
CHAPTER 9

PERCEPTIONS OF MEXICAN-AMERICANS AND ANGLO-AMERICANS REGARDING ORGAN DONATION ADVERTISEMENTS

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RATIONALE FOR THE STUDY

Organ donation is an important social issue because thousands of people need donated organs in order to survive chronic diseases. These people depend on the goodwill of donors to provide them with life-sustaining organs after the potential donors die. However, there is a chronic shortage of donors and organs. To reduce the shortage, social advertising can be a valuable tool in informing the public about the need for organ donation and in allaying fears about the process. In this study, a social advertising approach was used to empirically examine the differences between Anglo-Americans and Mexican-Americans of comparable socioeconomic status in their response to organ donation public service announcements.

The Problem

Various studies have found that most Americans (93%–99%) have heard or read about organ donation (e.g., Gallup Organization, 1983). In addition, 70%–90% say they would be willing to donate their organs upon death. However, only 10%–20% have actually signed donor cards or the consent clause on the back of their driver's licenses. In 1983, only 3,000 organs were donated in the United States, although estimates show that 20,000 people could have donated organs.

Many studies have shown that people have some fears or concerns about organ donation that may prevent them from donating (Gallup Organization, 1983). In living donation, this fear is real. Donors may suffer pain from the operation, and living kidney donors, for example, may be at greater risk if the one remaining kidney becomes diseased. However, fear of donation after death is more difficult to explain. Protas (1983) points out the topic of death as being almost taboo in our society. He states, "The primary cost of involvement in organ donation is confronting fear. One must admit and deal with one's own mortality" (p. 290).

The reasons mentioned above for not donating organs are very general. Some researchers have concentrated on specific psychological reasons why people do not donate. The Gallup poll (1983) found that 20% of sampled individuals stated that a very important reason for not donating was: "I never really thought about it" (p. iii). Another very important reason for not donating kidneys upon death for 20% of the sample was: "I don't like the idea of somebody cutting me up after I die" (p. iii). Protas (1983) reported "that the most commonly expressed fear . . . is that agreeing to become a donor would negatively affect the treatment one receives in a hospital" (p. 290). Along these lines, McIntyre et al. (1987) found that the most important reason why people do not donate organs is their fear that a doctor would declare death prematurely for the sole purpose of obtaining their organs.

As mentioned previously, many people state that they are willing to donate organs upon death, but in reality they rarely do. This discrepancy between people's intentions to donate and their actual behavior is commonly found in the marketing and psychological literature. The problem, then, is how to bridge the gap between people's intentions and their actual behavior.

A Possible Solution

One of the ways to bridge the gap between intentions and behavior would be to use social advertising, which can be effective in at least five ways in regard to organ donation. First, social advertising is a way of reminding people about the need for organ donation. The advertisements can be played or shown at various times and with different themes to prevent people from forgetting.

Second, social advertising can be useful in transmitting information about organ donation, such as how many people are waiting for transplants, what kinds of organs can be donated, or how to become an organ donor.

Third, social advertising may be effective in directly addressing people's fears concerning organ donation. For example, as we stated earlier, some people are afraid to donate organs because they believe the doctor will declare them dead for the sole purpose of removing their organs (McIntyre et al., 1987). In this case, a social advertisement might tell them that, first, a team of doctors not connected with the patient would have to declare them dead. Those who fear mutilation and are concerned that they would not be able to have an open casket

might be more likely to donate if they knew that organs are surgically removed and that the deceased could be viewed in an open casket.

Fourth, social advertisements may help convince people who are uncertain about organ donation to decide to donate their organs after death. Many researchers (e.g., J. J. Skowronski, chapter 11 in this volume; R. J. Harris et al., chapter 2 in this volume) report that a large percentage of people are uncertain about organ donation, whereas only a very small percentage are against organ donation. McIntyre et al. (1987) found that 32% of subjects stated that they would be willing to sign a donor card if asked to do so. Manninen and Evans (1985) believed that as many as 10% of persons unwilling to donate organs could be persuaded to do so. They also mentioned that only about 19% of the American population is truly unwilling to donate organs, whereas 53% are uncertain. To social advertisers this uncertainty means that a large percentage of the population might change their minds about organ donation.

Finally, social advertisements can be instrumental in getting families to talk with one another about organ donation. According to Prottas (1983), "People who act on the urging of the advertisement may act as opinion leaders on this issue in their families" (p. 289). For example, the same article reported that two surveys (one in Nashville and one in St. Louis) were taken of subjects both before and after a major public marketing effort. The percentage of people who discussed organ donation with their families changed considerably after the marketing efforts were completed.

It appears that social advertising can be effective in encouraging people to donate organs. If an advertisement is to be successful, however, it should convey a message that the viewer believes is relevant. Therefore, it is imperative for advertisements to stress information that is salient to the viewer.

The purposes of this study are to determine the source and type of message that would be most effective to different ethnic groups (i.e., Mexican-Americans and Anglos). Both the source and the type of message are extremely important in an advertisement and can influence its persuasiveness (Chaiken & Eagly, 1984).

The Effects of Ethnic Background

Ethnic background appears to be a major demographic variable related to organ donation. Several studies have investigated the differences between Whites and Blacks in their willingness to donate organs. These studies have found that Blacks are less likely than Whites to be signed donors, less likely to have favorable attitudes toward organ donation, and less likely to actually donate organs. Cleveland (1975) reported a 20% level of support for organ donation among Blacks in comparison to 67% support in the overall population. Prottas (1983) found that, although the Black population was around 29% in 8 cities studied, the Black donation rate was negligible, or not over 1%. He also found that transplant coordinators obtained permission from no more than 20% of the Blacks ap-

proached, whereas they usually obtained permission from 60% to 80% of the White families approached.

Mexican-American Culture

The culture of interest in this study is the Hispanic culture, with an emphasis on the Mexican-American subculture. "Hispanic," according to the Bureau of the Census, refers to anyone who is of Spanish origin or whose native tongue is Spanish. This includes Mexicans, Cubans, Puerto Ricans, and an "other" group consisting of Latin-Americans. The largest subgroup of the Hispanic culture is Mexican-Americans, who compose 60% of the total Hispanic population in the United States (Cervantes, 1980). Puerto Ricans are second, followed by Cubans, then "others."

Reasons for Selecting Mexican-Americans

Hispanics and Mexican-Americans in particular were chosen as the group of interest because of four main reasons: First, the Hispanic population of the United States is increasing at a rate almost seven times that of the general population (Strategy Research Corporation, 1980). Because of this increase in birthrate, Hispanics are expected to become the largest ethnic minority in the United States by the end of the century. Further, the Hispanic population is so large that it makes the United States the fifth largest Spanish-speaking country in the world (Meyer, 1979). Almost one fourth (24.1%) of the Mexican-American families have six or more people in them. This large number of Mexican-Americans makes up a market that should not be ignored by organizations interested in recruiting organ donors.

The second reason for selecting Mexican-Americans is their youthfulness. The mean age of Hispanics is only 23.2 years compared to 31.3 for Whites and 24.9 years for Blacks (Petto, 1983). While 12% of the total United States population is over 65 years of age, only 4% of the Hispanic community is in that group (Segal & Sosa, 1983). The youthfulness of the Hispanic market may be very appealing to organizations that wish to attract young organ donors. Young people are preferred because they are usually in good health; thus, their organs may help other persons for many years. In addition, in the United States young people, irrespective of culture, are often involved in fatal accidents, and their healthy organs can then be donated to others.

The third reason for selecting Mexican-Americans is their geographic concentration, which makes it easier to reach them with social advertisements. Ninety percent of Mexican-Americans are from the states of the Southwest, including Texas, California, Arizona, Colorado, and New Mexico. Texas has the largest population of Mexican-Americans and includes cities such as El Paso and San Antonio, which rank sixth and fourth, respectively in Mexican-American population (Petto, 1983). This geographic concentration of Mexican-Americans

is very favorable for organizations that want to reach a majority of Mexican-Americans through regional advertising.

The final reason for selecting Mexican-Americans is the resistance of minorities to organ donation. It has been found that minorities in general are less likely to donate their organs than are Anglos (Prottas, 1983). Two studies done on Mexican-Americans and other Hispanics have found that they are more likely to refuse organ donation for their next of kin (Johnson et al., 1988; Perez, Matas, & Tellis, 1988).

Differences in Hispanics' Cultural Background

Formerly, it was commonly believed that Mexican-Americans were a homogeneous group, and all advertisements developed for one group of Hispanics were considered good for another group of Hispanics. According to Mendoza (1984), "social scientists assumed that all Mexican-Americans ate frijoles de la olla, spoke Spanish, and picked grapes for a living" (p. 61). But this assumption was incorrect. Cross-cultural researchers typically have compared random samples of Mexican-Americans with Anglo-Americans on some characteristics. Any differences that the researchers found between the groups were ascribed to "culture." However, the problem is that a sample of Mexican-Americans will incorporate people who differ on a variety of cultural characteristics, such as the ability to speak Spanish, their generational status, and ethnic identity. Since these often large in-group differences are not controlled for in the study, conclusions that were drawn about the effects of culture may be inaccurate. In addition, different advertisements may need to be developed to reach these various segments.

The Effects of Acculturation

There are two main ways in which the effects of culture can be investigated within the Mexican-American subgroup. One of these concerns the use of acculturation levels; the other way is through the use of ethnic labels. Acculturation refers to the process by which those new to a society adopt the attitudes, values, and behaviors of the host culture.

Level of acculturation is a psychological variable that has been measured in various ways. Generation may be the most important variable in predicting degree of acculturation (Clark, Kaufman, & Pierce 1976). Generation refers to the origin of one's parents and to one's place of birth. The first generation consists of people who are foreign born of foreign parents; the second generation consists of people who are native-born Americans but with one or both parents foreign born; the third or later generations consist of people who are native-born Americans with parents who also are native born. Because first- and second-generation children have been raised by foreign-born parents, the children may have absorbed the more traditional Mexican culture and therefore may be less acculturated to American society than third-generation children (Buriel, 1984).

These different acculturation levels may affect Mexican-Americans' willingness to donate organs and which advertisements they find appealing.

The Effect of Ethnic Labels

The second way to investigate the effects of culture is to segment subjects by their use of ethnic labels. An ethnic label is the term or name by which the people of a certain ethnic group prefer being called. There are many attitudinal differences between people who support various ethnic labels; for example, researchers (Fairchild & Cozens, 1981) have found differences between those who identify themselves as Chicanos and those who identify themselves as Mexican-Americans.

Montenegro (1976) found that Mexican-Americans were religious and attended church regularly, viewed men and women as having distinct roles within the family, saw hard work as being very important, and generally did not believe they were victims of discrimination. Chicanos, on the other hand, rejected hard work and competition, moved toward secularization, viewed both men and women as sharing roles within the family, and viewed themselves as being discriminated against. These results show that, because of different meanings associated with them, ethnic labels cannot be used interchangeably. Thus, ethnic labels can be used as a variable to segment Mexican-Americans on their willingness to donate organs and in the different advertisements that they find effective.

The Effect of Demographic Variables

In addition to considering levels of acculturation and the use of ethnic labels when conducting research on Mexican-Americans, it is important to consider demographic factors as well (Wallendorf & Reilly, 1983). There are two reasons: First, many researchers believe that cultural differences can be caused by noncultural factors such as socioeconomic status, for example, occupation and educational level. Penalosa (1968) believes that "Mexican middle-class persons are more like American middle-class persons in their general way of life and basic outlook than they are like lower-class persons from their own country" (p. 44). Socioeconomic class should therefore be considered in research on Mexican-Americans. Second, higher socioeconomic status is positively correlated with willingness to donate organs and may be a good segmentation variable to use in social advertising.

METHOD

Subjects

College students from the University of Texas at El Paso volunteered to participate in this study. There were 310 students, including 164 women (65 Anglo and 99 Mexican-Americans) and 117 men (51 Anglo and 66 Mexican-Americans). The remaining 29 students were from "other" ethnic backgrounds, including Chinese, Japanese, and Black students.

Materials

Students were asked to fill out a survey in English on organ donation and social advertising, rating the perceived impact of an advertisement using different sources and types of messages on a 7-point scale. The sources included a celebrity, a doctor, a religious leader, and an organ donor recipient. The types of messages included general background information, a religious message, an emotional message, and a message that addressed some fears people have about organ donation.

Procedure

Students were asked to complete the survey during their scheduled class period. Each student was offered extra credit for participating in the study. They were told to answer the questions honestly. After the survey was completed, the subjects were given a debriefing on the purpose of the study.

RESULTS

Perceived Impact of Source and Type of Message

Overall, both Mexican-Americans and Anglos chose an organ recipient as the best source of messages (mean = 19.0 out of a possible score of 28). The next highest source was a doctor (mean = 17.7), followed by a religious leader (mean = 16.2) and a celebrity (mean = 14).

Both Mexican-Americans and Anglo subjects also chose the informational message as having the most impact (mean = 17.9, out of a possible score of 28). The next highest message was an emotional message (mean = 17.6), followed by a message addressing fear (mean = 17.3) and a religious message (mean = 14.1).

Perceived Impact of Combination Source and Type of Message

The sources and types of messages were then combined to determine the combination with the most impact. The combination with the highest score was the organ recipient who gave an emotional message (mean = 5.4 out of a possible score of 7). The combination with the least impact was a celebrity with a religious message (mean = 2.9).

Table 1 gives the means for Mexican-Americans and Anglos of the various sources and types of messages. Most of the combinations were perceived similarly by the two groups, except for two. There was a significant difference between Mexican-Americans and Anglos in the impact of an organ recipient who gave a religious message; the mean of Mexican-Americans was significantly higher (mean = 4.1) than that of Anglos (mean = 3.6). In addition, there was also a significant difference between Mexican-Americans and Anglos rating religious leaders who gave an emotional message (4.3, for Hispanic, and 3.5, for Anglos).

Table 1

COMPARISON BETWEEN ANGLOS AND MEXICAN-AMERICANS OF
PERCEIVED IMPACT OF SOURCES AND MESSAGES

Source and type of message	Means	
	Anglo-Americans	Mexican-Americans
Celebrity, information	3.9	3.7
Celebrity, religious	2.8	3.0
Celebrity, emotional	3.8	3.7
Celebrity, addressing fear	3.6	3.5
Doctor, information	5.1	5.1
Doctor, religious	3.3	3.4
Doctor, emotional	4.7	4.4
Doctor, addressing fear	5.0	4.8
Religious leader, information	4.2	4.1
Religious leader, religious	4.1	4.3
Religious leader, emotional	3.8	4.3*
Religious leader, addressing fear	4.1	3.9
Organ recipient, information	5.2	5.0
Organ recipient, religious	3.6	4.1*
Organ recipient, emotional	5.4	5.4
Organ recipient, addressing fear	5.1	4.8

Note. The highest score possible was 7.

*Using an analysis of variance (ANOVA), these are significantly different at the .05 level.

Variables Within Cultures

There are three variables that may influence people within the same culture to respond differently to advertisements: income, ethnic label, and generation. Each was investigated in the study for the perceived impact of its source and type of message.

With regard to income, the first variable, there were two significant differences between those with a low family income (between \$0 and \$5,000 per year) and those with a higher income (\$5,001 per year and up). Higher-income subjects were more likely to believe that an informational message from a celebrity (mean = 4.0) had more impact than did subjects of lower income level (mean = 3.6). In addition, higher-income subjects were more likely to believe that a message from a celebrity addressing fear (mean = 3.9) had more impact than did subjects with a lower income level (mean = 3.4). Because the highest possible score for each response was 7, however, neither group thought celebrities had a major impact.

In regard to ethnic term (Mexican-American or Chicano), the second variable, there were no significant differences in the students' opinions on the source and type of message.

Generation, the third variable, was the most important in producing differences in perceived impact of advertising. This variable (first, second, or third generation) showed significant differences in five different sources and types of messages, and it was close to significant for three other combinations (see Table 2). The first generation rated each of the combinations listed less favorably than the second or third generation did.

The source with the most perceived impact was the organ recipient, who was selected by both the Anglo and Mexican-Americans subjects. This is interesting because currently most organ donor advertisements use either a person needing an organ or a doctor to discuss organ donation. Although a person needing an organ was not one of the sources in this study, an organ recipient may be viewed even more positively by the public. This might be true because an advertisement focusing on a healthy person who was helped is seen as more positive than an advertisement with a sickly person who needs help. It would be valuable to investigate these two sources and determine which would have a greater impact.

The type of advertisement that had the most impact on Mexican-Americans and Anglo students was the information message, possibly because students are familiar with organ donation but do not know what organs can be donated and what the procedures for donating are. This is also relevant because most advertisements on organ donation use an emotional message.

Table 2

SIGNIFICANT DIFFERENCES IN PERCEIVED IMPACT OF ADVERTISING BY GENERATION

Source and type of message	Generations		
	First	Second	Third
Celebrity, information	3.0	3.8	3.8*
Celebrity, emotional	3.0	3.8	3.9*
Celebrity, addressing fear	3.0	3.6	3.7*
Doctor, addressing fear	4.3	4.8	5.0**
Religious leader, addressing fear	3.3	3.7	4.2*
Organ recipient, religious	3.4	4.1	3.7**
Organ recipient, addressing fear	4.5	4.6	5.1**
Organ recipient, emotional	4.8	5.5	5.5*

Note. The highest score possible was 7.

*Using an analysis of variance (ANOVA), these are significant at the .05 level.

**Using an ANOVA, these are close to significant at the .065 level.

Concerning Mexican-Americans and Anglos, there were few differences in the source and type of message preferred, perhaps because all of the people in the sample were college students, which is a fairly homogeneous population. Even though college-educated people are more likely to donate organs than less educated people are, it is recommended that a more heterogeneous sample be used in future research.

There were two significant differences between Mexican-Americans and Anglos, both concerning either a religious leader or a religious message. These differences may have arisen because Mexican-Americans have more respect for religion and religious leaders in their lives than Anglos do as a group. Religion is tied closely to the Mexican-American culture.

Regarding variables within the Mexican-Americans culture, only two variables (income and generation) were significantly different. The use of ethnic labels was not significant.

The use of income (high vs. low) within the same culture proved to be significant in two cases. In both, celebrities were the source of the message. Although neither group thought celebrities had much impact, students from higher income levels gave a higher rating to celebrities, possibly either because these student are more likely to identify with celebrities or because they think others are likely to identify with celebrities.

The variable with the biggest impact was generation. The study showed that people of the first generation rated most sources and types of messages less favorably than people of the second and third generations did. First-generation students may be more suspicious of advertising in general, or they may have stronger negative beliefs about organ donation that cannot be changed with a simple advertisement. It may be best to concentrate on second and third-generation students for organ procurement.

In conclusion, more research on social advertisements concerning organ donation must be done to determine what constitutes the message with the most impact for each segment of the population in order to positively affect organ donation attitudes. The study in this report is a promising first step in obtaining the necessary information about Mexican-Americans and Anglos in order to persuade them to donate organs.

References

- Buriel, R. (1984). Integration with traditional Mexican-American culture and sociocultural adjustment. In J. L. Martinez & R. Mendoza (Eds.), *Chicano psychology*. Orlando, FL: Academic Press.
- Cervantes, F. (1980). The forgotten consumers: The Mexican-Americans. *Educators' Conference Proceedings* (pp. 180-183), Chicago: American Marketing Association.
- Chaiken, S., & Eagly, A. (1984). Communication modality as a determinant of persuasion: The role of communicator salience. *Journal of Personality and Social Psychology*, 45, 241-256.

- Clark, M., Kaufman, S., & Pierce, R. (1976). Explorations of acculturation: Toward a model of ethnic identity. *Human Organization*, 35, 231-238.
- Cleveland, S. (1975). Personality characteristics, body image and social attitudes of organ transplant donors versus nondonors. *Psychosomatic Medicine*, 37, 313-319.
- Fairchild, H., & Cozens, J. (1981). Chicano, Hispanic or Mexican-American: What's in a name? *Hispanic Journal of Behavioral Sciences*, 3, 191-198.
- Gallup Organization, Inc. (1983). *Attitudes and opinions of the American public toward kidney donation*. New York: National Kidney Foundation.
- Johnson, L., Lum, C., Thompson, T., Wilson, J., Urdaneta, M., & Haris, R. (1988). Mexican-American and Anglo-American attitudes toward organ donation. *Transplantation Proceedings*, 20(5), 822-823.
- Manninen, D., & Evans, R. (1985). Public attitudes and behavior regarding organ donation. *The Journal of the American Medical Association*, 13, 629-631.
- McIntyre, P., Barnett, M., Harris, R., Shanteau, J., Skowronski, J., & Klassen, M. (1987). Psychological factors influencing decisions to donate organs. *Advances in Consumer Research*, 14, 331-334.
- Mendoza, R. (1984). Acculturation and sociocultural variability. In J. L. Martinez & R. Mendoza (Eds.), *Chicano Psychology*. Orlando FL: Academic Press.
- Meyer, E. (1979). How to promote to Black and Hispanic consumers. *Advertising Age*, 54-55.
- Montenegro, M. (1976). *Chicanos and Mexican-Americans: Ethnic self-identification and attitudinal differences*. San Francisco, CA: R and E Research Associates.
- Penalosa, F. (1968). Mexican family roles. *Journal of Marriage and the Family*, 30, 680-688.
- Perez, L., Matas, A., & Tellis, V. (1988). Organ donation in three major U.S. cities by race/ethnicity. *Transplantation Proceedings*, 20, 815.
- Petto, A. (1983). The Hispanic market: A demographic and cultural profile. *Proceedings of the Third National Symposium on Hispanic Business and Economy in the 1980s* (pp. 136-148). Chicago: National Symposium on Hispanic Business and Economy.
- Prottas, J. (1983). Encouraging altruism: Public attitudes and the marketing of organ donation. *Milbank Memorial Fund Quarterly. Health and Society*, 61, 278-306.
- Segal, M., & Sosa, L. (1983). Marketing to the Hispanic community. *California Management Review*, 26, 120-134.
- Strategy Research Corporation and the National Association of Spanish Broadcasters (1980). *The U.S. Hispanics—A market profile*. Miami, FL: Author.
- Wallendorf, M., & Reilly, M. (1983). Ethnic migration, assimilation and consumption. *Journal of Consumer Research*, 10, 292-302.