

PS456- CONSUMER PSYCHOLOGY

LA-LUNA: Embedding the Use of Female Condoms in the Israeli Society

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INTRODUCTION

LA-LUNA is a Female Condom (FC) brand, launched in Israel in 2010 by Mediconsult, a company which seeks to promote the healthcare system in Israel by introducing and distributing innovative health care products from around the world. LA-LUNA is manufactured by “The Female Health Company”, a Chicago-based maker of FCs, and is approved by the FDA, EMEA, and the Israeli Ministry of Health (medi-cons.com, 2012). The advantages and uniqueness of the product are, with little doubt, distinctive and demonstrate a unique advancement in the sexual life domain. Apart from preventing unwanted pregnancy and STD’s (including HIV/AIDS), LA-LUNA has several specific advantages over the male condom:

- Empower women in the sense that they can have control over their health (e.g. when the partner is reluctant to wear a condom).
- It can be inserted to the woman’s body up to eight hours before the intercourse, thus maintaining spontaneity.
- It is made from Nitrile rubber which is thinner than the male condom, hypo allergenic, warms to body temperature and provides enhanced sensation.
- It accommodates cases of erection problems and thus increases couple intimacy.
- LA-LUNA covers some of the external surface of the genitals and can prevent a direct contact between the reproductive organs and thus prevents skin to skin STDs such as HPV or herpes.

(La-luna.co.il, 2012; fc2femalecondom.com, 2009).

The use of innovative contraception is highly important since HIV cases in Israel are increasing (especially amongst women) due to waves of immigration (Chemtob and Grossman, 2004), Lack of concern with regards to practicing safe sex (Kelner, 2012) especially amongst teenagers (Schaalma, Abraham, Gillmore and Kok, 2004), and cases of unwanted pregnancy are also high, in particular during the mandatory national military service for women between the ages 18-20 (Yagil, Elran, Tarchitzky, Levy, Ashkenazi, 2005). This has economical implications since youngsters who bring children to the world are usually economically disadvantaged (Trussell, 1976). Needless to say, increase

in STDs, and in particular, HIV/AIDS are hindering the progress towards a sustainable healthy society. However, since its launch in 2010, LA-LUNA has not been integrated successfully into the Israeli market. This is due to several factors:

- The FC is an underused product. It is significantly more expensive than the male condom, thus, rendering it less accessible to the mainstream market.
- Women who have tried the product have reported difficulties inserting it.
- The majority of the mainstream population has not heard of the product.

(Hoffman, Mantell, Exner and Stein, 2004)

In order to tackle these issues, I will suggest a few recommendations which are all, to a large extent, incorporate a social form of participation for all the stakeholders. This will be done by introducing new strategies which will involve addressing the target audience along with promoting new institutionalised policies which can be embedded profoundly in everyday practices of men and women alike in mainstream Israeli culture and society. This will be further elaborated in the following memo. Furthermore, those recommendations will be supported by using literature focusing on the following theories and constructs: Social representations (SRs), Social Identity Theory (SIT), Social Norms (SNs), and Self Determination Theory (SDT), which all will be eventually linked together by the Installation Theory (IT) to demonstrate the holistic process of the suggested changes.

MEMORANDUM

To: Mrs. Ina Spivak (founder and general management at Mediconsult)

From: Organisational psychology consultant

Subject: Embedding LA-LUNA in the Israeli Society

Dear Mrs. Spivak

Your initiative of founding Mediconsult and importing LA-LUNA for the Israeli society is a tremendous act. As you know, Israel is considered to be an innovative society which often seeks new ways of improving life style and wellbeing. Therefore, an innovative mean to minimise the raise in HIV cases as well as the frequency of unwanted pregnancy amongst female soldiers is highly necessary. However, you are probably aware of the social shift Israel has gone through since its last social protest back in 2011; it still have a predominant influence on today's sociocultural aspects. Israelis from all socioeconomic or religious background protested against life costs and the weakening of national services. As a society, people are more aware of life costs, especially when the use of the internet can provide a comparative look of life costs within Israel and in other Western countries. This causes problems since the FC in Israel is more expensive than the male one. What is more, the majority of the Israelis have never heard of the product, and those who did, did not have sufficient information regarding the usage of the product. Thus, an online advertisement as your main promotion is not adequate since the male condom is deeply embedded in society and LA-LUNA is still an 'anonymous' product. Therefore, In order to embed LA-LUNA in the Israeli society, and to create a sustainable long term change, I have suggested a few recommendations which can be divided into three categories: institutionalised policies and practices, Corporate Social Responsibilities (CSR) and Integrated Marketing Communication (Marcomms) campaign.

Institutionalised policies and practices:

- To work along with public known feminist movements and activists. This can help as LA-LUNA can steer through certain people and movements in order to push the government to promote the following objectives:

- a. Renewed sexual education curriculum at schools.
- b. Activities for soldiers such as participatory theatre for female soldiers in the Israeli Defence Forces (IDF) and sexual behaviour discussion groups for male soldiers.
- c. Cooperation with the Israeli Health Care (IHC) where gynaecologists would be able to provide patients samples and instruction for women.

Governmental acknowledgement could contribute to the wellbeing of the Israeli society in several ways: introducing new policies regarding sexual education to the education curriculum was found to be the most effective way of exposing adolescents to socio-sexual issues and their prevention. Activities for soldiers in the IDF will be beneficial since a form of participation has been proved to have considerable impact on the long term behaviour and as a result will also be used as a platform for introducing the product since the mainstream population are all being conscripted. Lastly, Collaborating with the Israeli health system will provide a platform for gynaecologists to give free samples for women and instruction to reduce difficulties in its usage.

CSR

- Establish a foundation in collaboration with the Israel AIDS Task Force (IATF) using students to raise awareness for the importance of practicing safe sex. Teams will be built in each university and college in Israel (consisting of students from different subjects) representing and responsible for different regions, and will have to design a campaign as part of a national annual competition that is tailored to the target population in that specific region.

Having CSR policy will make the company one that is not merely profit orientated but also one which is responsible for people and their wellbeing and thus will help to promote sustainable social change. Apart from increasing its positive image, LA-LUNA will become a truly responsible health care company. I am aware of a possible concern you have, as SMEs may lack resources (i.e. employees) to deal with various CSR activities. However, establishing a foundation where students will be assigned to teams will not only increase their and others' knowledge about the FC and safe sexual behaviour but will also provide students with a substantial experience before graduating.

In addition to that, collaborating with the IATF will be of great help to the exposure of LA-LUNA due to its various social activities around the country.

Marcomms campaign

- a. Social media- YouTube channel where couples/individuals can upload videos of them dedicating a love song to another couple/person (each uploaded video will make a donation of female condoms box to a different IDF base (upon the request of the video uploaders)).
- b. Samples distribution in various social events and placement of FC vending machines in public places (i.e. bars, clubs etc...) where they are sold in singles and thus, are more affordable.
- c. Product placement- T.V. series style Sex and the City, and placement in the adult industry.

Having a YouTube channel would increase participation and support in society and by exposing it also to men and couples it will decrease possibility for resistance from men in regards to the use of the product. What is more, that donation of LA-LUNA box will make it both, more accessible for the society and will increase ingroup membership since the majority of the mainstream population have served in the IDF or are potential soldiers, thus increasing identification.

Samples distribution in social events and vending machines will create a bigger exposure and will make LA-LUNA more accessible. Lastly, product placement has been suggested since media has found to have a considerable effect on the way youth perceive sexual norms. Additionally, informative marketing campaigns have found to be less effective and even 'damaging' to people who are below the norm. Thus, placement of LA-LUNA in sexual oriented TV shows might be able to minimise the overrated perceived unsafe sexual behaviour.

These recommendations cover various social aspects in the public sphere which will be able to push the Israeli society to a more sustainable socio-sexual behaviour. The key point to acknowledge is the active form of participation for all the existing and potential stakeholders as active involvement is the most important aspect to consider when there is a need for a true

long term sustainable essential social behaviour. Lastly, we need to bear in mind that embedding LA-LUNA in the Israeli society is a long term process which might encounter a few challenges. However, with an appropriate, in-depth, evaluations and considerations of the suggested recommendations, I have little doubt that LA-LUNA will be successfully integrated in Israeli society.

I look forward to hearing from you and to further discuss the implementation of those aforementioned recommendations.

Yours faithfully,

Organisational Psychology consultant

THEORETICAL REVIEW

Social representations (SRs) and social identity Theory (SIT)

SRs is the fundamental theory to discuss when there is a need for a social change since “the reality of the human world is in its entirety made of representation; in fact there is no sense of reality for our human world without the work of representation” (Jovchelovitch, 2006, p. 10). In line with that, Moscovici (1984) asserted that SRs are frames of reference enabling humans to understand and communicate the existing reality. They are forms of knowledge that are created by groups and individuals through communication and cooperation and thus they do not exist in a vacuum; they evolve, shape and reshape reality (Jovchelovitch, 2006; Jovchelovitch, 2001; Moscovici, 1984). Hence, creating and introducing new forms of knowledge to society, can reshape the existing reality with regards to contraceptives and in particular to the FC. Since the FC is unknown for the majority in Israel, there is a need to anchor the product under a given category so people would be able to communicate about it and thus, represent it. Hence, the suggested recommendations, whether it is through institutionalised policies and practices, CSR or Marcomms, each has its own way to anchor the product in the representations of the Israeli society. However, social representations are not necessarily shared at the macro level of society since people do not share the same knowledge or history (Jovchelovitch, 2001). This, in addition, relates to the construction of identity.

The link between SRs and identity is through categorisation. In her research on the role of representations in identity construction, Howarth (2002) has quoted Abrams and Hogg (1990) in order to demonstrate the relationship between the constructs: “we are driven to represent the context dependent social world, including self, in terms of categories which are most accessible to our cognitive apparatus and which best fit relevant i.e., subjectively important, useful, meaningful, similarities and differences in the stimulus domain” (p.31). Additionally, according to the SIT, identity construction draws from social categorisation and comparison which leads to stronger ingroup norms and ingroup bias (Tajfel and Turner, 1986). Identifying strongly with a group and having stronger ingroup norms can be seen as a positive element towards the acceptance of the FC. One explanation could be the Self Esteem Hypothesis (SEH) which proposes that individuals strive to endorse a positive self esteem

and thus, positive social identity relates to a positive self-esteem (Hogg and Abrams, 2001; Ashmore, Jussim and Wilder, 2001). Additionally, positive ingroup distinctiveness is enhanced by social comparison and competition (Hogg and Abrams, 2001). Thus, looking at CSR for instance, an annual competition based on different locations can strengthen ingroup favourism and increase positive norms with respect to the FC. However, what happens when the categorisation and comparison increase ingroup bias and thus intergroup conflict? There are a few limitations we need to take into consideration.

Introducing reformed sexual education curriculum may cause resistance from certain groups in Israel. On the one hand sexual education as part of the educational system has been proved to be the most effective tool to target adolescents while on the other hand, the content and way to transform this knowledge (e.g. how to handle sexual situations and condoms use skills) are to a very high degree, controversial (Schaalma, Abraham, Gillmore, and Kok, 2004). This is because “sexual behaviour is regulated by cultural and religious standards, as well as by political policy” (Schaalma, 2004’ p. 260). Considering the four main social sectors in Israel, namely, Jewish secular, Jewish nationalists religious, Jewish ultra orthodox and Arab Muslims, there is a big discrepancy in the sexual norms; as for the secular section (which represents the majority) the use of contraceptives is accepted while, in contrast, for the ultra orthodox or the Arab Muslim the use of contraceptives is only permitted in life-threatening cases; otherwise, it is not allowed as it contravenes with the ‘duty of procreation’ mentioned in the bible and the prohibited use of contraceptives in the Qur’an (Landau, 2003). However, different representations do not have to clash as acknowledging the differences is the essence for co-existence (Jovchelovitch, 2001). In addition, in Israel, the sectors which are most likely to resist (i.e. ultraorthodox and Arab-Muslims) have an independent educational system (Landau, 2003) and so, the reform curriculum can be tailored to the mainstream education which concurs with Allport’s (1954) contact hypothesis argument that contact between groups with distinct perspectives increases intergroup conflict but can be reduced by endorsed institutional support (Ashmore et al, 2001). In addition to some sectors resistance, challenges for the support in the FC can occur between sex groups. This will be discussed in the below section.

Although in several studies attitudes of men towards the FC have found to be positive, some men develop resistance since they feel the FC gives women “too much control over sex” (Hoffman, Mantell, Exner and Stein, 2004, p. 122). In fact, “numerous studies have shown

that the categorisation of persons on the basis of their sex is one of the most salient and most active types of social categorisation in person perception” (Pichevin and Hurtig, 1996, p. 514). Furthermore, the involvement of feminist movements and activists in the promotions of FC might be a challenge since there is usually a negative association with the term ‘feminist’. In fact, many feminist organisations and activists evade representing themselves as feminists since it decreases public support for women’s policies (Burn, Aboud and Moyles, 2000). This also has an impact on the support of men since according to the SIT awareness of group membership of women can generate stronger gender group salience and in response, trigger men’s resistance from supporting these groups (Burn, Aboud and Moyles, 2000). For men, sex identity is dependent on the context, situation and on the sex composition of the social groups (Pichevin and Hurting, 1996) and thus altering the definition of feminism, so it would not trigger sense of oppression for males, should be accentuated (Burn, Aboud and Moyles, 2000). Moreover, FC interventions should include also males (Hoffman et al, 2004). However, the question is: how do we engage society in these forms of participation? This will be explained through looking at SDT and SNs.

Self Determination Theory (SDT) and Social Norms (SNs)

The key point of the SDT is the differentiation between extrinsic and intrinsic motivation (Gagne and Deci, 2005; Osbaldiston and Sheldon, 2003; Deci and Ryan, 2008). According to the theory, intrinsic motivation is more effective in the long run than an extrinsic one which controls and constrains behaviours (Osbaldiston and Sheldon, 2003). However, the main point of the SDT is the degree to which intrinsic and extrinsic motivation affect autonomous motivation (Deci and Ryan, 2008). Some activities need an extrinsic motivation as an initial behavioural change, or in other words, to internalise the external motivation (Gagne and Deci, 2005). In line with this, Lewin (1947) asserted that a less autocratic form of learning or production would lead to a positive motivational change where a group set its goals rather than imposing goals on a group. Hence, when certain policies are introduced in a supportive manner which provides autonomy, it can result in internalised motivation (Osbaldiston and Sheldon, 2003). This concurs with establishing a foundation for students that major in different subjects and giving them the autonomy to build their own campaign within one year. However, in certain forms such as education, internalised motivation cannot be accomplished by a passive behaviour of the participants but has to have a form of active involvement. Therefore, interventions in the form of group discussions have found to be

effective in the long term as people can make up their minds and make decisions accordingly (Lewin, 1943). This reinforces the recommendation of institutionalised policies in the sense that the suggested activities for soldiers involve a form of active participation. Furthermore, apart from the need for determinants of decision making and goal setting in groups, it has been suggested by Schaalma et al (2004) that safer sex behaviour is also dependent on social skills (e.g. communication and negotiation) and thus scenario playing or role play prepares young people for handling risky situations which emphasises the importance of participatory theatre technique for female soldiers. This demonstrates the importance of the social surroundings to the context of social change. And indeed, Paluck (2009) claimed that alone people become aware of ideas but in groups they become aware of other people's awareness which leads to social change. This also relates to SNs since they are being transformed by social interaction (Paluck, 2009). Furthermore, people follow norms since they have been internalised them (Anderson, 2000). The question is, however, how to we change social norms?

Chia and Gunther (2006) have found that media influences peers norms amongst students and in fact leads to overestimations of sexual behaviour of peers rather than reflecting the actual ones. Furthermore, sex related media is positively related to higher estimations and attitudes towards sexual behaviour, especially amongst men. However, men and women alike are peer pressured to be sexually active. Hence, there is the option of creating informative advertisements to "educate" peers regarding safe sex. However, Shultz, Nolan, Cialdini, Goldstein and Griskevicius (2007) have shown how these kinds of campaigns can do the contrary and increase undesirable behaviour since those informative forms of advertisements determine certain standards that people treat as an indicator and actually many which are below the perceived norm can increase such behaviour. For that, Shultz et al (2007) suggested the use of injunctive elements of approval which are aimed at showing what is commonly approved or disapproved of, and thus will act as a buffer for those that are below the norm. Therefore, in addition to education and discussions about the effect of media embedded in institutionalised practices, promoting safe sex in the media by using product placement might minimise risky sexual behaviour and will portray the use of LA-LUNA as a social norm.

Installation Theory (IT)

Lahlou (2009) introduced the IT to better understand and to provide a theoretical frame for a promotion of a sustainable change. In fact, we can see how all the mentioned recommendations fall into the three layers of the IT. These layers are, physical, psychological and institutional (Lahlou, 2009). Executing the suggested recommendations simultaneously will increase the potential success of the required sustainable change. The physical layer refers to artefacts and their affordance. Hence, distribution of free samples, placements of vending machines and donations to different target populations tackle this obstacle. However, this most likely will not promote a social change as there is a need for psychological categorisation and interpretation. Thus, by communication and practice, new representations would be constructed and will allow an interpretation of the use of the product. This is done by active learning whether at school or by gynaecologists instructions, group activities CSR, and social media, which all provide a platform for social communication and interpretation to anchor the use of LA-LUNA in the Israeli society. However, there should be a form of organisation so that the suggested practices will be executed and enable, to a certain extent, a shared collaboration. This reinforces the importance of institutionalised policies; reform in sexual education, IDF active learning activities and collaboration with the IHC all act as the major factor to the assimilation of LA-LUNA in Israeli Society.

CONCLUSION

As we have seen, the suggested recommendations and the theoretical concepts are intertwined. Institutionalised policies and practices are necessary for the exposure of LA-LUNA to the vast population and especially to young people as they represent the main target audience who needs to acquire new knowledge and behavioural change. Additionally, policies which initiate forms of active participation may trigger intrinsic motivation for a long term behavioural change. CSR takes the form of participation a step further by creating a strengthen group membership and thus, stronger ingroup norms in accordance to the specific social context. Having a CSR policy will also make Mediconsult a firm which is not only profit orientated but also socially conscious. Lastly, a Marcoms campaign increases awareness of the appropriate norms, increases men's support in the product and increases accessibility of the product to the mainstream society. Embedding LA-LUNA is a time consuming and might encounter a few challenges. However, an in-depth exploration of the recommendations through the lense of social psychology theories, contributes to our

understanding of the difficulties and how these can be overcome. Additionally, it is important to acknowledge that a behavioural change process is not static; it is dynamic and evolving, just like reality. All these suggested practices are aiming at a sustainable behavioural change where the mainstream Israeli youth will be aware of contraceptives, will use contraceptives and above all will choose LA-LUNA as the Ideal contraceptive to maintain health and thus, maintain a healthy innovative society.

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