

# Social Marketing Applied to HIV/AIDS Prevention: The Case of a Five-Year Governmental Response in Portugal

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## Abstract

HIV infection has been a concerning health issue prioritised by health governmental institutions that has required the development of public health policies with an integrated social marketing intervention in an upstream dimension. A behaviour change strategy should invest in segmented communication for priority targets, in partnership with multiple stakeholders.

This case explores and discusses the integrated social marketing programme developed by the Portuguese Ministry of Health to prevent HIV/AIDS in the period 2006–2011 and its long-term evaluation in behaviour change, comparing data from 2005 and 2017. This case shows the initial diagnosis; the social marketing strategy developed for different targets in partnership with civil society organisations, following a variety of theoretical frameworks; and effectiveness evaluation in epidemic outcomes. A guide is provided with questions for discussion.

## Keywords

Public health  
Health promotion  
Public policy  
Social marketing

## HIV/AIDS prevention

**Learning Objectives** This case study illustrates and discusses a national social marketing intervention in public health policy. The case discusses the application of theoretical models in the implementation of an innovative social marketing strategy in HIV/AIDS prevention, considering the specificities of this epidemic in the infection's prevalence, stigma and discrimination. Briefly, the case discusses:

- The role of upstream social marketing and partnerships between governmental institutions and non-governmental organisations, in a downstream level
- Social marketing activities developed by public policy in partnership with business companies
- The use of targeting orientation in marketing practices
- The integrative marketing mix perspective of a social marketing strategy
- The application of the following social marketing theories: exchange theory, health belief model, protection motivation theory, cognitive dissonance and prototype-willingness model
- Celebrity endorsement in social marketing programmes

## Introduction

Social marketing is an important strategic tool for public policy. It focuses on influencing attitude and behaviour change, and public health is one of the fields where social marketing is mostly applied to (Gordon et al. 2006; Grier and Bryant 2005; Truong 2014). A social marketing strategy should balance the upstream and downstream levels, considering the importance of a top-down intervention with policy direction, regulation and educational guidelines (Gordon 2013; MartinKey and Czaplewski 2017) but also the collaboration with civil society organisations that develop community-based work, adapt the programme to the specificities of the target (Milbourne 2009) and use relationship marketing to strengthen trust and self-confidence in behaviour change (Hastings 2003).

HIV was first diagnosed in 1981 in the United States, and AIDS rapidly became a worldwide major cause of death. Since 1996, with the discovery of effective treatment, HIV infection presented a chronic disease course. Because behaviours associated with the transmission of infection are stereotyped, people living with HIV have suffered from stigma and discrimination (Merson et al. 2008). This is why HIV prevention messages have to be adapted to the nature of the epidemic, the community and country contexts (Merson et al. 2008) and integrated in a social marketing strategy that requires audience research, segmenting, the use of marketing mix tools and the consciousness of competition of unhealthy behaviours in order to get behaviour change in an exchange process (McDermott et al. 2005). This means that theories applied to social marketing should be adapted correctly to the specificity of the desired behaviour change and the context of intervention.

This case study consists of a description and critical analysis of practices that can help readers understand how social theories can be applied (French et al. 2010) to HIV/AIDS prevention, an

issue with communication constraints that should be addressed with an intervention adapted to its nature and contextual epidemic situation (Airhihenbuwa and Obregon 2000).

The evaluation of social marketing effectiveness is an important step of a social marketing strategy that is regularly forgotten in public policy (Silva and Silva 2012). The evaluation should analyse the integration of health messages and behaviour change by the target audiences but should also have a long-term perspective through monitoring the epidemic evolution (Wymer 2011). This case presents and discusses the Portuguese governmental social marketing response to HIV/AIDS in the period 2006–2011 and analyses its potential long-term impact following epidemic data until 2017.

## Case Development

The leadership of the Portuguese governmental response to HIV/AIDS was attributed in the period 2005–2011 to the National Coordination for HIV/AIDS, under the umbrella of the Ministry of Health. An initial diagnosis was developed based on reports, epidemic data and the description of previous interventions and evaluation of their effectiveness. Among other documents, the diagnostic of the HIV/AIDS epidemic situation in Portugal published in the National Prevention Plan for HIV/AIDS infection control 2007–2010 was particularly important to identify the strategic potential for social marketing intervention.

## SWOT Analysis

The Portuguese plan for HIV/AIDS 2007–2010 was developed under a situation of particular challenges. In 2005, Portugal was in an alarming situation of new HIV diagnosis, within Western European countries context. The National Health Plan considered fighting HIV and AIDS a priority, since the human, social, financial and economic implications of the epidemic for individuals and their families, as well as for society in general, were highly concerning.

In order to conduct a public policy strategy with the vision of preventing new HIV transmission cases and providing high standards of diagnosis, treatment and social support in a multisectoral response, there was a particular strategical potential that enabled a successful social marketing intervention.

### Strengths

- Financial support from social lotteries, which prevented dependency from the state budget
- High institutional and cause awareness due to the mass media campaigns developed and targeted to the general population
- Interrelation with civil society activities through the development of a competitive project's funding scheme
- Innovative and successful intervention with the population of drug users through the needle exchange programme in pharmacies

### Weaknesses

- Weak scientific data on knowledge, attitudes and behaviours related to HIV/AIDS
- Absence of effectiveness evaluation reports about communication campaigns

- Development of sporadic interventions, without an established strategy for intervention and control in priority settings
- Absence of specific communication especially targeted to the most vulnerable populations

### Opportunities

- The prevalence of the epidemic was mainly concentrated in specific vulnerable populations— injection drug users and incarcerated people—and 16.5% of the heterosexual transmission occurred in migrants from countries with generalised epidemics. This fact helped identify the target audiences of the social marketing strategy.
- Residual mother-child transmission.

### Threats

- The incidence of HIV infection in Portugal was the second highest in Europe.
- A high rate of non-diagnosed infected people, who did not know their serological state and may not contribute to prevent the transmission of the virus.
- High levels of misconceptions about HIV transmission and prevention methods in the community, along with discriminatory attitudes towards people living with the infection.
- A low rate of consistent condom use and high rates of risky behaviours in the population.

## Partnerships

In order to establish an integrated response, the National Coordination for HIV/AIDS developed a leadership strategy, involving an inter-ministerial governmental strategy organised in a National Council. This was materialised with the development of a national contest in partnership with the Ministries of Health and Education with the purpose of students creating pedagogical materials for sexual education, under the supervision of teachers, and its national presentation in a touring exhibition for basic and secondary schools. Further, the partnership with the Ministry of Labour and ILO (International Labour Organization) allowed for the creation of a white book for non-discrimination in the labour context (see Fig. 1).

### Fig. 1

Poster developed for prevention in the labour context. Source: with kind permission by Portuguese National AIDS Coordination

**VIH/SIDA**  
**Contacto não é Contágio**  
 A discriminação no local de trabalho é infundada e ilegal.

**O VIH não se transmite**

- Pelo aperto de mãos; Ato de mão-dadas
- Pelo uso de telefone
- Pelo partilha do mesmo WC
- Pelo beijo
- Pelo uso do mesmo computador
- Pelo uso de mesma ferramenta
- Pelo partilha de material de escritório
- Por espirros
- Quando a mesma taça ou talheres

**O VIH transmite-se**

A infecção VIH/sida pode ser transmitida através de: Sangue, sêmen, fluidos vaginais e leite materno.

- Por sexo desprotegido
- Pelo partilha de seringas, agulhas ou outro material de injeção contaminado
- De mãe para o feto
- Pelo sangue contaminado

www.sida.pt  
 julho 2009

In international relations, cooperation with developing countries in Africa in public health strategies had the purpose of preventing the consequent effect of an epidemic in Portugal due to the phenomena of immigration. Governmental partnerships in upstream levels also included the development of pilot programmes for the implementation of rapid tests in health centres supporting drug users and for needle exchange in prisons.

This case presents a social marketing strategy both with upstream and downstream actions developed in partnership with non-governmental institutions. The funding programme to civil society, called ADIS, was optimised in order to prevent redundant responses and promote joint efforts between institutions with complimentary activities under the creation of a civil society forum. Also, the upstream guidelines, policies and campaigns were created based on a continuous involvement of civil society with community intervention on HIV prevention. As an example, the process of developing a media campaign started by including a focus group with (a) targeted people who participated in the brainstorming and pretest phases of communication campaigns in

order to share their ideas and incorporate evidence in a bottom-up direction and (b) health professionals who contributed to national therapeutic and support guidelines. The syringe and needle exchange programme into community pharmacies was maintained, in cooperation with the National Pharmacy Association.

There were also partnerships with private business. In some cases, sharing costs in win-win advertising initiatives, such as the promotion of rapid tests that was co-financed by the pharmaceutical industry. Other cases were developed under the Corporate Social Responsibility (CSR) umbrella, such as the contribution of contents for CSR posters and pamphlets for a national retailer, for example, contents for the academy of a beauty care brand about safe procedures for hairdressers without discrimination in services (see Fig. 2).

**Fig. 2**

Technical contents developed for CSR of a retail brand and a beauty care brand. Source: with kind permission by Portuguese National AIDS Coordination, Sonae and L'Oreal

**faça mais na luta contra a aids**

Use preservativo em todas as relações sexuais.

Para obter mais informações contacte a linha aids. No 264 666 ou vá a [www.aids.pt](http://www.aids.pt).

contigente Modelo Modelo P

**CABELEIREIROS DO CONTRA A AIDS**  
QUEM CUIDA DA BELEZA, CUIDA

ESTE SAPOIA CAMP

**Não dá hipóteses à aids. Não discrimine e previna-se.**

A aids (Síndrome da Imunodeficiência Adquirida) é uma doença causada por um vírus - VIH (vírus da imunodeficiência humana) - que ataca o sistema imunitário do organismo, destruindo a capacidade de defesa em relação a muitas doenças.

Uma pessoa seropositiva pode não ter qualquer sinal ou sintomas da doença, apresentando um estado saudável durante um período que pode durar vários anos. No entanto, essa pessoa está infectada e, porque o vírus está presente no seu organismo, pode, durante todo esse tempo, transmiti-lo a outra pessoa.

**Vias de Transmissão do VIH**

**Sanguínea**  
A principal forma de transmissão por esta via ocorre através da partilha de agulhas, seringas e outros objectos contaminados pelo VIH. Não devem, por isso, ser partilhados objectos contendo onde exista sangue, mesmo que esteja já seco.

**Sexual**  
O VIH pode transmitir-se em todas as relações sexuais sem protecção. É importante ser sempre em conta que basta uma relação sexual não protegida para o VIH se poder transmitir.

**Mãe/Filho**  
Durante a gravidez, parto ou amamentação uma mulher infectada pode transmitir o VIH ao seu filho. Por isso, é muito importante fazer o teste do VIH antes e durante a gravidez para que em caso de resultado positivo se proceda desde logo ao tratamento da grávida infectada e ao seu correcto acompanhamento, tanto em termos de parto, como de tratamento e amamentação.

O VIH não se transmite através de contactos sociais (aperto de mão, tocas, abraços, beijos). Também não se transmite através de alimentos, água, espirros, tosse, insectos, picadas ou cascas de bexigas.

Por isso não discrimine os portadores de VIH e previna-se.

## Segmentation and Targeting

Social marketing involves the process of targeting actions to different audiences, and, in the case under analysis, mass orientation was replaced by particular attention to the most vulnerable populations to HIV infection: injection drug users, incarcerated population, migrants and ethnic and sexual minorities, sex workers, men who have sex with men (MSM), adolescents, women and heterosexual adults, both in established and casual relationships.

The difference between a mass and a segmented strategy consists on targeting messages, media and channels used in order to get a more effective behaviour change. Figure 3 shows an example of a targeted message to pregnant women.

**Fig. 3**

Social advertising campaign targeting pregnant women. Source: with kind permission by Portuguese National AIDS Coordination



The targeted marketing strategy was controversial, because of the connection of risky behaviours with vulnerable targets that could emphasise stigma and discrimination towards those populations. Figure 4 is an example of a particular controversial campaign, targeting MSM, instead of generalising the risk of infection to the general population. However, despite the universal risk of transmission, the communication strategy was focused on targeting different audiences in different risk contexts in order to increase the risk perception through a better identification with messages.

**Fig. 4**

MSM campaign for stable and casual partners. Source: with kind permission by Portuguese National AIDS Coordination





Instead of targeting the general population with general messages on condom use or testing or advertising the help line, the segmented strategy developed different interventions for adolescents in schools, adolescents in informal settings, heterosexuals and MSM, both with stable and casual partners. Behaviour change activities also targeted migrants in Chinese and Ukrainian communities in Portugal with adapted contents (see Fig. 5).

**Fig. 5**

Informational pamphlets in Chinese and Ukrainian. Source: with kind permission by Portuguese National AIDS Coordination

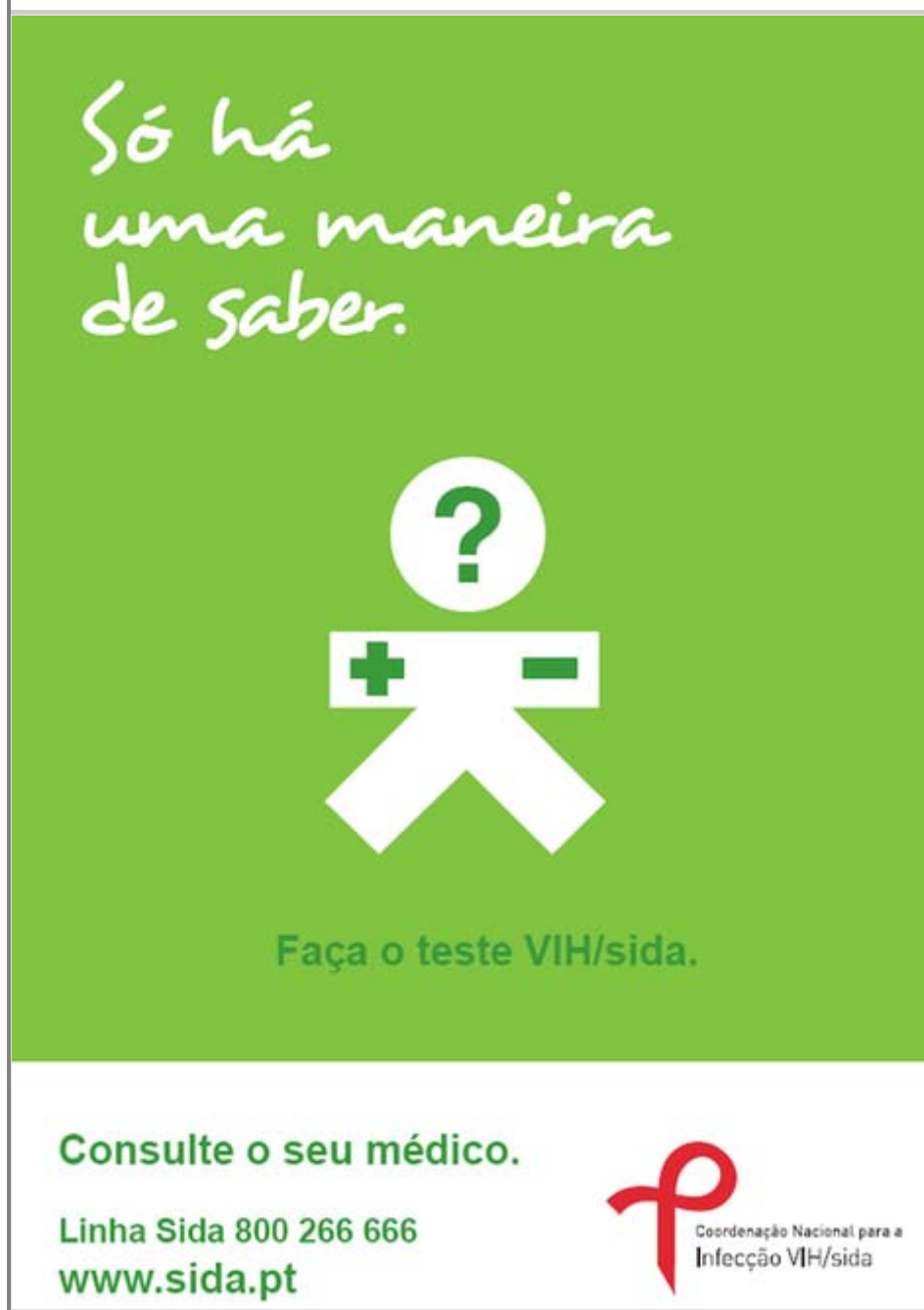


Social Marketing Mix

A social marketing framework has the focus of promoting behaviour or attitude change in different target audiences through interconnected social marketing actions developed in joint partnerships. Exchange theory is an important dimension of that framework, since it considers the benefits and costs associated with social change, as well as behavioural competitors. Exchange theory is emphasised in this case with the social marketing benefit: (a) HIV transmission prevention as a benefit connected with a healthy life, through condom use and the nonsharing of needles by drug users or in tattooing; (b) the knowledge of serologic status using the free, rapid and confidential HIV test for the early-stage diagnosis of infection and prevention of transmission and infection progress (see Fig. 6 with an HIV detection campaign); (c) and the promotion of an inclusive and non-discriminating society for people living with HIV/AIDS.

**Fig. 6**

Poster promoting the HIV test. Source: with kind permission by Portuguese National AIDS Coordination



The cost of that exchange is related with the cost of consistent preventive behaviours such as condom use (male or female) in sexual intercourses, with the economic, psychological and social costs it represents; the requirement of HIV testing after risk behaviours, with the cost of psychological anxiety and social discomfort of contacting health professionals for that purpose; and the cost of overcoming the fear of HIV transmission in social contact with people living with the infection. In order to decrease the price of condoms as social products, there was a negotiation with the Ministry of Health suppliers and the main national retailers in order to guarantee the existence of a first-price brand in the market without neglecting the quality and safe perception.

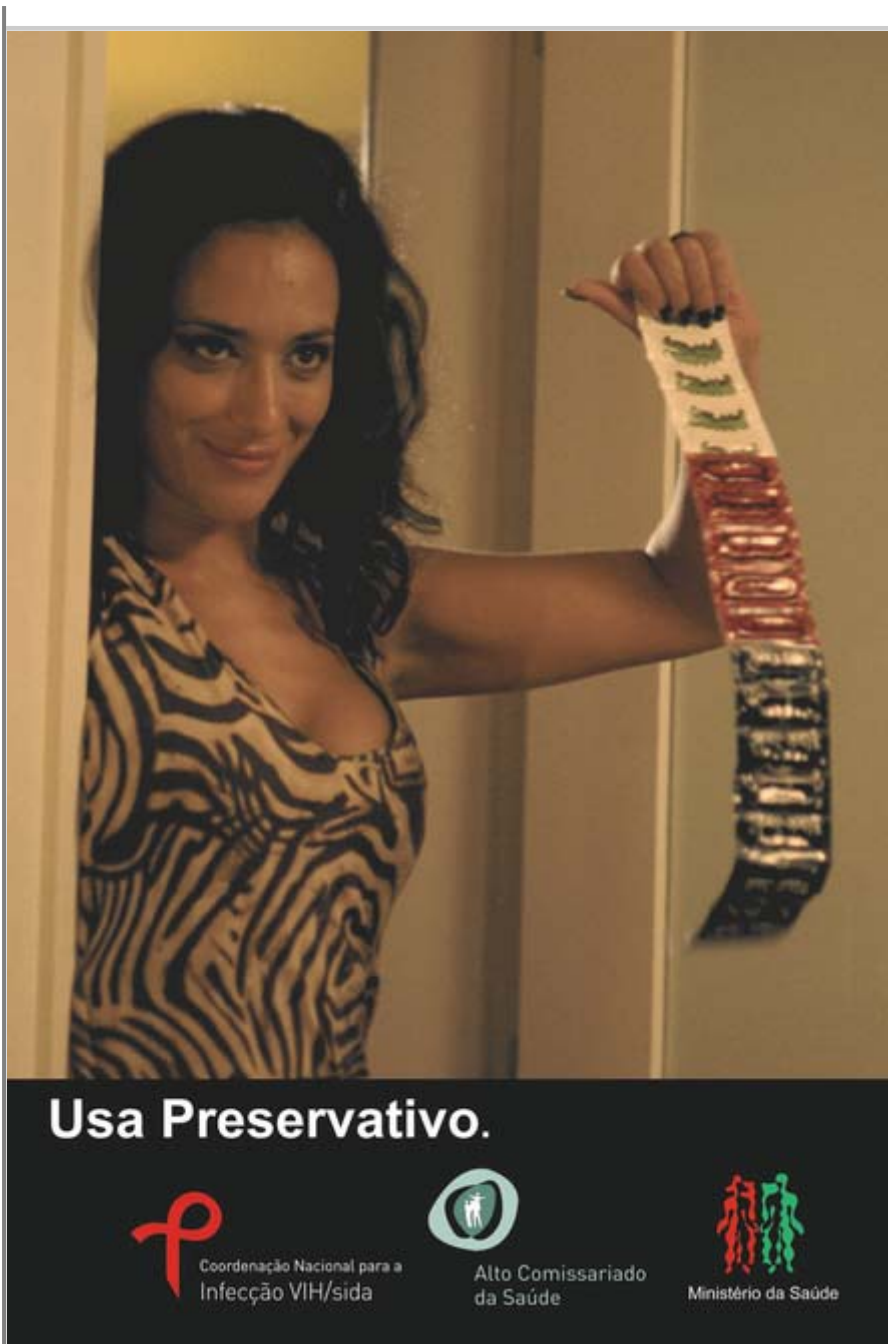
The free distribution of male and female condoms was intensified in health institutions, schools and social events, such as music festivals, and a special kit targeting MSM was produced. Female condoms were distributed in partnership with civil society organisations intervening particularly among sex workers, considering that the product was not available in commercial retailers. As distribution actions, the availability of sterilised needles free of charge for exchange in pharmacies was reinforced, and the intervention was introduced in jails. Access to the rapid test was intensified in intervention community teams, such as in drug users' support centres.

The communication strategy involves the development of advertising campaigns, designed with the inclusion of focus groups of targeted audiences—heterosexual population, MSM, sex workers, young people, pregnant women, drug users and migrants.

The health belief model and the protection motivation theory (PMT) are disease prevention models evidenced in this case study due to the intentional use of severity and threats to provide perceptions of risk and vulnerability to individuals, as well as self-efficacy to change behaviours with low costs (French et al. 2010). These models are present in advertisements using fear appeals to show the dangerous consequences of the disease but also use incentivising appeals to use healthy behaviours by copy-response of celebrity influencers. The use of copy-response social models follows the theory of the prototype-willingness model. A good example is the Portuguese campaign internationally awarded by the Germany government as the best European public HIV prevention advertising in 2009. The mentioned campaign integrated the cognitive dissonance theory by showing the five reasons mostly argued not to wear a condom but at the same time showing the negative faces of the disease, with the shocking report of an HIV-positive test, therapy adherence and terminal phase of AIDS with body wounds (see Fig. 7). Cognitive dissonance phenomena occur when people change their beliefs in order to adapt behaviours. As people commonly find excuses not to wear a condom, this campaign, acted by public figures, shows that it is worth it to wear or use a condom. This campaign was the most remembered in a joint evaluation in national surveys of five television campaigns developed in the same year (Casais 2008).

**Fig. 7**

Campaign '5 reasons not to wear a condom'. Source: with kind permission by Portuguese National AIDS Coordination



In fact, the value of celebrity endorsement in social marketing is known, especially in HIV prevention, both for awareness of the social cause and the marketing positioning of the celebrity brand, besides their conscious role as social influencers (Casais and Proenca 2012). The use of celebrity endorsement is also present in the campaign illustrated in Figs. 7 and 8.

**Fig. 8**

‘Angels’ sex campaign. Source: with kind permission by Portuguese National AIDS Coordination



Also, other communication strategies were used, such as product placement in a television fiction series targeted to adolescents through the content guide of a rapid test procedure in a health service for the main protagonists; public relations, with consistent participation in television contents, media coverage of institutional activities and epidemic outcomes discussion; the organisation of national contests for copywriting and exhibitions in schools; the development and distribution of merchandising highlighting the red ribbon to promote cause awareness; and the organisation of a workshop for journalists about technical contents of HIV and a special journalism award to promote quality media coverage on the topic. Figure 9 shows outdoor banners in public institutions.

**Fig. 9**

Banner in the National Parliament. Source: with kind permission by Portuguese National AIDS Coordination



## Evaluating Social Marketing Effectiveness

Behaviour change in social marketing should be monitored and evaluated in the long-term (Wymer 2011). A national barometer was implemented to determine population knowledge, attitudes and behaviours towards HIV/AIDS infection, although without significant results in the short term. The survey also tried to evaluate the awareness and acceptance of social advertising campaigns. The results showed a particular increase in HIV prevention campaigns spontaneous recognition and a higher suggested awareness for social advertising campaigns with celebrity endorsers (Casais 2008).

Besides awareness and recognition, as well as the acceptance of communication messages, the available metrics to evaluate social marketing effectiveness are epidemic data outcomes in a long-term perspective. In order to analyse this case in the long term, epidemic outcomes until 2017 were collected. Table 1 shows the evolution of newly diagnosed HIV infections in Portugal—rates per 100,000 population by year of diagnosis—although the results require the attention to notification delay of the most recent years.

**Table 1**

Incidence rate by year of diagnosis (rate per 100,000 population—2005–2016)

Country	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Portugal	19.6	21.2	20.6	21.1	19.3	18.2	16.1	15.6	15.1	11.8	11.5	10.0

Source: authors, with data from HIV/AIDS surveillance in Europe 2012, 2015 and 2016 (ECDC and WHO 2013, 2016, 2017)

After the described social marketing strategy, Portugal went from the second country with highest incidence rate in 2005 to the fifth in 2016 in the same ranking (ECDC and WHO 2017).

## Conclusions

This case study describes the particularities of a social marketing intervention in a stigmatised public health topic and the successful outcome of adapting social marketing frameworks directed to a target audience based on the populations most vulnerable to HIV/AIDS. This case shows integrated social marketing mix activities, with a particular emphasis on communication, combining incentives and fear appeals and celebrity endorsements. Finally, the effectiveness of social marketing policies is analysed with a long-term overview of the epidemic evolution, in terms of infection incidence. Although HIV infection is decreasing worldwide, responding to the wide access to treatment and the policies of early diagnosis and treatment, the observed national outcome might, at least partially, be a consequence of the social marketing response in the past. The temporal relation favours such an explanation.

## Discussion Questions

1. What are the advantages and disadvantages of a social marketing strategy involving the partnership of public policy with business companies and other organisations?
2. What are benefits and risks of a segmented communication to the most vulnerable populations?
3. What other actions of the social marketing mix would you suggest for this health public policy strategy?
4. What are the assumptions of exchange theory, health belief model, protection motivation theory, cognitive dissonance and prototype-willingness model in this case?
5. Assuming the potential of digital media and the growing attention given to microcelebrities, who have a social influence in digital social media, what would you propose to activate behaviour change and generate electronic word of mouth?
6. What other indicators could be used to evaluate the social marketing effectiveness of HIV/AIDS prevention?

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