

SOCIAL MARKETING AND HIV PREVENTION

This *Making it Count* briefing sheet introduces the notion of 'Social Marketing' and considers how it can be used as part of HIV prevention activities with gay men, bisexual men and other men who have sex with men (MSM) in England. It outlines how you 'do' social marketing, where it has been used, and where and when it works best. This briefing also considers how social marketing differs from the more traditional sexual health promotion commonly adopted by CHAPS partners.

WHAT IS MARKETING?

Marketing is a way of generating demand (desire or motivation) for goods or services. Commercial companies such as Coca-Cola, BMW, Sainsbury's and Vodafone constantly try to change behaviour so that people buy their products or shop in their stores. Marketing communicates the benefits of a product such as, refreshment, prestige, value for money, or good mobile phone reception.

Commercial marketing utilises the 'Exchange Concept', an element of behaviour theory that states people are more likely to take an action when they perceive a lesser cost-benefit ratio to acting than to not acting. An example of this in a commercial setting might be when a car manufacturer explains the benefits of buying their product and highlights how low the cost is, thus encouraging the consumer to purchase the car. These benefits can be tangible (such as low fuel consumption, build quality, reliability) but also more abstract (such as the prestige of owning such a car; how it might make you more attractive to others). Essentially, marketing tries to make appealing those things that people value.

WHAT IS SOCIAL MARKETING?

Social marketing works on the premise that, in a similar manner to purchasing goods and services, people weigh up the costs and benefits of engaging in all sorts of other behaviours. This could include things such as giving blood, recycling, volunteering, or whether or not to engage in various health-related behaviours. In terms of sex, the costs associated with a behaviour may be financial (for example, buying condoms, travelling to a GUM clinic), physical (for example, a loss of sensation when having sex), social (for example, embarrassment, stigmatisation) or emotional (such as a perceived loss of intimacy or trust). The benefits may be avoidance of HIV and other sexually transmitted infections (STIs) and the physical or social harms associated

with them. The benefits can also be ambiguous such as achieving self-respect or peace of mind. Essentially, social marketing works to make the behaviour that the social marketer is trying to promote more attractive so that individuals will engage in it, while at the same time downplaying any costs associated with that behaviour (such as the loss of sensation associated with condoms). Crucially, the focus should be on the benefits of engaging in a given health-precautionary behaviour rather than focussing on the negative aspects of not doing so¹.

HEALTH PROMOTION & SOCIAL MARKETING: DIFFERENCES & SIMILARITIES

Health promotion and social marketing have in common a desire to encourage healthy behaviour. Both do so by exploring the needs, attitudes and experiences of their target populations and by seeking to understand the context in which behaviour occurs. They are more similar than they are different. Social marketing and health promotion both recognise the importance of understanding the lived experiences of their target populations so that interventions can be tailored to meet their needs and both utilise formative research and evaluation to scope out the nature of the problem they wish to address.

However, the two approaches are not similar in all aspects. Social marketing attempts to change behaviour by influencing the real and perceived benefits and costs that may result from a behaviour, and people's perceptions of how likely those benefits and costs are to arise. The social marketers essential task is to persuade the audience that there is more to gain than lose by adopting a health precautionary behaviour².

The key difference to note is how a social marketer starts by deciding how people should behave and then chooses the best intervention to ensure that people comply. This

could be described as a ‘we decide’ approach. CHAPS, however, has adopted a ‘you decide’ approach where the decision about how to behave is recognised both as practically sitting with the target audience, and also remaining their right to make.

When an opportunity for sex occurs, there are many behavioural choices with varying utilities and risks that MSM can make. Examples of this could be men’s decision to have sex or not to have sex; to have penetrative sex or not have penetrative sex; to have penetrative sex with or without a condom; or to have penetrative sex without a condom with or without ejaculation in the rectum, etc.

However, research suggests that a health-related social marketing intervention stands the greatest chance of success when the behaviour is a unitary choice (eg. smoke / not smoke) rather than multiple choices (e.g. no sex / non-penetrative sex / condom use/ withdrawal etc.)³. It is not altogether clear how social marketing operates in circumstances where there are numerous behavioural options. While it is possible to see how a social marketing approach may be useful in terms of encouraging people to seek HIV testing, it is more difficult to see how it can be used to promote the broad array of precautionary behaviours that men can make in relation to HIV risk. *Making it Count 4* outlines 10 behavioural choices gay men can make, as well as the costs and benefits that may be associated with them.

The problem with setting the two up in opposition to one another is that it suggests only social marketing can carry out certain tasks or hold certain aims (such as engaging with the commercial sector) or that only health promotion can do others (such as viewing success in longer time frames). This is not the case. Given the huge degree of overlap with traditional health promotion (particularly as it has typically been conceived of by CHAPS) we suggest that social marketing is a sub-set of health promotion. It is a particular approach to encouraging behaviour change that can be utilised if it is appropriate for the aims of the intervention.

DOING SOCIAL MARKETING

The question to guide the development of all social marketing interventions should be “**Who** would we like to do **what** and how can we **best encourage them** to do it”⁵. The development of a social marketing intervention is divided into 4 main stages.

I. Scoping

This phase involves identifying the problem **behaviour**, and identifying intervention aims and objectives. What behaviour change does the intervener wish to see and why? There may be one overarching aim, and a series of sub-aims that help work towards the main objective.

Table 1: Summary of differences between social marketing and health promotion.

SOCIAL MARKETING	HEALTH PROMOTION
Behavioural impact is the main goal	Main goal is to improve health and reduce inequalities, including support for behaviour change
Works with the commercial sector and private sector	Focus has generally been on advocacy for affected communities as well as engagement with public health priorities
Tends to focus on short- and medium-term success	Views success in medium- to longer-term time frames
Utilises evidence from commercial marketing and market research as well as social science research	Tends to only utilise social science research, but is implemented across range of health and social care and clinical environments.
Sees social capital as a factor in achieving behavioural goals	Sees social capital as a legitimate goal in its own right
Segments population according to demographics, behaviour and psychographics (beliefs, attitudes, opinions)	Targets populations according to demographics (age, gender, ethnicity etc.)
Sees personal motivations and barriers to behaviour change as particularly important to understand	Takes account of wider social barriers to behaviour change (eg. Stigma, homophobia, etc.) as well as personal motivations
Usually starts by the social marketers defining which behaviour they would like to change and why	Begins by identifying unmet need and then works to empower individuals to make their own decisions about behaviour change

Adapted from Griffiths et al. (2008)⁴

MAKING IT COUNT

Making it Count (MiC) is the strategic planning framework that guides HIV prevention with MSM men across the CHAPS partnership. The latest edition focuses on ten behavioural choices that the partners believe MSM have in relation to sex and the risk of acquiring or transmitting HIV. In line with exchange theory, MiC considers the costs and benefits that might be important to MSM when making these choices and how this insight can help inform the development of HIV prevention interventions.

MiC has always been based on a 'you decide' approach to health promotion: delivering interventions that give men the knowledge, skills, motivation and power to make choices in relation to HIV risk that are right for them within the context of their sexual lives. It seeks to promote the best sex with the least harm.

In both social marketing and health promotion, in order to bring about behaviour change, the intervener should know as much as possible about the behaviour, to appreciate the meaning of the behaviour and the part it plays in people's everyday lives. Social marketers refer to this as **customer orientation**. In order to gain this insight, social marketers convene discussion groups which they call **insight groups**. These ideally are made up of people who do not exhibit the health precautionary (ie. individuals engaging in health related behaviours that could be considered risky). Insight groups should not be confused with planning and decision-making functions. Group members can provide evidence for understanding behaviour but they are not themselves social marketers or health promoters. Recommendations from formative research should be situated within the wider context of what is known about effective methods of influencing behaviours. Insight can also be gained from exploring existing research that relates to the behaviour you are interested in, including findings from the *Gay Men's Sex Survey* and qualitative research projects.

Ultimately, by attending to customer orientation and gaining insight into how, why, when and where behaviours occur, the social marketer may be able to understand the costs and benefits that people perceive are involved in engaging in a given behaviour, or not. This is the basis of **exchange theory** that was referred to earlier.

In the scoping stage the intervener articulates who exactly they are trying to influence. With limited resources, who should the intervention focus on? Who would benefit most from the intervention and what is the best way of addressing them? Social marketing suggests that in addition to demographic variables interveners should also collect and compile 'psychographic' variables (for example, lifestyle, values, personality traits) and how they relate to current behaviour patterns. They refer to this process as **segmentation**.

2. Development

Once the intervener has decided how people should behave and gained insight into motivation, focus must turn to how exactly motivation (and hence behaviour) can be changed. In other words, the behaviour and the intervention should be theorised.

Several large scale reviews of health interventions across many fields have demonstrated that the most effective interventions utilise health behaviour change **theories** in their development stages^{6,7}. Theories are a way of simplifying complex phenomenon in order to understand them. No single theory can ever explain all realms of health related behaviours, particularly sex, but they can help us to think about that behaviour in a systematic manner that will benefit intervention development.

Pre-testing of interventions should also occur within the development phase. Materials should be reviewed by the target (or segment), as well as other individuals who may come into contact with them but who are not necessarily the target, and revised where necessary. This is to ensure that they have no unintended consequences. This is also the stage at which indicators of success are established: what would make the intervention a success and how can this best be established?

Once the target and segment has been identified, the desired behaviour change has been formulated and insight gained as to what influences or competes with that behaviour, social marketers move to consider how an intervention might be implemented. For this they often utilise a **marketing mix**. This comprises the 4Ps: product, price, promotion and place. A summary of the marketing mix can be seen in Table 2 below.

3. Implementation

This is the most visible stage of social marketing where campaigns are launched and materials disseminated or displayed to target audiences. It is hoped that within this stage individuals will engage with the intervention and change their behaviour (or at least decide to do so) in the intended direction. Close attention should be paid to the appropriateness of the place and promotion to ensure that the campaign is reaching the target or segment it intends to.

4. Evaluation

Evaluation enables those involved to understand if the intervention has reached the target population and whether or not it has brought about the desired behaviour change. Evaluation should not be considered a stage removed from

Table 2: The 4Ps of the marketing mix.

TOOL	DEFINITION	EXAMPLES	KEY QUESTION
Product	The behavioural offer made to target audience.	Adoption of idea (a belief, attitude or value, such as respect). Adoption of behaviour (such as condom use, HIV testing etc.).	How appealing is the offer?
Price	The costs the target may have to bear. The barriers they have to overcome.	Psychological, emotional, cultural, social, behavioural, practical, financial.	How affordable is it?
Place	The channels by which the change is promoted and places in which change is encouraged.	Media (print, online, plasma screens). Physical places (bars, saunas, bus stops).	How readily available is it?
Promotion	The means by which the change is promoted to the target.	Activities (Advertising, public relations, press releases, direct mail).	How well known and appreciated is it?

Adapted from Hastings (2007)⁵

all others, but rather evaluation should be directly fed into the development of existing and future interventions. Formative evaluation – which includes pre-testing – can provide useful feedback on how the intervention might be received, and the levels of engagement.

ETHICAL CONSIDERATIONS

Encouraging behaviour change is not the sole meaning of success. Since it is possible to imagine a number of ways of doing this that would be unacceptable, success also requires bringing about change ethically. In the context of *Making it Count*, it is not success if the intervention misleads, stigmatises or otherwise harms people in the process. Even in instances where positive outcomes may be achieved for the majority of people interacting with an intervention, the possibility that it may cause harm to some others, should render it unacceptable. Interventions should also be conscious of any unintended consequences that could arise, such as:

- **Dissonance** – the individual can become distressed when he or she recognises the distance between their actual behaviour and that which has been deemed healthy.
- **Boomerang** – the individual acts in the opposite manner to that promoted by the behaviour change intervention.
- **Unnecessary apprehension** – the individual becomes overly concerned and anxious about a health risk over the long-term.⁸

WHERE HAS SOCIAL MARKETING BEEN USED?

Social marketing has been used to influence breast feeding, hand washing, healthy eating, cervical screening, environmental impact, smoking cessation and increased physical activity. High profile UK examples include: 'Talk to Frank' – an intervention to reduce drug use among young people; 'Give up before you clog up' – an intervention to raise awareness about the impact of smoking on heart disease in order to bring about a reduction in the number of smokers; and 'If you knew about flu you'd get the jab' – an intervention to encourage uptake of free flu vaccination among people over 65. The National Social Marketing Centre website hosts a database of UK social marketing interventions that is easy to interrogate.

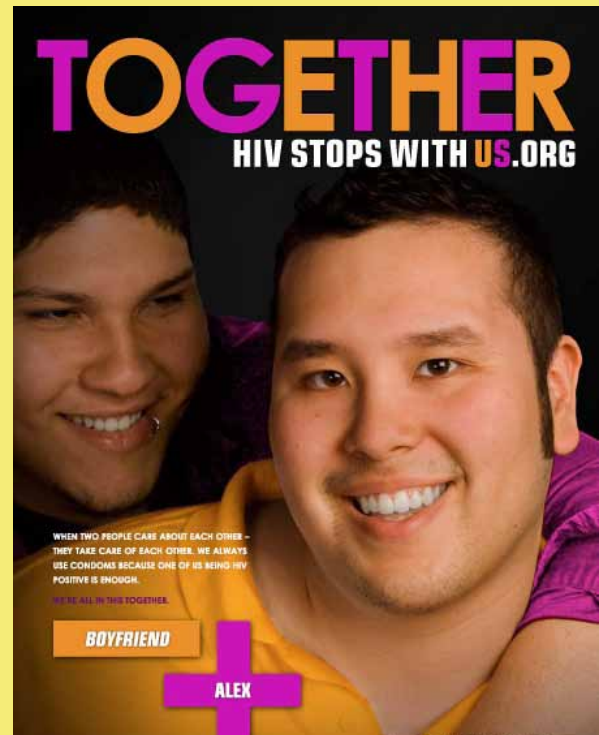
While the Department of Health commissioned a review of social marketing programmes prior to adopting it as a framework for all national health promotion programmes⁹, it did not include a review of interventions addressing sexual health. The evidence base for the effectiveness of social marketing in sexual health promotion (let alone HIV prevention) is limited. Published evaluations in the sexual health field suggest it has increased STI screening to heterosexual adolescents¹⁰, condom use among adolescents in California¹¹ and syphilis testing among gay and bisexual men in San Francisco¹². However, a recent review of an Australian social marketing intervention to try and increase HIV testing among MSM¹³ found that their intervention had no discernable impact.

CASE STUDY 1



This social marketing campaign, designed by Better World Advertising for the Boulder County AIDS Project and San Francisco Department of Public Health was entitled “HIV, The truth will set you free”. It highlights the benefits of engaging in a given behaviour (that is, HIV testing) and seeks to enhance an individual’s motivation for doing so. It considers a binary choice (HIV test or not). Different executions included pictures of men from different ethnic groups. All executions were branded with the same tag line. All provided a number that individuals could ring to get information on where to get tested.

CASE STUDY 2



This social marketing campaign, also designed by Better World Advertising, for the AIDS Services Foundation of Orange County, was entitled “HIV stops with us”. It recognises the value that men place on their relationships. Dealing with HIV in a relationship is portrayed as a reflection on the quality of a relationship. It shows the two men appearing happy, which is a reflection of them being able to deal with HIV, as well as highlighting the benefits of protection (that is, using condoms) rather than focussing on the possible negative consequences of HIV risk.

CONCLUSIONS & RECOMMENDATIONS

Social marketing proposes a systematic method for developing and implementing evidence-based and theoretically-informed health promotion interventions. All of the concepts of social marketing are familiar to those working in the HIV sector in the UK (particularly the marketing-mix, insight groups, evaluation). There are clearly aspects of social marketing that may be useful for CHAPS to incorporate into its current activity.

In particular, consideration should be given to the 4Ps:

- Increase the focus on behavioural alternatives to sexual HIV risk: including activities other than sex, mutual monogamy, and non-penetrative sex as well as condom use. This is known as the Product, within the marketing mix, and refers to the behavioural offer made to target audience.
- Focus attention on the costs and benefits associated

with particular HIV behavioural choices that MSM can make. This is known as the Price.

- Increase the diversity of the means of Promotion for CHAPS interventions, that is the means by which the change is promoted to the target. CHAPS interventions are mainly written and most are available from a very limited range of venues and in a narrow range of gay printed (and online) media.
- Increase the focus on the Place(ment) of CHAPS interventions, that is, the channels by which the change is promoted and places (and range of interventions) by which change is supported and encouraged.

However, social marketing does not usually promote sexual self-determination, a key aim and value of the CHAPS partners with regards to men who have, or want to have, sex with other men. Since the removal of self-determination (or the assumption of its removal) is the key element that distinguishes social marketing from health promotion,

FIVE KEY POINTS

- Social marketing adopts a 'we decide' approach, rather than the 'you decide' approach common in CHAPS. Generally the marketer decides on the correct choice and sells it to the consumer.
- It considers the costs and benefits associated with health behaviours.
- It seeks insight into the meaning of behaviour and the role it plays in people's lives.
- It generally seeks to influence an individual's motivation to engage in a given behaviour.
- Social marketing may be a useful approach to utilise alongside existing health promotion.

CHAPS will be unable to switch from health promotion to social marketing without a switch in this central principle of the programme.

Social marketing works to influence our will to engage in a certain behaviour and perhaps our knowledge of potential risks and rewards. However, it is not altogether clear what other needs social marketing is able to meet, aside from influencing an individual's motivation. It struggles to address the power we have to affect change. Although confident in their claims to be able to change behaviour, social marketers insist it must be used alongside other interventions to improve individual's health and well-being¹⁴. That is, social marketing is able to address any unmet need (and hence influence behaviour) but it is not able to do so alone.

REFERENCES

1. Grier S, Bryant CA (2005) Social marketing in public health. *Annual Review of Public Health*, 26: 319-339.
2. Lamprey PR, Price JE (1998) Socially marketing sexually transmitted disease and HIV prevention: a consumer-centred approach to achieving behaviour change. *AIDS*, 12 (suppl 2): S1-S9.
3. Kotler P, Roberto N, Lee N (2002) *Social Marketing: Improving the quality of life* (2nd Ed.) Thousand Oaks, Sage Publications.
4. Griffiths J, Blair-Stevens C, Thorpe A (2008) *Social marketing for health and specialised health promotion: stronger together - weaker apart*. London, Royal Society for Public Health & National Social Marketing Centre.
5. Hastings G (2007) *Social marketing: why should the devil have all the best tunes?* Oxford, Butterworth-Heinemann.
6. Lapinski MK, Witte K (1998) Health communications campaigns. In LD Jackson & BK Duffy (Eds) *Health Communication Research: A Guide to Developments and Directions* (pp. 139-161). Westport, Greenwood Press.
7. Noar SM (2006) A 10-year retrospective of research in health mass media campaigns: where do we go from here? *Journal of Health Communication*, 11: 21-42.
8. Eagle L (2009) *Social marketing ethics*. London, National Social Marketing Centre.
9. National Social Marketing Centre (2006) *It's our health! Realising the potential of effective social marketing*. London, National Consumer Council.
10. Futterman DC, Perlata L, Rudy BJ, Wolfson S, Guttmacher S, Smith Rogers A (2001) The ACCESS (Adolescents connected to care, evaluation, and special services) project: social marketing to promote HIV testing to adolescents, methods and first year results from a six city campaign. *Journal of Adolescent Health*, 29: 19-29.
11. Kennedy MG, Mizuno Y, Seals BF, Myllyluona J, Weeks-Norton K (2000) Increasing condom use among adolescents with coalition-based social marketing. *AIDS*, 14: 1809-1818.
12. Montoya JA, Kent CK, Rotblatt H, McCright J, Kerndt PR, Klausner JD (2005) Social marketing campaign significantly associated with increases in syphilis testing among gay and bisexual men in San Francisco. *Sexually Transmitted Diseases*, 32(7): 395-399.
13. Guy R, Goller J, Leslie D, Thorpe R, Grierson J, Batrouney C, Kennedy M, Lewis J, Fairley C, Gingie S, Zablotska I, Hellard M (2009) No increase in HIV or sexually transmitted infection testing following a social marketing campaign among men who have sex with men. *Journal of Epidemiology and Community Health*, 63: 391-396.
14. Blair-Stevens C (2008) A contributing author to: *Effectively engaging people: views from the world social marketing conference 2008*. London, National Social Marketing Centre.

Author: Adam Bourne, Sigma Research at LSHTM • **Series editor:** Peter Weatherburn, Sigma Research at LSHTM

Thanks to the following people for helpful comments on earlier drafts: Sarah Aston (Eddystone Trust), Robbie Currie (Department of Health), Catherine Dodds (Sigma Research), Tom Doyle (Yorkshire MESMAC), Ford Hickson (Sigma Research), Scott Lupasko (The Metro Centre), Veronica Nall (TRADE Leicester), Simon Nelson (THT West), David Reid (Sigma Research) and Ben Tunstall (THT).

This briefing sheet was commissioned by Terrence Higgins Trust (THT) on behalf of CHAPS, a national HIV prevention partnership funded by the Department of Health for England. CHAPS is a partnership of community-based organisations carrying out HIV prevention and sexual health promotion with gay men, bisexual men and other MSM in England. Alongside THT it includes The Eddystone Trust (South West England), GMFA (London), Healthy Gay Life (Birmingham), The Lesbian & Gay Foundation (Manchester), The Metro Centre (London), TRADE (Leicester), and Yorkshire MESMAC.

Published: March 2011

ISSN 2045-4309



Sigma
RESEARCH