those of Olsen et al. (2003) that a high donation magnitude expressed in a percentage format resulted in more favourable attitudes toward the advertisement than a low donation magnitude. However, in the current study, this finding was moderated by donation recipient specificity, and the results were only applicable when a specified donation recipient was included in the CARE advertisement.

Research by Nan and Heo (2007) emphasised the importance of a high brand-cause fit to ensure favourable attitudes toward the advertisement. Although a brand-cause fit was not manipulated or assessed in this research, it was taken into consideration during the development of the experimental stimuli and during the selection of a suitable for- and non-profit entity for inclusion in the stimuli.

10.5.5 The influence of the independent variables on cognitive attitude toward the cause-related marketing offer

Cognitive attitude toward the CARE offer refers to a respondent's predisposition to cognitively respond in a consistently favourable or unfavourable way toward the CARE offer, thus thinking positively or negatively about the offer (Schiffman & Kanuk, 2015; Ellen et al., 2000; Andreasen, 1996).

Cognitive attitude toward the CARE offer was included in this study for several reasons. Firstly, attitude toward the CARE offer is rarely assessed in CARE research as many researchers tend to focus on related outcome variables such as attitude toward the firm, the brand or the cause. In this research, consumer favourability toward the CARE offer was viewed as a critical prerequisite for consequent positive responses. Therefore, the construct was included in the study. Most studies employ attitude as a blanket construct without distinguishing between its affective and cognitive components. It is furthermore debatable whether purchasing a cause-linked product is a cognitive or an affective decision. Therefore, these two constructs were assessed separately in this research.

Cognitive attitude toward the CARE offer was represented by H_{04} . The influence of product involvement (H_{04a}), donation recipient specificity (H_{04b}), donation magnitude (H_{04c}), donation expression format (H_{04d}) and the interaction between these variables (H_{04e}) on cognitive attitude toward the CARE offer were assessed. Hypotheses H_{04a} , H_{04b} and H_{04e} were rejected.

In Chapter 9 the influence exerted on cognitive attitude toward the CARE offer by the highest-order interactions between the independent variables were discussed first. Ancillary results from lower-order interactions and independent main effects were subsequently provided.

The findings offer several insights about CARE. Cognitive attitude toward the CARE offer was significantly influenced only by the independent main effects of product involvement and donation recipient specificity, and the interaction between these constructs. The results indicate that the respondents' cognitive attitudes were significantly more positive when they were exposed to a low involvement product and a specified donation recipient. The interaction between these two constructs suggests that attitudes were more positive in the low involvement scenario, irrespective of the donation recipient featured in the stimulus. Attitudes were also more positive in the specified donation recipient scenario, irrespective of the product involvement level. Noteworthy is that the interaction between a low involvement product and a specified recipient resulted in higher attitudinal mean scores than when a vague donation recipient featured – the difference resulting from the low involvement scenario was thus more pronounced as the difference resulting from the high involvement scenario.

It is also worth mentioning that cognitive attitude toward the CARE offer was not significantly influenced by the donation magnitude. Numbers are typically associated with central route processing and rational decision-making (Petty & Cacioppo, 1986). Therefore it could be expected that the different donations featured in the CARE offer would activate different cognitive responses. However, revisiting the definition of cognitive attitude indicates that it points to consumer knowledge and perceptions that are derived from, amongst others, the information provided and not a measure of consumer rationality (Schiffman & Kanuk, 2010). Thus, the more favourable the information from the CARE offer is perceived to be, the more positive are the cues that are transmitted to the consumer for making inferences, which result in favourable cognitive attitudes. The research thus far has indicated that consumers prefer low involvement products and specified donation recipients in CARE offers. The highest cognitive attitudes resulted from group 1 that was exposed to a stimulus featuring a low involvement product and a specified donation recipient. The lowest cognitive attitudes

resulted from group 14 that was exposed to a stimulus featuring a high involvement product and a vague donation recipient. These findings confirm the notion that positively perceived information will contribute to positively perceived knowledge that in turn will lead to more favourable cognitive attitudes. Although not significant, it is noteworthy that both group 1 and group 14 featured a percentage-based donation. However, group 1 was exposed to a high donation magnitude whereas group 14 was exposed to a low donation magnitude. The findings align well with research by Olsen et al. (2003), who indicated that even individuals who are experienced with numbers (e.g. those who had formal accounting training and who would thus be expected to be more aware of donation-related aspects), often do not notice the donation expression format used in a CARE campaign. This research further confirms the contention that cognitive attitudes depend more on positively perceived information cues than on rationality.

The above reasoning might also explain why product involvement and donation recipient specificity are more determinant in shaping cognitive attitudes toward the CARE offer. Product involvement infers product price and relates directly to the consumer's purchasing decision. Low involvement products require less information processing – fewer positive cues will thus result in positive cognitive attitudes than when compared with high involvement products where extensive information and mental processing is required before a decision can be made. Such extensive processing might increase consumer awareness about the persuasion effort (Moosmayer & Fuljahn, 2010; Friestad & Wright, 1994), generating more consumer coping mechanisms (e.g. resisting the purchase), and resulting in less positive cognitive attitudes than would be the case with the low-involvement product.

Similar to donation recipient specificity, which may initially seem to be an emotional cue, prosocial campaigns and charitable organisations often appeal to consumers' emotions and support toward such campaigns or organisations are thus implicitly viewed as emotional decisions. However, when a vague donation recipient is presented in the CARE offer, again, it signals a lack of information, requires more mental processing, triggers higher persuasion knowledge and more consumer resistance, and results in less positive cognitive attitudes toward the CARE offer. However, a specified donation recipient with a strong brand, such as Reach for a Dream that was included in this study, represents several positive associations and signals this information to consumers without them having to exert extensive mental energy in the process.

For comparison purposes and to gain an improved understanding of consumers' attitudes toward the offer, their affective attitudes were also assessed.

10.5.6 The influence of the independent variables on affective attitude toward the offer

Affective attitude toward the CARE offer refers to the predisposition to affectively respond in a consistently favourable or unfavourable way toward the CARE offer, thus feeling positively or negatively toward the offer (Schiffman & Kanuk, 2015).

Affective attitude toward the CARE offer was included in this study for several reasons. As previously mentioned, most studies have employed attitude as an overarching construct without distinguishing between its affective and cognitive components. Considering the question whether purchasing a cause-linked product is a cognitive or an affective decision, and given the mounting importance of the role of emotion in marketing, affective attitude toward the offer was assessed separately from cognitive attitude toward the offer in this research.

Affective attitude toward the CARE offer was represented by H_{05} . The influence of product involvement (H_{05a}), donation recipient specificity (H_{05b}), donation magnitude (H_{05c}), donation expression format (H_{05d}) and the interaction between these variables (H_{05e}) on affective attitude toward the CARE offer were assessed. Hypotheses H_{05a} and H_{05b} were rejected.

In Chapter 9 the influence exerted on affective attitude toward the CARE offer by the highest-order interactions between the independent variables were discussed first. Ancillary results from lower-order interactions and independent main effects were subsequently provided.

Several insights about CARE were obtained. Affective attitude toward the offer was dependent variable that was least affected by the dependent variables in this study. No interaction effects influenced this construct, but the main effects of product involvement and donation recipient specificity exerted a significant influence. The results differed from those pertaining to cognitive attitude toward the offer on which the interaction between product involvement and donation recipient specificity exerted a significant influence. It was, however, similar to cognitive attitude toward the CARE offer in that a low involvement product and a specified donation recipient resulted in more positive affective attitudes than a high involvement product and a vague donation recipient.

The product involvement findings might be linked with the associations held in consumer memory about glue stick and more specifically, Pritt. Glue stick is typically associated with childhood fun, whilst Pritt is a well-known and loved brand in the South African context. According to the definition of affective attitude, the occurrence of positive feelings and

emotions as a result of exposure to the Pritt glue stick (low involvement product) can be expected. In contrast, although HP is a well-known brand in South Africa, its associations in consumer memory might not be as enduring and endearing – consumers are less likely to experience positive feelings of nostalgia when being exposed to an HP laptop computer than when being exposed to a Pritt glue stick.

Reach for a Dream has a well-established brand in the South African context. As an organisation it holds a positive image in the minds of consumers – its core purpose and continued activities, as mentioned in Chapter 6, contribute to favourable and unique associations in the minds of people (Keller, 1993). A vague donation recipient has none of the abovementioned characteristics and thus provides very few cues for positive inference-making and affective attitude development.

10.5.7 Comparing cognitive and affective attitude toward the cause-related marketing offer

In Chapter 9 cognitive and affective attitude toward the CARE offer were compared to assess the relationship and differences between these two constructs. The results showed that there is a significant positive correlation between cognitive and affective attitude toward the CARE offer, but that there is also a significant difference between these constructs as a result of exposure to the CARE stimulus in this study. These findings are consistent with previous research that emotions can exist along with cognition throughout the decision process (Bell, 2011).

The findings indicate that respondents' cognitive attitudes were significantly higher than their affective attitudes. This pattern was prevalent across all the experimental groups. A comparison was made between the cognitive and affective attitude measures resulting from product involvement and donation recipient specificity, as both these main effects exerted a significant impact on the respective attitude measures. The results confirmed the pattern that cognitive attitudes were more positive than affective attitudes. Although not significant, a similar pattern was detected in terms of donation magnitude and donation expression format. The comparison further confirmed that a low involvement product and a specified donation recipient generated more favourable attitudes than their counterparts, namely a high involvement product and a vague donation recipient.

Although not all in agreement, researchers have suggested that cognitive and affective attitude may require different persuasive appeals (Crites et al., 1994). Consumers might thus

display different cognitive, affective and behavioural responses to the various CSEs and different approaches to message framing that are included in CARE offers.

According to CARE research, emotional appeals are often associated with visual portrayals of the campaign beneficiaries. However, the visual elements included in the CARE offer presented to respondents in this study were (1) the product and its branding, (2) where applicable, the donation recipient's logo, and (3) non-specific design elements. Images with an emotional appeal were not used in the advertisement. It has been emphasised that appealing to the hearts of people should be a deliberate effort (Small et al., 2007), but that was not the case in the current study. Therefore, it could be argued that the elements included in the advertisement were cognitive in nature (e.g. product information, price information and donation magnitude), with the result that more positive cognitive responses were elicited.

The donation recipient was perhaps the most affective CSE presented in the CARE advertisement, but it was not framed according to an emotional appeal and thus provided limited emotional cues for affective inference-making, transfer and attitude formation.

10.5.8 The influence of the independent variables on attitude toward the alliance

Attitude toward the alliance in this study refers to a consumer's favourable or unfavourable predisposition toward the combination of the for- and non-profit partners as jointly presented in the CARE offer and advertisement (Schiffman & Kanuk, 2015; Alcañiz, Cáceres & Pérez, 2010; Simonin & Ruth, 1998).

Attitude toward the alliance was included in this study for several reasons. The influence of the study's selected independent variables on attitude toward the alliance has not yet been investigated. The communications-based approach adopted in this study focused on consumer responses pertaining particularly to the CARE elements that were unique to the campaign and do not exist outside of the campaign. Attitude toward the alliance represents such a consumer response. Given the growing importance of collaboration and alliances in business and marketing, assessing consumer responses to such CARE associations was deemed necessary.

Attitude toward the alliance was represented by H_{06} . The influence of product involvement (H_{06a}), donation recipient specificity (H_{06b}), donation magnitude (H_{06c}), donation expression format (H_{06d}) and the interaction between these variables (H_{06e}) were assessed. Hypotheses

H_{06a} , H_{06b} and H_{06e} were rejected. The CARE insights obtained from these findings are discussed next.

10.5.8.1 Three-way interaction between donation recipient specificity, donation magnitude and donation expression format

The three-way interaction effect on attitude toward the alliance held several similarities with the findings pertaining to attitude toward the advertisement. A specified donation recipient generated more positive attitudes toward the alliance than a vague recipient, irrespective of the donation magnitude and donation expression format it interacted with. In the actual amount scenario, more positive attitudes toward the advertisement emerged from the interaction between a specified donation and a low donation magnitude as opposed to a high donation magnitude. In the percentage-of-price scenario, more positive attitudes toward the alliance resulted from the interaction between a specified donation recipient and a high donation magnitude as opposed to a low donation magnitude.

The three-way effect between donation recipient, donation magnitude and expression format was similar to the effect exerted on attitude toward the advertisement – it indicated that preferred portrayals must surpass less-preferred portrayals to ensure a positive effect.

In the two-way interaction, attitudes were more positive when a low involvement product featured in the advertisement, irrespective of the donation magnitude. Low magnitude donations were more sensitive to different product involvement levels. In a high involvement scenario, bigger differences in attitude toward the alliance were measured because of different donation magnitudes, compared to the low involvement scenario. In the low donation magnitude setting, bigger differences in attitude toward the alliance occurred due to different product involvement levels than was the case with high donation magnitudes.

Research has indicated that attitudes toward both the product brand and the cause can be enhanced if a CARE alliance is favourably perceived (Lafferty et al., 2004). According to information integration theory, attitudes held by consumers prior to exposure to a CARE alliance will influence their evaluation of the alliance (Lafferty et al., 2004). Attitudes are formed and altered by the information people receive, interpret, evaluate and integrate with their prior attitudes (Lafferty et al., 2004; Anderson, 1971). The information cues deduced from the alliance presented, will thus contribute to what is known about the alliance and the evaluation of it.

Although several studies acknowledge the importance of the cause-brand alliance in CARE and the role it plays in influencing purchase intention, few studies have examined the influence of CSEs on consumer attitudes toward the alliance (Bigné-Alcañiz et al., 2010). A number of CARE studies have focused on the cause-brand alliance as the independent variable and have thus assessed its impact on consumer responses, for instance the post-attitude toward the brand and the firm, and purchase intention (Bigné-Alcañiz et al., 2010; Lafferty & Edmondson, 2009). In the current research, attitude toward the alliance was assessed as one of the dependent variables of the study. Various studies have also addressed the influence of brand-related (referring to the product brand) variables on consumer evaluation of CARE alliances (Baghi & Gabrielli, 2013). Such research has focused on attitude toward the brand, familiarity with the brand involved and, in particular, on perceived cause-brand fit (Baghi & Gabrielli, 2013; Lafferty et al., 2004). However, the influence of the donation recipient (specified or vague) on attitude toward the alliance has received limited research attention (Baghi & Gabrielli, 2013). Also, CARE research has shown successful alliances between the donation recipient and both hedonic and functional products, but the influence of low or high involvement products on attitude toward the alliance have not yet been assessed (Baghi & Gabrielli, 2013). Therefore, in the current research, the influence of the donation recipient and product involvement on attitude toward the alliance was addressed.

As mentioned before, cause-brand fit exerts a considerable influence on attitude toward the alliance, and CARE practitioners are encouraged to form alliances with high-fit social partners to ensure positive attitudes toward such alliances (Gupta & Pirsch, 2006). Research has further confirmed that attitude toward the alliance influences purchase intention (Lafferty & Edmondson, 2009), highlighting the importance of understanding which CSEs lead to positive attitudes toward the alliance.

10.5.9 The influence of the independent variables on perceived firm motives

Perceived firm motives refer to a firm's perceived reasons for participating in a prosocial campaign such as CARE (Campbell & Kirmani, 2008). In the current study, the favourability of respondent perceptions toward the reason why firms participate in CARE campaigns was assessed – in other words, whether or not the firm's participation in the CARE campaign was perceived to be driven by positive or negative motives.

Perceived firm motives were included in this study because of its growing importance in CARE research and its sensitivity to varying CSEs. Perceptions often precede attitude and

therefore it can be assumed that consumer attitudes and intentions will be influenced by their perceived firm motives. Perceived firm motives were thus assessed because of its direct and indirect or moderating influence on the effectiveness of CARE.

Perceived firm motives were represented by H_{07} . The influence of product involvement (H_{07a}), donation recipient specificity (H_{07b}), donation magnitude (H_{07c}), donation expression format (H_{07d}) and the interaction between these variables (H_{07e}) on perceived firm motives were assessed. Hypotheses H_{07a} , H_{07b} , H_{07d} and H_{07e} were rejected.

In Chapter 9, the influence exerted on perceived firm motives by the highest-order interactions between the independent variables were discussed first. Ancillary results from the lower-order interactions and independent main effects were subsequently provided.

The findings provide several insights about CARE. In this study, perceived firm motives were revealed as the dependent variable that was most sensitive to differences in the CSEs that were presented in the CARE advertisement. It was also the only dependent variable that was simultaneously influenced by the four independent variables included in the study, as revealed by a four-way interaction effect. The insights arising from the four-way interaction will be discussed and enhanced by means of the other significant findings next.

Noteworthy is that product involvement and donation recipient specificity played a significant role. The two-way interactions revealed that the most positive perceived firm motives generally derived from stimuli that featured a low involvement product, a specified donation recipient, an actual donation expression format and a high donation magnitude. The independent main effects confirmed this pattern, except with reference to donation magnitude. The results pertaining to donation magnitude were less conclusive and this main effect interacted with other effects to influence perceived firm motives; it did not exert a significant independent impact.

The three-way interactions provided further insights. In a scenario featuring a specified donation recipient, a high donation magnitude resulted in more positive perceived firm motives, irrespective of product involvement. However, in a scenario featuring a vague donation recipient, contrasting results were found – a high donation magnitude in conjunction with a high involvement product resulted in more positive perceived firm motives, whilst a low donation magnitude combined with a low involvement product resulted in more positive perceived firm motives.

Irrespective of product involvement and donation magnitude, a specified donation recipient resulted in more positive perceived firm motives. The first three-way interaction suggested the following: A high donation magnitude was more sensitive to a change in the donation recipient in a low involvement scenario than in a high involvement scenario. Perceived firm motives were more sensitive to a change in donation recipient in a low involvement scenario featuring a high donation magnitude. Perceived firm motives were also more sensitive to a change in donation recipient in a high involvement scenario featuring a low donation magnitude. In the three-way interaction the least positively perceived firm motives derived from the interaction between a low involvement product, high donation magnitude and a vague donation recipient. The most positively perceived firm motives derived from the interaction between a low involvement product, high donation magnitude and a specified donation recipient.

The results suggest that when coupled with product involvement, donation magnitude evoked contrasting perceived firm motives – low involvement products in conjunction with a low donation magnitude resulted in the most positively perceived firm motives, whereas a low donation magnitude in conjunction with a high involvement product resulted in the least positively perceived firm motives. High involvement products in conjunction with a high donation magnitude resulted in slightly more positively perceived firm motives than when a low involvement product featured in conjunction with a high donation magnitude. The donation magnitude CSE was seemingly responsible for the contrasting results.

A high involvement product is typically priced high. When a low donation magnitude is promised in a CARE advertisement featuring a high-priced product, questions arise about the firm's motives for participating in the campaign. Researchers have suggested that consumers implicitly compare product price and donation magnitude when exposed to CARE campaigns, and when there is a lack of suitable fit, consumers accordingly perceive the firm as not being committed to the campaign, and the firm's motives are then also questioned.

In terms of the second three-way interaction, irrespective of donation expression and donation magnitude, a specified donation recipient generated more positive perceived firm motives. However, the interaction between donation magnitude and donation expression format produced different results.

In a specified donation recipient scenario, perceived firm motives were less sensitive to different donation expressions. This was the case in both the high and low donation magnitude settings. However, a high donation magnitude resulted in more positive perceived

firm motives than a low donation magnitude. In a vague donation recipient scenario, perceived firm motives were very sensitive to different donation expression formats in the high donation magnitude setting, but less sensitive to different expressions in the low magnitude setting. Perceived firm motives were also more positive when high magnitude donations interacted with actual amount expressions or when low magnitude donations interacted with percentage-of-price expressions. These findings are similar to the interaction effect exerted by the interaction between donation expression and donation magnitude on purchase intention.

In a scenario where the donation was expressed as an actual amount, perceived firm motives were more sensitive to different donation recipients when a low donation magnitude was promised. In a scenario where the donation was expressed as a percentage-of-price, perceived firm motives were more sensitive to different donation recipients when a high donation magnitude was promised.

The four-way interaction patterns reveal that:

1. actual amount expressions were preferred above percentage-based expressions;
2. low involvement products were more effective than high involvement products;
3. specified donation recipients were preferred above vague donation recipients; and
4. high donation magnitudes were preferred above low donation magnitudes

During high involvement scenarios high donation magnitudes were preferred as it was perceived to be more transparent and it signalled a higher level of firm commitment. When small donations were promised, percentage-based expression formats were better as it made donations seem larger due to consumer over-estimation error.

10.6 MANAGERIAL IMPLICATIONS

Across the globe firms are recognising the importance of the reciprocal relationship between business and society. Increasingly, traditional philanthropy is questioned due to its inability to deliver measurable returns (James, 2013). Prosocial strategies, such as CARE, offer firms the opportunity to contribute to society, act as a donation agent on behalf of consumers and generate sales. Such strategies are a worthwhile consideration for firms that wish to contribute to society and gain measureable returns from the process.

The secondary, qualitative and quantitative research that was conducted in the current study provides several recommendations for firms that are considering collaboration with NPOs or charitable causes as part of a CARE campaign. These recommendations will be discussed next.

10.6.1 Cause-related marketing – embracing a different mind-set

In the past, traditional philanthropy was typically characterised by donations from firms to NPOs or other societal representatives. These actions often occurred without accompanying marketing communication, such as press releases.

For many years, gaining a return from philanthropy or societal involvement was not an objective a firm could openly pursue without falling subject to public criticism and accusations of exploitation. However, CARE should not be viewed in the traditional philanthropy paradigm or merely as a prosocial strategy. Cause-related marketing denotes a different mind-set – it is embedded in the foundation of reciprocity where receiving a return on a social investment is viewed as an acceptable and natural outcome. In the CARE context, reciprocity theory implies that firms, social partners (e.g. NPOs) and consumers act as givers, but are also rewarded with something in return (Briers et al., 2007). In essence, CARE is thus a mutually beneficial interaction, meaning that it is not only accepted, but also expected that the consumers, firms, and social partners, such as NPOs, who participate in the strategy, will all benefit from it.

A CARE mind-set also requires firms to engage in relationships with social agents (e.g. NPOs) and consumers as equal partners, rather than approaching these groups from a position of authority and superiority. The traditional philanthropy approach, where funding was donated by the firm to, for instance, the NPO as donation recipient, inevitably placed the firm in a position of advantage and power. Often, the NPO that is in dire need of funding, would assume a subordinate position, characterised by a passive adherence to all the donating firm's demands and an inability to confront the firm when such demands failed to align with the values or capabilities of the NPO. However, CARE requires a mind-set of equality where the benefits accrued by the firm and the NPO emanate from a negotiation process during which both entities could:

1. share their knowledge that could benefit them both;
2. contribute to the development of the campaign;
3. voice their views about what the campaign's values should be;

4. be confronted about their motives for participating in the campaign;
5. clarify their roles and responsibilities pertaining to the campaign; and
6. clearly state their intentions with the campaign.

The negotiation process between the firm and the NPO should be viewed as an opportunity for dialogue about societal change. Both the firm and the NPO have unique skills and expertise – when shared, the combination of these skills and expertise could result in innovative ideas, such as novel fundraising approaches and social change.

South Africa's political history of apartheid and the subsequent emphasis placed on equality by important stakeholders, such as the South African government, mean that the concept of equality is one that South African firms and consumers are familiar with. Therefore, South African firms and NPOs could play a leading role in adopting a mind-set of equality when negotiating CARE campaigns.

As mentioned earlier, CARE provides a platform for negotiations between firms and NPOs, but consumers can also be included in this process to enable a CARE decision-making process where all stakeholders have the opportunity to provide input. For instance, insights can be gained from consumers about the donation recipient and donation magnitude that should be featured in the CARE campaign. Such a process can be facilitated by research prior to a campaign or by allowing consumers to specify their donation recipient and donation magnitude preferences during the purchase process.

10.6.2 Acknowledging cause-related marketing as a business strategy

CARE has often been viewed as a prosocial strategy, in other words, a strategy with the purpose of benefiting others (Gneezy et al., 2012). Therefore, whenever CARE is described or considered by marketers, the strategy's characteristics that are associated with charitable giving is frequently mentioned.

The advertising appeals associated with prosocial campaigns are regularly directed toward triggering affective consumer responses. Therefore, emotional campaign messages that depend on imagery to activate a peripheral route to persuasion are often used. However, the current study has revealed that CARE offers featuring a combination of a product (low or high involvement), a donation recipient (specified or vague), a donation magnitude (high or low) and a donation expression format (actual amount or percentage-of-price) resulted in more positive cognitive attitudes than affective attitudes toward the offer. It can therefore be

inferred that CARE not only influences affective responses, but also cognitive responses. Thus, it is not only what consumers feel that influence their favourability toward CARE, but also what they think that has an even greater impact.

From the above, the conclusion is made that CARE should not merely be viewed as a prosocial strategy, but rather as a business or marketing strategy that deserves sufficient resource allocation owing to its potential impact on consumer responses (e.g. attitude, purchases, word-of-mouth) and the measurability of its returns. A CARE campaign should not be viewed as a charitable act of kindness where a firm donates to a worthy cause, but as a business strategy where the firm engages with the donation recipient as an equal partner. Thus, approaching CARE as a business rather than merely a prosocial strategy alters the nature of the relationship between the stakeholders involved and also increases the outcomes that can be expected from the campaign. It may even result in further collaborations between the firm and the NPO (e.g. the development of a new product specifically for CARE purposes) and consequently greater returns on the CARE investment.

10.6.3 Adopting a long-term approach

Strategic planning is critical to the success of CARE campaigns. As outlined in Chapter 3, firms can benefit extensively from CARE campaigns, but thorough planning is necessary to ensure the accrual of such benefits (O'Guinn et al., 2009).

Marketing practitioners who are responsible for developing CARE campaigns have to decide whether a strategic or a tactical approach should be adopted (Varadarajan & Menon, 1988). A strategic approach typically entails involvement from top management, a long-term commitment to the campaign or the donation recipient and a substantial investment of resources to develop and implement the campaign (Varadarajan & Menon, 1988). A tactical approach is more short-term-oriented and often employed by the firm as a sales-driven, promotional activity (Varadarajan & Menon, 1988).

Research indicates that firms will benefit more from adopting a strategic approach to CARE (Van den Brink et al., 2006). In the focus groups conducted during the current study, participants also alluded to their preference for firms that launch strategic CARE campaigns. However, several considerations (e.g. campaign duration, cause-brand fit, and management involvement) highlight that quasi-strategic CARE campaigns are often more suitable.

Campaign duration decisions form part of CARE planning. Although a strategic approach to CARE embraces a long-term commitment, such commitment does not always have to be to the campaign itself. The focus group discussions in this research indicated that a tactical, short-term CARE campaign can still form part of long-term strategic planning and a long-term commitment to the cause or partner/donation recipient. Therefore, shorter-term campaigns often deliver more benefits – if the CARE campaign is shorter in duration, consumers who encounter it often assume that they have to purchase the product then if they want to make a contribution, as the campaign might not be running another time they want to purchase the cause-linked product. Thus, during shorter-term CARE campaigns, the desired product sales often occur sooner rather than later.

Shorter-term campaigns are also more suitable when the donation recipient is a disaster-related rather than an ongoing cause. In such instances the contribution made in response to an extreme need seems to surpass consumers' preferences for long-term commitment.

Strategic versus tactical orientation and campaign duration are often not communicated to the consumer when CARE campaigns are promoted and were therefore not quantitatively assessed in this study. However, based on the insights from the secondary and qualitative research, it is recommended that CARE campaign planning is included in long-term strategic planning. Furthermore, that, although short-term campaigns might be implemented, firms select CARE partners who are congruent with the firm, whom top management are positive toward and whom the firm is willing to commit to over the long term. Firms that decide to contribute to disaster-related causes using CARE campaigns are encouraged to consider long-term involvement with the disaster cause (or something similar) if the purpose of the involvement is reaping long-term benefits and not merely engaging in short-term philanthropic actions.

During campaign planning, firms are further encouraged to consider the geographic scope of their campaigns. This decision relates to the geographic boundaries of the donation recipient and the cause-linked product. Although this is not a CSE that is always communicated to consumers in CARE campaigns, consumers have indicated a preference for local campaigns, referring to the donation recipient in particular (i.e. *charity begins at home*). Donating to a local donation recipient conveys the idea to consumers that they would be able to see the impact of their contributions, thereby enhancing their feelings of a *warm glow*, a positive self-concept and social identity (Guerreiro et al., 2015; Laidler-Kylander, 2012; Winterich & Barone, 2011).

10.6.4 Clarifying campaign objectives

Marketers are continuously challenged to explore creative opportunities to contribute to profit generation and improved stakeholder relationships. CARE represents such an opportunity. When marketing practitioners are considering the inclusion of CARE in their marketing mix strategies, it is critical that they clarify the purpose of such inclusion and the objectives they want to achieve by means of the strategy.

Research has indicated that different CSEs align better with different CARE campaign objectives. For instance, the results of this study suggest that the product included in the CARE campaign is particularly important to stimulate participation intention, purchase intention and, ultimately, sales. The donation recipient plays an instrumental role in generating positive perceived firm motives and a positive attitude toward the alliance portrayed in the CARE offer. Message framing influences emotional responses (Small & Verrochi, 2009) and the complexity and/or the extent of the information have an important influence on cognitive attitudes toward the CARE offer.

It is recommended that marketers familiarise themselves with the various CSEs and their permutations before commencing with CARE to ensure that effective campaigns are developed and that the selected CSEs are suitable to achieve the desired objectives.

10.6.5 Understanding the target audience

Previous CARE research has indicated that CARE campaigns are most effective among young consumers, females or middle- to high-income earners (Cui et al., 2013). In the current research, data were collected among male and female respondents of all ages who formed part of an LSM 7 and above household. Despite significant differences resulting from various experimental manipulations, the perceptions, attitudes and intentions of respondents were generally positive, indicating that CARE is a strategy with the ability to achieve success in an array of target markets.

However, it is vital to understand the product, the prosocial and the communication needs of the target audience for the development of effective CARE campaigns. Although young audiences are particularly favourable toward CARE, the campaign is likely to fail if the product included in the campaign is irrelevant to their needs. In similar vein, if the target market is opposed to prosocial business activities, CARE will not be effective either. Therefore, marketers are encouraged to find out more about their target market's prosocial

preferences in their market research efforts. It is recommended that such inquiry assess, amongst others, which charitable causes are preferred by the target market, and their familiarity with a selection of specified donation recipients that fit the firm or product to be featured in the CARE campaign.

In this study, respondents indicated a general preference for CARE campaigns featuring a low involvement product and a specified donation recipient. However, discussions during the focus groups suggested that males and females from different cultural contexts have different preferences, and often also different values. Male participants were, for instance, more open to percentage-based donation expressions, whilst black females in particular, were willing to make large donations to negate their feelings of guilt for purchasing self-directed, expensive products. The research aligns well with findings from Subrahmanyam (2004) and Galan-Ladero et al. (2013) who emphasised the importance of considering cultural contexts when developing CARE campaigns. Culture represents values, history, customs and several other aspects that influence consumer decision-making, consumption and, more importantly, prosocial behaviour (Schiffman & Kanuk, 2015). The influence of culture will be alluded to again later in this chapter.

The above discussion highlights the importance of assessing the prosocial needs and preferences of a specific target market in addition to its product- and brand-related needs when developing CARE campaigns.

10.6.6 Selecting a cause-linked product

One of the most important CARE decisions that has to be made by marketers, is selecting the product to be included in the campaign. Although it is a simple choice for firms that sell only one product or service, it can become a more challenging decision for firms that sell different products or services. In the latter scenario, firms have the option of including one product, a whole product category/line or a brand encompassing one or more products in the campaign.

Past research has indicated a preference for cause-linked hedonic products in most Western countries (Strahilevitz & Myers, 1998). However, results from Spain and Singapore suggested greater favourability toward practical products (Galan-Ladero et al., 2013; Subrahmanyam, 2004). However, recent research has indicated that CARE can also be successful with luxury brands (Boenigk & Schuchardt, 2015).

As previously mentioned in this chapter, product involvement played a determining role in shaping the dependent variables that were assessed in the current study. Across the experimental groups, the low involvement products resulted in more positive responses than high involvement products, perhaps due to the greater affordability of the featured low involvement product. The results show that respondents did not view all products as equal, and marketers should therefore be careful when selecting a product for a CARE campaign.

In the past, several marketers have used CARE to launch a new product. As the product is unfamiliar to the target market, it has few existing associations and can therefore not contribute to positive affect transfer to the donation recipient (Dickinson & Barker, 2007; Basil & Herr, 2003; Kim et al., 1998). Also, a potential lack of product sales might erroneously be accredited to the CARE campaign when it is actually the result of a lack of product and/or brand awareness.

It is therefore recommended that marketers include products that (1) are well-known to the target market, (2) have a high level of sales potential in the target market, and that (3) hold positive associations for possible positive transfer of affect during CARE campaigns.

10.6.7 Selecting a campaign partner

Cause-related marketing can only be fulfilled if a cause-linked product is bought by the consumer and, thus, if a donation recipient is included in the campaign as social partner.

As discussed in Chapter 4, many firms prefer partnering with a general cause, rather than a specific NPO as it provides flexibility and ensures that control over the campaign remains the firm's prerogative (Huber, Meyer, Stein & Strieder, 2016; Sheikh & Beise-Zee, 2011). However, the results of the current study clearly indicate that partnering with a branded, specified donation recipient holds benefits in terms of positive consumer perceptions, attitudes and intentions.

It is recommended that a firm that partakes in a CARE campaign selects a partner in the form of a branded NPO, rather than promising donations to a charity in general or a vague cause. To reap optimal benefits, firms are encouraged to build long-term relationships with their CARE partners, again highlighting the importance of careful consideration during the partner selection process. It is suggested that the selected non-profit partner (1) is familiar to the target audience, (2) is a well-managed, professional organisation, (3) has a strong brand with favourable associations that could transfer to the for-profit brand and the campaign, (4)

fits well with the for-profit brand, and (5) understands the importance of business time-frames.

In addition to selecting non-profit partners that adhere to the above guidelines, firms are encouraged to partner with NPOs that are supported by or agreed on by management (Varadarajan & Menon, 1988). Building a long-term relationship with a social partner, in particular by including CARE in the process, is an investment with several potential future returns, continuous sales, new product development and prolonged publicity. It is recommended that firms approach CARE as an equal, reciprocal partnership and not as a philanthropic or charitable activity where no returns or input is required from the NPO.

10.6.8 Acknowledging the social partner as an expert

As mentioned earlier, traditional philanthropy was often characterised by the firm adopting a superior stance, but nowadays CARE requires participating firms and NPOs to view one another as equal partners. Whereas the firm is equipped with business acumen that derives from ever-growing knowledge and experience in the world of commerce, the NPO daily engages with society and therefore has social expertise and an understanding of what is required to address the needs of society. Over time, NPOs have developed an inherent knowledge of positive social development approaches that empower beneficiaries rather than sustaining a welfare-based approach. Also, NPOs that frequently engage with beneficiaries become experienced in which behaviour modification approaches are more effective. The well-known adage prevails: *give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime* (Swidler & Watkins, 2009).

Firms are encouraged to acknowledge their CARE social partners as experts and to treat them with the same respect and courtesy that other collaborators and consultants would receive. By engaging with NPOs as partners for social change and not merely as donation recipients elevates the equality of the relationship and could return favourable results to all stakeholders.

10.6.9 Considering the donation magnitude

The donation magnitude construct has proven to be one of CARE's more elusive CSEs. Based on the findings of this study it is evident that firms can benefit more from promising a high donation rather than a low donation magnitude in their CARE campaigns. However, it

seems that the recommendation to promise high donation magnitudes in CARE campaigns is subject to the following three uncertainties:

Firstly, the question about what constitutes a high donation magnitude is difficult to define. The preliminary quantitative analysis that was conducted with data collected during the focus groups, (see Table 10.1) suggested the following: in a low involvement scenario: a low actual amount donation equates to approximately 4.5 per cent of the price of the product; a high actual amount donation equates to approximately 27.5 per cent of the price of the product; a low percentage-of-price donation equates to approximately 2.8 per cent of the price of the product; and a high percentage-of-price donation equates to approximately 19 per cent of the price of the product. In a high involvement scenario: a low actual amount donation equates to approximately 0.9 per cent of the price of the product; a high actual amount donation equates to approximately 9 per cent of the price of the product; a low percentage-of-price donation equates to approximately 1.6 per cent of the price of the product; and a high percentage-of-price donation equates to approximately 13 per cent of the price of the product. These percentages signify some of the first research that recommends donation magnitudes for CARE campaign purposes. Although further research and confirmation is called for, the attempt of the current study represents a movement toward less elusive donation magnitudes and more clear campaign planning guidelines.

Secondly, consumers might not view a low or a high donation magnitude as the most acceptable donation promise. The data in Table 10.1 indicate that consumers viewed a medium donation magnitude as the closest to an acceptable donation magnitude. Ultimately, the selected donation magnitude depends on the objectives the firm wants to achieve. The aforementioned results suggest that a medium to high donation magnitude will result in the more positive intention-, attitude- and perception-related outcomes than a low donation magnitude. However, a high donation magnitude is not always preferred by consumers and this represents the third uncertainty.

Thus, thirdly, the preference toward a high donation magnitude is not an absolute occurrence. During the focus groups, participants confirmed that both high and low donation magnitudes can be criticised by consumers – a high donation magnitude for being too large, thus causing doubt about the suitability of the product price prior to the campaign and resulting in consumer feelings of exploitation; and a low donation magnitude for being too low, thus leading to questionable perceived firm motives for participating in the CARE campaign and consumer scepticism.

Against this background, it seems that a medium donation magnitude might be more suitable for CARE campaigns, but target market-specific research is recommended when campaigns are planned. Also, further research pertaining to what constitutes a medium donation magnitude will positively contribute to effective CARE campaign development.

10.6.10 Communicating the donation

Research has indicated that communicating CARE by means of print advertisements is quite common. It is recommended that firms, even when opting for communication on product packaging, support their CARE campaigns by means of additional promotion and publicity efforts. Current marketing communication trends are characterised by the development of a strong, creative concept that can be leveraged on several channels and platforms, rather than proceeding to a new idea too swiftly before embracing all the benefits that can be accrued from the initial concept. Similarly, it is recommended that CARE campaigns be leveraged extensively before progressing to a follow-up campaign. Several other communication-based aspects are important in CARE.

Firstly, it is recommended that firms select the most transparent donation expression format possible when developing their CARE campaigns, namely the actual amount expression format, thereby avoiding vague donation expressions. Selecting a clear donation expression format contributes positively to favourable perceived firm motives for participating in CARE and prevents consumer scepticism.

Secondly, firms are encouraged to frame their CARE messages in a positive manner as this approach results in more favourable consumer responses. Positive framing refrains from guilt-based appeals as consumers in South Africa respond negatively to such communication.

Thirdly, it is recommended that firms include positive visual imagery in their CARE campaigns. An example of such imagery is a joyous visual portrayal of the beneficiaries of the CARE campaign. Depicting the potential outcomes that will be made possible by the CARE campaign is encouraged beyond messages that are merely directed at any consumer emotion.

Fourthly, feedback about the contribution raised by means of the CARE campaign is recommended. Participants in the current study's focus groups highlighted the importance of knowing the results of the campaign. Such knowledge will thus contribute positively to the

consumers' feelings of a *warm glow*, their social identity and to their future giving or CARE participation. The feedback can be provided by the firm or by the NPO as a message of gratitude.

10.6.11 Avoiding uncertainty

Research has indicated that one negative CARE cue can surpass all the positive aspects of a CARE offer and be detrimental to the campaign's effectiveness (Das et al., 2014). This finding emphasised the importance of planning each detail of a CARE message and ensuring that the CSEs selected for inclusion in the campaign are by nature transparent and clearly communicated. Some versions of CSEs are less ambiguous (e.g. a specified donation recipient, and an actual amount donation) than others (e.g. a vague donation recipient or donation expression format) and should rather be avoided.

Although, according to Hofstede's 6D Model, South Africa is viewed as having a low preference for uncertainty avoidance – i.e. that South Africans are generally comfortable with uncertainty – the findings of the current study indicate that South African respondents are sensitive to CARE campaign uncertainties (Smit, 2012). As suggested during the focus groups, this finding was more likely derived from South African consumers' scepticism toward prosocial campaigns (Table 7.2: E8, 9 and 10) than their need to avoid uncertainty.

To prevent ambiguity and consequent scepticism, it is recommended that versions of the selected CSEs that can elicit consumer uncertainty should rather not be used in CARE campaigns. The results reveal that respondents were able to cope with uncertainty if the level of clear information surpassed the level of ambiguous information. For example, in this research four CSEs were assessed. When a significant three-way interaction occurred, responses were more positive when two or three clear pieces of CARE information were provided, meaning that only one or no pieces of ambiguous information were present. However, when two ambiguous as opposed to one clear piece of information were presented in the CARE advertisement, respondents were significantly less positive. This pattern was prevalent, except when the combination of uncertain elements resulted in a less risky campaign offer, for instance, when a small donation rather than a large donation was promised to a vague donation recipient. In this case it seems that the uncertainty represented by mentioning a vague donation recipient was countered by the respondent's implicit relief that the donation promised was small. Thus, should the donation never reach the donation recipient, or should the selected unknown donation recipient misuse the money

or have a history of corruption, at least the amount of money that is wasted will be viewed as small.

Reciprocity research has indicated that the kindness of an action is evaluated based on its underlying intention and consequences (Falk & Fischbacher, 2006). It seems that ambiguous information raises questions about the underlying intentions of firms participating in a CARE campaign and whether the lack of clear information is perhaps related to an effort to conceal the potential negative or lack of positive consequences of the campaign.

It is recommended that marketers avoid uncertainty and select CSEs for their CARE campaigns that are as transparent, positive and safe as possible. The findings from this study suggest that these CSEs are characterised by a specified donation recipient, an actual amount donation expression format and a medium to high donation magnitude.

10.6.12 Carefully considering choice-based cause-related marketing

The focus of this study was transactional CARE, as defined by Varadarajan and Menon (1988), and therefore participants did not have the option to select the donation recipient (i.e. the campaign beneficiary). However, marketers in the business world have the option to allow consumers to choose the donation recipient of a CARE campaign. Although some consumers respond positively to this possibility, insights from the current study's focus groups suggest that allowing such choice can result in perceived confusion and even "chaos" (Table 7.7: E5). Consequently, the perceived potential benefits from allowing consumer choice might not realise. Choice-based campaigns change the nature of the campaign and, given the contextual nature of CARE, it has been questioned whether extant CARE research findings apply to such campaigns (Robinson et al., 2012; Iyengar & Lepper, 2000).

It is therefore recommended that firms refrain from choice-based CARE, except when such an approach forms part of the firm's long-term strategy and sustainability and if the firm has the resources available for successful implementation. An example of such a long-term successful choice-based campaign is the Woolworths (South African retailer) *My School My Village My Planet* initiative.

10.7 RECOMMENDATIONS FOR NON-PROFIT ORGANISATIONS (NPOs)

The bleak financial circumstances faced by many NPOs across the globe have prompted them to increasingly consider the value that can be accrued from adopting marketing and branding practices (Wright, Chew & Hines, 2012). It has further encouraged them to consider novel fundraising approaches, such as CARE. The secondary, qualitative and quantitative research that was conducted in the current study provides several recommendations for those NPOs that are considering collaboration with for-profit firms and participation in CARE campaigns. These recommendations are discussed next.

10.7.1 Adopting marketing principles

In Chapter 2 the important role of NPOs in enabling a healthy society was mentioned. However, NPOs are challenged by increasing social needs, fierce competition and decreasing funding (Van Dyk & Fourie, 2015; Abdy & Barclay, 2001; Sagawa & Segal, 2000). One of the mechanisms with the potential to contribute to an improved status quo for any NPO is the adoption and application of marketing principles. Although marketing does not offer instant solutions to NPOs, a marketing orientation represents the acceptance of several principles with the ability to contribute to the long-term sustainability of an organisation. These principles include the following:

1. Market segmentation and targeting: No for-profit firm or NPO can continuously satisfy the needs of all people. Therefore, the division of groups according to shared needs (segmentation), the prioritisation of those groups' needs and focusing on the satisfaction of the selected group's needs (targeting) are key (Harvey, 1990).
2. Positioning: It is imperative to be known and discernible by selected target audiences. Therefore, a clear position in the marketplace necessitates the development of a strong brand identity and the continuous portrayal of the NPO according to a limited number of carefully selected, unique and meaningful characteristics (Roberts-Wray, 1994).
3. Adding value and satisfying needs: NPOs are encouraged to adhere to one of the premises of the definition of marketing, namely to ensure that all activities and strategies add value in a sustainable manner, and that they are not detrimental to society at large.
4. Research: NPOs function in a dynamic environment where donor and volunteer preferences evolve continuously. Conducting research before implementing campaigns ensures that marketing decisions are based on sound knowledge and relevant information. Knowledge about, for instance, the needs and preferences of donors, non-

profit marketing trends and fundraising techniques, can be gained by means of secondary or primary research. Although, NPOs have often neglected market research owing to the high costs associated with it, other creative methods of inquiry can be used that can provide insights without extensive expenses. Such creative methods are competitions, short surveys via social media and establishing brand communities who can provide valuable input.

5. The marketing mix: The marketing mix is a framework for understanding the aspects that are important for satisfying needs in a marketing orientation, namely the product or service, its distribution, price and promotion, the people and processes involved, and the physical evidence that add tangibility to a service-based organisation. In the case of an NPO, all the elements of the marketing mix are applicable, but the latter requires unique interpretation.
6. Experience-dominant logic: This principle refers to the adoption of a mind-set that focuses on need satisfaction by means of creating experiences and stimulating the senses (Achrol & Kotler, 2012).
7. Networking: Networking is characteristic of the current era of marketing where collaboration and interaction are important facilitators of progress (Achrol & Kotler, 2012).
8. Planning: Planning is an essential process to ensure that objectives are set, that processes and strategies are in place to ensure the achievement of the objectives, and that progress is evaluated and corrections made where necessary (Papasolomou, 2016).
9. Environmental scanning: NPOs are encouraged to continuously expand their knowledge and awareness of new trends, terminologies and developments in the non-profit and the marketing sector. When engaging with firms and marketing practitioners to negotiate CARE campaigns, up-to-date knowledge of marketing-specific trends and terminologies will signal credibility and competency.

NPOs are encouraged to adopt a marketing orientation as this will contribute positively to their long-term sustainability. It will also align their mind-sets more extensively with those of for-profit firms. Adopting a marketing orientation may require resources to enable the process. For instance, the role of social workers often evolves to include the responsibility of marketing and fundraising, even though they have no relevant training or experience. In such cases, resources may be required for marketing-related training and development. In the non-profit environment, funding is often limited and therefore allocating resources to marketing may seem like a risky undertaking – stakeholders who do not believe in the power of marketing may question the appropriateness of such action. However, to accrue the

accompanying benefits, it is strongly recommended that NPOs embrace a marketing orientation and devote resources to the process in a cost-effective manner.

10.7.2 Considering novel fundraising approaches

As mentioned in Chapter 2, governments across the globe are depending increasingly on NPOs to serve the ever-growing needs of society (Dickinson & Barker, 2006; Mitchell & Taylor, 1997). However, many NPOs continue to rely on traditional fundraising approaches. Examples of such approaches are attaining contributions from individual or corporate donors, bequests, donations from religious institutions, and government funding (Tabaku & Mersini, 2014). Innovation in terms of fundraising is critical for the continued existence of NPOs. They are therefore encouraged to consider novel fundraising approaches that would improve their financial stability and sustainability.

Some NPOs negotiate endorsement campaigns with celebrities in an attempt to secure funding. Although this approach has the ability to obtain support for the NPO, the returns are often volatile, especially when the endorsement is not managed as a long-term relationship. Previous research has found that the effect of using celebrities in non-profit marketing efforts is quite similar compared to when no celebrity is featured (Human, 2014). Given the time, effort and cost associated with negotiating celebrity endorsement for an NPO, this finding raises questions about the suitability of the approach and calls for considering more efficient strategies.

Cause-related marketing is another example of a novel fundraising strategy that has the ability to generate monetary returns for the NPO, but also provides opportunities for building relationships with both corporate partners and consumers (Tustin & Pienaar, 2005). CARE has the potential to be more than a once-off fundraising strategy. When a firm and NPO achieve collaborative success by means of a CARE campaign, the continuation of the relationship may result in further CARE campaigns or other novel fundraising approaches. For instance, the firm and the NPO have the option of co-creating (1) a new product with its primary objective being to generate funding for the NPO, (2) a volunteer programme where the firm's employees can donate their skills and time to the NPO, or (3) an event with the purpose of promoting the firm, whilst raising awareness and funds for the NPO. As mentioned earlier, firms have business acumen, whilst NPOs are societal experts. With their combined skills and knowledge, the possibility of jointly establishing a social enterprise should not be excluded. A social enterprise is a revenue-generating business that exists primarily to achieve social objectives. The social enterprise can be established by an NPO, a

profit-oriented firm, or both, and its objectives are to apply commercial strategies to generate a profit that can be devoted to the improvement of social, cultural, economic or environmental well-being (Social Enterprise, 2016).

Social enterprises and social entrepreneurship is viewed as important for economic development as it enables: (1) employment development, (2) innovation and new products and services, (3) social capital, and (4) a more equitable society (Nagler, 2007). Social enterprises are viewed as potential social change agents. It could be a valuable extension of the CARE relationship established by the firm and the NPO and act as a sustainable fundraising mechanism.

Although CARE often requires little effort from the NPO in the campaign itself, it does necessitate some fundamental aspects to be in place on the part of the NPO to contribute to the effectiveness of CARE. Such aspects include professionalism, good management, sound governance and respect for business cycles and time-frames. These aspects are important as it signals the NPO's credibility to firms, while it also conveys the idea that an appropriate NPO was selected for collaboration and that the NPO will respect the resources invested in the collaboration process.

Research is increasingly confirming the importance of building a strong NPO brand. The development of a strong and favourable NPO brand not only signifies the abovementioned aspects, but also improves the NPO's perceived contribution to the CARE campaign – a strong NPO brand can enable a positive image transfer to the profit-oriented brand (Chang & Cheng, 2015). In addition to the positive consequences of a strong NPO brand in CARE, it also holds several benefits for the NPO itself (Chapleo, 2015; Stride & Lee, 2007).

Non-profit organisations are encouraged to consider novel fundraising approaches, such as CARE, in addition to their traditional approaches, or as replacement for some of these traditional approaches that can no longer generate optimal returns. NPOs are also reminded about the importance of professionalism, good management, transparency and sound governance as prerequisites for forming relationships with corporate partners. Furthermore, the untapped potential of novel fundraising techniques emphasise the important notion that NPOs continuously improve their business acumen and marketing-specific knowledge, to stay familiar with and abreast of new trends and opportunities.

10.7.3 Building the non-profit brand

As previously mentioned, a strong non-profit brand holds many benefits for the organisation. It signals trustworthiness, credibility, professionalism and a clear identity (Keller, 2009; Dickinson & Barker, 2007; Basil & Herr, 2003). According to affect transfer theory and the associative network memory model, a strong non-profit brand identity has several positive associations that can be transferred to firms during collaborations such as CARE (Dickinson & Barker, 2007; Basil & Herr, 2003; Kim et al., 1998). Thus, a strong NPO brand provides greater motivation for a firm to consider a partnership with such an organisation.

The current study revealed the importance of including a specified donation recipient in a CARE campaign. A specified donation recipient refers to a branded NPO that can be more easily identified because of its visual identity and the associations it represents. The findings confirm that a specified donation recipient with a strong brand that is familiar to consumers has the ability to significantly influence purchase intention, participation intention, attitude toward the CARE advertisement, cognitive and affective attitude toward the CARE offer, attitude toward the alliance portrayed in the CARE campaign, and perceived firm motives for participating in the CARE campaign. Such influences from a specified donation recipient can be exerted either directly or in conjunction with other CSEs. The research has thus confirmed that firms will benefit from partnering with a specified, branded NPO rather than a vague donation recipient during a CARE campaign. It is therefore recommended that NPOs that are considering partaking in a CARE campaign adopt a brand orientation. Further, it is vital that an NPO deliberately focus on building a strong, favourable and unique brand to ensure positive awareness in the marketplace (Keller, 2009; Keller, 1993).

Adopting a brand orientation infers a revisit of the NPO's existence and *modus operandi* (Louro & Cunha, 2001). It requires that the NPO reconsider how the organisation is defined and introduced to its existing and potential stakeholders. When NPOs define themselves strictly according to the services they provide and fail to refer to the needs they satisfy and the benefits they provide, they are guilty of marketing myopia. An NPO suffering from marketing myopia often lacks vision for the future and fails to see its own potential (Lamb et al., 2010). NPOs that adopt a brand orientation have to:

1. understand their competitive environment and target market;
2. consolidate their core function and be able to describe it in a concise manner;

3. clarify the benefits they offer, the functional and emotional value they want to add to their stakeholders, and the primary and secondary associations that should be used to describe the organisation;
4. describe their values and brand personality in-depth;
5. identify their competitive advantage, referring to the sustainable characteristics that make them unique and noteworthy; and
6. clearly state the reasons why stakeholders should believe in them, for instance, by developing short video clips that demonstrate their impact, or researching their achievements and sharing it in annual reports (Lamb et al., 2010; Keller, 2009).

It can thus not be overstated that a strong NPO brand enables positive image transfer, represents credibility and makes the organisation a more favourable employer in the marketplace.

10.7.4 Assuming the role as social agent

Non-profit organisations function actively in society on a daily basis and therefore have an in-depth understanding of the needs and challenges that persist in communities. As a result of their involvement in society, NPOs also have extensive knowledge and experience of behaviour modification and social change. Therefore, it is imperative that NPOs acknowledge themselves as key social role players and consciously pursue their role as agents for social change.

As mentioned earlier, governments are depending increasingly on NPOs to address social needs. However, instead of contributing more funding to NPOs to assist them in their roles as agents for social change, government funding is decreasing, whilst social needs are growing. Governments across the globe are criticised for their inability to satisfy the needs of their citizens, and corruption in governments is on the rise (Areff & McDonald, 2015). The *People and Corruption: Africa Survey 2015 – Global Corruption Barometer* by Transparency International indicated that more than 80 per cent of South Africans surveyed believed that corruption in the country is increasing, whilst 79 per cent were of the opinion that the government was failing the fight against corruption (Areff & McDonald, 2015). It is evident that South Africans not only view the government as corrupt, but also as incapable of addressing the situation. Corporate scandals have been ample in the past decades (e.g. Enron, Volkswagen, BP) and have indicated that firms are possibly less capable than expected to make ethical, sustainable choices that serve society, whilst generating a profit.

Thus, although firms have extensive business acumen, their ability to make prosocial decisions has at times been questionable.

Considering government and corporate inabilities, NPOs have an increasingly important role to fulfil as the conscience of society. They are encouraged to raise their voices against unethical practices and in favour of sound moral values and equitable approaches to social involvement.

Firms are not involved in social development activities as regularly as NPOs are. Therefore, it can be assumed that NPOs may have more updated knowledge and experience about the most suitable approaches for engaging with society to enable positive change and/or behaviour modification. Non profit-organisations therefore have sufficient justification for assuming an equal role in CARE negotiations and for assuming responsibility for representing the needs of society. The challenge for NPOs is thus to take a stance about what constitutes appropriate social involvement approaches. Further, the challenge for NPOs is to confront firms when their ideas for CARE will not result in favourable outcomes for society, whilst remaining respectful toward the firms' needs (e.g. profit generation) and requirements (e.g. adhering to deadlines). For an NPO to confidently assume its role as social agent, believing in the importance of the organisation's core activities and contribution to society is a prerequisite. Many NPOs experience desperation and inferiority owing to their lack of available funding and, consequently, approach their fundraising endeavours and collaboration negotiations (e.g. discussions with firms about CARE) from that perspective. However, in CARE specifically and in negotiation processes in general, it is recommended that NPOs progress from an old mind-set of subordination to a new mind-set of equality. Table 10.7 draws a comparison between the characteristics of these two mindsets, and how it has evolved over the years.

Table 10.7
NPO mind-set comparison: Before and now

Before	Now
NPOs assumed a subordinate position during negotiations	NPOs assume an equal position during negotiations
NPOs were passive recipients of donations	NPOs actively pursue and negotiate fundraising campaigns
NPOs accepted firms as primary decision-makers	NPOs embrace their role as society's moral conscience
NPOs were desperate for funding	NPOs are confident and empowered by their strong and clear brand identity
Firms were viewed as powerful and in control	Firms are vulnerable and aware of their shortcomings

As evident from Table 10.7, NPOs have the opportunity to assume a position of confidence and equality when negotiating with firms, for instance, during CARE campaign development. NPOs that wish to overcome their mind-set of a subordinate position can consider the following guidelines:

1. to regain confidence by focusing on the NPO's passion for making a difference and the impact the organisation has in communities;
2. to communicate the contribution of the NPO in society and its benefits, rather than the organisation's unfulfilled needs;
3. to actively pursue the clarification of the NPO's brand identity and brand essence to ensure that all communication originates from a new, empowered mind-set and a consolidated platform;
4. to approach all negotiations (e.g. for the development of a CARE campaign) from a clear brand position and stay within the boundaries of the NPO's values and beliefs;
5. to prioritise goals and activities to prevent the NPO's employees from becoming overwhelmed and reverting back to an old mind-set of subordination; and
6. to pursue the fulfilment of a manageable number of goals and activities to facilitate thorough implementation, monitoring and control, and to prevent the NPO from venturing outside the boundaries of its brand identity.

As confident social agents, NPOs are encouraged to embrace the opportunities offered by collaboration.

10.7.5 Embracing collaboration

Non-profit organisations can extend their impact and improve their efficiency by collaborating with a variety of stakeholders, such as other NPOs or advertising agencies.

Many NPOs compete with one another, perhaps because they view the available funding and funding opportunities as limited. However, it is strongly recommended that NPOs consider collaboration to achieve their goals more efficiently. Potential collaborations between NPOs can take on many forms. For instance, an NPO can share its resources, such as financial management, research projects, and bulk purchasing, or it can offer complementary services such as skills development opportunities to primary school learners. These school learners can, in turn, collaborate with another NPO that offers similar opportunities to high school learners to ultimately provide a more comprehensive service offering.

To improve the content and reach of their marketing messages, NPOs can also consider collaboration with advertising agencies. Many advertising agencies offer *pro bono* opportunities to NPOs, meaning that the agency will develop a campaign for the NPO at no cost. For instance, an advertising agency may offer to develop the advertising material for a CARE campaign, such as the generating the creative concept, copywriting and execution, without expecting reimbursement. Such opportunities are valuable and should be embraced. However, NPOs should refrain from expecting free services from advertising agencies, and should instead budget to employ an affordable agency and devote time to negotiating a discount or a longer-term reduced fee.

10.7.6 Clarifying cause-related marketing objectives

Non-profit organisations, firms and consumers can benefit from CARE campaigns. However, to ensure the accrual of such benefits, thorough planning is critical. One of the key aspects of good planning is to clarify the objectives that the plan endeavours to achieve (O'Guinn et al., 2009).

Potential objectives for the NPO include, amongst others, increased exposure and publicity, positive partnership associations, access to broader networks, favourable consumer attitudes, additional resources and volunteers, management and marketing input from the firm, a long-term partnership, an improved fundraising ability and increased donations. Once the NPO's campaign objectives have been clarified, it is important to communicate it with the for-profit CARE partner that is likely to also have campaign objectives. A negotiation process might follow to finalise the detail of the campaign and to ensure that both parties' objectives will be served by the campaign decisions that are made and the CSEs that are selected.

Non-profit organisations are encouraged to refrain from a default subordinate position and to approach CARE as an equal partner that adds value to both the for-profit partner and the campaign. Such a position is enabled by thorough planning, clear objectives and a strong brand.

10.7.7 Seeking long-term partnerships

An eagerness of NPOs to collaborate with celebrities is one example of NPOs that are sometimes being lured by the appeal of instant funding. For the same reason CARE can be treated as a tactical campaign that provides funding within a short period of time. However, it is recommended that NPOs refrain from a mind-set where CARE is regarded as a short-term

solution, and rather opt for long-term relationships with corporate partners and the benefits resulting from such an approach. Thus, when engaging in CARE campaigns, it is preferable that NPOs conduct sufficient research to make informed decisions about the most suitable firm to partner with, rather than merely agreeing to a short-term CARE opportunity.

The for-profit partner that is selected for a CARE partnership has to match the values of the NPO, provide opportunities for contact with potential new donors and volunteers, respect the knowledge of the NPO as social agent and be willing to engage with the organisation in a long-term relationship that might include shorter-term promotional campaigns. As mentioned before, the possibility for long-term relationships with firms depends to a large extent on the NPO's brand, its professionalism, sound governance and good management. Long-term relationships provide the opportunity for long-term positive transfer of affect and for further opportunities such as joint product development.

10.7.8 Accepting shared responsibility

Most CARE campaigns are seemingly initiated by firms that want to contribute to society, whilst reaping benefits from their contribution. Consequently, much of the responsibility for the CARE campaign (e.g. developing the campaign, selecting the non-profit partner, deciding on the CSEs and promoting the campaign), is assumed by the firm that then by default becomes the superior partner in the collaboration. However, NPOs are encouraged to initiate CARE campaigns rather than merely respond to corporate invitations for participation.

Irrespective of whether the campaign has been initiated by the firm or the NPO, it is critical for NPOs to play a proactive role in developing and implementing campaigns and to assume shared responsibility for it throughout the process. Selecting suitable versions of the various CSEs, participating in campaign message framing decisions, adhering to campaign deadlines, (e.g. the provision of required artwork such as the NPO logo and attending meetings at the scheduled time) and promoting the campaign amongst stakeholders once it has been launched all form part of the contributions that the NPO can make to the execution of a successful CARE campaign.

10.7.9 Negotiating the non-profit organisation campaign presence and exposure

An overview of CARE campaigns have indicated that NPOs often receive less exposure in CARE campaigns than the product brand involved in the campaign. This observation

possibly results from NPOs tendency of assuming a subordinate role in the CARE campaign development and implementation process.

In many CARE campaigns the NPO is merely mentioned verbally, often with no accompanying visuals such as images or a logo that could draw more attention to the CARE offer, the NPO, the product brand and the campaign itself. Research has found that visual portrayals associated with the donation recipient have the ability to positively influence consumer emotions and consequent responses (Chang, 2012; Small & Verrochi, 2009). A lack of visual portrayal thus forfeits an opportunity to influence consumer emotions and decision-making.

As mentioned before, failure to include visual cues pertaining to the donation recipient possibly occurs when NPOs are not proactively involved in the development of a CARE campaign and thus viewed by firms as merely a charitable beneficiary, and not as an equal partner in the CARE process. Apart from not being involved in the development of the CARE campaign, other consequences of NPOs assuming a subordinate role are that they are insufficiently involved with the CARE campaign design, they inadequately negotiate their presence in campaign communication, and that they consequently receive less exposure than their for-profit counterpart.

Therefore, NPOs that are considering participation in CARE campaigns are encouraged to determine beforehand which visual and verbal brand elements they deem as critical for inclusion in the CARE offer. Brand elements such as the brand name of the NPO, its logo, a verbal description of its purpose, a visual portrayal of its beneficiaries or its website address can be considered for inclusion in the CARE campaign communication. It is recommended that the NPO clearly convey the information they want to include in the CARE advertisement to the for-profit partner. The portrayal of several of the NPO's brand elements in the CARE campaign has the potential to benefit the organisation, but it also provides the for-profit partner with the opportunity to accrue additional reputational benefits from granting more exposure to the NPO in the CARE campaign.

It is further suggested that NPOs negotiate their CARE exposure beyond their portrayal in the CARE advertisement to extend to other promotional efforts related to the campaign. Such negotiations, however, should not be embedded in a sense of entitlement. In other words, rather than the NPO demanding greater exposure, the purpose of such discussions should be to leverage the returns of the CARE investment and to ensure optimal exposure for both

the non-profit and the for-profit brand, to enable planning, and to clarify the promotional contributions that both parties expect and are willing to make.

10.7.10 Adopting positive message framing

One of the key decisions that is critical to planning a successful marketing communications campaign, is the manner in which the message is framed. The secondary research in this study confirmed that consumers prefer positive messages that generate a *warm glow* of giving. Non-profit organisations are therefore encouraged to frame their marketing communications in a positive manner. This recommendation extends to CARE as well.

When NPOs negotiate with for-profit firms about the brand elements that should be included in the CARE campaign, it is suggested that the adoption of a positive message frame forms part of the conversation. In the artwork material that is provided for inclusion in the campaign a positive frame should also be employed. For instance, if the NPO's beneficiaries are going to be visibly featured in the campaign, it is advisable to portray them in a positive capacity that represents the potential, powerful impact of the donation (e.g. smiling children) instead of the need to be addressed by the donation (e.g. hungry children).

The qualitative research that was conducted in the current study pointed to South African consumers' aversion toward guilt-based marketing communication messages. These guilt appeals represent a negative message framing approach. The importance of adopting a positive message frame is thus also confirmed for the South African context. Positive message framing contributes to the transfer of positive affect between the campaign, the NPO and the firm.

The managerial implications and recommendations to NPOs that were discussed in this chapter, were derived from the secondary and primary research conducted in this study. In the process several limitations were encountered. .

10.8 LIMITATIONS OF THE STUDY

The limitations that were encountered during the research process will be discussed for consideration during future CARE studies.

Although the results vary, a number of studies have suggested that non-monetary CARE might be more successful than the monetary version that was employed in this study. In the current study, only monetary-based, transactional CARE was assessed (i.e. a monetary donation promised by a firm to a donation recipient and triggered when a consumer purchased a product). Therefore, for the purpose of this study, the CSEs of donation magnitude and donation expression format were specifically interpreted to represent monetary-based CARE. However, the influence of product involvement, donation recipient specificity, donation magnitude and donation expression format in a non-monetary CARE context was not addressed in this research or in most other studies before it. The first limitation is thus that the current study provides only insights about monetary, transaction-based CARE.

The next limitation pertains to cause-choice in CARE. Recent CARE research indicated that allowing consumers to select the donation recipient of the CARE campaign is likely to enhance their perceived role in the campaign and their purchase intentions if they are collectivistic and when the cause-brand fit is low (Robinson et al., 2012). In the current study, respondents were not allowed to select the donation recipient and the influence of cause-choice could thus not be assessed. The findings from the current study indicated the importance of including a specified donation recipient in a CARE campaign, but did not assess whether the introduction of cause-choice would moderate this finding.

A further limitation is that the research adopted a communications-based perspective and thus included only four CSEs that are visible when a CARE campaign is framed. The influence of these four CSEs (product involvement, donation recipient specificity, donation expression format and donation magnitude) may, however, be moderated by other factors that have not been included in the research. For instance, in this study the visual portrayal of the donation recipient was limited to a logo featured in the advertisement stimulus that represented a specified donation recipient scenario. However, as suggested by Small and Verrochi (2009), visual depictions of the donation recipient or its beneficiaries often exert a greater emotional appeal than merely mentioning the donation recipient's name or showing its logo. Such depictions could interact with the CSEs included in the CARE offer and could thus lead to different results.

Even though this research adopted a communications-based perspective, several communication-related aspects were not assessed. The importance of framing in CARE was discussed in Chapter 4 and considered during the development of the experimental stimuli. However, framing theory infers numerous additional aspects that can influence CARE, but

were beyond the boundaries of this research. Examples of such aspects include the portrayal of the donation beneficiary alluded to earlier, positive or negative CARE messaging, and gains and losses depicted in a verbal or visual format in CARE advertisements (Puto, 1987; Kahneman & Tversky, 1979).

The purpose of the study was not to develop a comprehensive model that includes all the possible CSEs that influence CARE. As mentioned earlier, the research adopted a communications-based approach and the purpose was to investigate the influence of the CSEs that are typically visibly communicated to consumers in CARE advertisements. As a result, the R-squared values returned by the univariate ANOVA were quite low, indicating that the main effects of the study do not fully explain the variance in the dependent variables. Despite this limitation, low R-squared values are, however, viewed as acceptable in studies such as the current one. This study was more concerned with understanding whether selected main effects exerted statistically significant effects on the dependent variables and the nature of the impact, than determining all the variables that explain the variance in a particular dependent variable.

Recent studies have introduced the importance of the concept of emotion to the CARE research agenda, but emotion-related inquiry has been limited. In this study, emotion was addressed to a certain extent by assessing the emotion-related affective attitude toward the CARE offer construct. However, to counteract the complexity of the research, the affective components of attitude toward the advertisement and attitude toward the alliance were not assessed. Chapter 5 referred to the growing importance of emotion in marketing and alluded to the multi-faceted nature of the construct (Anderson & McLaren, 2012). Although Kim and Johnson (2013) recommended the expansion of emotion-related inquiry in the CARE domain, the investigation of emotion in this research was limited.

Previous research has also suggested the importance of demographic influences, such as gender, age, religion and income, in CARE (Galan-Ladero et al., 2015; Galan-Ladero et al., 2013). Despite the apparent importance of these variables, most CARE studies do not include them to avoid additional experimental complexity. In the current study, demographic variables were not included as main effects in the factorial experiment and were thus not part of the inferential analyses. Despite its potential significance, the moderating role of demographic variables in the South African context was not part of this study's objectives and was therefore not assessed. Income was, however, considered during respondent recruitment and only individuals of LSM 7 and above were allowed to participate in the study. Further, gender and age were taken into account during the descriptive analyses to provide

an overview of the sample and to ensure equality between the experimental groups. Gender was also considered during the compilation of the focus groups. Religion was initially addressed during the qualitative research and the overwhelming negative responses of consumers about the inclusion of religion in a marketing-related study, resulted in the exclusion of this variable in the final empirical research. However, the independent influence of demographic variables and their potential interaction with product involvement, donation recipient specificity, donation magnitude and donation expression format was not investigated.

Cause-related marketing research has confirmed that contextual influences reflect in consumer responses toward CARE (Galan-Ladero et al., 2013; Chéron et al., 2012; Subrahmanyam, 2004). Therefore, the results obtained in developed markets are not necessarily applicable to those in emerging market contexts. Although the current study's results can be compared with those in other countries, the quantitative empirical research did not consider the complete complex nature of the South African cultural landscape, which could be seen as a limitation of this study. In South Africa, culture is often closely related to race. Although racial classification remains a contentious topic in the country, many marketers continue to consider culture and race in their segmentation and targeting efforts due to their influence on historical differences that persist and reflect in consumer decision-making and consumption preferences. In the current research, race was considered only during the compilation of the focus groups to prevent potential bias, and secondly, during the assignment of respondents to the experimental groups to ensure between-group equality. However, the possible influence of culture and race in CARE did not form part of this study's objectives and, to minimise the empirical complexity of the study, was not investigated.

The focus groups that were conducted during this study suggested a relationship between CARE responses and the feelings of guilt experienced by South African consumers. It also alluded to racial differences in terms of the reasons why guilt was experienced. However, in this study, the role of guilt in CARE was not quantitatively assessed. Therefore, more in-depth insights about the influence of consumer feelings of guilt on CARE effectiveness across race and cultural groups could not be obtained.

Many CARE studies, where multiple main effects are considered, manipulate only two levels of the independent variable, for instance, hedonic and utilitarian products (Chang, 2008) or high and low brand familiarity (Edmondson & Lafferty, 2014; Lafferty & Edmondson, 2014). In the current research, a similar approach was followed by assessing the influence of four different main effects, each on two levels: a high versus a low product involvement product, a

specified versus a vague recipient, a high versus a low donation magnitude, and an actual amount versus a percentage-of-price donation expression. Despite its prevalence in CARE research, the approach of including two levels of each main effect in an experiment, provides an indication of the different effects resulting from the extreme versions of the main effect, but fails to consider the possibilities potentially held by the less extreme, mid-range options. The shortfall is particularly relevant pertaining to donation magnitude. Several studies have explored this CSE in an attempt to develop a guideline for the donation magnitude that should be included in CARE campaigns. Experimental research requires sufficient and discernible differences between the main effect levels that are manipulated during a study (Folse et al., 2010). Assessing the influence of donation magnitude extremes in this study thus represents sound experimental research practice. However, it fails to provide an indication of the ideal donation magnitude to include in CARE campaigns. The results from the qualitative research, as discussed earlier in this chapter, provide preliminary insights about what constitutes an acceptable donation magnitude, but the findings have not been confirmed.

The experimental nature of the study did not allow for the analysis of the relationships between the dependent variables considering that significant differences were detected in all the dependent variables as a result of the study's independent variables. If no significant differences were detected, the data of the different experimental groups could have collapsed to form a uniform data set from which the relationships between the dependent variables could have been assessed (Folse et al., 2010). Although relational analysis was not the purpose of the current study, such research would provide more insight about the influence of the dependent variables on one another.

A final limitation is that the research only included respondents that were either neutral or positive toward the participating brands in the CARE campaign. Therefore, the results apply to this particular group of consumers only, and cannot be generalised to consumers who were negative toward one of the brands participating in the campaign. Should consumers be negative toward one or more of the participating brands to be featured in the CARE advertisement prior to the campaign, the relevance of the study's findings in this respect remains uncertain.

10.9 RECOMMENDATIONS FOR FUTURE RESEARCH

Based on the findings from the current studies and the limitations encountered during the research process, recommendations for future research can be made.

Researchers have questioned the role of monetary versus non-monetary CARE, but results have been inconclusive about which is the more effective approach. In this study, the focus was on monetary CARE. Therefore, monetary-based donation expression formats and donation magnitudes were considered to be suitable as independent variables in the study. However, these independent variables could also be interpreted for non-monetary CARE. Donation expression format refers to the framing of the donation and could apply to any donation scenario. Donation magnitude could also be relevant in non-monetary CARE. An example would be if a firm promises products rather than money to a donation recipient. In such cases, the magnitude of the donated product would have to be determined, for instance, whether the donated product would match the cause-linked product or be lower in value than the cause-linked product (Müller et al., 2014). The decision about the product donation magnitude might depend to a large extent on whether a low or high involvement product features in the CARE campaign. Thus, the other independent variables assessed in this research, namely product involvement and donation recipient specificity might also influence consumer responses to non-monetary CARE. Further research that replicates this study from a non-monetary CARE perspective is thus recommended.

The current study confirmed the importance of donation recipient specificity in CARE and indicated that a specified donation recipient generally resulted in more favourable consumer responses. However, recent research about the role of cause-choice in CARE has prompted the question whether the importance of a specified donation recipient in CARE would perhaps be negated or amplified by allowing consumers to choose their preferred donation recipient. Future research that conjointly investigates the influence of donation recipient specificity and cause-choice on consumer responses to CARE is recommended.

Prior to this study, Chang (2008) was one of the first researchers to assess the impact of multiple CSEs concurrently and to include four independent variables in a factorial experiment. Chang's (2008) research confirmed the complexity of factorial experiments with more than two factors, but also demonstrated the value and insights that can be derived from systematically analysing such intricate results. Cause-related marketing researchers are encouraged to continue their inquiry into the simultaneous influences of several CSEs.

This study adopted a communications-based perspective and framed, as the independent variables, those CSEs that are typically visible to the consumer in CARE campaigns. However, several aspects related to framing theory that have not been assessed in this research have the ability to influence campaign effectiveness. Further research about framing theory in the CARE context is encouraged. Recommended areas for future research include the assessment of different visual and verbal portrayals of the donation recipient and its beneficiaries. For instance, portraying happiness (e.g. smiling beneficiaries) will probably affect consumer responses differently than when sadness is shown in a CARE advertisement. However, further research is encouraged to assess this contention. In addition, positive as opposed to negative, and gains- as opposed to loss-based message framing in the CARE domain have not been previously assessed. Research is thus recommended to ascertain the consumer responses that would emanate from such different framing approaches.

The current research assessed consumer responses related to the CARE campaign itself rather than those related to entities such as the brand and the donation recipient that exist independently from the campaign. Although attitude toward the brand and the cause have previously been investigated in the CARE context (Lafferty & Edmondson, 2014; Youn & Kim, 2008) the influence of product involvement, donation recipient specificity, donation magnitude and donation expression format on these constructs have not been determined. It is recommended that the influence of the current study's CSEs on the dependent variables that extend beyond the CARE campaign, be assessed in future research. Product involvement encompasses the brand of the product and thus investigating its independent and interactive impact on attitude toward the brand is meaningful. Similarly, the donation recipient can be representative of a general cause or a branded NPO, and assessing the independent and interactive influence of donation recipient on attitude toward the cause or the NPO is recommended.

As previously mentioned, one of the limitations of this study is that, except for affective attitude toward the offer, no further measures of emotion were included. Considering the growing importance of emotion in marketing, the multi-faceted nature of the construct, the relevance of emotion to prosocial campaigns, and the lack of emotion-related assessment in the CARE domain, further research about the role of emotion in CARE is recommended. Firstly, the assessment of CSEs' independent and interactive influence on emotion is recommended. Secondly, investigating the influence of various message framing scenarios on emotional responses is encouraged. For instance, the visual portrayal of donation beneficiaries might affect emotional responses more than verbal descriptions, or positively

framed messages might exert a different influence on emotion than negatively framed messages (Chang, 2012; Small & Verrochi, 2009). Thirdly, inquiry into the relationship between emotion and other constructs, such as intention, attitude and perception, in the CARE domain, is proposed. Finally, research has confirmed attitude as an important indicator of CARE effectiveness and therefore the construct has been assessed in numerous CARE studies. These studies, however, have mostly assessed attitude as an umbrella construct directed toward a specific attitude object, and have ignored the premise of the Tri-Component Model that attitude comprises cognitive, affective and conative elements. Conative attitude is often operationalised as behavioural intention, but cognitive and affective elements are rarely assessed separately. The current study revealed that cognitive and affective attitude toward CARE offers provide differential insights about consumer responses to CARE and can differ significantly from one another. For future research, it is therefore recommended that CARE researchers distinguish between affective and cognitive attitude and assess these constructs separately. Albeit not necessarily comprehensive, the affective component of attitude will provide an indication of consumers' emotional responses.

Finally, it is recommended that the influence of CARE on consumers' emotional responses be investigated by means of suitable neurophysiological techniques such as electromyography (EMG) (Ohme, Matukin & Szczurko, 2010). During EMG assessments, responses from the *corrugator supercili*, the *zygomaticus major* and the *orbicularis oculi* facial muscles are most often measured (Ohme et al., 2010). The comparison of the activation of these muscles, provide an indication that emotional responses occurred (Dimberg & Petterson, 2000). When responses from the *zygomaticus major* surpass those from the *corrugator supercili*, it indicates a positive emotional response, whilst more prominent responses from the *corrugator supercili* than the *zygomaticus major* signal a negative emotional response (Dimberg & Petterson, 2000). Other neurophysiological measurements such as galvanic skin response (GSR), can also be employed to assess whether a CARE advertisement and the elements of the offer portrayed in it have evoked consumer excitement, while an electro-encephalogram (EEG) can be used to ascertain whether the advertisement has exerted a potential long-term effect on consumer memory (Boshoff, 2016). The use of these neurophysiological measures will provide insights about consumer responses to CARE that have not previously been known.

Despite its importance, few CARE studies have considered the influence of demographic variables, such as age, gender, income and religion. Previous research has indicated that females, younger consumers, religious individuals and middle- to high-income earners were more positively inclined toward CARE than individuals without these characteristics (Galan-

Ladero et al., 2015; Corbishley, 2014; Youn & Kim, 2008; Kim et al., 2005; Cui et al., 2013). However, given the differential findings pertaining to CARE in various cultural contexts, research about the influence of demographic variables in a South African context is recommended. Such inquiry will enable comparison with findings in other contexts and will also allow South African marketing practitioners to develop better targeted campaigns. Cause-related marketing researchers outside the geographical boundaries of South Africa are also encouraged to explore the role of demographic variables in CARE to enable cross-cultural comparisons. Research about the relationship between gender and donation recipient specificity is also advised due to previous research indications about male and female consumers' different responses to NPOs and charitable causes (Chéron et al., 2012; Moosmayer & Fuljahn, 2010). Further, research about the relationship between income, product involvement (product price in particular) and donation magnitude is also encouraged, because of the monetary connection between these constructs and consumers' tendency to compare amounts, such as prices and donation magnitude, during decision-making.

Cause-related marketing research in South Africa has been limited. The positive responses to CARE elicited in the current research confirm that many South African consumers who form part of the LSM 7 and above segment are favourable toward CARE and are willing to purchase cause-linked products. However, whether lower income South African consumers are also positive toward the strategy has not yet been confirmed. In Chapter 2, the rising importance of emerging markets and the bottom-of-the-pyramid market was discussed. There is a growing realisation that the business approaches and prosocial strategies that have thus far been employed in developed markets might not be suitable for emerging markets. These circumstances are urging firms to increase their knowledge about emerging markets and to re-think their current *modus operandi* (Hochstetler, 2013; Lenssen & Van Wassenhove, 2012). Given CARE's suitability for enabling firm-NPO-consumer interaction, more research about the strategy in the South African context, and specifically pertaining to the lower income market, is recommended.

The differences in consumer responses to CARE between developed and emerging markets have resulted in ample scope for conducting replication studies in South Africa. Such studies will enable the comparison of data across geographical boundaries and provide improved CARE insights for South African marketing practitioners. CARE replication studies in the South African context are thus encouraged. As previously emphasised, in South Africa, culture and race are often closely related. The focus group discussions of the current study indicated that several differences pertaining to CARE existed between different racial groups. Such differences included, for instance, motives for participating in CARE, and donation

magnitude and expression format preferences. These differences were not explored beyond the focus groups in this study. Therefore, further research about the influence of culture and race on consumer CSEs preferences and their responses to CARE is recommended.

Chang (2011) investigated the role of guilt appeals in CARE and found that such appeals interacted with donation magnitude and product type to influence consumer responses to CARE. However, apart from the study by Chang (2011), previous research about the role of consumer feelings of guilt in CARE is limited. The focus groups that were conducted during this research suggested a relationship between CARE responses and the feelings of guilt experienced by South African consumers. It also alluded to racial differences in terms of the reasons why guilt was experienced and consumers' mechanisms for coping with such guilt. In this study the role of guilt was not quantitatively assessed. Owing to its apparent importance, further research about the relationship between race, guilt and CARE effectiveness in a South African context is encouraged.

In this research, the influence of four different main effects on two levels each were assessed in a 2 X 2 X 2 X 2 factorial experiment. The main effects as represented by their different levels were: low versus high product involvement; specified versus vague donation recipient; low versus high donation magnitude, and; actual amount versus percentage-of-price donation expression format. Except for the donation expression format CSE, the selected levels of the main effects represented the extremes of the variable as derived from secondary and qualitative research. This approach was in line with several CARE studies where only two levels per experimental main effect have been included (Folse et al., 2014). Such a approach of including only two levels per experimental main effect allows for the assessment of more CSEs in a study, but does not necessarily provide in-depth insights about the most suitable permutation of the CSEs to employ in a CARE campaign. CARE researchers are encouraged to design experiments that assess the influence of more than two levels per main effect or to use other research designs to discover more in-depth insights about the most suitable variations of CSEs to include in CARE campaigns. This recommendation is particularly relevant to the donation magnitude promised in a CARE campaign in conjunction with the manner in which the donation is expressed. The preliminary data that were collected during the qualitative phase of this study indicate that an optimal donation magnitude might exist, but that such amount possibly depends on the product included in the campaign, the manner in which the donation is expressed and the country in which the campaign is launched. However, empirical evidence is lacking and further inquiry that could confirm the ideal donation magnitude is called for.

In this research brand attitude was assessed prior to exposure to the experimental stimuli. However, the research design was a factorial experiment with a post-measure only. The attitude pre-measures were thus not compared with post-measures, but were rather treated as screening variables to prevent respondents with extremely negative existing attitudes to be part of the study. Therefore, the results of this research pertain only to respondents who were neutral to positive toward the brands included in the CARE campaign. Future research to assess the influence of CARE on consumers with negative existing attitudes toward one or more of the brands included in the campaign is recommended. Previous research has shown that CARE has the ability to evoke the interest of low involvement consumers (Grau & Folse, 2007). Perhaps the strategy has the ability to change unfavourable attitudes. However, further research is required to assess this contention.

The purpose of the current study was to assess the differential impact of selected CSEs as the independent variables on the relevant dependent variables, and not to assess the relationships between the independent variables. The data set also did not allow for such analysis. However, further research to assess the relationship between perceived firm motives, attitude toward the communicated, campaign-specific aspects (advertisement, offer, alliance), and purchase and participation intentions, is recommended. The findings from such inquiry will contribute to improved CARE campaign development.

10.10 CONTRIBUTION OF THE STUDY

Cause-related marketing research in South Africa is lacking. This study contributes to this knowledge gap in several ways.

Firstly, the research was conducted in South Africa, thus providing input from another cultural context to the CARE research milieu and allowing for cross-cultural comparison. Secondly, the research assessed the influence of four independent variables simultaneously and therefore provides a more comprehensive view on the interactive influence of various CSEs than most previous studies (Subrahmanyam, 2004; Strahilevitz, 1999). Thirdly, the research adopted a communications-based perspective and thus focused on the CSEs that are typically presented to consumers during CARE campaigns and therefore have a particular influence on CARE effectiveness. Fourthly, the study adopted a product involvement and co-branding inspired framework to assess the product CSE in CARE instead of the typically used hedonic-utilitarian framework. The product involvement classification showed that low

involvement products result in more favourable consumer responses toward CARE than high involvement products.

The fifth contribution is the insights gained that partnering with a specified, branded NPO contributes extensively to CARE effectiveness. Considering that the majority of CARE studies have focused on investigating the for-profit partner, despite the apparent importance of the non-profit partner, this contribution is particularly relevant in a context such as South Africa where NPOs are in dire need of new funding approaches. Non-profit organisations are thus encouraged to clarify their brand identity, to adopt a brand orientation and devote themselves to continuously building their brand. The research also concluded that NPOs should embrace their role as the conscience of society, believe in their own knowledge and experience, enter CARE negotiations with firms from a position of equality and not shy away from voicing their beliefs and concerns.

The sixth contribution is the confirmation that high actual amount donations are viewed as the most transparent form of donation, but that the donation CSE is quite elusive in the CARE context. In this research, for the first time, an indication was provided about the most suitable donation magnitude to employ in CARE campaigns (see Table 10.1).

The seventh contribution arises from the dependent variables selected for the research. The research allowed for the assessment of campaign-specific responses and was the first to provide a comparison of purchase and participation intention, and to distinguish between cognitive and affective attitude toward the CARE offer. The former raised awareness about the importance of clarifying CARE campaign objectives and using appropriate methods to measure the effectiveness of the campaign. The latter contributed to the limited emotion-related results available in terms of CARE, but also confirmed that CARE should not only be approached as a prosocial strategy with the aim of affecting consumer emotions, but as a business strategy that offers measurable returns.

Research about CARE in South Africa has been limited. Against this background, the current study offers new insights about South African consumers' perception, knowledge, opinions, attitudes and intentions pertaining to the role of business in society, CARE, and CSEs, thereby contributing to effective corporate social involvement and CARE campaign design.

10.11 SUMMARY AND CONCLUSION

The purpose of the study was to explore the knowledge and opinions of South African consumers to CARE and to assess the influence of communication-specific CSEs on consumer perceptions, attitudes and intentions.

Chapter 1 acted as an introduction to the study. It provided background to the research and highlighted the research problem and objectives of the research. Chapter 2 provided a background to the interaction between firms and society from both a broad business and a marketing-specific perspective. It delineated CSR as a traditional view on business' involvement in society and highlighted the trends that impel increased interaction between firms and NPOs. The chapter concluded by proposing the employment of CARE as a mutually beneficial strategy that provides an opportunity for the interaction between firms, NPOs, and consumers. Chapter 3 introduced CARE by discussing its evolution, the meaning of the concept and how it differs from other prosocial approaches. It explained the benefits of CARE for firms, consumers and NPOs and concluded by declaring the importance of CSEs in ensuring CARE success.

Chapter 4 provided an in-depth overview of the CSEs that are applicable during CARE campaign development, namely the product and the for-profit brand, the donation recipient, the donation itself, the campaign's strategic versus tactical orientation, its duration and its geographical boundaries. Chapter 4 highlighted that certain CSEs are more visible to consumers than others, and delineated these elements in-depth as the independent variables of this study. It also emphasised the importance of communication and framing in CARE.

Chapter 5 discussed the relationship between CARE and the consumer. It introduced consumer behaviour, prosocial consumer behaviour and consumer decision-making and delineated the role of intention in driving consumer behaviour. Consequently, the dependent variables of purchase and participation intention were introduced. The chapter proceeded with an in-depth discussion of the internal (perception, learning, attitude, motivation and personal traits) and external (culture, subculture, family and household) moderators of consumer decision-making as it applies to CARE. The internal moderators of consumer decision-making were introduced as the dependent variables of the study and the null hypotheses were thus introduced throughout Chapter 5.

Chapter 6 explained the methodology of the study. It introduced the research approach and provided an in-depth description of the purpose, methods and processes involved with the qualitative and quantitative research. Concerning the qualitative research, the composition of the focus groups, the discussion guide used, the procedure and the data analysis were described. Pertaining to the quantitative research, the 2 X 2 X 2 X 2 between-subjects factorial experiment that acted as the research design was explained along with the stimulus development process. The sampling, data collection and data analysis of the research were also discussed.

Chapter 7 provided an overview of the study's qualitative findings. It described the CARE knowledge and opinions of South African consumers. It also explained their views on the CSEs of CARE campaigns and on some additional aspects, such as guilt and trust, which were derived from the focus group discussions. Chapter 7 provided the input required for the finalisation of the quantitative research design and the stimuli of this study.

Chapter 8 was the first chapter that addressed the quantitative results of the study. It described the data preparation process, the respondent numbers and demographic profiles, manipulation checks, scale reliability and uni-dimensionality. The chapter concluded by analysing the collective impact of the experimental main effects on the intention-, attitude- and perception-related dependent variables of the study by means of one-way ANOVA. These analyses provided an initial indication of consumer responses to the experimental stimuli.

Chapter 9 was the second chapter that addressed the quantitative results of the study. It analysed the independent and interactive influence of the CSEs of product involvement, donation recipient specificity, donation magnitude and donation expression format on purchase intentions, participation intentions, attitude toward the CARE advertisement, cognitive and affective attitude toward the CARE offer, attitude toward the alliance and perceived firm motives, by means of univariate ANOVA and post hoc tests. The relationship and differences between purchase and participation intention, and between cognitive and affective attitude toward the offer was also explored. Chapter 9 concluded the quantitative analysis of the study.

Chapter 10 provided deeper insights into the meaning of the secondary, qualitative and quantitative research. The meaning of the results from both the independent and dependent variable perspective was addressed. The results revealed a general consumer preference for CARE campaigns that feature a low involvement product, a specified donation recipient, a

high donation magnitude and an actual amount expression format. The chapter offered CARE recommendations to firms and NPOs before concluding with a discussion about the limitations of the study and suggestions for future research.

Overall, the research found that South African middle- to high-income consumers are positive toward CARE and that this strategy holds an opportunity for facilitating the mutually beneficial relationships between firms and society. However, South African consumers are averse to guilt-based communication appeals and prefer positive campaign messaging. They are also more likely to positively respond to transparent campaigns, whilst feedback about the impact of the CARE campaign will enhance their future CARE participation and purchase intentions.

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ADDENDA

ADDENDUM 6.1
Focus group discussion guide



PROJECT CAUSE-RELATED MARKETING

Discussion Guide

INTRODUCTION AND WARM-UP

(10 min)

- ❖ Tell the respondents what the purpose of the discussion is, the duration of the group discussion, the need for confidentiality and the role of the moderator and observers
- ❖ Introduce the respondents to the concept of qualitative research and emphasise the need for information sharing and group participation
- ❖ Individual introductions, occupation, age, hobbies and interests

CAUSE-RELATED MARKETING ADVERTISEMENT EXAMPLES

(20 min)

- ❖ Present advertising material to the group and discuss as follows:
 - Initial thoughts provoked by the ad – relative to the campaign
 - Likes and dislikes of the ad - relative to the campaign
 - Cause and product fit (brand fit)
 - Impact on behaviour – likelihood of purchasing product due to the campaign

CAUSE-RELATED MARKETING CONCEPT DISCUSSION

(30 min)

- ❖ *Explore the Consumer understanding of CRM (Cause-Related Marketing) Open concept/idea on a broad scale to test understanding, then probe as discussion progresses (use examples)*
 - *What do you understand by Cause-Related Marketing*
 - *Why do companies do this? What do they achieve from it? How does it benefit them?*
 - *What kind of marketing do you think this incorporates*
 - *Do you think the average consumer understands what this is about*
 - *How do you feel about this?*
 - *What is the attitude towards this type of marketing*

- ❖ *Explain the concept in detail (read definition by Varadarajan and Menon) – Now that the concept is understood, let us talk about the things that are important to you as consumers when thinking of a CRM program? – Spontaneous thoughts*
 - *Thinking now of your life, what do you see as the *benefits* associated with marketing involving a 3rd party that will benefit from the sale of the product*
 - ↪ *Probe both the functional as well as emotional benefits related to this*
 - *Are you aware of any companies, brands or products that do this? Which ones come to mind and what is your reaction to this?*
 - *Do you feel any different towards companies/brands/products that do this versus those that don't*
 - *Does it change your opinion of the company if you see that they are donating to a relevant cause*
 - *What impact does this have on your behaviour – in other words would you consider buying the product over and above a competitor product without a CRM campaign linked to it*
 - *What do you think impacts on this – *allow to spontaneously talk about types of products, categories, types of causes, price, etc**

(Allow participants time for completing brief self-completion questionnaires before commence with the cause-related marketing ideal discussion)

CAUSE-RELATED MARKETING IDEAL

(60 min)

- ❖ We would like to create our ideal CRM Campaign. I want you to think about each of the aspects I am going to raise and tell me what appeals the most to you with reasons for your thinking
- ❖ I would like us to look at different types of products and discuss the ideal campaign relative to this: (Address each of these categories separately – create separate ideals – if they do differ) Make use of cards to gauge importance, ranking and impact of each of the aspects
(Cleaning products/ Grocery items (consumables)/ Financial products/ Health products/ Stationery/ Clothing/ Fast Food)
 - Cause versus Charity – preferences towards a general cause like education or a specific charity organisation
 - The type of Cause/Charity – type of charity/cause chosen
 - ↪ Should certain causes be given preference above others?
 - ↪ Which causes/charities are preferred?
 - Donation level – the amount being contributed – high, medium, low
 - The Donation Format – a specific amount, a % of the price of the product, % of profit
 - The geography of the cause – local vs national vs international
 - Conditional CRM – where there is a condition applied to the product *(explain by example)*
 - Method of pricing – price premium, price inclusive or a specific donation amount *(give example)*
 - Co-branding between the product and the cause – the importance of the fit between brands – complimentary or not
 - Time-frame – part of company strategy/long term or a short term promotion/campaign
 - Transparency on the part of the organisation – informing the consumer how the money is spent

Allow time for final comments.

Thank participants and close discussion.

ADDENDUM 6.2

Focus group self-completion questionnaire

Welcome to this discussion group. Please feel free to interact. All information will be treated as confidential.

SECTION A

Please complete the following general information by selecting the block that best describes your characteristics with **X**.

1. Age (years)	14 – 24 <input type="checkbox"/>	25 – 29 <input type="checkbox"/>	30 – 34 <input type="checkbox"/>	35 – 44 <input type="checkbox"/>	45 and older <input type="checkbox"/>
2. Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
3. Marital status	Never married <input type="checkbox"/>	Married/ living together <input type="checkbox"/>	Widowed <input type="checkbox"/>	Separated/ divorced <input type="checkbox"/>	
4. Number of children	None <input type="checkbox"/>	One <input type="checkbox"/>	Two <input type="checkbox"/>	Three <input type="checkbox"/>	Four and more <input type="checkbox"/>
5. Average monthly income	Less than R4 500 <input type="checkbox"/>	R4 500 – R7 000 <input type="checkbox"/>	R7 000 – R11 000 <input type="checkbox"/>	R11 000 – R18 000 <input type="checkbox"/>	More than R18 000 <input type="checkbox"/>
6. Religious affiliation	Christian (including Catholic) <input type="checkbox"/>	Muslim <input type="checkbox"/>	Hindu <input type="checkbox"/>	Other <input type="checkbox"/>	Not religious <input type="checkbox"/>
7. Educational level (indicate highest completed level)	Primary school <input type="checkbox"/>	Secondary school <input type="checkbox"/>	Tertiary degree or diploma <input type="checkbox"/>	Post-graduate <input type="checkbox"/>	

SECTION B

Please circle the option that describes your characteristics most accurately.

1. I regard my knowledge of cause-related marketing as:

Poor						Excellent
1	2	3	4	5		6

2. My attitude towards firms participating in cause-related marketing is:

Extremely negative						Extremely positive
1	2	3	4	5		6

3. My attitude towards non-profit (charity) organisations participating in cause-related marketing is:

Extremely negative						Extremely positive
1	2	3	4	5		6

4. I regard my general ideology as:

Extremely conservative						Extremely liberal
1	2	3	4	5		6

5. I think firms who engage in cause-related marketing mostly have the following motive:

Only to help themselves						Only to help others
1	2	3	4	5		6

SECTION C

Indicate with X which option best describes your characteristics.

- Generally I come across as ...

a.

Someone who is talkative, outgoing, is comfortable around people, but could be noisy and attention seeking

1

2

3

4

5

6

Someone who is a reserved, private person, doesn't like to draw attention to themselves and can be shy around strangers

b.

Someone who is forthright, tends to be critical and find fault with others and doesn't suffer fools gladly

1

2

3

4

5

6

Someone who is generally trusting and forgiving, is interested in people, but can be taken for granted and finds it difficult to say no

c.

Someone who is sensitive and excitable, and can be tense

1

2

3

4

5

6

Someone who is relaxed, unemotional, rarely gets irritated and seldom feels blue

d.

Someone who likes to plan things, likes to tidy up, pays attention to details, but can be rigid or inflexible

1

2

3

4

5

6

Someone who doesn't necessarily work to a schedule, tends to be flexible, but disorganised and often forgets to put things back in their proper place

e.

Someone who is a practical person who is not interested in abstract ideas, prefers work that is routine and has few artistic interests

Someone who spends time reflecting on things, has an active imagination and likes to think up new ways of doing things, but may lack pragmatism (realism)

1

2

3

4

5

6

SECTION D

1. How often do you discuss spiritual matters with others?

Not all 1	at 2	Less than once a year 2	About once a year 3	About once a month 4	About once a week 5	About once a day 6
-----------------	---------	----------------------------------	---------------------------	----------------------------	---------------------------	--------------------------

2. Ho often do you read spiritually-related material?

Not all 1	at 2	Less than once a year 2	About once a year 3	About once a month 4	About once a week 5	About once a day 6
-----------------	---------	----------------------------------	---------------------------	----------------------------	---------------------------	--------------------------

3. How often do you engage in prayer or meditation?

Not all 1	at 2	Less than once a year 2	About once a year 3	About once a month 4	About once a week 5	About once a day 6
-----------------	---------	----------------------------------	---------------------------	----------------------------	---------------------------	--------------------------

4. Forgiveness is important

Strongly disagree 1	Disagree 2	Disagree more than agree 3	Agree more than disagree 4	Agree 5	Strongly agree 6
---------------------------	---------------	----------------------------------	----------------------------------	------------	---------------------

5. I need guidance to make spiritual decisions

Strongly disagree 1	Disagree 2	Disagree more than agree 3	Agree more than disagree 4	Agree 5	Strongly agree 6
---------------------------	---------------	----------------------------------	----------------------------------	------------	---------------------

6. Spirituality is a significant part of my life

Strongly disagree 1	Disagree 2	Disagree more than agree 3	Agree more than disagree 4	Agree 5	Strongly agree 6
---------------------------	---------------	----------------------------------	----------------------------------	------------	---------------------

7. I feel close to God or a higher power

Strongly disagree 1	Disagree 2	Disagree more than agree 3	Agree more than disagree 4	Agree 5	Strongly agree 6
---------------------------	---------------	----------------------------------	----------------------------------	------------	---------------------

8. Spiritual views have influence on my life

Strongly disagree 1	Disagree 2	Disagree more than agree 3	Agree more than disagree 4	Agree 5	Strongly agree 6
---------------------------	---------------	----------------------------------	----------------------------------	------------	---------------------

9. Spirituality answers question about meaning

Strongly disagree 1	Disagree 2	Disagree more than agree 3	Agree more than disagree 4	Agree 5	Strongly agree 6
---------------------------	---------------	----------------------------------	----------------------------------	------------	---------------------

SECTION E

Assume a 20g gluestick (e.g. Pritt, etc.) costs R15 per item. Please complete the following:

1. When purchasing the gluestick, how much time do you spend on the process of deciding on a gluestick?

Short time								Long time
1	2	3	4	5	6	7		

2. Do you regard the gluestick as a high cost or a low cost product?

Low cost								High cost
1	2	3	4	5	6	7		

3. In the process of deciding on a gluestick, how extensive is your information search process?

Limited search								Extensive search
1	2	3	4	5	6	7		

4. In the process of deciding on a gluestick, do you only make use of your own knowledge (internal information) or do you take into consideration your own information and information gathered from other sources (e.g. external information deliberately collected from friends, sales people, advertisements, etc.)?

Internal only								Internal and external
1	2	3	4	5	6	7		

5. When purchasing the gluestick, how many alternative options would you consider in the process?

One alternative								Many alternatives
1	2	3	4	5	6	7		

6. How interesting is gluestick as a product to you?

Not interesting at all								Very interesting
1	2	3	4	5	6	7		

7. How risky would you describe the purchasing of a gluestick?

No risk at all							Very	risky
1	2	3	4	5	6	7		

8. Would you mind if people see you purchasing a gluestick?

Do not mind at all								Mind a lot
1	2	3	4	5	6	7		

9. Assume the manufacturer of the R15 gluestick decides to donate a specified amount to charity for every product purchased. Complete the following:

- a. I regard

--

 as a small donation amount.
- b. I regard

--

 as a medium donation amount.
- c. I regard

--

 as a high donation amount.
- d. I regard

--

 as the most acceptable donation amount

10. Assume the manufacturer of the R15 gluestick decides to donate a percentage of price to charity for every product purchased. Complete the following:

- a. I regard

	%
--	---

 of price as a small donation percentage.
- b. I regard

	%
--	---

 of price as a medium donation percentage.
- c. I regard

	%
--	---

 of price as a high donation percentage.
- d. I regard

	%
--	---

 of price as the most acceptable donation percentage.

Assume a laptop (Intel® Celeron M530 processor 1.73 GHz; 1024MB RAM; 120GB HDD) costs R6 000 per item. Please complete the following:

11. When purchasing the laptop, how much time do you spend on the process of deciding on a laptop?

Short time										Long time
1	2	3	4	5	6	7				

12. Do you regard the laptop as a high cost or a low cost product?

Low cost										High cost
1	2	3	4	5	6	7				

13. In the process of deciding on a laptop, how extensive is your information search process?

Limited search										Extensive search
1	2	3	4	5	6	7				

14. In the process of deciding on a laptop, do you only make use of your own knowledge or do you take into consideration your own information and information collected from other sources?

Internal only										Internal and external
1	2	3	4	5	6	7				

15. When purchasing the laptop, how many alternative options would you consider in the process?

One alternative										Many alternatives
1	2	3	4	5	6	7				

16. How interesting is a laptop as a product to you?

	Not interesting at all						Very interesting
	1	2	3	4	5	6	7

17. How risky would you describe the purchasing of a laptop computer?

	No risk		at all				Very risky
	1	2	3	4	5	6	7

18. Would you mind if people see you purchasing a laptop?

	Do not mind at all						Mind a lot
	1	2	3	4	5	6	7

19. Assume the manufacturer of the R6 000 laptop decides to donate a specified amount to charity for every product purchased. Complete the following:

- a. I regard

 as a small donation amount.
- b. I regard

 as a medium donation amount.
- c. I regard

 as a high donation amount.
- d. I regard

 as the most acceptable donation amount

20. Assume the manufacturer of the R6 000 gluestick decides to donate a percentage of price to charity for every product purchased. Complete the following:

- a. I regard

 % of price as a small donation percentage.
- b. I regard

 % of price as a medium donation percentage.
- c. I regard

 % of price as a high donation percentage.
- d. I regard

 % of price as the most acceptable donation percentage.

21. I'll rather donate money to a charity organisation (e.g. the donation benefit the Reach for a Dream Foundation, etc.) than to a cause in general (e.g. the donation will benefit educational development, etc.).

Strongly disagree							Strongly agree
1	2	3	4	5	6	7	

22. In a cause-related marketing campaign I'll prefer support to a local charity organisation from my area rather than a large national charity organisation.

Strongly disagree							Strongly agree
1	2	3	4	5	6	7	

SECTION F

Please indicate your level of familiarity of and general attitude towards each mentioned charity organisation in the table below (circle the option that best describes you).

1a. How familiar are you with the REACH FOR A DREAM FOUNDATION?

Not familiar at all (have never heard about the charity)							Very familiar (know a lot about the charity)
1	2	3	4	5	6	7	

1b. What is your attitude towards the REACH FOR A DREAM FOUNDATION?

Extremely negative							Extremely positive
1	2	3	4	5	6	7	

2a. How familiar are you with CANSA?

Not familiar at all (have never heard about the charity)							Very familiar (know a lot about the charity)
1	2	3	4	5	6	7	

2b. What is your attitude towards CANSA?

Extremely negative							Extremely positive
1	2	3	4	5	6	7	

3a. How familiar are you with COTLANDS?

Not familiar at all (have never heard about the charity)							Very familiar (know a lot about the charity)
1	2	3	4	5	6	7	

3b. What is your attitude towards COTLANDS?

Extremely negative							Extremely positive
1	2	3	4	5	6	7	

4a. How familiar are you with the WORLD WILDLIFE FUND?

Not familiar at all (have never heard about the charity)							Very familiar (know a lot about the charity)
1	2	3	4	5	6	7	

4b. What is your attitude towards the WORLD WILDLIFE FUND?

Extremely negative							Extremely positive
1	2	3	4	5	6		7

5a. How familiar are you with UNICEF?

Not familiar at all (have never heard about the charity)							Very familiar (know a lot about the charity)
1	2	3	4	5	6		7

5b. What is your attitude towards UNICEF?

Extremely negative							Extremely positive
1	2	3	4	5	6		7

6a. How familiar are you with the STARFISH GREAT HEARTS FOUNDATION?

Not familiar at all (have never heard about the charity)							Very familiar (know a lot about the charity)
1	2	3	4	5	6		7

6b. What is your attitude towards the STARFISH GREAT HEARTS FOUNDATION?

Extremely negative							Extremely positive
1	2	3	4	5	6		7

Familiarize yourself with the brief descriptions of various charity organisations that are provided below. Then answer the following questions.

<p>REACH FOR A DREAM FOUNDATION The Reach For A Dream Foundation is an organisation that encourages children of all income groups and of any race, colour or creed between the ages of 3 and 18 years to use their dreams to fight life-threatening illnesses such as cancer and leukaemia, cystic fibrosis and muscular dystrophy, kidney failure and HIV infections.</p>
<p>CANSA CANSA aims to substantially reduce the impact of cancer by promoting health in all communities within South Africa, through advocacy and the sustainable facilitation of research, prevention, early detection and care.</p>
<p>COTLANDS Cotlands is a long-serving South African 'non-profit' agency that continues to meet the ever-changing needs of children impacted by HIV/AIDS in our country.</p>
<p>WORLD WILDLIFE FUND The mission of the World Wildlife Fund is the conservation of nature. The fund aims at using the best available scientific knowledge and advancing that knowledge to preserve the diversity and abundance of life on Earth and the health of ecological systems.</p>
<p>UNICEF UNICEF is the United Nations Children's Fund. It aims at exerting global authority to influence decision-makers and a variety of partners at grassroots level to turn innovative ideas into reality with the purpose of building a world where the rights of every child are realized. The organisation focuses on basic education and gender equality, HIV/AIDS and children, child survival, development and protection, etc.</p>
<p>STARFISH GREAT HEARTS FOUNDATION Starfish Greathearts Foundation is an international development charity, aiming to bring life, hope and opportunity to children in South Africa, who have been orphaned or made vulnerable by HIV/AIDS – to change perspectives, beliefs and ultimately outcomes.</p>

Assume a decision is made by a firm to involve one of their products, namely a laptop computer, in a cause-related marketing campaign. The firm has to choose a charity organisation to partner with in the cause-related marketing campaign. The charity organisation will in other words be the beneficiary who will be receiving a donation based on each purchase made by the consumer.

7. Please rank the 6 partnership options below from 1 to 6. **Number 6** should be the partnership that you regard as representing the **best fit** between the charity organisation and the type of product presented (in this case a laptop computer). **Number 1** should indicate the partnership that you regard as the **worst fit** between the charity organisation and the product presented (i.e. laptop).

	Cause-related marketing partnership	Ranking 1=worst fit 6=best fit
A	Laptop computer and Reach for a Dream Foundation	
B	Laptop computer and Cotlands	
C	Laptop computer and World Wildlife Fund	
D	Laptop computer and Cansa	
E	Laptop computer and UNICEF	
F	Laptop computer and Starfish Great Hearts Foundation	

8. In the table below, write down the partnership that you have ranked in the table above as the 'best fit option'.
9. In column A, write down the first 5 characteristics that come to mind when thinking of a laptop computer.
10. In column B, write down the first 5 characteristics that come to mind when thinking of the charity organisation in the identified best fit partnership.

Best fit option: laptop computer and _____	
Column A: laptop computer	Column B: charity organisation
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Assume a decision is also made by another firm to involve one of their products, namely an everyday use gluestick, in a cause-related marketing campaign. The firm has to choose a charity organisation to partner with in the cause-related marketing campaign. The charity organisation will in other words be the beneficiary who will be receiving a donation based on each purchase made by the consumer.

11. Please rank the 6 partnership options below from 1 to 6. **Number 1** should be the partnership that you regard as representing the **best fit** between the charity organisation and the type of product presented (in this case the gluestick). **Number 6** should indicate the partnership that you regard as the **worst fit** between the charity organisation and the product presented (i.e. gluestick).

	Cause-related marketing partnership	Ranking (1=best fit; 6=worst fit)
A	Gluestick and Reach for a Dream Foundation	
B	Gluestick and Cotlands	
C	Gluestick and World Wildlife Fund	
D	Gluestick and Kansa	
E	Gluestick and UNICEF	
F	Gluestick and Starfish Great Hearts Foundation	

12. In the table below, write down the partnership that you have ranked in the table above as the 'best fit option'.
13. In column A, write down the first 5 characteristics that come to mind when thinking of gluestick.
14. In column B, write down the first 5 characteristics that come to mind when thinking of the charity organisation in the identified best fit partnership.

Best fit option: gluestick and _____	
Column A: gluestick	Column B: charity organisation
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Thank you for your participation – it is greatly appreciated!

ADDENDUM 6.3

Independent and dependent variable summary

Addendum 6.3A: Independent variable summary

	Independent variables	Level 1	Level 2
1.	Product involvement A product that is either high priced and requires extensive information search before purchase or that is low priced and usually accompanied by low levels of information search.	Low	High
2.	Donation recipient brand specificity <i>(also referred to as donation recipient)</i> The non-profit donation recipient featured in the CARE print advertisement stimulus can either be a branded charitable organisation or an unbranded, vague recipient.	Specified donation recipient	Vague donation recipient
3.	Donation expression format <i>(also referred to as donation expression)</i> The manner in which the donation amount is expressed (framed/communicated) in the CARE print advertisement stimulus.	Percentage-of-price	Actual amount in Rand
4.	Donation magnitude The size of the donation amount communicated in the CARE print advertisement stimulus.	High	Low

Addendum 6.3B: Dependent variable summary

DEPENDENT VARIABLE		Number of Items	GROUP 1-16 OVERALL RELIABILITY
			Cronbach Alpha
	INTENTION		
1.	Purchase intention	6	0.926
2.	Participation intention	4	0.911
	ATTITUDE		
3.	Attitude toward the advertisement	5	0.952
4.	Cognitive attitude toward the offer	5	0.915
5.	Affective attitude toward the offer	4	0.905
6.	Attitude toward the alliance	3	0.980
7.	Attitude toward charitable organisationS	5	0.930
	PERCEPTIONS		
8.	Perceived firm motives	6	0.970

ADDENDUM 6.4
Experimental stimuli advertisements

Addendum 6.4A: Experimental stimuli summary

Experimental group and stimuli number	Donation expression format	Donation magnitude	Donation recipient brand specificity	Involvement
1	Percentage	High (20%)	Specified recipient	Low
2	Percentage	Low (1%)	Specified recipient	Low
3	Actual amount in Rand	High (R9.50)	Specified recipient	Low
4	Actual amount in Rand	Low (R1.50)	Specified recipient	Low
5	Percentage	High (20%)	Vague recipient	Low
6	Percentage	Low (1%)	Vague recipient	Low
7	Actual amount in Rand	High (R9.50)	Vague recipient	Low
8	Actual amount in Rand	Low (R1.50)	Vague recipient	Low
9	Percentage	High (15%)	Specified recipient	High
10	Percentage	Low (1%)	Specified recipient	High
11	Actual amount in Rand	High (R750)	Specified recipient	High
12	Actual amount in Rand	Low (R65)	Specified recipient	High
13	Percentage	High (15%)	Vague recipient	High
14	Percentage	Low (1%)	Vague recipient	High
15	Actual amount in Rand	High (R750)	Vague recipient	High
16	Actual amount in Rand	Low (R65)	Vague recipient	High

Addendum 6.4B: Experimental stimuli

Stimulus 1 presented to Group 1



The advertisement features a red Pritt glue stick with a white cap and a red cap lying next to it. The glue stick has the Pritt logo and the word 'stick' on it, along with a green label that says 'Non-toxic'. The background is white with a red curved line at the top and bottom. The text 'YOU can make a difference!' is written in red. Below this, it says 'Buy this Pritt glue stick and Pritt will donate 20% of the price of the product to Reach for a Dream.' The price 'R37,99' is shown in a grey box. There are two bullet points: '• 43g' and '• Especially well-suited for frequent users and to glue large areas'. A logo for 'reach for a dream' shows a blue cloud and a yellow sun. The Pritt logo and the Henkel logo are also present. The website 'www.pritt.co.za' is at the bottom.

YOU
can make a
difference!

Buy this Pritt glue stick and Pritt will donate 20% of the price of the product to Reach for a Dream.

R37,99

- 43g
- Especially well-suited for frequent users and to glue large areas

reach for a dream

Pritt
Henkel

www.pritt.co.za

Stimulus 2 presented to Group 2



YOU
can make a
difference!

Buy this Pritt glue stick and Pritt will donate 1% of the price of the product to Reach for a Dream.

R37,99

- 43g
- Especially well-suited for frequent users and to glue large areas



reach for a dream



www.pritt.co.za

Stimulus 3 presented to Group 3



YOU
can make a
difference!

Buy this Pritt glue stick and Pritt will donate R9.50 to Reach for a Dream.

R37,99

- 43g
- Especially well-suited for frequent users and to glue large areas



reach for a dream



Pritt
Henkel

www.pritt.co.za

Stimulus 4 presented to Group 4



YOU
can make a
difference!

Buy this Pritt glue stick and Pritt will donate R1.50 to Reach for a Dream.

R37,99

- 43g
- Especially well-suited for frequent users and to glue large areas



reach for a dream



Pritt
Henkel

www.pritt.co.za

Stimulus 5 presented to Group 5



YOU
can make a
difference!

Buy this Pritt glue stick and Pritt will donate 20% of the price of the product to charity.

R37,99

- 43g
- Especially well-suited for frequent users and to glue large areas



www.pritt.co.za

Stimulus 6 presented to Group 6



YOU
can make a
difference!

Buy this Pritt glue stick and Pritt will donate 1% of the price of the product to charity.

R37,99

- 43g
- Especially well-suited for frequent users and to glue large areas



www.pritt.co.za

Stimulus 7 presented to Group 7



YOU
can make a
difference!

Buy this Pritt glue stick and Pritt will donate R9.50 to charity.

R37,99

- 43g
- Especially well-suited for frequent users and to glue large areas



www.pritt.co.za

Stimulus 8 presented to Group 8



YOU
can make a
difference!

Buy this Pritt glue stick and Pritt will donate R1.50 to charity.

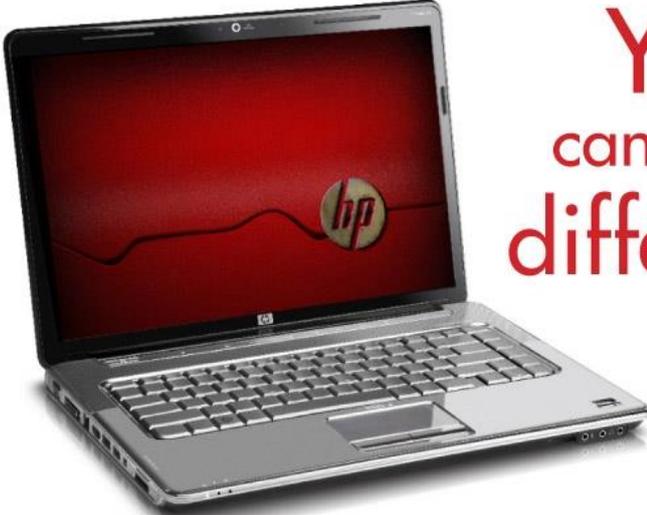
R37,99

- 43g
- Especially well-suited for frequent users and to glue large areas



www.pritt.co.za

Stimulus 9 presented to Group 9



YOU
can make a
difference!

Buy this HP laptop and HP will donate
15% of the price of the product to
Reach for a Dream.

R7999

- 15.6" display
- MS Windows 7® Home Premium
- AMD® Radeon™ HD 6470 1GB
- 4096MB RAM and 500GB HDD
- Intel® Core i5-2410 processor 2.3GHz

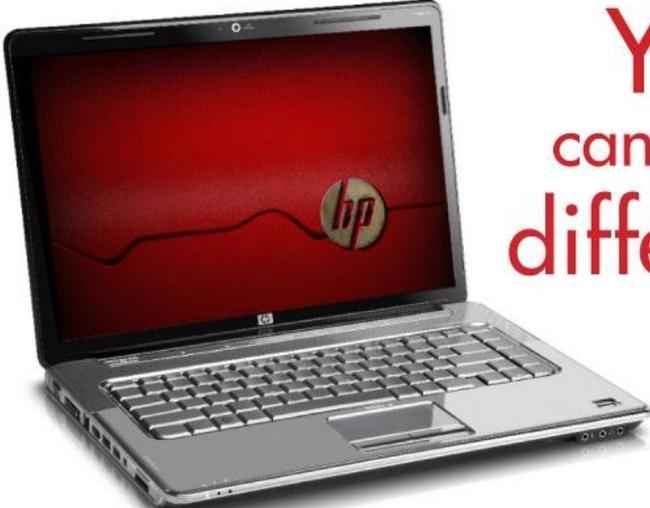


reach for a dream



www.hp.com

Stimulus 10 presented to Group 10



YOU
can make a
difference!

Buy this HP laptop and HP will donate
1% of the price of the product to
Reach for a Dream.

R7999

- 15.6" display
- MS Windows 7® Home Premium
- AMD® Radeon™ HD 6470 1GB
- 4096MB RAM and 500GB HDD
- Intel® Core i5-2410 processor 2.3GHz

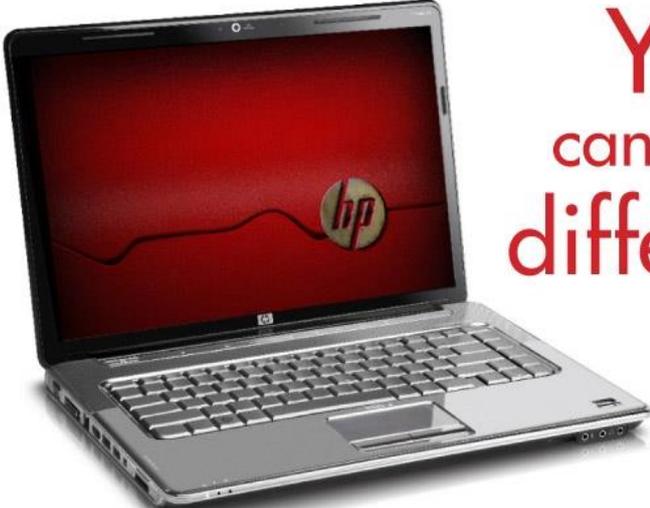


reach for a dream



www.hp.com

Stimulus 11 presented to Group 11



YOU
can make a
difference!

Buy this HP laptop and HP will
donate R750 to Reach for a Dream.

R7999

- 15.6" display
- MS Windows 7® Home Premium
- AMD® Radeon™ HD 6470 1GB
- 4096MB RAM and 500GB HDD
- Intel® Core i5-2410 processor 2.3GHz

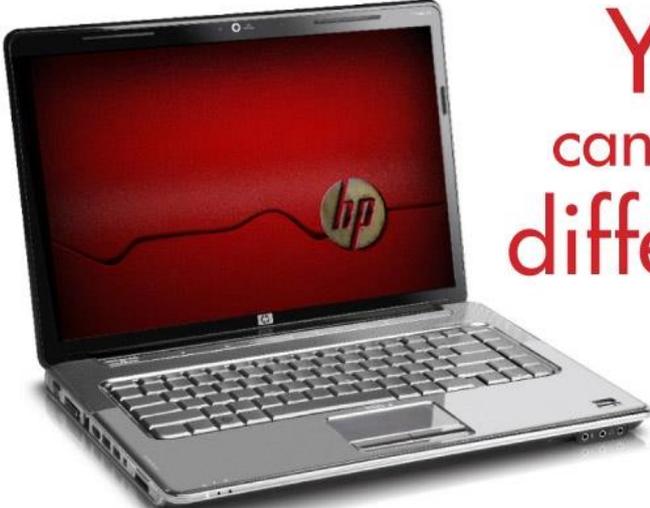


reach for a dream



www.hp.com

Stimulus 12 presented to Group 12



YOU
can make a
difference!

Buy this HP laptop and HP will
donate R65 to Reach for a Dream.

R7999

- 15.6" display
- MS Windows 7® Home Premium
- AMD® Radeon™ HD 6470 1GB
- 4096MB RAM and 500GB HDD
- Intel® Core i5-2410 processor 2.3GHz

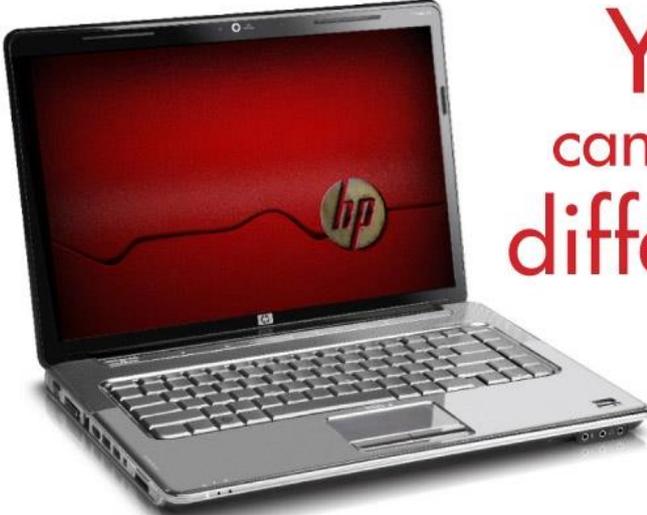


reach for a dream



www.hp.com

Stimulus 13 presented to Group 13



YOU
can make a
difference!

Buy this HP laptop and HP will donate
15% of the price of the product
to charity.

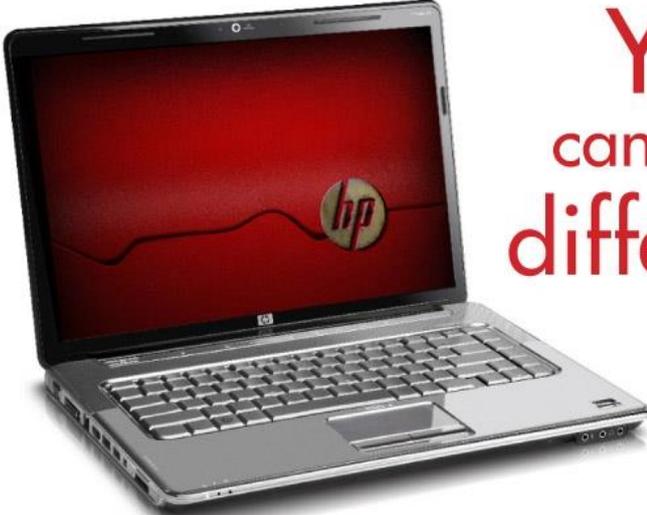
R7999

- 15.6" display
- MS Windows 7® Home Premium
- AMD® Radeon™ HD 6470 1GB
- 4096MB RAM and 500GB HDD
- Intel® Core i5-2410 processor 2.3GHz



www.hp.com

Stimulus 14 presented to Group 14



YOU
can make a
difference!

Buy this HP laptop and HP will donate
1% of the price of the product
to charity.

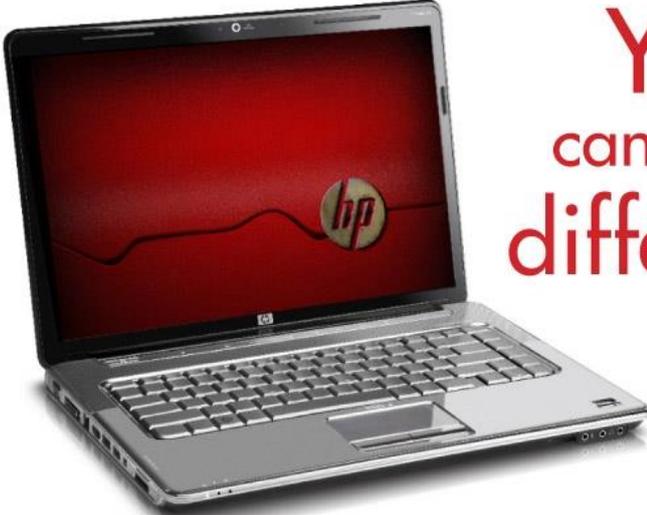
R7999

- 15.6" display
- MS Windows 7® Home Premium
- AMD® Radeon™ HD 6470 1GB
- 4096MB RAM and 500GB HDD
- Intel® Core i5-2410 processor 2.3GHz



www.hp.com

Stimulus 15 presented to Group 15



YOU
can make a
difference!

Buy this HP laptop and HP will
donate R750 to charity.

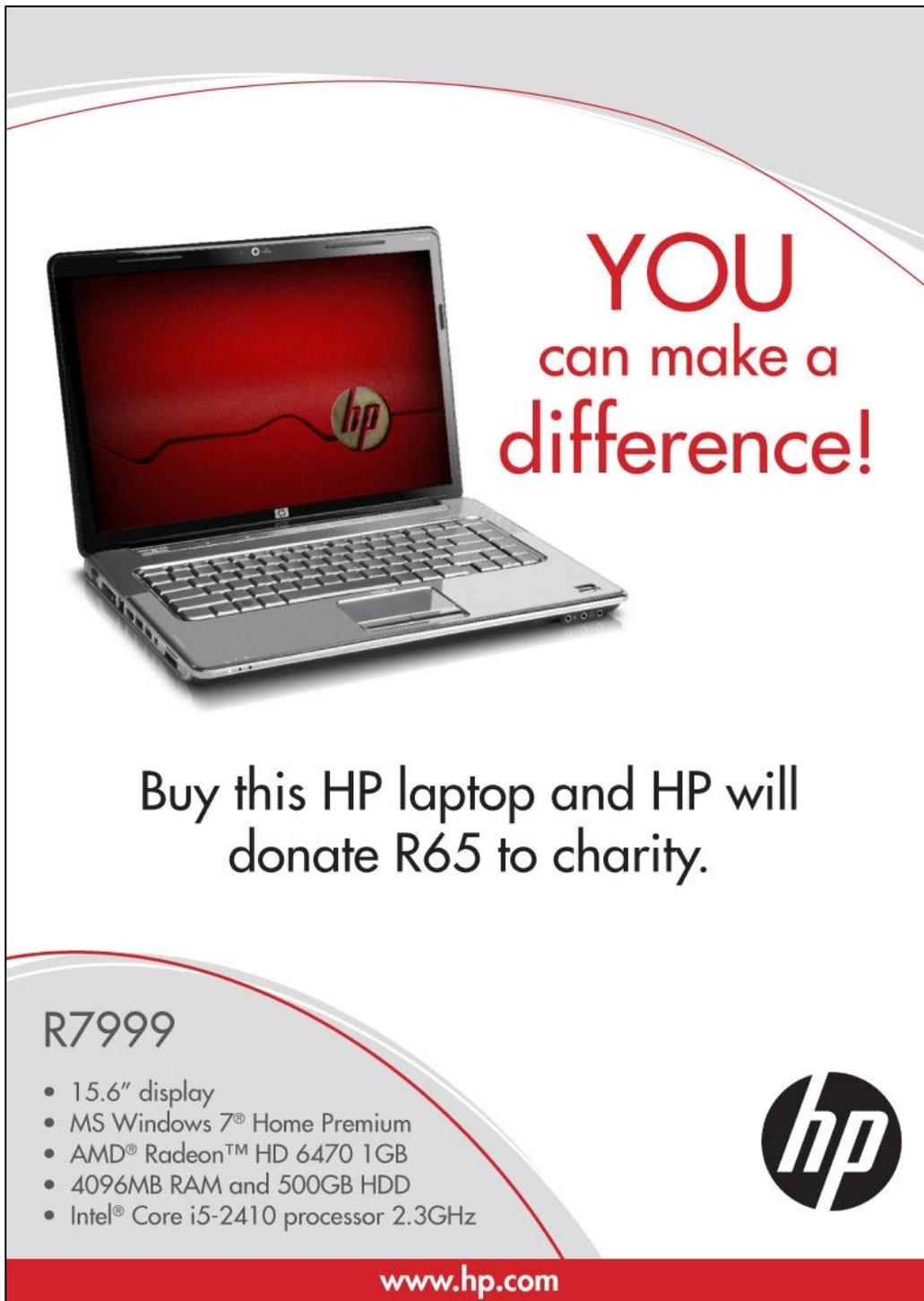
R7999

- 15.6" display
- MS Windows 7® Home Premium
- AMD® Radeon™ HD 6470 1GB
- 4096MB RAM and 500GB HDD
- Intel® Core i5-2410 processor 2.3GHz



www.hp.com

Stimulus 16 presented to Group 16



YOU
can make a
difference!

Buy this HP laptop and HP will
donate R65 to charity.

R7999

- 15.6" display
- MS Windows 7® Home Premium
- AMD® Radeon™ HD 6470 1GB
- 4096MB RAM and 500GB HDD
- Intel® Core i5-2410 processor 2.3GHz



www.hp.com

ADDENDUM 6.5
Final questionnaire example

Experimental Group1 Questionnaire

Thank you for participating in this Stellenbosch University survey about the interaction between business and society. Please answer ALL the questions. A red block will appear to remind you if you have skipped a question. Click on the NEXT button when you are ready to proceed to the next page. REMEMBER: you will not be able to return to a page. The information will be treated as CONFIDENTIAL and the survey will take about 10 minutes to complete.

.....

What is your gender?

- Male
- Female

Please indicate the option that most accurately describes your ethnic group.

- Asian
- Black
- Coloured
- White

Pritt glue stick and the Reach for a Dream charity will be mentioned in this survey.

For each of the questions below, please CLICK in the circle that describes your opinions best.

The stronger your opinion, the more to the LEFT or to the RIGHT you will click!

1. My awareness of the Pritt brand is best described as:

	1	2	3	4	5	6	7	
unfamiliar	<input type="radio"/>	familiar						
I do not recognise it	<input type="radio"/>	I recognise it						
I have not heard of it	<input type="radio"/>	I have heard of it						

2. My attitude toward the Pritt brand is:

	1	2	3	4	5	6	7	
bad	<input type="radio"/>	good						
dislike	<input type="radio"/>	like						
unfavourable	<input type="radio"/>	favourable						
negative	<input type="radio"/>	positive						

Please answer all the questions. Click NEXT to continue.

3. My awareness of Reach for a Dream is best described as:

	1	2	3	4	5	6	7	
unfamiliar	<input type="radio"/>	familiar						
I do not recognise it	<input type="radio"/>	I recognise it						
I have not heard of it	<input type="radio"/>	I have heard of it						

4. My attitude toward the Reach for a Dream brand is:

	1	2	3	4	5	6	7	
bad	<input type="radio"/>	good						
dislike	<input type="radio"/>	like						
unfavourable	<input type="radio"/>	favourable						
negative	<input type="radio"/>	positive						

The rest of the survey is about the print advertisement below.
You will be able to view the advertisement again throughout the survey.



The advertisement features a red Pritt glue stick with a white cap and a red cap lying next to it. The glue stick has the Pritt logo, the word 'stick', and 'Non-toxic' written on it. The background is white with a grey curved border at the top and bottom. The text 'YOU can make a difference!' is written in red. Below this, the text 'Buy this Pritt glue stick and Pritt will donate 20% of the price of the product to Reach for a Dream.' is written in black. The price 'R37,99' is shown in a grey box. A list of features is provided: '43g' and 'Especially well-suited for frequent users and to glue large areas'. The 'Reach for a Dream' logo, featuring a sun and a cloud, is shown above the text 'reach for a dream'. The Pritt logo and Henkel logo are also present.

YOU
can make a
difference!

Buy this Pritt glue stick and Pritt will donate 20% of the price of the product to Reach for a Dream.

R37,99

- 43g
- Especially well-suited for frequent users and to glue large areas

reach for a dream

Pritt
Henkel

www.pritt.co.za

The questions below are about the advertisement you have just viewed.

(The advertisement is visible at the bottom of the page)

Please answer all the questions. Click NEXT (at the bottom of the page) to continue.

17. I think the offer presented in the advertisement:

	1	2	3	4	5	6	7	
is negative	<input type="radio"/>	is positive						
is bad	<input type="radio"/>	is good						
is harmful	<input type="radio"/>	is beneficial						
is foolish	<input type="radio"/>	is wise						
WON'T make a difference	<input type="radio"/>	WILL make a difference						

18. When I see the offer presented in the advertisement, I feel:

	1	2	3	4	5	6	7	
Annoyed	<input type="radio"/>	Happy						
Tense	<input type="radio"/>	Calm						
Disgusted	<input type="radio"/>	Acceptance						
Sorrow	<input type="radio"/>	Joy						

YOU
can make a
difference!

Buy this Pritt glue stick and Pritt will donate 20% of the price of the product to Reach for a Dream.

R37,99

- 43g
- Especially well-suited for frequent users and to glue large areas

reach for a dream

Pritt

www.pritt.co.za

The questions below are about the advertisement you have just viewed.

(The advertisement is visible at the bottom of the page)

Please answer all the questions. Click NEXT (at the bottom of the page) to continue.

19. I think the alliance between Pritt and the Reach for a Dream organisation as portrayed in the advertisement is:

	1	2	3	4	5	6	7	
negative	<input type="radio"/>	positive						
unfavourable	<input type="radio"/>	favourable						
bad	<input type="radio"/>	good						

20. I would most likely describe Pritt's reasons (motives) for becoming involved with Reach for a Dream as:

	1	2	3	4	5	6	7	
impure	<input type="radio"/>	pure						
selfish	<input type="radio"/>	generous						
heartless	<input type="radio"/>	caring						
self-serving	<input type="radio"/>	society-serving						
not involved	<input type="radio"/>	involved						
reactive	<input type="radio"/>	pro-active						

YOU
can make a
difference!

Buy this Pritt glue stick and Pritt will donate 20% of the price of the product to Reach for a Dream.

R37,99

- 43g
- Especially well-suited for frequent users and to glue large areas

reach for a dream

Pritt
Herbol

www.pritt.co.za

The questions below are about the advertisement you have just viewed.

(The advertisement is visible at the bottom of the page)

Please read each statement. Then indicate to what extent you disagree or agree.

Click NEXT (at the bottom of the page) to continue.

		Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
21	I like the advertisement.	<input type="radio"/>						
22	I would buy the Pritt glue stick featured in the advertisement.	<input type="radio"/>						
23	I think the advertisement is good.	<input type="radio"/>						
24	I think the marketing campaign portrayed in the advertisement is a good idea.	<input type="radio"/>						
25	I find the advertisement interesting.	<input type="radio"/>						
26	I would be willing to participate in the marketing campaign showed in the advertisement.	<input type="radio"/>						
27	If I were going to buy glue stick, I would probably buy the Pritt featured in the advertisement.	<input type="radio"/>						
28	I think the advertisement is attractive.	<input type="radio"/>						
29	At the price shown, I would consider buying the glue stick featured in the advertisement.	<input type="radio"/>						

		Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
30	I compare prices of at least a few brands before I choose one.	<input type="radio"/>						
31	Sometimes I am willing to pay more money for a product because of its brand name.	<input type="radio"/>						
32	I find myself checking the prices even for small items before I	<input type="radio"/>						

33	buy. I am eager to check out the Pritt glue stick because of this advertisement.	<input type="radio"/>						
34	The advertisement is appealing to me.	<input type="radio"/>						
35	I pay attention to the brand names of the products I buy.	<input type="radio"/>						
36	I intend to try this Pritt glue stick.	<input type="radio"/>						
37	When I buy glue stick I search for a lot of information about the product.	<input type="radio"/>						
38	Charity organisations perform a useful function in society.	<input type="radio"/>						
39	I personally care about the Reach for a Dream organisation mentioned in the advertisement.	<input type="radio"/>						
40	Brands are important to me.	<input type="radio"/>						

		Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
41	It is likely that I would contribute to Reach for a Dream by getting involved in the marketing campaign showed in the advertisement.	<input type="radio"/>						
42	My image of charitable organisations is positive.	<input type="radio"/>						
43	I would consider buying Pritt glue stick as showed in the advertisement in order to help Reach for a Dream.	<input type="radio"/>						
44	I plan on buying this Pritt glue stick product.	<input type="radio"/>						
45	When I buy glue stick I spend a lot of time searching for options	<input type="radio"/>						
46	Contributing to Reach for a Dream	<input type="radio"/>						

	by buying Pritt glue stick would give me special approval from other people.							
47	The money given to charities goes for good causes.	<input type="radio"/>						
48	It is important to me to get the best price for the products I buy.	<input type="radio"/>						
49	Contributing to Reach for a Dream by buying Pritt glue stick would help me to feel more acceptable in society.	<input type="radio"/>						
50	People should be willing to help others who are less fortunate.	<input type="radio"/>						

		Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
51	When I see a company doing charitable work, it makes me more likely to try their products.	<input type="radio"/>						
52	People in need should receive support from others.	<input type="radio"/>						
53	Charitable organisations have been quite successful in helping the needy.	<input type="radio"/>						
54	People should be more charitable towards others in society.	<input type="radio"/>						
55	The money donated to charity is well-spent.	<input type="radio"/>						
56	Helping troubled people with their problems is very important to me.	<input type="radio"/>						
57	Contributing to Reach for a Dream by buying Pritt glue stick would make a good impression on other people.	<input type="radio"/>						

58	I believe the brands I buy are a reflection of who I am.	<input type="radio"/>						
59	Contributing to Reach for a Dream by buying Pritt glue stick would improve the way I am perceived by other people.	<input type="radio"/>						
60	I think the donation in the advertisement is high	<input type="radio"/>						

Please continue. You are almost done!

61. Would you buy the Pritt glue stick featured in the advertisement?

- Yes
- No
- Unsure
- If I need it

62. My final decision whether or not to support the marketing campaign portrayed in the advertisement by buying the Pritt glue stick was driven by:

	1	2	3	4	5	6	7	
My thoughts	<input type="radio"/>	My feelings						
My self-discipline	<input type="radio"/>	My desire						
My sensible self	<input type="radio"/>	My impulsive self						
The rational side of me	<input type="radio"/>	The emotional side of me						
My head	<input type="radio"/>	My heart						

63. On average, how often do you participate in the mentioned activity? Select the most accurate response to each statement.

	Once per week	Once per month	Once every 3 months	Once every 6 months	Once per year	More than a year ago	Never
Contribute to an environmental or conservation organisation	<input type="radio"/>						
Contribute to a disaster relief fund (e.g. Red Cross, Japan Earthquake, Hurricane Katrina, etc.)	<input type="radio"/>						
Contribute to charities supporting overseas causes	<input type="radio"/>						
Contribute to charities supporting local causes	<input type="radio"/>						
Contribute to a social development organisation	<input type="radio"/>						

64. The donation in the advertisement was expressed as:

- R9.50
- R1.50
- 20% of the product price
- 1% of the product price

65. Have you ever been involved with the Reach for a Dream organisation?

- Never
- Once in the past
- A few times in the past
- No, but I would like to get involved

66. How often do you buy Pritt? Click in the most appropriate circle.

- Never
- Once per year
- About once every 3 months
- More than once every 3 months

68. What is the size of your household? Click ONLY ONE option.

- Only me
- 2 people
- 3 people
- 4 people
- 5 people
- 6 people
- More than 6 people

69. How many children do you have living in your home?

- None
- 1
- 2
- 3
- 4
- 5 or more

70. How many people in your household generate an income (e.g. earn a salary, is employed)?

- Only me
- 2 people
- 3 people
- 4 people
- 5 people
- 6 people
- more than 6 people

71. What is your age? Indicate the most appropriate option.

- 20 to 24 years
- 25 to 29 years
- 30 to 34 years
- 35 to 39 years
- 40 to 44 years
- 45 to 49 years
- 50 years or older

72. Please indicate your highest level of education.

- No formal education
- Primary school completed
- Some secondary school education
- Matric completed
- Tertiary education

73. What is your approximate monthly household income? Indicate the most appropriate option.

- less than R2 499
- R2 500 to R4 999
- R5 000 to R7 999
- R8 000 to R11 999
- R12 000 to R17 999
- R18 000 to R24 999
- R25 000 to R33 999
- R34 000 to R39 999
- more than R40 000
- I prefer not to answer

74. Please indicate your home language.

- Afrikaans
- English
- North Sotho
- Sotho
- Xhosa
- Zulu
- Other

77. Last question! Which of the following advertisements will most likely influence you to buy Pritt glue stick? Select only ONE!

- Image:Small ad 1
- Image:Small ad 3
- Image:Small ad 2
- Image:Small ad 4



Thank you for participating in this Stellenbosch University survey about the interaction between business and society.