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Exploring Singaporean Giving Behaviour to Different Charitable Causes

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ABSTRACT

In spite of increasing interest in the area of charitable giving, the difference between donors and potential donors across different charitable causes is unclear. Moreover, the disparity experienced in donation behaviour for charitable causes in the growing Singaporean non-profit sector suggests that a need exists to advance knowledge in the field. Doing so will go some way towards contributing to the overall progress of the sector and offer insights that may be transferable elsewhere. This paper reveals several factors (empathy, individualistic orientation, and past donation behaviour) that differentiate donors and potential donors to three charitable causes in Singapore: animal welfare, counselling and family services, and cancer care. Further, age and religion are revealed as moderators of the relationship between the above factors and inclination to donate to the three mentioned causes.

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Introduction

In terms of giving behaviour, the primary focus in the literature has been the non-profit sector in the United States and the United Kingdom (Polonsky, Shelley, and Voola 2002). Giving behaviour knowledge for other countries is thus lacking, presenting an opportunity for further research, particularly in a more eastern context.

Wide disparities in the incomes of charities support the idea that donors display preferential giving behaviours (Sargeant, 1999). Such preferential giving behaviour is also evident in the Singaporean context. Those charities with incomes greater than $10 million comprise only 6% of the total number of charitable institutions, yet account for almost 85% of the $9.02 billion charity income stream (Charity portal, 2010). As an infant sector, disparity in support can be detrimental to the needs the sector seeks to address. Consequently, understanding what underlies disparity in support would be useful.

Literature

Personal values are presented in the literature as key predictors of various forms of charitable behaviour. For instance, values are shown to affect the charitable behaviours of human organ donation (Horton and Horton, 1991), gift giving (Beatty, Kahle and Homer 1991), volunteerism (e.g., Wymer 1997; Wilson and Musick 1997; Omoto and Snyder 2002) blood donation (Lee, Piliavin and Call 1999), and giving to charitable causes (Bennett 2003). In the case of the latter, Bennett (2003) reveals the personal tendencies of empathy, individualistic orientation, and materialism to be useful differentiating predictors of giving to

selected charity genre in the UK. Similarly, Wymer (1997) found differences in the personal values and aforementioned tendency of empathy, as well as self-esteem, for volunteers to various charitable causes.

Research into why certain individuals choose to give to specific cause types has not only been scant, but lacks information about whether previous findings extend to other countries (Bennett 2003). This study addresses this gap by exploring the extent to which donors and potential donors differ in terms of their giving behaviour to three charitable causes in Singapore: animal welfare, cancer care, and counselling and family services. As a starting point, the same personal tendencies of empathy, materialism, and individualistic orientation explored by Bennett (2003) are considered.

Empathy

Empathy corresponds to an altruistic motivation (Webb, Green, and Brashear 2000) that is correlated to pro-social care behaviour (Hoffman 2000). Furthermore, Hoffman (2000) highlights that justice requires the treatment of others to be consistent with their rights for equality. We consider empathy extends to animals since animal abuse is widely considered a moral issue supported by laws to ensure their protection (Bennett and Blaney 2002). Consequently, we propose positive relationships exist between empathy and giving to both cancer care and animal welfare causes to a greater extent than to counseling and family services.

Individualistic orientation

Individualistic orientation (IO) is the importance placed on acting in accord with personal interests and feelings, and is regarded as one of the basic orientations underlying behaviour and opinions (Halman 1996). Individualists are deemed to be more sympathetic towards charities supporting freedom and independence for others (Bennett 2003). We suggest individuals with higher levels of IO are more likely to support both counselling and family services and cancer care over animal welfare, since discussion concerning animal welfare is often presented outside the domain of modernist (rationalism, individualism, and humanism) discourse (Emil and Wolch 1998) and the moral agency consideration of self-benefit (Aaltola 2004).

Materialism

Chiagouris and Mitchell (1997) define materialism as 'happiness-seeking via consumption (p.264). Further, 'a materialist strives to accumulate goods and products that carry with them the external status symbolism that fosters perceived power and influence' (p. 264). Consequently, Bennett (2003) suggests that 'materialism can influence donor behaviour by impelling individuals to give to a range of charities, notably choosing those that offer recognition and desired self-image' (p.18). Choice in charitable giving is found to provide donors with opportunities for self-expression (Bennett 2003). We suspect materialistic individuals will donate to causes offering greater public recognition, such as high profile causes such as cancer care.

Past donation behaviour

Once giving is stimulated, individuals are more likely to give to other causes (Sargeant 1999). In an individual charitable-giving model, Sargeant (1999) presents past experience as influencing subsequent giving. While studies regarding the influence of past donation behaviour (PDB) in 'volunteerism' and 'blood' exist (Wilson and Musick 1997; Lee, Piliavin, and Call 1999), the jury is still out in terms of financial giving. The aforementioned have been based on broadly defined PDB, such as how one's general experience of having donated previously influences subsequent giving (Lee et al. 1999). However, the issue investigated in this study is whether the act of having previously donated (in the past year) can predict the inclination of donors to donate to specific causes. Indeed, experience of having previously

donated may indicate generosity rather than a preference to give to a specific cause. Thus, in seeking to identify predictors of giving behaviour, we suggest that factors such as empathy, materialism, and individualistic orientation (which shape behaviour) are likely to exert a stronger influence on donation preferences than general non-specific cause giving behaviour.

Cause-specific donation history

Milne and Gordon (1993) posit that donors are more likely to give to the same charity on subsequent occasions (c.f., Sargeant 1999). Citing Callero et al. (1987), Sargeant (1999) suggests that this is perhaps because with regular giving, norms attached to the donor role are strengthened. However, we were unable to locate evidence in the literature to suggest that this form of attachment and discrimination applies at the cause level. Without asserting any temporality, it is argued that choosing to donate to a particular cause indicates a form of preference toward that cause. Consequently, we suggest that past donation giving behaviour (PDC) to cancer care, animal welfare, and counselling and family services is likely to represent an important determinant of subsequent giving behaviour. To recap, the purpose of this study is to explore how well empathy, individualistic orientation, materialism, and general past donation behaviour explain future inclination to give to the three identified causes.

Research Design

To explore the relationships between the discussed concepts and to maximise sample heterogeneity, a questionnaire was administered verbally to a convenience sample of 226 Singaporeans at several high foot-traffic locations in different parts of Singapore. In addition to a range of demographic items, empathy was measured with seven items from Davis's (1983) 'empathic concern' subscale. The scale adopts a '1 (does not describe me well) to 7 (describes me well)' format. Materialism was measured by selecting two items from each of Chiagouris and Mitchell's (1997) and Richins and Dawson's (1992) materialism scales. The items adopt a '1 (strongly agree) to 7 (strongly disagree)' format and were chosen on the basis of consistency across countries (Clarke III and Micken 2002), factor contribution (Ryan and Dziurawiec 2001), and their aggregate conceptual meaningfulness to this study. Individualistic orientation (IO) was measured with five items selected for relevancy from Banet's (1976) Inventory of Self-Actualizing Characteristics scale. The items adopt a '1 (definitely not true for me) to 7 (definitely true for me)' format.

Inclination to donate was measured with a '0 (not likely at all) to 10 (most likely)' format, with respondents asked in a hypothetical situation how likely they would be to donate to each of three causes if given $100 to distribute among them. To measure general past donation behaviour (GPDB), two items were adopted: '*number of charitable causes you donated to*' and '*total number of times you donated last month'.* To measure past donation behaviour to a specific cause (PDC), a 'yes' and 'no' response format was used for the question '*have you donated to (add cause name here) in the last 12 months*?' All scale items employed can be found in Table 1.

Table 1: All scaled items included in survey

Empathy - '1 (does not describe me well) to 7 (describes me well)'
1. I often have tender, concerned feelings for people less fortunate than me
2. Sometimes I don't feel very sorry for other people when they are having problems.
3. When I see someone being taken advantage of, I feel kind of protective towards them.
4. Other people's misfortunes do not usually disturb me a great deal.
5. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.
6. I am often quite touched by things that I see happen.
7. I would describe myself as a pretty soft-hearted person.
Materialism - '1 (strongly agree) to 7 (strongly disagree)'
1. I like owning things others do not have.
2. It is important to me to make a lot of money.
3. I like to own things that impress people.
4. My life would be better if I owned certain things I don't have.
Individualistic orientation - '1 (definitely not true for me) to 7 (definitely true for me)'
1. I avoid doing what I believe is wrong
2. I like to be myself
3. I experience no pressure to conform to social norms
4. I am my own person
5. My actions are based on my choices, not needs

Results

Descriptives

Males represented 44.7 percent of the sample and females 55.3 percent. 41.6 percent of the sample was in the age bracket 25-34, while 31.9 percent were aged 15-24. Thirty-eight percent of respondents had historically donated to cancer care, 27 percent to counselling and family services, and 19 percent to animal welfare.

Comparing donation preferences across the three charities reveals a clear distinction in donation giving preference for both cancer care and counselling and family services on the one hand, and animal welfare on the other. A review of the data presented in Table 2 reveals the presence of two apparently distinct groups: 1) those who prefer to give to cancer care and/or counselling and family services (human causes) and 2) those who prefer to give to animal welfare (animal cause). This finding will be revisited in greater detail in the discussion section.

Table 2: Past giving

| Cause identity & sample size	AW n=43	CFS n=87	CC n=62
Percentage	19%	38%	27%
AW	-----	20%	18%
CFS	16%	-----	64%
CC	19%	52%	-----

Reliability testing

To explore the factor structure of each of the above scales, principle components analysis (PCA) with varimax rotation was employed. All resulting solutions produced acceptable reliability Alpha coefficients (α) greater than 0.6 (Nunnally 1978): materialism (α = 0.781), empathy (α = 0.752), IO (α = 0.712), and PDB (α = 0.652).

Relationship testing

To explore the nature of relationships inherent within the model, structural equation modelling was carried out using the AMOS 17 statistical software package. Initial analysis of all data combined revealed an acceptable solution (GFI = 0.958, CFI = 0.933, RMSEA = 0.076, CMIN = 2.3), although no significant path coefficients were evident between materialism and any of the other main dependent constructs. Consequently, to improve overall fit of the model, materialism was dropped from future representations (Model 1). Our interpretation of why this may have resulted is given in the discussion section.

Model 1: Overall model
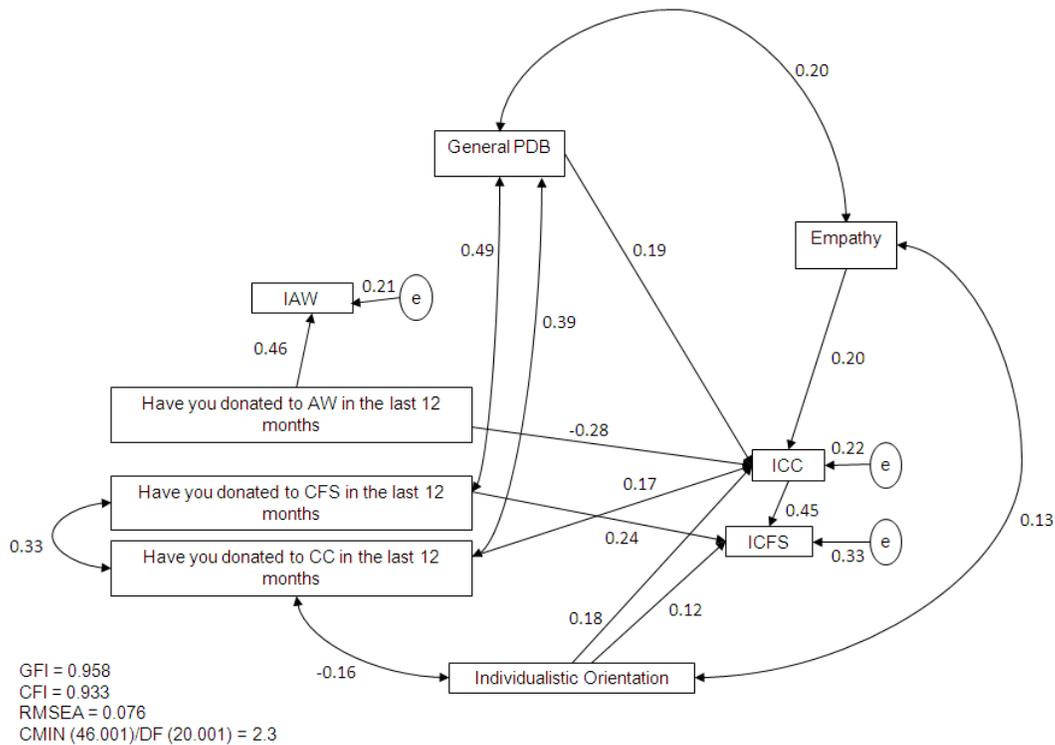
Moderator effects

In order to explore the model in greater detail and more specifically to determine whether any moderator effects for age, gender, and religion were present, independent models for each within variable category were tested. All resulting models were deemed acceptable given sample limitations. Finally, moderating effects for both age (Table 3) and religion (Table 4) but not for gender were revealed.

Table 3: Age moderating effects

Path	<25	Sig	25-34	Sig	35+	Sig
Empathy>NewCC	0.34	***	0.181	0.032	0.182	0.12
NewCC>NewCFS	0.64	***	0.424	***	0.387	***
IO>NewCC	0.235	***	0.321	***	-0.064	0.585
PDBCC>NewCC	-0.047	0.68	0.278	***	0.147	0.238
PDBCFS>NewCFS	0.152	0.086	0.312	***	0.037	0.056
PDBAW>NewAW	0.36	***	0.497	***	0.54	***
PDBAW>NewCC	-0.2	0.064	-0.3	***	-0.39	***
IO>NewCFS	0.008	0.932	0.044	0.625	0.329	***
GFI	0.897					
CFI	0.868					
RMSEA	0.058					
CMIN/DF	1.745					

*** = Sig @ <0.000 level

Table 4: Religion moderating effects

Path	Buddhism	Sig	Christianity	Sig	Other	Sig
PDBCFS>NewCFS	0.392	***	0.043	0.632	0.01	0.436
Empathy>NewCC	0.357	0.002	0.154	0.138	0.164	0.102
IO>NewCC	0.209	0.08	0.211	0.037	0.069	0.466
NewCC>NewCFS	0.186	0.118	0.624	***	0.574	***
PDBCC>NewCC	0.025	0.853	0.177	0.093	0.213	0.047
GFI	0.92					
CFI	0.917					
RMSEA	0.05					
CMIN/DF	1.547					

** = Sig @ <0.000 level

Discussion

With respect to the overall model, for the most part the results provided support for our earlier stated anticipated outcomes (Model 1). One significant exception was the revelation that no significant paths between materialism and any of the dependent 'inclination to donate' constructs were found. We expected at least to be able to confirm previous findings concerning the influence of materialism (Bennett 2003), and especially so because we adopted in our measure the same two items from Chiagouris and Mitchell (1997) as did Bennett (2003) in his study.

In hindsight, we realize that the four items we selected to measure materialism, taken from both the Richins and Dawson (1992) and Chiagouris and Mitchell (1997) item sets, potentially fail to fully tap other important aspects of the construct. In short, the four items we selected focused primarily on the ownership of possessions, synonymous with Richins and Dawson's (1992) 'acquisition centrality' dimension, and also to a limited extent, 'success', a terminal value (Rokeach 1973) dimension where success is inferred through possession (Richins and Dawson 1992). We omitted to include the 'happiness' dimension, also a terminal value (Rokeach 1973) mentioned by Richins and Dawson (1992) that possession

brings happiness in life. Moreover, in the context of our study in which we conceptualised materialism as instrumental to the attainment of social recognition (terminal value), we also omitted to include any measures to fully convey this. Consequently, in spite of the relatively high reliability coefficient for materialism, it is possible that a more comprehensive scale would have revealed a different set of outcomes perhaps even consistent with our initial suggestion. We recommend this as an area worthy of future research attention.

Overall, we find the relationship between past cause-specific donation behaviour and future inclinations to be positive across all three causes. However, for the cause of cancer care, past donation activity to this cause is not revealed as the strongest predictor. Indeed, perhaps surprisingly as can be seen in model 1, the paths for empathy, general past donation behaviour, and individualistic orientation are all greater than that of past giving to cancer care. On the one hand this is positive news for cancer care foundations in that it suggests that the pool of potential new donors is large - comprising the pool of donors to all causes with perhaps the exception of animal welfare charities as witnessed in this study. On the other hand, given the well-accepted marketing adage that the cost of acquiring new donors (customers) is often higher than that of maintaining existing donors (customers), the relatively low path coefficient when compared to say animal welfare (0.169 Vs 0.461) suggests that cancer care foundations are not able to count simply on past donors for their income. Indeed, it suggests that these organizations, more so than the others, will need to be particularly active in nurturing the relationships they enjoy with past and current donors.

In terms of the presence of moderating effects, significant moderator effects were found for both age and religion (Tables 3 and 4 respectively), but not for gender. That no moderating effect was evident for gender supports the finding of Shelley and Polonsky (2002) in an Australian health charity context. For age moderating effects, Table 3 reveals the most important findings:
- For respondents <25 years, empathy is a key motivator for future giving to cancer care, whereas for the slightly older respondents (25-34 years), individualistic orientation and past donation behaviour to cancer care (PDBCC).
- For the oldest group (35 years plus), if they have given to animal welfare in the past 12 months, it is less likely that they will donate to cancer care and more likely that they will continue to donate to animal welfare, suggesting a high degree of loyalty to animal welfare for this age group.
- Interestingly, persons <25 years who have given to cancer care are more likely to extend their giving to counseling and family services. In this context, as noted earlier, a clear two-group distinction between animal welfare and cancer care/ counseling and family services exists.

In terms of religion moderating effects (Table 4), the most important findings are as follows:
- For Buddhists, past donation behaviour to counseling and family services is a strong predictor of future giving to counseling and family services, indeed, much more so than for all others. This is possibly explained by a strong emphasis on the practices of empathy and compassion, central to the teachings of The Buddha.
- Furthermore, the strong motivating effect of empathy on giving to cancer care for Buddhists provides additional testimony to this, whereas for Christians, individualistic orientation appears the strongest predictor and past giving for others.
- Whereas in respect to age we previously saw a very strong path between inclination to donate to cancer care (ICC) and inclination to donate to counseling and family services (ICFS) for the <25 years group, an equally strong path is visible for Christians. This finding provides additional support for the close tie between cancer care and counseling and family services as distinct from animal welfare.

Summary and Conclusions

Significant paths were found for all constructs with the exception of materialism which was dropped from model. Clear positive relationships between past giving and future giving for each of the three causes were found, suggesting the importance of relationship building programs to reinforce donor loyalty. Furthermore, a clear positive relationship between giving to cancer care and counseling and family services was found. Indeed, a strong path between inclination to donate to cancer care and counseling and family services highlights the potential for collaboration and cross-promotion between these causes. We propose that the idea of cross-cause collaboration is worth exploring as both causes may be able to exploit synergies, thereby improving their overall performance by building on shared competencies. In addition, a clear negative association between past giving to animal welfare and cancer care was found. In terms of the three causes of animal welfare, cancer care, and counseling and family services, the pattern of donation giving behaviour revealed for cancer care and counseling and family services was uniquely different from that of animal welfare. This finding suggests the existence of two distinct donor groups across the three: those that give to animal welfare and those that give to both cancer care and counseling and family services. This finding reinforces the above suggestion that these causes explore the existence of opportunities for collaboration. Exploring the modeled relationships more deeply revealed moderator effects for age and religion but not for gender.

In terms of marketing implications, promotion in line with specific age and religion categories is possible. In terms of age with respect to cancer care, one approach would be to select and promote in media outlets that would be of interest to the < 25 and 25 – 34 years age groups. The appeal messaging in such media could be scripted around past giving to cancer care, and the meaning implied by empathy and individualistic orientation as defined in this study. This would no doubt require careful innovative design, whether in print, online, or as a combination of the two.

For counseling and family services, a strong path between cancer care and this cause exists across all age groups, but specifically for the <25 years group, suggesting that a cancer care themed promotion targeted to all age categories but one geared particularly to the < 25 years segment could be considered. This may serve also to strengthen the somewhat weaker relationship between historical giving and future inclinations to give to this cause evident across all age categories, but particularly to the 35 years plus and < 25 years age groups.

Further, significant paths between past donation behaviour and future inclinations to donate to counseling and family services exists across the two younger age categories (narrowly non significant for 35 years plus). However, these relationships are not particularly strong, highlighting the need for ongoing promotion and relationship development to build and reinforce the loyalty of these groups. Similarly, moderate to strong relationships are evident between past and future inclinations to donate to animal welfare services across all age categories and, consequently, appeals designed to reinforce the benefits of supporting this cause would serve to enhance loyalty at all age levels.

In terms of religion, the relationship between both empathy and individualistic orientation with cancer care is particularly prevalent for Buddhists, as indicated by the significant moderator effects. Alongside the <25 years age category, the moderator effect between these suggests a need for targeted promotion with an emphasis on empathy and individualistic orientation and through Buddhist outlets such as temples, book stores, and the communities in which these are located. Similarly for the Buddhist cohort, the existence of a moderator effect between past giving to counseling and family services and future inclination to give to this cause suggests the need to continually build on the relationship with this cohort.

Finally, with respect to the relationship between future inclination to donate to cancer care and counseling and family services, as with the <25 years age group discussed above for this same relationship, the Christian cohort also reveal a strong inclination to donate to counseling and family services, although this relationship is not at all dependent on past giving as evidenced by the non significant path between past giving and future inclinations to give to this cause. In fact, the directionality of the relationship as revealed following the analysis of various models would suggest that opportunities to build on promotion to cancer care exist. This could either be carried out in collaboration with, or by riding on the back of, cancer care promotion campaigns.

In terms of limitations, akin to other studies adopting a self-report approach, the possibility of social desirability having inflated responses reporting past donation history exists (Lee et al. 1999). To minimise this we highlighted to respondents the anonymity of all data gathered. Nonetheless, our results are still susceptible to social desirability bias and this should be borne in mind. Another limitation is the cross-sectional nature of data gathered. We recommend that future studies would benefit from collecting longitudinal data and from the adoption of random selection techniques.

Finally, to capture insights beyond those presented in the extant literature, we focussed our study on a number of relatively poorly supported causes in the Singapore context. Given the paucity of research in the area, we suggest that future studies explore other cause 'genres' as well as the relationship to these of a more extensive set of personal values in combination rather than the few individually treated values included in this study. Clearly this would necessitate a much larger sample than the one adopted here. Finally, we suggest that such studies be implemented in other countries differentiated perhaps by culture, donation propensity, and the non-profit sector structure.

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