



Consumer perceptions of sponsors of disease awareness advertising

Consumer perceptions of DAA

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Abstract

Purpose – In many countries there is emerging concern regarding alliances between the pharmaceutical industry and health non-profit organizations (NPOs), and the increase of co-sponsored marketing activities such as disease awareness advertising. The current study aims to explore Australian women's perceptions of disease awareness advertising with differing sponsors, to determine whether their attitudes towards the sponsor and their reported behavioural intentions differ as a function of the perceived sponsor or co-sponsor.

Design/methodology/approach – Older women (aged 50+) were approached by mall-intercept method in a metropolitan area in New South Wales, Australia. Consenting participants were randomly assigned an advertisement with an NPO sponsor, pharmaceutical company sponsor, or a combination of the two (co-sponsored). Each participant viewed advertisements for two health conditions (fibromyalgia and osteopenia) with the same sponsor manipulation, and completed a one-page questionnaire after reading each advertisement.

Findings – Participants had significantly more positive attitudes towards the NPO-sponsored advertisement than the pharmaceutical company-sponsored advertisement or the co-sponsored advertisement. Participants with more positive attitudes towards the sponsor were significantly more likely to report an intention to take action, such as to look for more information or to talk to their doctor.

Practical implications – The results suggest that an NPO-sponsored advertisement promoting awareness about a disease or health condition is more effective without the co-sponsorship of a pharmaceutical company.

Originality/value – This is the only identified research into attitudes towards sponsors of disease awareness advertising that considers pharmaceutical companies and health NPOs and is important, given the increasing trend of disease advertising and cause-related marketing in Australia and internationally.

Keywords Diseases, Advertising, Perception, Women, Non-profit organizations

Paper type Research paper

Introduction

Over the past three decades there has been an increase in corporations engaging in socially responsible marketing activities including corporate sponsorship of, and partnering with, non-profit organizations (NPOs) (Dibb *et al.*, 2001; Kotler *et al.*, 2003). This can benefit corporations through enhanced corporate identity and stakeholder relations as well as improved brand equity, and ultimately increased profit (Smith, 1994; Webb and Mohr, 1998). These alliances can also benefit NPOs through increased exposure, awareness, support and funds for their activities (Polonsky and Wood, 2001;



Varadarajan and Menon, 1988). Health NPOs may consider entering a cause-related marketing alliance with a pharmaceutical company in an effort to increase public awareness regarding a disease or health conditions. However there is increasing criticism of pharmaceutical industry involvement with, and influence over, health NPOs in Western nations (Angell, 2006; Jacobson, 2005; Moynihan and Cassels, 2005), and cases of co-sponsored advertisements in Australia have attracted consumer scepticism (Hughes and Minchin, 2003). For NPOs embarking on disease awareness advertising (DAA), it is important to consider what effects co-sponsorship with industry may have on consumer attitudes towards the sponsors and consumer intentions to take health-seeking behaviours.

1. Literature review

1.1 Cause-related marketing

Cause-related marketing is a recognised form of corporate philanthropy (Brønn and Vrioni, 2001; Mullen, 1997; Varadarajan and Menon, 1988). Similar concepts include mission marketing (Brønn and Vrioni, 2001), cause marketing alliances (Nowak and Washburn, 2000) and joint issue promotions (Wymer and Samu, 2003). Original definitions of cause-related marketing focussed on the exchange of revenue, where a corporate organization donates a percentage of profit from the sale of product to a charity or cause (Polonsky and Wood, 2001). More recent definitions appear broader and incorporate any efforts that increase awareness and revenue for both corporate and charity partner (Lafferty *et al.*, 2004). Berglind and Nakata (2005, p. 444), for example, state that cause-related marketing is “the practice of marketing a product, service, brand or company through a mutually beneficial relationship with a non-profit or social cause organisation”.

Corporate organizations engage in cause-related marketing for a range of reasons, including increasing competitiveness or differentiation for their product, improving brand recognition or image, increasing or gaining access to a customer base, increasing sales, increasing publicity, enhancing corporate image, diverting attention from or countering negative publicity, and improving employee morale (Polonsky and Wood, 2001; Varadarajan and Menon, 1988). Cause-related marketing can contribute to brand equity (value of the brand) and can strengthen relationships with a range of stakeholders, as well as improve message believability in marketing activities (Brønn and Vrioni, 2001).

For the NPO or charity partners, involvement with a corporate organization often brings needed support, including financial and other resources, such as personnel who may act as volunteers. Partnerships may also lend legitimacy or substantiate the cause, as well as increase opportunities for publicity (Polonsky and Wood, 2001). Further, nonprofits can benefit from partnership with well-respected corporations as their reputation may enhance the credibility of the NPO (Nowak and Washburn, 2000). While medium to longer-term associations are generally considered most beneficial for NPOs, it is important that the relationship does not create restrictive practices such as exclusivity arrangements where the NPO is restricted to only one corporate partner (Polonsky and Wood, 2001).

For consumers, cause-related marketing can provide greater choice and additional perceived value for a product. There is evidence that these promotions can enhance consumer perceptions regarding the cause, the corporation and the non-profit partner,

particularly if there is a perceived “natural fit” between the corporate company and the cause (Lafferty *et al.*, 2004; Simmons and Becker-Olsen, 2006). However, there is potential for controversy and negative effects from cause-related marketing activities, particularly if the corporate organization overplays its involvement or support as this can lead to consumer scepticism (Brønn and Vrioni, 2001; Drumwright and Murphy, 2001). In a qualitative study considering US consumers’ attitudes towards cause-related marketing advertisers and their motives, Webb and Mohr (1998) found that the majority of participants felt more favourably towards NPOs and most participants identified NPO motives in cause-related marketing as to help others. However their attitudes towards corporate organizations were less favourable, and they perceived that corporations’ motive for involvement in cause-related marketing was either to help themselves or to help themselves and others (Webb and Mohr, 1998). Brønn and Vrioni (2001, p. 219) state that “honesty, long-term commitment to a cause and involvement of non-profit organisation are factors that help to overcome customers’ scepticism towards cause-related marketing”.

Cause-related marketing arrangements are becoming increasingly evident in the provision of health messages, with many examples of food manufacturers teaming with non-profit organizations such as the Heart Foundation, to gain endorsement and promote behaviours such as healthy eating (Jones *et al.*, 2009). There are also many examples of pharmaceutical companies partnering with health non-profit organizations to create awareness about disease in an effort to increase health-seeking behaviours such as speaking to their doctor or pharmacist (Hall *et al.*, 2009). However the involvement of corporations in the provision of health communication campaigns has attracted considerable scepticism, described in the following section

1.2 Non-profit organizations and the pharmaceutical industry

Moynihan and Cassels (2005) suggest that while many health NPOs work with the pharmaceutical industry to gain greater recognition for their particular cause, the pharmaceutical companies may use the relationship to create stronger links between their product and the disease itself, a phenomenon described as “condition branding”. Parry (2003, p. 43) stated that “if you can define a particular condition and its associated symptoms in the minds of physicians and patients, you can also predicate the best treatment for that condition”. Condition branding has been considered by some to be a socially responsible action for the pharmaceutical industry that aims to generate awareness of a disease or condition in order to improve its recognition and treatment (Angelmar *et al.*, 2007). However, others argue that condition branding is not a form of corporate social responsibility as its primary purpose is to increase brand share for products and the total number of prescriptions (Consumers International, 2006; Hall and Jones, 2008b). For pharmaceutical companies, it is considered particularly effective for brands where a company has the only treatment for that condition or a large market share (Angelmar *et al.*, 2007). In condition branding, one form of promotion used by pharmaceutical companies is DAA.

1.3 DAA

In countries where direct-to-consumer advertising of prescription medicine is prohibited – such as Australia, Canada, Europe and the UK – pharmaceutical manufacturers are permitted to sponsor DAA, also known as help-seeking advertising

(Hall and Jones, 2007; Mintzes, 2006). Companies usually sponsor DAA for conditions for which they manufacture a treatment or prevention product. DAA cannot include the name or brand of a prescription medicine product, but can provide information on the disease or health condition (such as prevalence or symptom information) and the suggestion to “ask your doctor”. In many instances, companies co-sponsor DAA with health NPOs, similar to cause-related marketing arrangements. A recent Australian example is an advertising campaign to promote bone density testing by Osteoporosis Australia with the pharmaceutical company Merck Sharp & Dohme who manufacture Fosamax, a product used to treat osteoporosis by increasing bone density.

Even though DAA does not directly promote a branded product, there is evidence that advertisements have increased prescriptions and sales of the advertiser’s product (Basara, 1996; t’Jong *et al.*, 2004). Literature on the effectiveness, or consumer perceptions, of co-sponsored DAA is extremely limited. The only identified, and somewhat dated, study was conducted with 264 volunteers in the USA (Hammond, 1987). This research was supported by the National Cancer Institute, which is a government entity but often referred to in the research as an NPO. The Institute was conducting an advertising campaign with a well-known food manufacturer (Kellogg’s Company) on nutrition and cancer, and wanted to determine if perceived corporate credibility differed for advertisements sponsored by profit, NPO or a combination of profit and NPO. Participants were shown print, radio and television advertisements with a health promotion message (to increase dietary fibre) where the sponsor was manipulated. The sponsor varied between a fictional NPO (the United Cancer Foundation) and a fictional profit entity (the Wellness Marketing Association) and a combination of the two. Hammond (1987) reported that the combination sponsor or the NPO sponsor alone were perceived as significantly more credible by participants than the profit sponsor alone. There was no significant difference in perceived source credibility between the NPO and combination sponsor. In a commentary on the actual advertising campaign that followed, sponsored by the National Cancer Institute and Kellogg’s, Freimuth *et al.* (1988) reported improvements in consumer health knowledge and behaviour, as well as an increased market share for Kellogg’s.

While the evidence from the Hammond (1987) study suggests the source credibility of a NPO sponsor in co-sponsorship with a for-profit organization (such as the Wellness Marketing Association) will not significantly differ from that of the non-profit organization alone, there is no identified research into the effects of co-sponsorship of DAA with pharmaceutical companies. NPO (and government) sources are generally perceived by consumers to be more credible than commercial sources (Hayley, 1996). Growing scepticism regarding pharmaceutical industry influence over health NPOs (Angell, 2006; Jacobson, 2005; Moynihan and Cassels, 2005) may impact on consumer attitudes towards NPO sponsors in joint promotions.

NPOs considering a cause-related marketing arrangement with a pharmaceutical company to promote awareness about a health condition should consider whether consumers perceive NPOs to have greater corporate credibility than pharmaceutical companies in sponsoring DAA, and whether this differs again for co-sponsored arrangements. In the current study, it is predicted that participants viewing NPO sponsored advertisements will perceive higher source credibility, and subsequently hold more positive attitudes towards the advertiser, than those viewing pharmaceutical company-sponsored or co-sponsored advertisements:

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- H1.* Viewing a NPO-sponsored advertisement will result in more positive attitudes towards the advertiser than viewing a pharmaceutical company-sponsored advertisement.
- H2.* Viewing a NPO-sponsored advertisement will result in more positive attitudes towards the advertiser than viewing a co-sponsored advertisement.

However, based on the findings of Hammond (1987) study, co-sponsored advertisers will be held in higher regard than pharmaceutical company sponsors alone:

- H3.* Viewing a co-sponsored advertisement will result in more positive attitudes towards the advertiser than viewing a pharmaceutical company-sponsored advertisement.

1.4 Advertising effectiveness and source credibility

There is considerable evidence that the use of a highly credible source within an advertisement will increase persuasion (Petty and Cacioppo, 1986; Pornpitakpan, 2004). Two forms of source credibility can be influential: that of the endorser or presenter (such as a celebrity); and that of the company or organization identified with the product (Lafferty *et al.*, 2002; Pornpitakpan, 2004). This latter form of source credibility is commonly called corporate credibility, and includes the dimensions of expertise and trustworthiness (Goldsmith *et al.*, 2000; Newell and Goldsmith, 2001). Expertise refers to a company's capacity or competency in producing and delivering a product, whereas trustworthiness refers to whether or not a company can be relied on (Newell and Goldsmith, 2001).

While studies have demonstrated that endorser credibility has its strongest influence on attitude to the advertisement, corporate credibility has a stronger impact on attitude to the brand. Corporate credibility, however, has also been found to impact on attitude to the advertisement as well as purchase intention (Goldsmith *et al.*, 2000; Lafferty *et al.*, 2002). In the Hammond (1987) study, while there was no significant relationship found between corporate credibility and message acceptance, corporate credibility did affect behaviour intention. In the current study, it is predicted that corporate credibility or attitude towards the sponsor will positively affect behaviour intention:

- H4.* If attitude towards the sponsor is positive, then there will be a greater likelihood to express an intention to take action.

NPOs considering a cause-related marketing arrangement with a pharmaceutical company to promote awareness about a health condition should consider whether a co-sponsored disease awareness advertisement will be more or less effective than an NPO-sponsored advertisement in influencing consumer intentions towards health seeking behaviours. Therefore, our final hypothesis is that viewing a NPO-sponsored advertisement will be associated with a greater likelihood of expressing an intention to take action than viewing a co-sponsored advertisement:

- H5.* Viewing a NPO-sponsored advertisement will be associated with a greater likelihood of expressing an intention to take action than viewing a co-sponsored advertisement.

2. Methodology

The current study aimed to determine how older Australian women perceived mock print advertisements for two health conditions that were sponsored by a fictional pharmaceutical company, a fictional NPO, or a combination of the two. An experiment was conducted with a 2×3 factorial between-subjects design (two health conditions and three potential sponsors). A mall-intercept survey explored which participants perceived the advertiser or sponsor to be, their attitude towards the sponsor, and their reported behavioural intentions.

2.1 Stimuli and survey questionnaire

Print magazine advertisements were considered appropriate for stimuli as there are high and growing levels of magazine readership among Australian women (Magazine Publishers of Australia, 2007). Mock advertisements were developed about two relatively unknown health conditions: fibromyalgia and osteopenia. Fibromyalgia is a condition characterised by widespread pain and tenderness, and other symptoms including sleep disorders. Osteopenia is a state of lower bone mineral density and is often considered a precursor to developing osteoporosis and bone fractures. While there is evidence of pharmaceutical company promotions for these conditions occurring in the USA in recent years (Berenson, 2008; Kelleher, 2005), there is no evidence of consumer-targeted promotions in Australia.

Sponsor logos that appeared at the bottom of each advertisement were manipulated such that three different sponsor conditions existed for each condition type: cosponsored, pharmaceutical industry sponsored and NPO sponsored. The sponsors were fictional, but were pre-tested. The names of the pharmaceutical sponsors were "Pharma First" for the fibromyalgia advertisement and "Zuerst Pharmaceuticals" for the osteopenia advertisement. Mock identification details and addresses were provided along with corporate logos. For the NPO sponsors, the organizational names were directly related to the health condition. The NPO sponsor for the fibromyalgia advertisement was the "Fibromyalgia Foundation of Australia" and the NPO sponsor for the osteopenia advertisement was the "Osteopenia Foundation". Note that in Australia, there are considerably fewer private foundations than in the USA (Asia-Pacific Centre for Philanthropy and Social Justice, 2005) and, as such, the term "foundation" is usually associated with a public foundation or charitable organization.

Marketing-communication principles considered appropriate for high-involvement and informational advertisements in magazines were used in the design and development of the advertisement stimuli (Rossiter and Bellman, 2005; Rossiter and Percy, 1997). The advertisements gave a brief description of each health condition and encouraged readers to contact their doctor regarding treatments or tests. The advertisements were checked for accuracy of content by health professionals, and were pre-tested with a snowball sample of 31 participants in the target group. Pre-test results demonstrated that participants found the advertisements to be believable (82 per cent) and easy to understand (86 per cent).

The questionnaire was based on previous questionnaires used to determine consumers' behavioural intentions in relation to direct-to-consumer advertising and DAA (Hall and Jones, 2008a; Hoek *et al.*, 2004). Participants were asked who they thought the advertiser or sponsor was, and to rate their attitude towards the sponsor on bipolar adjective scales. The scales were based on instruments described in relevant

studies considering corporate credibility (Lafferty *et al.*, 2002; Newell and Goldsmith, 2001). Additional questions captured the demographic information of participants.

2.2 Participants, sampling and random assignment

Women were selected as the target group for the study as they generally have greater involvement in their own and their families' health information seeking and decision-making behaviour (Commonwealth Office of the Status of Women, 2003). The survey was conducted during weekday retail hours in a commercial shopping centre within a metropolitan area in New South Wales, Australia. Research assistants approached women in the target group and a total of 185 women aged between 48 and 85 years (median age of 64 years) participated in the study (response rate of 30 per cent). Of the participants, 69 per cent were born in Australia, and 12 per cent were born in the UK. A total of 93 per cent of participants spoke English at home and approximately half had achieved at least 12 years of schooling. Participants had a similar demographic profile to women in the local government area, but had higher educational attainment as only an estimated 18 per cent of local women in this age group had completed Year 12 or equivalent.

Participants undertook the survey within the shopping centre, and were randomly assigned an advertisement using a computer random allocation resource (Urbaniak and Plous, 2008). After independently viewing the first advertisement and completing the questionnaire they then received the advertisement for the other condition with the same sponsor manipulation. For example, if a participant was randomly assigned the co-sponsored advertisement for fibromyalgia, she would subsequently be shown the co-sponsored advertisement for osteopenia. Following completion of the second advertisement questionnaire, participants completed the demographic questionnaire and were then provided with a gift voucher worth AU\$5 as a thank you for their participation. Participants were advised at this stage that although information in the advertisements was factual, the advertisements themselves and the sponsors were fictional.

2.3 Measures

Identification of the advertiser was an open-ended question: "Please state who you think the advertiser or sponsor of the advertisement is?" Attitude towards the sponsor was measured using six-point bi-polar adjective scales for trustworthiness, expertise, reliability, honesty and believability. The scales were based on instruments described in relevant studies considering corporate credibility (Lafferty *et al.*, 2002; Newell and Goldsmith, 2001). Participants indicated their behavioural intention (yes/no response) to six potential actions: "Look for further information as directed by the advertisement", "Look for further information from other sources", "Talk to your doctor about the condition", "Ask your doctor about treatments or tests", "Ask your doctor for a prescription or referral" and "Do nothing".

A score was created for responses to the "attitude to the advertiser" bi-polar adjective scales. Item-to-item correlations for trustworthiness, reliability and honesty were greater than 0.8 suggesting that these items were measuring the same construct. A new scale was then created (sponsor score) for responses to trustworthiness, expertise and believability; inter-item correlations ranged between 0.560 and 0.782. Item-to-total correlations were greater than 0.838. Principal components analysis was

performed with one component extracted with an eigenvalue greater than one. All items loaded with values greater than 0.814. Cronbach's alpha for the sponsor score was 0.922.

2.4 Data analysis

Data were analysed using descriptive statistics, including contingency tables to compare actual sponsor with nominated sponsor. The scale variable (sponsor score) failed to satisfy the assumptions of normality and as such, Mann-Whitney U tests were used to identify relationships with the other variables, including actual and predicted sponsor, and reported behavioural intentions.

3. Results

A total of 178 advertisement questionnaires were completed for each health condition, with between 116 and 120 in each sponsor manipulation (across both health conditions). On a six-point scale (1 = difficult and 6 = easy) the mean rating of understanding for the advertisements was 5.46.

3.1 Identification of advertiser

When asked who they thought the advertiser was, written responses were categorised into five generic categories and compared with the actual sponsor on the advertisement allocated to the participant. Overall, only 51 per cent correctly identified the category of sponsor. The most predicted sponsor was pharmaceutical company (47 per cent), followed by NPO (31 per cent) followed by government/research/medical (G/R/M) (8 per cent). Table I shows the predicted sponsor by actual sponsor allocated. Participants viewing the pharmaceutical sponsored advertisements were most likely to correctly identify that sponsor (83 per cent), whereas only 66 per cent of participants viewing the NPO sponsored advertisements correctly identified that sponsor. Participants viewing the combination sponsor were more likely to predict a pharmaceutical company (49 per cent) or NPO (21 per cent) than to correctly identify the combination of sponsors (11 per cent) ($\chi^2 = 141.318, p < 0.001$).

3.2 Attitude to the sponsor

Mean sponsor scores for the actual sponsors allocated to participants were high (over 4 on a six-point scale) (see Table II). Scores were similar for pharmaceutical and combination sponsors; however Mann-Whitney U tests showed that participants receiving NPO sponsored advertisements gave significantly higher sponsor scores than those receiving either combination sponsored advertisements ($p < 0.001$) or pharmaceutical sponsored advertisements ($p < 0.001$). As such, H1 and H2 were supported, but H3 was not supported. There were no significant differences in

Table I.
Percentage of actual sponsor by predicted sponsor

Actual sponsor	Predicted sponsor					
	Pharmaceutical (%)	NPO (%)	Combination (%)	G/R/M (%)	Unknown (%)	Other (%)
Pharmaceutical	83	6	0	2	4	5
NPO	12	66	1	12	4	5
Combination	49	21	11	8	3	8

responses to advertisements between the two health conditions (fibromyalgia or osteopenia).

For predicted sponsors (where participants identified who they thought the advertiser was), Mann-Whitney U tests showed that NPO sponsors were rated significantly higher than pharmaceutical sponsors ($p < 0.001$), and as such, $H1$ was supported. Comparisons could not be made with other categories due to sample size limitations (see Table III).

3.3 Reported behavioural intentions

Mann-Whitney U tests showed significant differences for each of the behavioural variables when considering the sponsor scores (or attitude towards the sponsor). Participants agreeing with each of the behavioural variables had significantly higher mean ranks for sponsor scores with the exception of “do nothing” where participants that agreed had a lower mean rank (see Table IV). As such, $H4$ was supported.

A one-way ANOVA test of actual sponsor against behavioural intentions found no significant differences in behavioural intentions between the groups viewing different

Actual sponsor	Mean ^a	<i>n</i>	Std deviation
Pharmaceutical	4.422	101	1.115
NPO	4.994	106	976
Combination	4.418	103	1.160

Note: ^aSix-point scale

Table II.
Mean sponsor score for actual sponsor

Predicted sponsor	Mean ^a	<i>n</i>	Std deviation
Pharmaceutical	4.209	137	1.155
NPO	5.125	90	0.837
Combination	4.436	13	1.322
Government/research/medical	4.698	21	0.983
Unknown	4.833	6	1.095
Other	4.854	16	1.124

Note: ^aSix-point scale

Table III.
Mean sponsor score for predicted sponsor

Behavioural intention	Sponsor score		<i>Z</i>	<i>p</i>
	Mean rank	Disagree		
Look for information as directed by the advertisement	172.95	110.10	-5.936	0.000
Look for information from other sources	167.43	130.61	-3.641	0.000
Talk to your doctor about the condition	167.63	108.70	-4.947	0.000
Ask your doctor about treatments or tests	167.69	109.98	-5.083	0.000
Ask your doctor for a prescription or a referral	170.79	126.51	-4.488	0.000
Do nothing?	101.10	153.12	-4.501	0.000

“As a result of seeing this advertisement would you . . .”

Table IV.
Agreement with behavioural intention by sponsor score

sponsors. This was also the case for the predicted sponsor and, as such, *H5* was not supported.

4. Discussion

The results show that only half of the participants were able to correctly identify the sponsor of the DAA despite clear corporate branding at the bottom of each advertisement. This is likely due to the use of fictional advertiser names, for which participants would have no prior knowledge, opinions or associations, but could also be attributed to lack of prominence and placement of the advertiser names and logo(s) at the bottom of the stimuli. Past research has found that consumers identify brands in advertisements with more salient advertisers, and this has been found to facilitate identification of the brand and more positive attitudes towards the advertisement (Curlo and Chamblee, 1998).

Almost half of the participants perceived the advertiser to be a pharmaceutical company regardless of the corporate logo displayed on their advertisement. Participants that were allocated co-sponsored advertisements were least likely to correctly identify the sponsors, and were more likely to identify a pharmaceutical company sponsor. This has implications for NPOs that are considering co-sponsoring DAA, as the involvement of the pharmaceutical company may be perceived as dominant, regardless of the equality of corporate branding on the actual advertisement. If the company is perceived as dominant, this may also have negative repercussions for the reputation of the NPO (Brønn and Vrioni, 2001; Drumwright and Murphy, 2001). In a recent US study of attitudes and behavioural intentions following exposure to cause-related marketing advertisements and co-sponsored public service announcements, Samu and Wymer (2009) concluded that while perceived fit of the cause and brand are important, perceived sponsor dominance is also important. In their study, participants had more positive attitudes towards the NPO and corporate sponsor, as well as stronger behavioural intentions, when the NPO was dominant in the advertisement and there was a high level of perceived fit (Samu and Wymer, 2009). Co-sponsored DAA may benefit from increased dominance of the NPO partner in corporate branding as well as a presence in the lead text and headline of advertisements.

Considering attitude towards the sponsor (sponsor scores) in the current study, the only significant difference for the sponsors predicted by participants was between the NPO and the pharmaceutical sponsor. However, for the actual sponsors allocated to participants, the NPO sponsored advertisements received significantly higher scores than those viewing the pharmaceutical sponsor or the combination sponsor. This differs to the Hammond (1987) study where both the NPO and combination sponsor were rated more highly, and suggests that consumers feel less favourably towards the involvement of pharmaceutical companies in DAA (as the corporate sponsor in the Hammond study was a more generic “marketing association”). Further research is required as to whether consumers perceive a positive fit between pharmaceutical companies and health NPOs in the sponsorship in DAA. Future studies should also measure whether co-sponsorship of DAA by NPOs and pharmaceutical companies has an effect the perceived credibility or reputation of the individual organizations.

While the advertisement sponsor (actual and predicted) did not show any significant influence on reported behavioural intentions, participants agreeing they

would take action as a result of viewing the advertisements were significantly more likely to hold favourable attitudes towards the sponsor. It has been demonstrated that corporate credibility can influence purchase intention (Goldsmith *et al.*, 2000; Lafferty *et al.*, 2002), and it was also found in the Hammond (1987) study that corporate credibility had an effect on reported behaviour intention. Further, Kellogg's experienced increased market share as a result of the actual campaign co-sponsored with the National Cancer Institute that followed the research (Freimuth *et al.*, 1988).

This result is heartening for non-profit and government organizations as it confirms that their sponsorship of health communication advertising campaigns is more likely to achieve the desired behaviour. While many factors need to be considered in creating effective advertising messages, high source credibility is advantageous, particularly when consumers have limited time or motivation to process the message (Keller and Lehmann, 2008; Rucker and Petty, 2006).

It is important to note that the conditions advertised in the stimuli of the current study (fibromyalgia and osteopenia) were deliberately selected not only because they are less well known, but also because there is no clear evidence regarding the efficacy of prescription medicine treatment (Berenson, 2008; Kelleher, 2005). Therefore, achieving a high level of behaviour intention from participants to the variables "ask your doctor about treatments or tests" or "ask your doctor for a prescription or referral" may not be seen as positive from a public health perspective. The findings with regard to the perceptions of sponsor and the influence this has on behaviour intention, however, are likely still applicable for other health communication campaigns. Future studies could explore in more detail the influence of advertising sponsorship on health behaviour intention, and whether this articulates to actual behaviour, and positive health outcomes.

In the current study, there it is possible that participants felt less positive attitudes towards pharmaceutical companies because there was no acknowledgement of the benefit to the companies. In DAA, pharmaceutical companies do not disclose their commercial intent to sell prescription medicine products, and often position advertisements as "community service announcements" (Medicines Australia, 2006). Recent research indicates that consumers can become sceptical of corporate societal marketing if the consumer perceives that the advertiser is deceiving them as to the commercial or other benefits accrued by the corporation in undertaking the marketing activity (Forehand and Grier, 2003).

There are some limitations in the current study including that recruitment by intercept method can result in a level of response bias. Sampling occurred during retail hours over one week in a metropolitan shopping centre and may not be representative of all Australian women in this age group. Participants' viewing of advertisements in the study environment would be different to how they would normally view magazine advertisements. Finally, the survey questionnaire did not ask participants about whether they perceived a level of fit between the sponsors and the cause, which is an important consideration when determining consumer attitudes towards cause-related marketing activities.

While further research is required with larger sample sizes, and a wider range of advertisements, the current study found that NPO sponsors alone attracted higher sponsor scores, and that higher sponsor score were found for participants with an intention to take action after viewing the advertisement. These results suggest that

NPO sponsored DAA is more effective without the co-sponsorship of a pharmaceutical company. The growing concern about pharmaceutical involvement with health NPOs may also detract from potential partnerships with industry in promoting awareness about disease. However, if NPOs choose to enter a co-sponsored arrangement in DAA, they would benefit from increasing their corporate branding, and ensuring that their involvement is perceived to be dominant over that of their pharmaceutical industry partners.

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