CHAPTER – 6

FINDINGS, CONCLUSIONS & SUGGESTIONS

Creating the foundation of a healthy nation by identifying the intrinsic and extrinsic determinants of preventive healthcare behavior was the core objective of this research effort. Towards that end, all that was undertaken effort resulted in some phenomenal findings which provided the insights based on which a number of suggestions have been put forward and are exemplified as below.

In the context of this research intrinsic determinants mean factors or causes that are inherent or inseparable from self. Extrinsic determinants on the other hand are those that are external, not inherent and are separable.

6.1 Intrinsic factors that determine Preventive Healthcare Behavior

In order to identify the intrinsic determinants that influence preventive healthcare behavior, the empirical model proposed by Jayanti & Burns was tested. The results reflect that preventive health care behaviors are influenced by the value that people perceive in engaging in preventive activities. This relationship was central to the tested model, and to that extent, the present research is consistent with prior research. However, the findings of this research highlights that the mediator related to the health value construct is not consistent with the extant literature. As per the existing model, health value was influenced by response efficacy which in turn was impacted by two antecedents namely health motivation and health knowledge. The results of this study clearly indicates that preventive healthcare behavior is influenced by health value and self-efficacy which are being powered by only one antecedent i.e. health consciousness. As per the existing literature, health value refers to an individual’s assessment of benefits relative to costs in engaging in preventive health care behavior, while self-efficacy refers to the belief that target behaviors that mitigate health threats can be successfully implemented and health consciousness refers to the degree to which health concerns are integrated into a person’s daily activities. This practically translated in the context of the research outcome means that when people conduct the daily activities of their lives with consciousness towards health, the benefits of such actions emerge very strongly, resulting in enhanced health
and wellness. This outcome, in turn, consolidates a person’s belief that target behaviors that mitigate health threats can be and should be successfully implemented. These health results then make the adoption and adherence of healthy practices, a strong proposition. Alongside, the value of preventive practices gets magnified in the mind of the individual thus strengthening his preventive healthcare related belief and behavior.

The present study provides insights to healthcare managers interested in persuading the general population to embrace more healthy lifestyles. Some segmentation specific suggestions for health care marketers derived out of this research study are summarized and presented as follows.

The results of understanding the association between variables indicated that age has a bearing on only one out of the six determinants of preventive healthcare behavior i.e. ‘self efficacy’. As a person moves upwards of 30 years of age, the person’s belief that, target behaviors can be enacted to improve health - becomes stronger. The results also indicated that while gender has no major impact on the determinants of preventive healthcare behavior, education plays a vital role. Three out of six determinants of the preventive healthcare behavior which are ‘response efficacy’, ‘health knowledge ’ and ‘health consciousness’ have a correlation with the educational background of the respondents. With education, people acquire better knowledge about health related issues making them more conscious of their own health. This health related knowledge and consciousness then strengthens their efficacy towards preventive healthcare practices making the person’s belief that a specific action will mitigate the health threat, more profound.

This acquired knowledge can be leveraged for contrasting purposes. Marketing managers can use this information to formulate an age based segmentation strategy and target the 30+ age people belonging to India’s growing affluent middle class living in urban areas in order to raise their efficacy levels thereby increasing their need for wellness related products and services such as fitness equipments, health foods, vitamins, and health and diet books estimated to be a market worth US$ 9.8 billion by 2015. This can be made possible by the efficient implementation of a well drawn out communication strategy focused on reinforcing ‘self efficacy’ related beliefs.

In the future, it will not be enough to just access medical histories or test results, but citizens’ lifestyle information, behavioral choices etc will need to be
considered to ensure preventive, proactive service [158] related to health. Research has shown that when knowledge of a disease among a population increases, the number of reported cases increases and thus the number of patients treated increases [159]. This in corollary leads to decease in incidences of disease impact. In line with the above, the goal of health promotion should be to empower people to alter the conditions that affect their health [160]. If children and young adults are empowered with consciousness towards preventive healthcare, we can safely premise that we will hand over a healthier nation to our future generations. Hence socially sensitive stake holders like the NGO’s, CSR professionals (Corporate Social Responsibility), philanthropically inclined medical practitioners, government funded health departments etc should use the demography related inferences of this study to design age/stage based, incrementally intensifying, health education programs to raise health related consciousness all along the educational pathway right from the school gates up to that of the professional institutions. Their consistent engagement through the formative and impressionable stages of a child will result in nations having desirable number of adults with an effective disposition towards preventive healthcare leading to ‘Disease Free Zones’.

Customized ‘awareness generating’ to ‘adherence motivating’ strategies / collaterals / audiovisual messages can also be effectively formulated with this acquired knowledge.

Given the finding of this research, that, age has an impact on the determinants of preventive healthcare behavior, the government should formulate policies whereby the Ministry of Health & Family Welfare collaborates with the HRD Ministry towards making ‘preventive healthcare’ an age neutral behavior. This can be accomplished by introducing ‘Health & Hygiene’ as a compulsory part of the school and college curriculum. A systematic early-age intervention should definitely provide the much required impetus to the preventive care related behavior among the adolescents and young adults. Goal specific programs such as ‘Move More’ or ‘Green Lean’ should be formulated to promote physical activity and healthy eating habits respectively. These should be tabulated into time specific plans further broken down into systematically synergized tasks with measurable outcomes. The Health Ministry at the state level should be entrusted with the responsibility of overseeing the fulfillment of each of these tasks with the support of various entities operating within its fold. This could be best executed in collaboration with municipalities, community-based organizations,
local health care providers, regional agencies etc. Funds should be cautiously apportioned in line with each step of the ‘disease prevention & eradication framework’ proposed by WHO (2005). An evidence based audit mechanism should be designed at the national level to ensure the effective use of allocated funds. Audit related critical issues should be entrusted to NGO’s whose personnel seem to be bound together in a strong ideological fabric. It would be ideal to leave responsibilities related to fund raising and fund management to charitable foundations managed by corporate entities, HNIs or NRIs of Indian origin.

Although these recommendations may seem to be expensive propositions to the myopic many, but the foresighted view of the farsighted few, will sure endorse these prescriptions as investments towards a healthy nation. In fact, it should be noted that for the United States, a country whose healthcare expenses tantamount to 17.2% of its GDP, the preventive care related tenets of its healthcare policies have been designed with the goal of monetary savings. In contrast, for a country like India which invests a mere 4% of its GDP on healthcare and has lost USD 336.6 billion in national income between 2005 and 2015 to lifestyle ailments such as obesity, diabetes, hypertension etc. the recommended policy level suggestions should be looked upon as a ‘social impact bond’ [161] as per which the government invests in preventive care and its healthy productive citizens pay back to it, in the form of wealth tax, income tax, VAT, service tax etc.

A mere glance at the economic pyramid of developing nations like India vis-à-vis that of the wealthier nations of the world is enough to validate that investment in preventive healthcare is imperative. In the light of rising health costs across the world, the ‘national preventive healthcare’ mandate is an immediate necessity.

FIGURE 6.1 World Vs Indian Economic Pyramid.
Source – UN Reports.
6.2 Extrinsic factors that determine Preventive Healthcare Behavior

Identifying the extrinsic determinants of preventive healthcare behavior which could possibly be used to promote preventive healthcare behavior was another prime objective of this research effort. Toward this, six extrinsic factors namely therapeutic counseling, monetary incentives, professional involvement, family support, community cooperation and information assimilation & dispensation were identified and tested.

The results of understanding the association between variables indicated that age and gender have no bearing on any of the six extrinsic determinants of preventive healthcare behavior but education does. Most of the respondents of this research study who were educated individuals indicated that professional involvement, family support and information assimilation & dispensation could influence their preventive healthcare behavior. This effectively implies that when educated urban dwellers are provided adequate support by way of health related information by the professionals in the field and further propped up by the cooperation from family members in terms of physical and emotional support, it can go a long way in consolidating their behavior towards preventive healthcare practices.

Related to this study, professional involvement refers to the creation of a continuum care management, training and support services, in which patients have access to services that generates awareness, facilitate acceptance, encourage adoption and support adherence of wellness regimes and guide health behavior changes. Family support, on the other hand refers to the cooperation from family members both emotionally and physically to bring about change in health behavior and practices. The communication and information exchange between the patients and the health professionals in order to meet health related objectives is herein referred to as information assimilation & dispensation.

In fact women, who are primarily involved in care work and rearing families should be considered as ‘champions of health’ and should be engaged to instill the habit of leading a physically active life in their young ones from an early age and also reinforce efficacy and action related to preventive precautions within their respective families. Their contribution in terms of preparing nutritional meals with minimal salt, sugar and spices can be of immense benefit and hence should be capitalized upon. Camps aimed to sensitize and train them to facilitate healthy eating habits, exercise
regimes, check-up schedules etc executed at the community and locality level should provide the required impetuous. These measures should incentivize a culture of self care, prevention, early detection and systematic monitoring & control of lifestyle related ailments thus deterring, deferring and delaying the onset of the curative aspects of care.

In corollary, the urban poor and rural masses of developing countries like India who belong to the ‘Bottom of the Pyramid’, are primarily uneducated, economically weak, spend most of their time trying to make two ends meet, have minimal or absolutely no access to technology. For these people, a one-on-one therapeutic approach is recommended, wherein professionals/health workers engage with them to set realistic goals, develop action plans for meeting objectives in the context of their ailments and provide the necessary support to ensure its success. NGOs and CSO’s could be involved in the implementation of these programs.
6.3 Pragmatic solution to change ‘Preventive Healthcare Behavior’

In order to control and combat the menace created by non communicable diseases, it was imperative to formulate pragmatic solutions to promote preventive healthcare behavior. The attempt to assess how intrinsic and extrinsic determinants interactively influence preventive healthcare behavior established an understanding that when extrinsic determinants like professional involvement, family support and information assimilation & dispensation are employed in the context of preventive healthcare, the value and consciousness that an individual attaches to preventive aspects increase phenomenally, which in turn improves behavior towards preventive healthcare. This laid the foundation of the ‘Preventive Healthcare Pragmatic Model’ which found statistical validation.

The model was then viewed from a philosophical standpoint and it was found that a conceptual correlation existed between the Kantian ethics and the basic ethics supporting the constructs of behavior-change as a core concept. The Kantian ethics refers to a deontological ethical theory ascribed to the 18th century German philosopher, Immanuel Kant. The categorical imperative is the central philosophical concept in the deontological moral. Kant introduced this through his work, ‘Grounding for the Metaphysics of Morals’. It may be defined as a way of evaluating motivations for action. According to Kant, human beings occupy a special place in creation, and morality can be summed up in an imperative, or ultimate commandment of reason, from which all duties and obligations derive. He defined an imperative as any proposition declaring a certain action (or inaction) to be necessary. The theory is based on the view that the only intrinsically good thing is a good will; an action can only be good if its maxim is good. This central aspect to Kant's construct has three categorical imperatives, namely universalizability, instrumentality and dignity.

By universalizability is meant that one should act only on maxims which one can will to be universal laws of nature. It “[r]equires that the maxims be chosen as though they should hold as universal laws of nature.” Instrumentality directs to treat the humanity in a person as an end, and never as a means merely. It requires that humans are never treated merely as a means to an end, but always also as ends in themselves.
Dignity provides the guidance to act as if one were a member of an ideal kingdom of ends in which he or she were both subject and sovereign at the same time. Dignity is a concept Kant clearly separates from price. Establishing that everything either has a price or a dignity, he continues to declare that “whatever has a price can be replaced by something else as its equivalent; on the other hand, whatever is above all price, and therefore admits of no equivalent, has a dignity.” [161a]

The first rationale for this correlation is the that the inherent maxim of ‘behavior change’ towards social causes like environmental conservation, poverty reduction, promotion of preventive healthcare etc is intrinsically pure. Secondly, the basic tenet of using ‘professionally assimilated information’ as a dissemination tool has universal acceptance. This apart, while extrinsic level objectives of behavior change are comparable to the priceless concept of dignity, the intrinsic determinants encompass the essence of instrumentality as envisioned by Kant.

![FIGURE 6.2 Ethical Principals of the Behavior Change Grid](image)

Source – As conceived by the scholar

This comprehensive understanding was used as the basis of the ‘Behavior Change Grid’ illustrated below. Hence, for any behavior-change related attempt that
has positive ramifications, the use of this grid is recommended.

The mapping of extrinsic objectives to intrinsic goals across time, with information as a tool is not only premised to change the behavior related to preventive healthcare but is anticipated to have valuable applications in other commercial arenas as well. It is envisaged that the need for this powerful tool will diminish over time as changed behavior become a way of life.

FIGURE 6.3 Behavior Change Grid
Source – As conceived by the scholar
Since health per se, especially the promotion of its preventive aspects has humungous social benefits, it was specifically imperative to formulate pragmatic solutions to promote such behavior. To this end, the functional health related beliefs, for example, ‘I will always remain healthy’ or ‘All that I do about my health is enough’ and many others, need to be seen through the metaphorical spectacle of time, to which it is inversely proportionate. These beliefs need to be nudged so as to make way for changes in related behavior.

In the context of the statistical findings of this ‘outcomes research’, professionally assimilated health information should be used as a tool to address the extrinsic level objectives of preventive care which in turn will impact the intrinsic determinants like health consciousness and health value, for prevention to become a ‘ritual behavior’.

On the basis of the ‘Behavior Change Grid’, an action packed solutions-framework imbibing the essence of the TOC (Theory of Change) has also been designed to facilitate the desired changes. The blueprint of this framework which will facilitate behavior change and preventive health empowerment is herein referred to as the HealthShield Program. It is detailed below.

6.3.1 Details of the HealthShield Program

Vision of the HealthShield Program - To promote proactive health and wellness among human beings.

Mission of the HealthShield Program – To work with people in order to tweak their healthcare related beliefs and also help them to improve their attitude as well as behavior towards its preventive aspects.

Scope of the HealthShield Program - The HealthShield Program is a communication based pragmatic model of intervention to address risk factors such as abnormal glycemic levels, irregular blood pressure, increased body weight, dyslipidemia, malnutrition etc which cause non communicable diseases (NCDs) like cancer, diabetes, CVD (Cardio-vascular), stroke, obesity etc.
Assessment of biomarkers & health scores, enrolment into one among the 5 HealthShield continuum care plan (which are namely the Prevent Plan, Predict Plan, Preserve Plan, Protect Plan and Partner Plan), providing objective driven training & support, follow-up & analysis of health targets, recommendation & counseling on corrective measures – all hereinafter is referred to as ‘The HealthShield Program’.

**Aim of the HealthShield Program** -Primarily to achieve desirable levels of blood pressure, glycemic levels, body weight, dyslipidemia, hemoglobin and nutrients in the human body.

**Additional Outcomes of the HealthShield Program** - The holistic and comprehensive nature of the HealthShield program which helps to prevent or predict the onset of lethal health conditions and protect or preserve the health of the participant from its sinister outcomes in a non-toxic therapeutic manner, would effectively reduce patient flow in hospitals or other secondary and tertiary curative care centers which in most cases operate in full capacity, ease the pressure on the over burdened healthcare system, create capacity in the healthcare delivery space to deal with communicable diseases still plaguing the low and middle income nations, increase the health related productivity of citizens, minimize out of-pocket expenses among the affected families and save lives as a result of timely intervention. This program shall also deliver innumerable business benefits.

**HealthShield Program Strategy** - Engage healthcare professionals to assimilate and dispense information related to the preventive aspects of health among the target population such that they are enticed to enroll as members of the HealthShield program. Based on their health circumspection, profile them in the appropriate HealthShield CCP (Continuum Care Plan). Provide the members as well as his family the necessary information, counseling and consultation to help boost the value and consciousness they attach to the preventive aspects of healthcare. Once ready to imbibe the tenets of the program, provision for training related to nutrition, diet, physical exercises, relaxation techniques etc either through ‘technology enabled-network driven’ communication or vide a one-on-one interaction and related follow-ups. Based on the health targets, an impact assessment is recommended not just to measure the success of the effort employed but also to chalk out the way forward.
HealthShield Communication Plan – Engage healthcare professionals to collate health information which will create belief associated ambivalence [161d] about the way health and wellness is understood and perceived in order to entice the target population to enroll into the most appropriate HealthShield Continuum Care Plans. Based on the theory of cognitive dissonance [161e] health professionals shall strive to create an intrinsic environment in which the assessment of benefits that each member of the HealthShield CCP makes, towards preventive measures become so profound that their attitude and beliefs get rationalized to accommodate a behavior geared towards the acceptance and adoption of the preventive methodologies that promote health and wellness. Effectively meaning that the resultant magnification of health value will translate into health related consciousness, both of which are imperative constructs to facilitate the attitude and behavior towards preventive care. The transitioning process is proposed to be made smooth vide the application of the principles of motivational interviewing [161f].

Use of various interactive electronic mediums like the mobile networks, internet, television etc to dispense information is recommended. Whatsapp messaging system, SMS, Instagram, E-mails, Podcasts, YouTube videos, Facebook, Webinars, Tweetinars, Web chats etc. are proposed as engagement modes. This should be preferred over a one-on-one counseling keeping multiplicity of reach and cost effectiveness in perspective.

Explanation to some of the concepts used is as below:

Ambivalence is a state of mind having simultaneously conflicting reactions, beliefs, or feelings towards some object. Stated another way, ambivalence is the experience of having an attitude towards someone or something that contains both positively and negatively valenced components. The term also refers to situations where "mixed feelings" of a more general sort are experienced, or where a person experiences uncertainty or indecisiveness.

In psychology, cognitive dissonance is the mental stress or discomfort experienced by an individual who holds two or more contradictory beliefs, ideas, or values at the same time, or is confronted by new information that conflicts with existing beliefs, ideas, or values. While ambivalence refers purely to cognitions or the way you think and feel about something. Cognitive dissonance refers to both cognitions and behaviors, where there's a misalignment between the way one feel about something and how they actually act toward it. More often than not when this
occurs, a person will post-rationalize his behavior by adjusting his attitudes and beliefs.

Motivational interviewing is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior. It is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

**HealthShield Intervention Plan** – The program will adopt a two prong strategy pertaining to the proposed interventions. On one hand it will look to promote healthy activities referred to as MY PET activities and on the other hand, work towards counseling against the unhealthy ones i.e. ASS activities.

Promotion of MY PET activities
- **M** - Meditation
- **Y** - Yoga
- **P** – Plant based Nutrients
- **E** – Exercise
- **T** – Testing for disorders

Counsel against the ASS activities
- **A** – Alcohol
- **S** – Smoking & substance abuse
- **S** – Sedentary Lifestyle

**HealthShield Impact Assessment Plan** – The program will use a combination of anthropometric, non-invasive as well as quantitative means to measure the biomarkers of health at regular intervals during the course of the program.
FIGURE 6.4 Framework of the HealthShield Program
Source – As conceived by the scholar

<table>
<thead>
<tr>
<th>ENGAGEMENT OBJECTIVES</th>
<th>BEHAVIOR CHANGE METHODOLOGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>To detach the self-hypnosis supported belief that ‘I will always be healthy’</td>
<td>Ambivalence arousing messages</td>
</tr>
<tr>
<td>To dissolve the virtual reality that ‘All that I do about my health is enough’</td>
<td>Solicit basic health &amp; wellness info.</td>
</tr>
<tr>
<td>To generate awareness &amp; acceptance about preventive aspects of health</td>
<td>BMI, IDRS, CVD etc Calculation</td>
</tr>
<tr>
<td>To provide insights related to preventive health measures</td>
<td>Cognitive Dissonance based messaging</td>
</tr>
<tr>
<td>To facilitate adoption &amp; adherence of healthy lifestyle options</td>
<td>Interact to facilitate Motivational Interviewing</td>
</tr>
<tr>
<td>To strengthen efficacy &amp; prevention related belief</td>
<td>Custom design, low cost and high impact, interventions for each of the CCP groups and their families</td>
</tr>
<tr>
<td>To promote preventive healthcare related behavior change</td>
<td>Assessment of biomarkers &amp; health scores vis-à-vis targets on a regular basis</td>
</tr>
</tbody>
</table>

OUTCOME PATHWAY

PARTICIPANT ENROLLMENT

INFORMATION COLLABORATION

STATUS CIRCUMSPECTION

HEALTH VALUE

HEALTH CONSIOSNESS

Nutrition & Detox Consultation

Diet, Mental Relaxation & Physical Activity Coaching

Substance Cessation Counselling

Family/CareGiver Orientation

IMPACT ASSESSMENT

CC Plan

PREVENT

ALL ENROLLED PARTICIPANTS

SCORE RANGE 1

SCORE RANGE 2

SCORE RANGE 3

SCORE RANGE 4

PREDICT

PRESERVE

PROTECT

PARTNER

CC Plan

CC Plan

CC Plan

CC Plan

ALL ENROLLED PARTICIPANTS

ENGAGEMENT OBJECTIVES

BEHAVIOR CHANGE METHODOLOGIES
6.3.3 Description of the HealthShield Continuum Care Plans

Prevent Plan – As the name suggests, this ‘plan-type’ should effectively accommodate individuals who have no known or indicative risk factors. For the members of this plan, efficacy related awareness towards preventive care will be reinforced vide an effective and integrated communications strategy.

Predict Plan - This is ideally meant for individuals who work in stressful/demanding environments, are overweight, have BP/cholesterol related issues, are pre-diabetics or are off springs of diabetics who may be quite susceptible and genetically predisposed to lifestyle related ailments like diabetes, blood pressure, high LDL levels (low density lipoproteins) etc. This group will be made to understand and consciously accept the impending risks and will be consistently advised to adopt precautionary measures like reduction of calorie consumption, mental stress, salt intake etc and will be encouraged to embark on a walking schedule, exercise regime, a high fiber-low calorie diet etc.

Preserve Plan – Individuals who have recently been diagnosed with one or many lifestyle related ailments like BP, high LDL, diabetes etc who need to be empowered with tools/methodologies to preserve their vital organs from the deadly impact of these ailments, need to be realistically mapped to this plan. Adoption of physical activity related regimes will be mandated. Low salt, sugar and oil intake shall be prescribed in order to reduce/maintain body weight. Counseling will be provided to help them cope with lifestyle changes. The family members of this group will also be sensitized on these issues.

Protect Plan - This plan will look to map individuals with advanced level of lifestyle related ailments which ideally require an intensive approach to postpone or prevent complications. Given the chronic nature of the problem, emphasis will be given to the adoption and adherence of innovative tactics especially to reduce depression and mental fatigue which is imperative to provide the required relief.

Partner Plan - Targeted at individuals engulfed with the complications of lifestyle related ailments and seeking support to protect their vital organs will be mapped to this plan. Vide this plan, members shall be provided support by healthcare specialist with a partnership oriented approach.
The pragmatic solution proposed vide the HealthShield Program, has been designed such that its implementation style can determine the quality and quantity of its impact.

If this program is implemented by the government across the national, regional, state or district level spectrum, the impact will be widespread with a social outcome. When implemented by a corporate in sectors like insurance, the HealthShield Program will lend itself to promote health and wellness amongst the insured which in turn will reduce settlement outflows resulting in business gains for companies operating in the sector.

If this program is executed by organizations operating in sectors like telecom which grapples with customer churn related issues, it can provide a CSR (corporate social responsibility) backed CRM platform (customer relationship management) with the
help of which the intensity of customers engagement can be enhanced, long term relationships can be forged and defection can be reduced.

For companies operating in the wellness sector, the implementation of the HealthShield Program can provide phenomenal sales related opportunities. Forums or online communities facilitated to share experiences, exchange views or provide support can be leveraged as a promotional podium or referral centre for the government as well as the commercial protagonists of these programs.

These programs need to be technology enabled and network supported.

The architectural base of the HealthShield framework is an engagement model with the customer as its fulcrum, behavior change methodologies and engagement objectives on either ends.

FIGURE 6.6 Customer Engagement Model
Source – As conceived by the scholar
6.4 Application of the ‘Behavior Change Grid’ in E-Commerce

The motivation behind corporations using e-commerce as a business model, is commercial no-doubt but in essence they unnoticeably fulfill a certain number of social responsibilities which gives it a Kantian flavor.

The support to social causes that e-commerce facilitates are listed as below:

- **Saving Electrical Energy & Fossil Fuel** – As a result of not buying through the energy guttering brick & mortar store which entails the usage of fossil fuel driven vehicles by multiple customers to reach it, the online buyers are contributing towards the conservation of this nonrenewable natural resource. In addition the electricity wasted to brighten up those physical points of sale, is also saved.

- **Reduction of Poverty** – As a result of buying online, protagonists are effectively contributing in creating employment opportunity for the marginalized sections of society who are engaged by e-commerce businesses in the role of packers, delivery staff, van drivers etc.

- **Facilitating Preventive Health** - By making purchases from the hygienic environment of their homes, protagonists effectively embark on a disease prevention mode for themselves and their families.

- **Contribution towards financial security** - By purchasing vide credit cards, online customers are making a generous contribution towards the financial consolidation of the nation and financial logistics. In addition, by reducing whimsical product returns they would possibly contribute towards reduced financial wastage related to reverse logistics.

Most of these companies especially those operating in emerging markets are believed to be facing specific problems some of which relate to

- Customer retention
- Clarity of purchase intent, resulting in losses related to reverse logistics
- Lack of confidence with online payments at the customer end
- Exponential COD (Cash on Delivery) related issues

Point of sales (POS) now have multiple dimensions arising from the fact that apart from the brick-and-mortar retail stores - the television, the telephone, the PC, the mobile etc have all become the new POS of the 21st century. This diversity has
created unpredictable inflection points for online businesses like Amazon, Alibaba, Flipkart, Makemytrip etc. around which their customers deflect back and forth. Hence the challenge for the e-commerce backed enterprises is dual. The first one relates to changing the belief system of their prospects towards the online mode of buying and the second is to consolidate the transient belief of their existing customers in the web-based buying mode so as to discourage defection to older alternatives.

The success and growth of this cost effective business model is estimated to depend on the quality of intervention that companies design to change and strengthen the belief system of the millennials towards web-based buying. Their consistent engagement with prospects and customers through multiple means is becoming ever-increasingly imperative.

The newly proposed, ‘Customer Engagement Model’ supported by the ‘Behavior-Change Grid’ can be employed for the purpose.

Inherent beliefs like ‘I am a socially responsible citizen’ or that ‘all that I do for society & environment is enough’ needs to be nudged to make way for an enhancement in social responsibility. Professionally assimilated information, social, environment etc should be used as a tool to address the extrinsic level objectives like awareness creation, generation of consciousness, facilitation of cautiousness etc which in turn will impact the intrinsic determinants like consciousness and value for social and environmental causes.

To this end the framework of the ‘E-Comm Shield Program’ is proposed of which ‘The Citizen Responsibility Plan’ is a part.

A ‘social responsibility’ backed reward-strategy is recommended as an initiative to redress the aforesaid social concerns. Elaborate information driven messaging campaign is advocated as a precursor to the launch of the proposed plan. This is mandated in order to sensitize the protagonists about the value of their contribution to pressing social and environmental needs. The scoring mechanism of the program will then continuously keep them conscious of their role as a responsible citizen thus improving the value that they attach to it.
FIGURE 6.7 Framework of the ‘E-Comm Shield Program’
Source – As conceived by the scholar

<table>
<thead>
<tr>
<th>ENGAGEMENT OBJECTIVES</th>
<th>BEHAVIOR CHANGE METHODOLOGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTCOME PATHWAY</strong></td>
<td></td>
</tr>
<tr>
<td>ENGAGE CUSTOMER CONCIOSUNESS</td>
<td>Ambivalence arousing messages</td>
</tr>
<tr>
<td>RAISE VALUE ABOUT SOCIAL CAUSES</td>
<td>Disseminate info regarding the perils of social irresponsibility</td>
</tr>
<tr>
<td>ENROLLMENT PROCESS 'The AMAZON Citizen Responsibility Program'</td>
<td>Cognitive Dissonance based messaging</td>
</tr>
<tr>
<td>NO, COST BASED COMPETITION</td>
<td>Launch the ‘Citizen Responsibility Calculator’</td>
</tr>
<tr>
<td>VALUE DRIVEN BUSINESS TRANSACTIONS</td>
<td>Initiate CR Score - Redeemable Plan</td>
</tr>
<tr>
<td>VALUE BASED REVENUE GROWTH</td>
<td>Fine tune the details of the CR Redeemable Scoring mechanism</td>
</tr>
<tr>
<td><strong>ENGAGEMENT OBJECTIVES</strong></td>
<td>Assess CR scores vis-à-vis revenue growth on a regular basis</td>
</tr>
</tbody>
</table>

To detach the inherent belief that ‘I am a socially responsible citizen’

To dissolve the virtual reality that ‘All that I do for society & environment is enough’

To generate awareness & acceptance about social aspects

To provide insights related to social causes like climate change & health

To facilitate adoption & adherence of a socially responsible lifestyle

To strengthen efficacy of poverty and financial security

To promote socially responsible behavior
6.4.1 Description of the ‘Citizen Responsibility Calculator’

For an effective ‘social responsibility’ backed reward-strategy, a ‘Citizen Responsibility Calculator’ is proposed. It can be developed based on the Raft Consensus Algorithm, using either one of the two below mentioned methods. However both the proposed methods should be tested using ‘Asymptotic Analysis’ for accuracy and efficiency before choosing the most viable option.

**Method 1 – Using Introspective Variables**

**Method 2 – Using Extrospective Variables**

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**FIGURE 6.8 Citizen Responsibility Calendar**

*Source – As conceived by the scholar*
6.4.3 The S-Matrix of E-Commerce

Apart from raising consciousness and value about social issues amongst its protagonists, the scores of the ‘Citizen Responsibility Calculator’ can also be used as a tool for strategic business decisions. Based on the ‘score bands’ of the calculator, the protagonists can be grouped into small segments implicitly providing an indication of the level of their e-commerce related belief and behavior. Customized messages and activities can be designed accordingly to graduate them from ‘suspects’ to ‘prospects’ to ‘patrons’ and then to ‘advocates. The success mantra of the e-commerce industry, thus envisaged is explained vide the matrix below.

**FIGURE 6.8 The S-Matrix of E-Commerce**
Source – As conceived by the scholar