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Qualitative Research for Social Marketing: One Organization's Journey to Improved Consumer Insight

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Abstract

Population Services International (PSI) is an international NGO working to improve outcomes in developing countries through behavior change communications and the social marketing of health products and services. Consumer insight is central to PSI's social marketing strategy because it informs which messages to promote and which products and services to offer to make the concept of healthy behavior change attractive to consumers. Qualitative research provides rich insight by exploring consumers' values, feelings, thoughts, intentions, barriers, motivators, culture, and social norms that affect their behaviors and use of products and services. In this paper, we describe how PSI's qualitative research program developed from 2003 to 2013, and how using an interpretive approach and more appropriate data collection methods improved our consumer insight and marketing planning process.

Keywords

Qualitative, Framework, Social Marketing, Behavior Change, Population Services International, Consumer Insight, Program Design, Concept Development, Audience Segmentation

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Kotler and Zaltman (1971) coined the term “social marketing,” and it is typically defined as the use of marketing principles to influence individual behavior in ways that benefit both the individual and society (Lee & Kotler, 2011). Social marketers use these principles to influence communities, organizations, politicians, media figures, and others for positive social change (Andreasen, 2006). As a result, there can be many kinds of “consumers” of social products, services, and behaviors, including implementing partners, policy makers and donors (Sutton, Balch, & Lefebvre, 1995). The distinction between social marketing and commercial marketing is that selling products and services is not the goal; rather it is a means to positive behavior change that accrues in health or other social benefits (Lefebvre & Flora, 1988).

Consumer orientation is the basis of social marketing (Novelli, 1984). Only by understanding and empathizing with the consumer can marketers develop strategies for solving a problem or satisfying a need or want (Lee & Kotler, 2011). Consumer insights, or actionable findings about the target audience, inform decisions about the 4Ps of marketing: product, price, place, and promotion. Such insight also contributes to audience segmentation, branding, and the development of concepts behind campaigns that are engaging, relevant to the consumer, and effective (Maibach, Rothschild, & Novelli, 2002).

Qualitative research is valuable to social marketers because it provides insight into the consumer's mind (Hastings, Angus, & Bryant, 2011). Qualitative research has the ability to generate "rich data" about intangible factors that provide a context for health behavior such as consumers' values, feelings, thoughts, intentions, barriers, motivators, culture, and social norms (Aaker, Kumar, & Day, 2007).

In this paper, we capture Population Services International's (PSI) global qualitative research program from 2003 to 2013 and highlight what we learned along our journey, particularly about the importance of insight into the emotional barriers and motivators driving consumer behavior. We illustrate how an interpretive process and more appropriate data collection methods allow marketers to shape new brands and campaigns that resonate with consumers and to reposition concepts to connect with new consumers. We describe how the journey for more and better consumer insight continues, and we explore the potential for expanding qualitative approaches into other areas of our research portfolio.

Background

The Problem

PSI is a global health organization that has implemented social marketing programs for more than 40 years. Its mission is to make it easier for people in the developing world to lead healthier lives and plan the families they desire by marketing affordable products and services. PSI works in more than 60 countries and its programs have traditionally focused on five health areas: HIV/AIDS, reproductive health, malaria, child survival, and tuberculosis.

PSI started commissioning qualitative studies in 1973 to understand consumer behavior and inform program design. The first study, conducted in Sri Lanka, aimed to help marketers create *Preethi*-branded condoms and promote them for family planning (Davies & Louis, 1977). By the early 1990s, qualitative studies were common across PSI's programs and largely used to pretest product and message concepts.

For an organization like PSI, research should connect directly to program needs and evidence is at the heart of decision-making. During this period, however, the exploratory value and utility of qualitative data was limited. There was little discussion between researchers and marketers to identify appropriate areas of inquiry or refine research questions. Studies were rarely based on interpretive or ethnographic research and they did not link to other data sources, like population-based surveys (Bell & Aggleton, 2012; Rauscher & Graue, 2010). Results too often focused on negative reactions to products and messages and provided little insight into consumers' emotional lives and the nature of their decision-making (Schiffman & Kanuk, 1997). PSI's marketing had fallen into a common trap in the public health field: it relied too heavily on the idea that simply increasing people's knowledge could achieve behavior change. To improve our marketing strategies and program design, we needed to link our qualitative research to a framework for behavior change and understand how health decision-making takes place within the consumer context.

By the 2000s, PSI was ready to adopt a more sophisticated approach for understanding its consumers. A group of researchers and marketers – the authors of this paper and several other colleagues – set out on a journey to improve PSI's global capacity to design, conduct, synthesize, and interpret qualitative research to provide findings that were actionable. In 2003, we started using more innovative data collection methods and in 2005, we created the Framework for Qualitative Research in Social Marketing (FoQus), piloting it in select countries. In 2007, we formally launched the initiative. The purpose of FoQus was to develop a common language and set of qualitative tools across country offices to improve learning and capacity building, and ultimately develop effective brands, campaigns, and messages to

influence health-related behavior (Chapman, 2006). While FoQus started as four separate initiatives – concept development, audience segmentation, improved multi-item scales for surveys, and concept testing – this paper focuses on the two areas that were most in need of improvement: concept development and audience segmentation.

What We Needed from FoQus

In social marketing, behavior change is the core objective and call to action for the target audience (Lee & Kotler, 2011). To make the concept of behavior change attractive, social marketers need consumer insight that helps shape and refine ideas into a complete description of the “brand.” The brand can be for a product, service, or behavior. While concept development has been an established practice in commercial marketing, PSI lacked discipline. The FoQus initiative would allow us to develop marketing concepts based on evidence and make campaigns more long lasting and memorable.

A challenge in social marketing is effectively targeting consumers with the right call to action. Audience segmentation defines homogeneous subgroups for messages and product design and identifies consumer segments for targeted product distribution, service delivery, and communication channel strategies (Lefebvre & Flora, 1988). Social marketing programs use both qualitative and quantitative information to segment audiences. PSI’s survey program had already established methods for segmenting consumers on behavior (Chapman & Coombes, 2003), but we needed a qualitative alternative when surveys were not an option. This need was especially important when:

- 1) the target population was so small that making quantitative comparisons would be impossible;
- 2) the target population was hidden or stigmatized; or
- 3) the political or social context made the logistics of quantitative data collection problematic.

We also needed to build rapport with consumers and create a ground-up process to make them “real” for marketers, especially when starting a new program or working with an unfamiliar group of consumers. For FoQus, we needed to understand how drivers and barriers to behavior change related to characteristics of subgroups of consumers (Chapman, 2008).

Methods

How We Designed Our Approach

Our journey started at the end. To improve the quality and usability of qualitative research for marketers, we used Andreasen’s (1985) backwards research process. Andreasen argues that truly effective social marketing starts by determining the key decisions that the program must make and then working backward to identify the information required to make those decisions. That process then informs the study design and data requirements. Collaboration between marketers and researchers throughout the research planning process is critical, and it ensures that the data will yield evidence that is useful for program design.

We created a framework that would get us to the desired end. We drew upon the health behavior literature and included constructs in the framework that were associated with behavior change and consumers’ opportunity, availability, and motivation to change. Constructs came from several theories, including the Health Belief Model and the Theory of Reasoned Action (Chapman, 2004; Fishbein & Ajzen, 1975; Rosenstock, 1974; Rothschild, 1999). We then

incorporated marketing theory and the communications literature. We borrowed from Witte, Girma, and Girgre's (2003) EPPM-Extended Parallel Process Method and their work on creating audience profiles. Audience profiles typically include information about salient beliefs, recommended responses, salient referents, source/channel preferences, and stage of readiness (Witte, Girma, & Girgre, 2003). Finally, we used Aaker's (1997) work on brand personality to incorporate elements of brand position and personality into the framework.

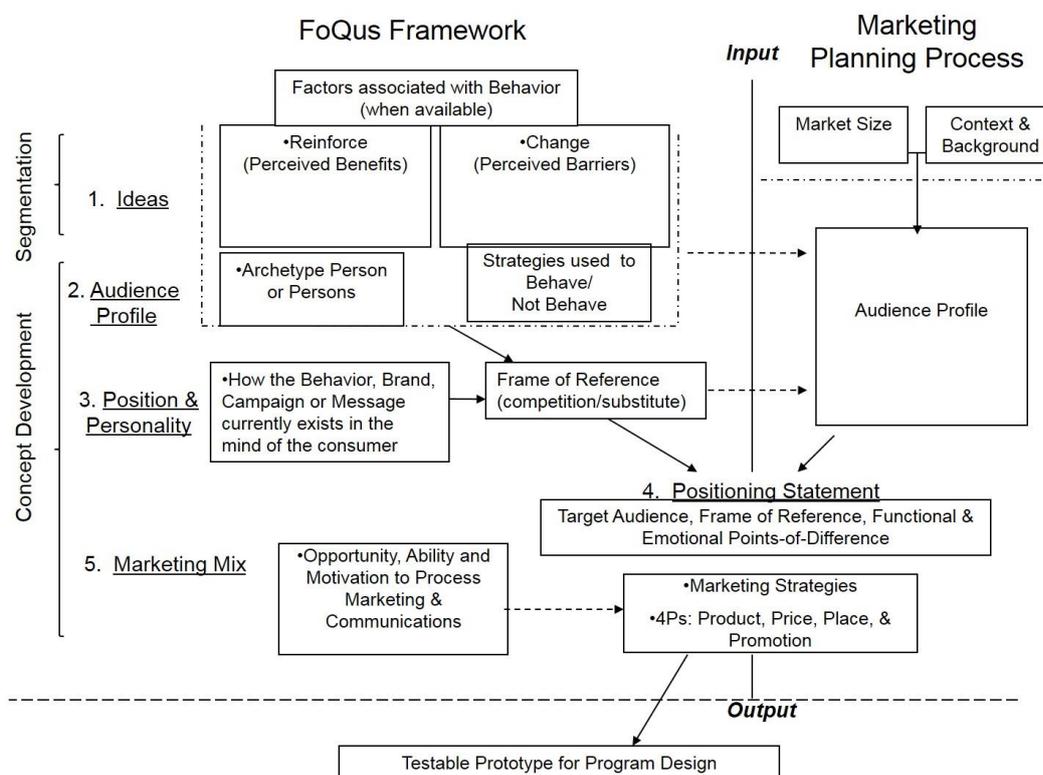


Figure 1. The FoQus framework shows the relationship between research and marketing planning. Insight to consumers' opportunity, availability, and motivation gained through qualitative research is used to design behavior change campaigns and position PSI products and services on the market.

We divided the framework into two sections and depicted the relationship between consumer insight and the marketing planning process. The FoQus Research Process is on the left, and the Marketing Planning Process is on the right. The framework flows from top to bottom to show how qualitative research inputs eventually become outputs for program design.

Starting at the top, we noted when data were and were not available. In some cases, country offices had survey results that identified factors significantly correlated with the behavior in question. When quantitative data were available, the FoQus approach was more straightforward, and we were able to explore one or two behavioral constructs. We then probed on the additional information in the framework that marketers could use to position the product, service, or behavior and develop campaign concepts.

When data were not available, the process was more exploratory and factors associated with behavior had to emerge from the FoQus process. These were factors to "reinforce" or "change," which we borrowed from the health behavior literature and the work of Witte et al. (2003). For example, in family planning, we explored factors like self-efficacy to use long-acting reversible contraception (LARCs), like intrauterine devices (IUDs), and asked women when they felt efficacious to use LARCs or where they lacked confidence. This type of inquiry

allowed us to build composites for audience segmentation and describe factors that differentiated behaviors and non-behaviors; in this case, users and nonusers of LARCs.

The middle of the framework (sections 2 and 3) contained concepts that we borrowed from Witte et al. (2003) and Aaker (1997) and was relevant to both concept development and segmentation. “Audience profile” was made up of an archetype, which we created by giving a name and describing features, such as socio-demographics, personality traits, habits, values, needs, and aspirations: “Shanti is a 30-year old mother of two. She is a housewife with a plot of land to farm and a few animals. Her aspirations include educating her children, more money, a better house, and having her own business.”

“Strategies used in the past to behave/not behave” was an adaptation of response efficacy (Witte et al., 2003) and was intended to illustrate how consumers overcame barriers to the desired behavior or the points at which their efforts were thwarted. This part of the framework intended to move marketers away from just thinking about behaviors and non-behaviors. We wanted them to see how consumers behave under constrained circumstances as well as the nuances associated with behavior: “Shanti uses contraceptive method switching to try to overcome side effects.” In this case, Shanti has tried to “behave” in the past, but a lack of success (experiencing side effects) has prevented her from using one contraceptive method consistently.

For “position” and “personality,” we wanted to understand the personality traits that consumers associate with brands, services, and behaviors. We also wanted to understand consumers’ choice set, the competing brands or behaviors that they used as a frame of reference: “Shanti has used several family planning methods and experienced side effects. She currently uses injectables, but has also used pills. She went back to using injectables when she felt that she had no other choice.” In this case, Shanti has a frame of reference for contraceptive methods, but is most familiar with pills and injectables. While she uses injectables, she is not entirely happy with the method.

On the Marketing Planning side of the framework, we noted how data from the top portion of the framework informed an audience profile and eventually a positioning statement for the product, service or behavior. In the case of Shanti, the positioning statement was: “The IUD is the family planning method that helps Shanti achieve a better standard of living for herself and her family.”

Toward the bottom of the framework, we used information about consumers’ “opportunity, availability, and motivation” to process messages to inform the marketing mix – product, price, place, and promotion – in the strategy: “Shanti prefers getting family planning information from educated and experienced female providers who are married with children and around her own age.” The marketing strategy then served as the basis for program design.

How We Improved Insight

Study design and data collection. The next leg of the journey was to encourage more conversations between researchers and marketers. FoQus prioritized two formal interactions. The first was prior to the research, where marketers would make it clear what they already knew about the consumer and the elements in the FoQus framework. Researchers and marketers would also go through the backwards research process to first identify the decisions to make and the information needed to inform them. Then they would articulate the research questions, study design, and data requirements.

During study design and data collection, we emphasized audience-centered methods that provided insight into the consumer’s lived experience. We also needed methods that were easy to teach and that would help PSI’s country offices collect richer data. Prior to FoQus, countries were reliant on focus group discussions, which did not go into sufficient detail or

allow participants an opportunity to elaborate on their experiences. We needed to move away from “thin” transcripts, like this one, whose hypothetical or generic descriptions were unhelpful for marketing planning:

*Focus Group from an African Country*¹

M: Why do girls have relationships with men who are older than them by 10 or more years? [silence] One person please tell me ... Good. I can see Catherine. Why do girls relate with older men, sometimes old men who are even married? Why?

P05: If the old man loves [desires] the girl and the girl loves him.

M: Okay, because of love. They just love one another?

All: Yes.

M: Okay, because of love? Kanya?

P06: They will begin a relationship, and let’s say the older man has money and the girl comes to depend on it so that she can be given it.

M: Because of money; okay, what else makes them have relationships with older men?

P01: There are girls who like spoiling other people’s homes. So they are usually jealous.

M: What other reasons? We have been told love, money ... what else could make someone have a relationship with a man 10 or more years older than her?

P08: The man usually wants to mislead the girl.

Instead, we sought more useful narratives of consumers’ personal histories of behaving and not behaving, embedded in a relatable context. This quote offers much richer information and provides insight into the motivations behind the speaker’s behavior:

Interview in a Caribbean country

P01: The main thing in changing partners is [about] who has the most money. The outside man can change randomly...because if his payday is next week I will go with the man this week who has money... [A woman] wants shoes and vanity. That’s what she wants: houses, cars, jewelry... She wants several men who can give her these things. [When you] have several men and a lot of money, your friends look at you as though you’re a boss. So that’s where the respect comes. If [a woman] has a boyfriend, he may be the baddest person in the area. He has a gun so they get respect from their friends; they get respect from everybody.

Prior to FoQus, researchers tried to learn everything they could during data collection, which usually yielded too much “thin” data and not enough focused and “rich” data. With the new approach, we asked data collectors to build upon consumers’ experiences and frame lines of questioning around specific times when decision-making was required. Doing so provided deeper insight than asking consumers what they did more generally. We also asked data collectors to narrow their focus to a particular behavior, but broaden their inquiry into that behavior.

¹ “M” stands for “moderator” and “P” stands for “participant.” Numbers represent different participants’ contributions to the discussion; for example, P05 is participant number five.

To achieve this change, we emphasized data collection methods, like spoken and photo narratives, where researchers could develop a rapport with consumers and focus on storytelling rather than bespoke interview guides (Bernard, 1995; Escalas & Bettman, 2003; Levy & Hollan, 1998; Wang & Burris, 1997). Using photos and oral histories to learn about consumers' lives, behaviors, hopes, fears, and decision-making within the given context yielded deeper consumer insight than asking consumers what they think usually happens in their community, as we had done in focus groups. Some of the first examples of narratives under FoQus were among couples for modern contraception use in India, Madagascar, Myanmar, Tanzania, and Uganda (Aung & Rowan, 2008; Buyungo & Sensalire, 2008; Kajuna & Ellis, 2008; PSI/India, 2008; PSI/Madagascar, 2008).

We also found the Peer Ethnographic Evaluation and Research method (PEER) helpful, especially early in the pilot phase of FoQus and when working with new or hard-to-reach audiences (Price & Hawkins, 2002). Using peer interviewers allowed us to gain an insider's perspective on risk behavior and factors associated with that behavior. PEER was especially helpful for studies about family planning needs among indigenous and ethnic minority couples (Hemmings, Nieto-Andrade, Rivas, & Longfield, 2008; Palma, Martinez, Nieto-Andrade, & Fortin, 2011); concurrent sexual partnerships among young women (Hawkins, Joseph, Longfield, & Best, 2007; Hawkins, Mussa, & Abuxahama, 2005); condom use among clandestine groups of men who have sex with men (Longfield, Astatke, Smith, McPeak, & Ayers, 2007), transgendered women (Fortin & Bertrand, 2013; Nieto-Andrade & Fortin, 2009), and female sex workers (Creer, 2003; Hawkins, Aung, Nyein, Ko, & Ross, 2003; Hawkins, Nsengiyuma, & Williamson, 2005; Wedderburn, Bourne, Samuels-Dixon, & Robinson, 2011); and use of reproductive health services among young women who had experienced abortion (Masud, 2009).

Small group discussions, like dyads and triads, were helpful when consumers felt nervous or unsafe meeting interviewers and they would benefit from the company of a friend (Mariampolski, 2001). The dynamic of a small conversation, rather than a large group, was especially helpful for people who inject drugs (Inkochasan, 2005; PSI/Central Asia, 2006; Shroff, 2009) and youth (Christian & Hafner, 2006; Zinsou, 2008). Direct observation was useful with caregivers of children and medical providers (Aung & Theuss, 2009; Bailey & Egesah, 2006; Hassan & Garfinkel, 2009; Kajuna & Kitomari, 2009; Mariampolski, 2001; Moukam & Youmba, 2013; Theuss & Inungu, 2011). In some cases, documenting experiences through life histories, sexual histories, and diary keeping were appropriate (Atkinson, 2002; Mariampolski, 2001). One study in Kenya explored multiple concurrent partnerships through life histories and relationship maps (Seday, 2008).

Data Analysis and Interpretation. After data collection, we worked with teams on preliminary data analysis and coding. We used a structured coding approach based on the FoQus Framework and manual coding through the long-table method (Krueger & Casey, 2000). This, we believed, would ensure a more systematic approach during analysis, especially when groups of researchers and marketers were coding data together. It would also help teams formally trained in quantitative data analysis make the leap between qualitative and quantitative data analysis and interpretation, and require them to check the biases they brought to the data.

The second formal interaction between researchers and marketers was during an interpretation workshop. Researchers typically led the workshop, which lasted approximately two days and was an opportunity to explore the data together and immerse oneself in the consumer's experience. The marketing planning process then became one of understanding the consumer together rather than researchers simply presenting their data analysis to marketers.

For the interpretation workshop, the researchers would code all transcripts according to the FoQus Framework and then bring a representative subset of data that they could interpret

together. This gave marketers the opportunity to process consumers' own words, images, and other inputs, and challenge any pre-conceived notions they had about consumers' behavior and motivations. When appropriate, country offices also invited consumers to the workshop and incorporated activities like collage building and theatre presentations to make the data come alive for research and marketing teams.

The next phase of the workshop was to synthesize descriptive information as well as data about consumers' values, needs, and aspirations to create an archetype, the "typical" consumer on which to anchor findings (see Figure 5.2). The research and marketing teams would then generate a short document (dashboard) that contained the key concepts from the FoQus Framework: the archetype's beliefs to change; beliefs to reinforce; strategies previously used to behave; perceptions of the product/service/behavior's current position and personality, the frames of reference, and the archetype's opportunity, ability, and motivation to process communications. This information fed into the audience profile, positioning statement, marketing strategy, and eventually the program design.

A full dashboard typically looked like this:



Figure 2: A dashboard presents an archetype's beliefs to change and reinforce; frame of reference; behavioral strategies; brand perceptions; and opportunity, ability, and motivation to process communications.

Discussion

Over the course of ten years, we were able to take FoQus to scale and change the organization's approach to consumer insight. The journey started by working with colleagues at Options Consulting on pilots in just a few countries (Options Consulting Solutions, 2011). As we rolled out FoQus and built institutional capacity for study design, data collection, data analysis, and interpretation, we relied on the headquarters team, groups of consultants, and country-to-country assistance where teams previously trained in FoQus would train others. Post-launch, between 2008 and 2013, the majority of our 209 qualitative studies included the FoQus framework and improved data collection methods.

We were also able to shift PSI's qualitative research program from "researchers delivering data" to one of "learning together," and mainstream the research and marketing processes. FoQus was a predecessor and cornerstone to PSI's Delta Marketing Planning Process, which began in 2008 and brought a consistent sequence of steps to the organization's marketing approach (Population Services International, 2009). As the new marketing process evolved, we refined FoQus to meet marketers' needs, provide better consumer insight, and improve program design.

Marketing teams reported that FoQus helped them in several ways. The primary benefit was the development of the archetype and dashboard. Consumers now came alive as people; they were no longer just demographic groups, like women of reproductive age. With this simple but clear window into consumers' lives, marketing teams were able to find new ways of speaking with consumers that were more relevant and emotionally engaging. They were also able to design brands that spoke to consumers on a deeper level, promising emotional benefits rather than just functional benefits.

Likewise, interpretive research and specific areas of inquiry in the FoQus Framework, like "Strategies to Behave," gave marketers unique insight. FoQus helped marketers develop calls to action that capitalized on strategies that had already proven effective for consumers. Through constructs like "Frame of Reference," FoQus demonstrated the complexity consumers face during decision-making and the idea that successful behavior change always involves competition. Competition could come from the current (undesirable) behavior or external pressures, like money, stigma, or peer pressure. These constructs played a large role in improving concept development and better positioning the product/service/behavior as obtainable, especially since the consumer's perspective was now visible.

Limitations

Our journey down the path of improved consumer insight was not without challenges or lessons learned. Like many well-intentioned development agencies, we overcomplicated the process unnecessarily.

As "good" marketers do, we gave our initiative a brand and started incorporating brand extensions. FoQus started as four separate projects – concept development, audience segmentation, improved multi-item scales for surveys, and concept testing – and morphed into two new extensions – FoQus on Traders and Health Providers, and Flash FoQus, which was meant for researchers to gain very quick consumer insight. We finally landed on a description of FoQus that simply explained it as "an umbrella term for PSI's qualitative research tools and methods, which comprise a set of approaches for gaining consumer insight." What we ultimately needed was better insight into the hearts and minds of our target audiences and the behavior we wanted to understand and change.

While we emphasized the backwards research process and formalized engagement between researchers and marketers during the study design phase, we still struggle with method fit for purpose (Boaz & Ashby, 2003). Fostering the skills and ability to ask the "right" questions is difficult in any context and is our greatest challenge. With FoQus, we were simultaneously training marketers to ask the right questions and researchers to conduct the appropriate studies. Having a standardized approach and a "branded" initiative like FoQus may have prevented teams from thinking more creatively about what they wanted to learn from studies. The name "FoQus" also caused confusion because it was the brand for an approach that encouraged data collection methods beyond just focus groups. The FoQus experience moved the organization forward in many positive ways, but it also revealed other challenges we face as global implementers: how to standardize processes and build capacity, but not be overly prescriptive.

For an initiative like FoQus to be successful, marketers should be fully involved in the consumer insight process, from beginning to end. Over the course of FoQus scale-up, we saw progression on some country teams, but not all, toward the right sort of involvement and a blurring in the division between research and marketing.

The majority of PSI's global research team had strong quantitative training, but limited exposure to qualitative study design, data collection, analysis, and interpretation. Building capacity across 68 countries and the core team was challenging and we still fall short in certain regions where education and local context do not adequately prepare researchers for the type of critical thinking and curiosity needed to gain consumer insight. Training interviewers was also challenging and one could argue that the ability to keep a discourse alive is inherent in the individual rather than a transferable skill (Krueger, 1998; Levy & Hollan, 1998). Gaining insight into consumers' experience does not come naturally to everyone and some researchers never mastered the role of interviewer.

Some country teams were skeptical when we proposed "unconventional" interviewers, such as members of the target audience, rather than trained and highly regarded researchers from universities or research agencies. To gain true consumer insight, study participants needed to feel comfortable talking about themselves, their communities, and the topic at hand. That sense of comfort was usually easier to produce by selecting interviewers with social ties or affiliations to consumers than breaking down class and educational differences between more conventional interviewers and the target audience.

While useful for incorporating interpretive research into our approach, the FoQus Framework came across as too inflexible and static. Researchers let the framework dictate their coding and relationship with data; there was heavy deductive coding and researchers and marketers were not always sensitive to emergent findings (inductive coding). Additional and continued training can encourage teams to use the framework as a guide rather than road map.

On the other hand, one of the virtues of having a rigid system for coding was that researchers gained confidence in their ability to understand and sort chunks of text. This was a particular concern in the early days of FoQus because most of our researchers had never been asked to understand the nuances of transcribed speech, and teaching them to code was a challenge. Some teams still have a tendency to under- or over-code data, which we have only been able to remedy through continued capacity building and working in groups. For researchers traditionally trained in quantitative research, it can also feel uncomfortable when there is no obvious "right answer" or the "safety net" of p-values and odds ratios is missing from qualitative findings.

Finally, teams rarely consider mining a dataset for multiple purposes. Qualitative studies yield a great deal of data, but the FoQus outputs, archetypes, and dashboards do not fully utilize all that is collected. Researchers often discard or miss findings that fall outside of the expected output. Teams also tend to think of their studies in isolation of one another and rarely consider mining one data set for multiple sets of decisions, or using mixed methods to combine their quantitative and qualitative results.

Conclusion

Despite some bumps along the way, our journey to improved consumer insight was a successful one. Over the course of eight years, PSI moved from rudimentary focus groups and in-depth interviews to a more sophisticated approach to inquiry for concept development and audience segmentation. As a result, we raised the bar for evidence-based marketing strategies and improved program design. We demonstrated that consumer insight that goes beyond just a mere description of the consumer experience can strengthen brands, campaigns, and messages to improve health-related behavior.

The most important outcome was that we increased marketers' expectations for consumer insight and ownership over the results. Prior to FoQus, many country offices thought of qualitative research as a low-value luxury item that was rarely worth the time, money, or effort. FoQus also made teams comfortable with the notion that good consumer insight can be disruptive and force them to re-examine existing programmatic strategies and be more responsive to consumers' needs. True collaboration between marketers and researchers - when marketers play a lead role in the development of insights and researchers are involved in marketing planning - blur the division between research and marketing. The team and program outcomes are more effective as a result.

The FoQus initiative also helped the organization become more disciplined in its approach to qualitative research, particularly by incorporating interpretive research and employing more responsive methods of data collection. FoQus changed PSI's marketing program and was the precursor to the organization's improved marketing planning process. It helped marketers shift from appealing to consumers on a rational level to reaching them on an emotional level, and targeting the relevant barriers and motivators driving behavior. Going forward, we will continue to introduce diversity and innovation into the methods and approaches through which we conduct qualitative research.

The quality of data collected still remains a challenge as well as ensuring that study methods are fit for purpose and responsive to the decisions to be made. We would like country offices to avoid being overly adherent to the FoQus framework, treating it as prescriptive, and be more sensitive to emergent results. We are hopeful that advances we are making with qualitative analysis software and continued support for improved coding will bolster country offices' progress.

As an organization, PSI should also expand its qualitative research beyond program design and integrate it into our monitoring and evaluation portfolios. Some countries in Asia have already done so, but we need to scale up these efforts to other regions where PSI works. Using qualitative research to support the entire process - from program design, through implementation, and to evaluation - will give us a more complete picture of our consumers and the effectiveness of our programs for responding to their needs.

References

- Aaker, J. (1997). Dimensions of brand personality. *Journal of Marketing Research*, 34(3), 347-356.
- Aaker, D. A., Kumar, V., & Day, G. S. (2007). *Marketing research* (9th ed.). Hoboken, NJ: Wiley & Sons.
- Andreasen, A. R. (1985). "Backward" market research. *Harvard Business Review*, 63(3), 176-182.
- Andreasen, A. R. (2006). *Social marketing in the 21st century*. Thousand Oaks, CA: Sage.
- Atkinson, R. (2002). The life story interview. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of interview research: Context & method* (pp. 121-140). Thousand Oaks, CA: Sage.
- Aung, T., & Rowan, J. (2008). *Myanmar (2008): FoQus on segmentation on the use of long-term family planning methods among women of reproductive age*. Washington, DC: Population Services International.
- Aung, T., & Theuss, M. (2009). *Myanmar (2009): FoQus on segmentation on the use of waterguard and oral rehydration salt among mothers of under-5-years-old children*. Washington, DC: Population Services International.

- Bailey, R. C., & Egesah, O. (2006). *Kenya (2006): Assessment of clinical and traditional male circumcision services in Bungoma district, Kenya: Complications rates and operational needs*. Washington, DC: Population Services International.
- Bell, S. A., & Aggleton, P. (2012). Integrating ethnographic principles in NGO monitoring and impact evaluation. *Journal of International Development*, 24, 795-807.
- Bernard, H. R. (1995). *Research methods in anthropology: Qualitative and quantitative approaches*. Walnut Creek, CA: AltaMira.
- Boaz, A., & Ashby, D. (2003). *Fit for purpose? Assessing research quality for evidence-based policy and practice*. London, UK: ESRC UK Centre for Evidence Based Policy and Practice.
- Buyungo, P., & Sensalire, S. (2008). *Uganda (2008): FoQus for qualitative segmentation study identifying drivers of use of intra-uterine devices and hormonal implants among women*. Washington, DC: Population Services International.
- Chapman, S. (2004). Evaluating social marketing interventions. In M. Thorogood & Y. Coombes (Eds.), *Evaluating health promotion – Practice and methods* (2nd ed., pp. 93-110). New York, NY: Oxford University Press.
- Chapman, S. (2006). *Project FoQus: A framework for qualitative research in social marketing, FoQus on concept development*. Washington, DC: Population Services International.
- Chapman, S. (2008). *Project FoQus: A framework for qualitative research in social marketing, FoQus on concept development*. Washington, DC: Population Services International.
- Chapman, S., & Coombes, Y. (2003). *Concept Paper Project TRaC: Tracking Results Continuously*. Washington, DC: Population Services International.
- Christian, J., & Hafner, G. (2006). *China (2006): “We’re still young...”: Changing attitudes and HIV risk behavior among youth in Kunming, China*. Washington, DC: Population Services International.
- Creer, D. (2003). *Nepal (2003): Peer ethnographical research study of female sex workers and male clients in the Kathmandu Valley*. Washington, DC: Population Services International.
- Davies, J., & Louis, T. D. (1977). Measuring the effectiveness of contraceptive marketing programs: Preethi in Sri Lanka. *Studies in Family Planning*, 8(4), 82-90.
- Escalas, J. E., & Bettman, J. R. (2003). Using narratives to discern self-identity related consumer goals and motivations. In S. Ratneshwar, D. G. Mick, & C. Huffman (Eds.), *The why of consumption: Contemporary perspectives on consumer motives, goals, and desires* (pp. 237-258). New York, NY: Routledge.
- Fishbein, M., & Azjen, I. (1975). *Belief, attitude, intention, and behavior: An introduction to theory and research*. Reading, MA: Addison-Wesley.
- Fortin, I., & Bertrand, J. T. (2013). Drug use and HIV risk among middle-class young people in Guatemala City. *Journal of Drug Issues*, 43(1), 20-38.
- Hassan, A., & Garfinkel, R. W. (2009). *Somaliland (2009): FoQus for qualitative segmentation research for household water treatment and hand washing behaviors in Somaliland*. Washington, DC: Population Services International.
- Hastings, G., Angus, K., & Bryant, C. (Eds.). (2011). *The Sage handbook of social marketing*. Thousand Oaks, CA: Sage.
- Hawkins, K., Aung, T., Nyein, K. M., Ko, C. K., & Ross, A. (2003). *Myanmar (2003): Peer ethnographic research with sex-workers and male students in Yangon*. Washington, DC: Population Services International.
- Hawkins, K., Joseph, J., Longfield, K., & Best, T. (2007). *Caribbean (2007): “Money make the nookie go ‘round’”: Young women and sexual relationships in two locations in Trinidad*. Washington, DC: Population Services International.

- Hawkins, K., Mussa, F., & Abuxahama, S. (2005). *Mozambique (2005): "Milking the cow": Young women's constructions of identity, gender, power, and risk in transactional and cross-generational sexual relationships*. Washington, DC: Population Services International.
- Hawkins, K., Nsengiyuma, G., & Williamson, W. (2005). *Rwanda (2005): Making the transition from good girl to good wife: Young women and sex-workers' narratives on social life, sexuality, and risk: Byumba, Rwanda*. Washington, DC: Population Services International.
- Hemmings, J., Nieto-Andrade, B., Rivas, J., & Longfield, K. (2008). *Guatemala (2008): Bajo el Poncho – Pillow talk: Relationships and sexuality among indigenous peoples in Guatemala*. Washington, DC: Population Services International.
- Inkochasan, M. (2005). *Thailand (2005): Barriers to safe injecting and sexual practices for injecting drug users and transgenders in Chiang Mai, Bangkok and Pattaya, Thailand*. Washington, DC: Population Services International.
- Kajuna, J., & Ellis, A. (2008). *Tanzania (2008): FoQus identifying drivers of use of intrauterine devices among women in Dar es Salaam, Tanzania*. Washington, DC: Population Services International.
- Kajuna, J., & Kitomari, I. (2009). *Tanzania (2009): FoQus for marketing planning study exploring behavior change in diarrheal disease prevention in rural and urban Tanzania*. Washington, DC: Population Services International.
- Kotler, P., & Zaltman, G. (1971). Social marketing: An approach to planned social change. *Journal of Marketing*, 35, 3-12.
- Krueger, R. A. (1998). Moderating focus groups. In D. L. Morgan & R. A. Krueger (Eds.), *The focus group kit* (pp. 15-35). Thousand Oaks, CA: Sage.
- Krueger, R. A., & Casey, M. A. (2000). *Focus groups: A practical guide for applied research* (3rd ed.). Thousand Oaks, CA: Sage.
- Lee, N., & Kotler, P. (2011). *Social marketing: Influencing behaviors for good* (4th ed.). Thousand Oaks, CA: Sage.
- Lefebvre, R. C., & Flora, J. A. (1988). Social marketing and public health intervention. *Health Education*, 15(3), 299-315.
- Levy, R. I., & Hollan, D. W. (1998). Person-centered interviewing and observation. In H. R. Bernard (Ed), *Handbook of methods in cultural anthropology* (pp. 333-364). Walnut Creek, CA: AltaMira.
- Longfield, K., Astatke, H., Smith, R., McPeak, G., & Ayers, J. (2007). Men who have sex with men in southeastern Europe: Underground and at increased risk for HIV/STIs. *Culture, Health, and Sexuality*, 9(5), 473-487.
- Mariampolski, H. (2001). *Qualitative market research: A comprehensive guide*. Thousand Oaks, CA: Sage.
- Masud, S. (2009). *South Africa (2009): FoQus on segmentation - Barriers and motivations towards seeking reproductive health services among youth in Gauteng, South Africa*. Washington, DC: Population Services International.
- Maibach, E. W., Rothschild, M. L., & Novelli, W. D. (2002). Social marketing. In K. Glanz, B. K. Rimer, & F. M. Lewis (Eds.), *Health behavior and health education: Theory, research, and practice* (3rd ed., pp. 437-461). San Francisco, CA: Jossey-Bass.
- Moukam, L. V., & Youmba, J. C. (2013). *Cameroon (2013): Evaluation qualitative du projet WHP phase II*. Washington, DC: Population Services International.
- Nieto-Andrade, B., & Fortin, I. (2009). *Nicaragua (2009): Estudio PEER con hombres bisexuales y poblacion trans*. Washington, DC: Population Services International.

- Novelli, W. D. (1984). Developing marketing programs. In L. W. Frederiksen, L. J. Solomon, & K. A. Brehony (Eds.), *Marketing health behavior: Principles, techniques and applications* (pp. 59-89). New York, NY: Plenum Press.
- Palma, A., Martinez, D., Nieto-Andrade, B. & Fortin, I. (2011). *Honduras (2011): FoQus on segmentation. Los garifunas en Honduras: Normas comunitarias, vida social y salud sexual*. Washington, DC: Population Services International.
- Population Services International. (2009). *The DELTA companion: Marketing planning made easy*. Washington, DC: Author.
- Price, N., & Hawkins, K. (2002). Researching sexual and reproductive behavior: a peer ethnographic approach. *Social Science and Medicine*, 55(8), 1325-1336.
- PSI/Central Asia. (2006). *Central Asia (2006): Injecting drug users in Bishkek, Kyrgyzstan and Tashkent, Uzbekistan: Injecting histories, risky practices, and barriers to adopting behaviors less likely to transmit HIV*. Washington, DC: Population Services International.
- PSI/India. (2008). *India (2008): FoQus on segmentation dashboard PSI India IUD study*. Washington, DC: Population Services International.
- PSI/Madagascar. (2008). *Madagascar (2008): FoQus study on segmentation of IUD users*. Washington, DC: Population Services International.
- Rauscher, E., & Graue, M. E. (2010). Interpretive research. In E. Baker, P. Peterson, & B. McGaw (Eds.), *The international encyclopedia of education* (3rd ed., pp.419-423). Amsterdam: Elsevier.
- Rosenstock, I. M. (1974). Historical origins of the health belief model. *Health Education Monographs*, 2, 328-335.
- Rothschild, M. (1999). Carrots, sticks, and promises: A conceptual framework for the management of public health and social issue behaviors. *Journal of Marketing*, 63, 24-37.
- Schiffman, L. G., & Kanuk, L. L. (1997). *Consumer behavior* (6th ed.). Saddle River, NJ: Simon & Schuster.
- Seday, M. (2008). *Kenya (2008): FoQus on concurrent partnerships - Developing the follow-up campaign to the Mpango wa kando MCP campaign*. Washington, DC: Population Services International.
- Shroff, R. (2009). *Vietnam (2009): Break the cycle: Reducing initiation in injecting drug use*. Washington, DC: Population Services International.
- Sutton, M. S., Balch, G. I., & Lefebvre, C. R. (1995). Strategic questions for consumer-based health communications. *Journal of Health Communications*, 110(6), 725-733.
- Theuss, M., & Inungu, J. (2011). *Liberia (2011): Understanding the drivers and barriers for hand washing and sanitation practices among caregivers of children under 5 in Liberia*. Washington, DC: Population Services International.
- Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education Behavior*, 24(3), 369-387.
- Wedderburn, M., Bourne, D., Samuels-Dixon, V., & Robinson, N. (2011). *Jamaica (2011): Study of female sex workers client types and risk behaviors in the sex work industry in Jamaica*. Washington, DC: Population Services International.
- Witte, K., Girma, B., & Girgre, A. (2003). Addressing underlying mechanisms to HIV/AIDS preventive behaviors in Ethiopia. *International Quarterly Community Health Education*, 21(2), 163-176.
- Zinsou, C. (2008). *Benin (2008): Repositionnement du prudence plus au benin*. Washington, DC: Population Services International.

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