EXPLORING SOCIAL MARKETING POLICIES: THE USE OF
POSITIVE AND NEGATIVE EMOTIONAL APPEALS IN HEALTH
ADVERTISING IN FOUR EUROPEAN COUNTRIES

Doctoral Thesis in Business and Management Studies
-Specialisation in Marketing and Strategy

by
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Author’s Biography

Beatriz da Graça Luz Casais was born in Porto, Portugal, on July 9th 1983. She has taken her higher education pathway at University of Porto with a degree in Journalism and Communication Sciences at Faculty of Arts (2005), a post-graduation in Health Communication at Faculty of Medicine (2007), and a MSc. in Marketing at Faculty of Economics – FEP (2009). In February 2011 she finished the curricular course of the doctorate in Business and Management Studies at FEP, with the approval of the doctoral proposal in Marketing and Strategy, which made her PhD. candidate.

Beatriz Casais teaches marketing and communication at University of Minho and Polytechnic Institute of Viseu as teaching assistant. In the past, she collaborated with Polytechnic Institute of Viana do Castelo, Polytechnic Institute of Porto and Porto Business School, in the same field. She also did teaching mobility at Tallinn University of Technology (Estonia) under Erasmus Programme. Beatriz Casais is also Marketing Manager and Communication Specialist at Five by Five Consulting and Research, Lda.

Between 2006 and 2011, Beatriz Casais was the manager of marketing and communication at the National Coordination for HIV/AIDS Infection, an organism from the Portuguese Ministry of Health. In 2011, she integrated, for six months, the marketing and communication office of FEP. Her professional career started in 2004/2005, when she was journalist trainee at Diário Económico and Rádio Renascença.

Her research interests focus on social marketing, social advertising, health marketing, public policies and management of non-profit organisations. Beatriz Casais has published in Health Marketing Quarterly, Journal of Macromarketing and Advances in Advertising Research. She has presented papers at AMA Marketing and Public Policy Conference, AMA Summer Educators’ Conference, Macromarketing Conference, International Conference in Research in Advertising (ICORIA), European Social Marketing Conference, International Conference of the International Association on Public and Nonprofit Marketing and International Colloquium on Nonprofit, Arts, Heritage, and Social Marketing, a special interest group from Academy of Marketing – where she won the best conference paper award provided by Journal of Social Marketing and Emerald Group.
Acknowledgments

This thesis is a result of a personal effort and perseverance that would not be possible without the collaboration of several people to whom I want to express my gratitude.

The first acknowledge goes to my supervisor, Professor Doutor João F. Proença. He provided me an important learning process to conduct academic research. I want to manifest my profound recognition for his professionalism, availability, rigour and constant demanding, as well as for his friendship and motivational support. Professor, thank you for believing in me.

I want to thank the people that, in different ways, gave specialised assist to the research: professionals from institutions working on HIV/AIDS prevention that showed their campaigns and allowed confidence on the data collection process; translators of data from French, German and Italian to English; and the independent coders.

I also give my recognition to the academics that reviewed and discussed this topic with me, giving criticisms, suggestions and showing paths to follow. Those contributions happened both at FEP, during the discussion of the thesis’ proposal, and in the international scientific meetings where I presented papers.

Finally, but not less important, I express my deep acknowledge to my family and my friends. They supported me in several levels with love, friendship, care, comprehension and motivation. My thankfulness is, at the same time, an apologising for my distance and absence in all those moments that I knew I was expected. Thank you for your sense and for always being with me.
**Abbreviations**

AIDS – Acquired Immunodeficiency Syndrome  
API - AIDS Programme Effort Index  
CDC –Center for Disease Control and Prevention  
ECDC – European Center for Disease Control and Prevention  
EPPM - Extended Parallel Processing Model  
EU – European Union  
GDP - Gross Domestic Product  
HIV – Human Immunodeficiency Virus  
IDU - Injection Drug Users  
MBA – Master in Business Administration  
MSc. – Master of Science  
MSM – Men who have sex with men  
NCPI - National Composite Policy Index  
NGO - Non-Governmental Organisation  
OECD - Organisation for Economic Co-operation and Development  
OPM - Ordered Protection Motivation  
PEH - Public Expenditure on Health  
PhD – Doctor of Philosophy  
PLWHIV - People Living with HIV  
PMT - Protection Motivation Theory  
PRL - Proportional Reduction in Loss  
TV – Television  
UN – United Nation Organisation  
UNAIDS - Joint United Nations Program on HIV/AIDS  
WHO – World Health Organisation
Abstract

The objective of this thesis is to understand the use of positive and negative appeals in the practice of health-related social marketing, since the theoretical knowledge about the effectiveness of appeals is inconsistent in the literature. The research proposes to analyse the prevalence of positive and negative appeals in social marketing in a longitudinal overview, characterising their form and the context where they are used. The thesis examines whether the use of positive and negative appeals fit with the theoretical knowledge of the conditions that differentiate their effectiveness - the target audiences and behavioural change messages, the type of institutional sources, the policy and cultural context, as well as the epidemic dynamics.

The researchers analysed 375 social advertisements preventing HIV/AIDS in four European countries developed by governmental or non-governmental organisations and broadcasted on television since the beginning of infection in 1981 until the end of 2011.

The thesis contributes with a content analysis model to identify and characterise positive and negative appeals in health-related social advertisements and to classify ads according to the proportion of appeals verified in their different components. Results indicate that positive appeals have expressive and higher proportional use all the period under analysis. This is an unexpected result, suggesting that social marketing practices do not follow the theoretical evidences and predominance in the literature regarding the effectiveness of negative appeals. Public health advertisements are essentially targeted to general people, with general messages, and commonly framed by public policies in a reactive response to health dynamics. The research showed sensitiveness between the use of positive and negative appeals and countries’ profiles and epidemic rates.
Resumo

O objetivo da tese consiste em compreender o uso de apelos positivos e negativos nas práticas de marketing social em saúde, considerando que o conhecimento teórico sobre a eficácia desses apelos é inconsistente na literatura. A investigação propõe-se a analisar a prevalência dos apelos positivos e negativos no marketing social numa perspetiva longitudinal, caracterizando a sua forma e o contexto em que são usados. A tese verifica se o uso de apelos positivos e negativos está em conformidade com o conhecimento teórico das condições que diferenciam a sua eficácia – o segmento alvo e as mensagens de mudança comportamental, o tipo de fonte institucional, o contexto político e cultural, bem como a dinâmica epidemiológica.

Os investigadores analisaram 375 anúncios publicitários de prevenção do VIH/sida em quatro países europeus desenvolvidos por organizações governamentais ou não-governamentais e exibidos na televisão desde o início da infeção em 1981 até ao final de 2011.

A tese contribui com um modelo de análise de conteúdo para identificar e caracterizar os apelos positivos e negativos nos anúncios publicitários de promoção da saúde e para classificar os anúncios de acordo com a proporção de apelos verificados nas suas diferentes componentes. Os resultados indicam que os apelos positivos têm um uso expressivo e proporcionalmente maior em todo o período de análise. Trata-se de um resultado inesperado, que sugere que as práticas de marketing social não seguem as evidências teóricas nem a predominância na literatura relativamente à eficácia dos apelos negativos. Os anúncios de saúde pública são essencialmente dirigidos à população geral, com mensagens generalistas, e são frequentemente enquadrados em ações de políticas públicas numa resposta reativa às dinâmicas de saúde. A investigação mostra uma sensibilidade entre o uso de apelos positivos e negativos e os perfis dos países e situação epidemiológica.
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To my parents.
Chapter 1

1. Introduction
1.1. Motivation for the Research Topic

Social Marketing is a topic with increasing implications in the economy and society of the 21st century, considering its importance for the policy of social welfare, which is crucial for the development of sustainable markets and resources (Andreasen, 2002; Hastings, 2003; Hill and Martin, 2014; Shultz et al., 2012). That is why social marketing is an actual and an important issue, which requires boundary research.

The motivation for this topic is connected with the fact of the doctoral candidate had been social marketing manager at the Portuguese Ministry of Health during a period of five years. That experience gave her a daily conscious of lacks of knowledge whose research could contribute to support management decisions. One of those issues on social marketing was researched by the candidate in her master thesis. She analysed the inhibitions and implications of celebrity endorsements in social marketing interventions. For this doctoral thesis, the ambivalences faced in practice as a social marketer when designing the strategy of public health social advertising campaigns made the candidate wonder about the use of positive and negative emotional appeals. Despite laboratory research about the effectiveness of messages, the perception about managerial decisions and their contextual scope is also important. It helps other practitioners to choose strategic options in different situations and overtake trade-offs faced involving social marketing management. Moreover, the knowledge about practice is an important contribution to conceptualise theory (Bourdieu, 1990; Reckwitz, 2002).

1.2. Introduction

Health promotion is an important topic for public policies, considering that prevention is worthier and cheaper than treatments (Frieden, 2010; McGinnis et al., 2002; Rothschild, 1999). There is evidence that policy interventions adopting social marketing principles have been effective in changing behaviours, with expressive use and effectiveness in public health (Andreasen, 2003; Crawshaw, 2013; Evans, 2006; Evans and McCormack, 2008; Gordon et al., 2006; Grier and Bryant, 2005; Hastings and Saren, 2003; Hastings et al., 1998; Helmig and Thaler, 2010; Morris and Clarkson,
Social marketing consists on the adaptation of marketing techniques to the promotion of behaviour change (Andreasen, 2002; Andreasen, 2003; Dann, 2010; Evans and McCormack, 2008; Gordon et al., 2006; Keller and Lehmann, 2008; Kotler and Zaltman, 1971; Quinn et al., 2010; Smith, 2000; Stead et al., 2007; Truong, 2014) with the end goal of improving welfare and society (Andreasen, 2002; Andreasen, 2003; Quinn et al., 2010). It is applied in non-profit organisations and the public sector (Donovan, 2011).

Social marketers encourage individual compliance by using message appeals. The direction of appeals can be positive or negative, and the tonality can be informational or emotional (Brennan and Binney, 2010; Helmig and Thaler, 2010; McKay-Nesbitt et al., 2011). Social marketing appeals may be expressed positively or negatively according to the intention of guiding behaviours. Positive appeals aim to show the direct benefits and gains of behaviour change as an incentive. Negative appeals describe losses and unintended consequences of certain attitudes and behaviours, by creating psychic discomfort (Brennan and Binney, 2010). This distinction follows the assumptions of Prospect Theory (Kahneman and Tversky, 1979; Tversly and Kahneman, 1981), which considers the existence of gain-framed and loss-framed messages that affect the risk-seeking and the risk-averse attitudes (Kahneman and Tversky, 1979; Rothman et al., 1993; Tversly and Kahneman, 1981).

In social marketing, the literature is not agreed on whether the most effective strategy is the use of positive emotional appeals or negative ones (Block and Keller, 1995; Brennan and Binney, 2010; Dillard and Anderson, 2004; Gardner and Wilhelm, 1987; Hastings et al., 2004; Helmig and Thaler, 2010; Lewis et al., 2007; Lewis et al., 2009; Reeves et al., 1991; Rothman et al., 1993), since the effectiveness of informational messages is devaluated (Brennan and Binney, 2010; Hastings et al., 2004; Helmig and Thaler, 2010; Tanner et al., 1991). On the one hand, some experts consider positive emotional appeals to be a more efficient strategy in long-term and an alternative to the saturation and to the unintended effects of negatives (Cho and Salmon, 2007; Hastings et al., 2004; Jones et al., 2003; Lewis et al., 2007; O’Keefe and Jensen, 2008; Slavin et al., 2007); on the other hand negative emotional appeals, adopting threats (Cauberghe et al., 2009; Lewis et al., 2007) and provoking viewer reactions such as fear, guilt and
shame have been more often identified than positive appeals in social marketing studies
(Basu and Wang, 2009; Cismaru et al., 2009; Dickinson-Delaporte and Holmes, 2011;
Hastings et al., 2004; Lewis et al., 2007; Vincent and Dubinsky, 2005). The recognition
of negative appeals in the literature follows the evidences of effectiveness suggested by
fear-drive models and health-protective behavioural theories (Cauberghe et al., 2009;
Dillard and Anderson, 2004; Witte, 1992), such as the Protection Motivation Theory
(PMT) (Prentice-Dunn and Rogers, 1986; Rogers, 1983) and the Extended Parallel
Processing Model (EPPM) (Witte, 1992; Witte and Allen, 2000). Research has shown
that higher levels of perceived threat, vulnerability and perceived self-efficacy have a
significant impact on protection motivation (Floyd et al., 2000; Rogers, 1983).
However, fear control or maladaptive coping responses are defensive reactions to fear
appeals, that result in unintended consequences such as the boomerang effect (Cho and
Salmon, 2007; Eppright et al., 2003; Floyd et al., 2000; Gallopel-Morvan et al., 2009;
Good and Abraham, 2007; Hastings et al., 2004; Ruiter et al., 2001). To prevent this
problem, some authors suggest combining negative appeals with positive appeals
(Gallopel-Morvan et al., 2009) following for instance the Ordered Protection
Motivation model (OPM) proposed by Eppright, Hunt and Tanner. OPM sustains that
an ordered combination of loss and gain framed messages may reduce maladaptive
responses and increase adaptive protection behaviours (Eppright et al., 2003; Tanner et
al., 1991). Even though, OPM is not a unanimous theory in the literature (Cox and Cox,
2001; Ho, 2000).

Social marketing effectiveness depends on the correct management of marketing
strategies, such as segmentation and targeting to vulnerable or most at risk populations
(Albrecht, 1996; Andreasen, 2002; Bloom and Novelli, 1981; Fine, 1980; Grier and
Bryant, 2005; Walsh et al., 1993). In his six benchmarks for identifying social
marketing, Andreasen (2002) highlights the importance of market research and
segmentation of target audiences as well as the creation of attractive and motivational
exchanges (Albrecht, 1996; CangelsiJr. et al., 2009; Deshpande and Rundle-Thiele,
2011; Fine, 1980; Forthofer and Bryant, 2000; Grier and Bryant, 2005; Grier and
Kumanyika, 2010; Kreps, 2008; Noar et al., 2009; Self and Findley, 2010; Walsh et al.,
2010). It is necessary to know the epidemic situation of the health issue, estimate future
trends, understand the social, economic, cultural and policy constraints, and decide the
priorities for the local situation with an adapted social marketing intervention (Grassly et al., 2001; Hankins and Zalduondo, 2010; Likatavicius and VandeLaar, 2012; Silva and Silva, 2012; Wymer, 2011).

Positive and negative emotional appeals may be tools for changing behaviours in different situations (Henley and Donovan, 1999; Jones and Owen, 2006). Different responses depend on an individuals’ motivation or self-regulation to change (Brennan and Binney, 2010; Gygax et al., 2010; Hastings et al., 2004; Keller and Lehmann, 2008; Self and Findley, 2010; Zhao and Pechmann, 2007), and on the level of message response perceived efficacy (Block and Keller, 1995; Meyerowitz and Chaiken, 1987). The effectiveness of positive or negative appeals is related to the perceived risk (Cooper et al., 2014; Rothman et al., 1993; Sar and Anghelcev, 2013), which varies with the conscious of the seriousness of consequences and the level of vulnerability to the problem (Cooper et al., 2014; Rothman et al., 1993; Ruiter et al., 2004). The effects on persuasion are connected to the Regulatory Focus Theory (Higgins, 1997; Higgins, 1998) and depend on the level of motivation of the target, which is segmented by demographic factors, the level of efficacy of the recommended behaviour and the perceived self-efficacy to do it (Cooper et al., 2014; Keller, 2006; Keller and Lehmann, 2008; Zhao and Pechmann, 2007).

Besides the appropriateness to the target audiences, the type of messages and the seriousness of the disease, cultural context is also an important topic for consideration in the design of marketing appeals, both in commercial and social marketing (Airhihenbuwa and Obregon, 2000; Chan et al., 2007; Hastings et al., 2004; Laroche et al., 2001; Orth et al., 2007; Vincent and Dubinsky, 2005). The context also influence the effectiveness of positive and negative emotional appeals (Reardon et al., 2006; Rothman et al., 1993). Strategies for the direction of message appeals may reflect conservative or progressive political philosophies (Green and Witte, 2006; Hastings et al., 2004), since social marketing by itself has a political role to achieve certain goals (Cho and Salmon, 2007; Raftopoulou and Hogg, 2010). The acceptance of messages influence the reputation and image of sponsored organisations (Hastings et al., 2004). Negative appeals, exaggerating the danger consequences of a behaviour, reflect badly on the reputation of a government, when sponsored by the public sector (Hastings et al., 2004).
1.3. Research Purpose

The analysis of message strategies that work better in public health is a research challenge (Evans and McCormack, 2008) in order to find paths to reach social marketing success. Despite the inconsistency in theory around the effectiveness of positive and negative appeals in social marketing, there are few studies about their application in practice. Those that have been done reflect the predominance of negative appeals, but consist on meta-analysis of the presence in the literature and do not explain when and how of that prevalence (Hastings et al., 2004; Slavin et al., 2007).

The purpose of this thesis is to research the use of positive and negative appeals in social marketing practices in order to get advances on the knowledge about the topic. Marketing has societal responsibilities (Hill and Martin, 2014). Theories and practices should consider peoples’ heterogeneity and contextual particularities and it is important to research what marketing does in public policy and how it is done (Hill and Martin, 2014). That reasons that the research proposes to analyse the practice of management decisions through the evidence about what are the most prevalent appeals used, according to the direction of messages, when they are used and how they take form and are used in different situations. This allows the discussion about whether positive and negative appeals fit the conditions that interfere in the effectiveness of appeals according to literature review: the target audiences, messages, the type of institutional sources, the cultural and political context, as well as the health situation in terms of the seriousness of the epidemic dynamics.

The literature has failed to address the appropriateness of social marketing policies to their specific context, highlighted by several authors as an important challenge (Andreasen, 2002; Grassly et al., 2001; Grier and Kumanyika, 2010; Hankins and Zalduondo, 2010; Likatavicius and VandeLaar, 2012; Vega and Roland, 2005). The analysis of the fit between previous evidences of effectiveness in theory and the application of those recommendations into practice by framing the most effective direction of appeal to each situation may help to resolve the theoretical inconsistencies and give an understanding about where changes in the management of this matter should be firstly and more intensively implemented if it is the case. Filling in these
lacks of knowledge in the state of art is essential, considering that theory is based on the analysis of practice (Bourdieu, 1977; Bourdieu, 1990; Reckwitz, 2002).

Following the reported effectiveness of fear appeals in the literature, both in research that focused on effectiveness and in meta-analysis of literature (Block and Keller, 1995; Brennan and Binney, 2010; Cauberghé et al., 2009; Charry and Demoulin, 2012; Cismaru and Lavack, 2007; Cismaru et al., 2008; Cismaru et al., 2009; Dillard and Anderson, 2004; Gallopel-Morvan et al., 2009; Hastings et al., 2004; McKinley, 2009; Vincent and Dubinsky, 2005) we would expect a high prevalence of negative appeals in social marketing, which might alternate or be combined with positive appeals to avoid saturation and fear control, fitting the dynamics of epidemics’ severity (Cooper et al., 2014; Grassly et al., 2001; Ruiter et al., 2004).

The purpose of this research is to analyse what is the prevalence of positive and negative appeals, when and how they take form and are differently applied.

1.4. Structure of the Thesis by Papers

The thesis is structured in three papers. The chapter 2 presents the first paper, chapter 3 contains the second paper and chapter 4 shows the third paper. The content and sequence of the three papers follow the scope and working process of the research. We conclude the thesis with a last chapter that summarises the findings and contributions of the studies, and presents the global overview of the research, discussing the theoretical and managerial implications. Limitations and future research are suggested.

Chapter 1 gives the reader an introduction to the research problem. Theoretical background is later examined in the literature review of the papers with a specific focus on the purpose of each study. The three papers are interconnected, since the database and methodology of analysis have a common origin. For that reason, there are similar contents especially in the explanation of methods. For reader’s commodity, the thesis presents transversal information about the methodological approach in chapter 1. The papers were slightly adapted in order to avoid repetitions and concentrate on the specific aspects connected with the purpose of those studies.
The thesis is organised in a sequential form in terms of pagination, numeration of topics, tables and figures (by chapters). With the purpose of simplifying the reading process, the mention to contents, tables or figures that appeared before in the thesis are orientated to the previous reference, though being autonomous papers. Bibliographic references are compiled at the end.

The first paper reflects the first phase of work after the literature review and data collection: the coding of advertisements according to the country, year of broadcast, institutional source, targeting audience and behaviour change’s message provided. This coding allowed the characterisation of the database with a content and descriptive analysis of advertisements. The study discusses social marketing policies and their fit with the countries’ profiles, as well as with the epidemic data. This empirical research provided the discussion of propositions developed after the literature review about social marketing policies. To identify the use of positive and negative appeals, we developed the second paper proposing a content analysis model to classify social advertisements, considering the proportion of positive and negative appeals. Then, in the third paper we classify those advertisements as positive, negative or as an equal combination of both appeals. We analyse that classification throughout the time and the way the direction of appeals take form in the ads, discussing that use with the characteristics of ads identified in the first paper - the type of messages, target audiences, type of sources and contextual environment, such as the political, cultural and epidemic profiles.

The research question of the thesis, regarding the use of positive and negative emotional appeals in social marketing is split in three studies with particular purposes. Table 1.1 compares the three papers systematizing their purpose, the scope, methodological approach, process for publication and identifies their contribution to the global research question of the thesis.
Table 1.1  
Comparison of the Papers

<table>
<thead>
<tr>
<th>Paper</th>
<th>Purpose</th>
<th>Scope</th>
<th>Database and Methods</th>
<th>Process of publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper 1 - “Social Marketing Policies for Public Health and Epidemic Dynamics: a study based on HIV/AIDS prevention television advertisements in four European countries”</td>
<td>Characterise interventions over time (number, messages, targets and type of sources) and evaluate the fit with situational context, such as the political, socio-economic or cultural environment and epidemic dynamics.</td>
<td>Empirical research and discussion of 6 propositions about health-related social marketing as a public policy intervention and the fit to situational needs (vulnerable populations, prevention methods, contextual profiles, reactive to epidemic dynamics).</td>
<td>Database: 375 national HIV/AIDS prevention television advertisements from France, Germany, Portugal and Italy. Data analysis: content analysis with independent coders and PRL reliability approach; descriptive and correlation analysis.</td>
<td>Paper 1 is the result of the discussion of a preliminary paper published in the proceedings of the 2013 AMA Marketing and Public Policy Conference and some insights received after a poster presentation in the 1st European Social Marketing Conference.</td>
</tr>
<tr>
<td>Paper 2 - “A Content Analysis Model to Classify Social Advertisements According to their Use of Positive and Negative Appeals”</td>
<td>Design a model for content analysis to classify health promotion TV social ads as positive, negative or a combination of both appeals through their proportional use in advertising components.</td>
<td>Empirical research of the designed model with contributions from independent coders: story review, narrative, slogan, rhetoric, music/toneality of voice, colours, signs and characters.</td>
<td>Database: sample of 20 ads aleatory extracted from the database of 375 national HIV/AIDS prevention television advertisements from France, Germany, Portugal and Italy. Data analysis: content analysis with independent coders and PRL reliability approach.</td>
<td>Paper 2 is the result of the discussion of a short paper published in the Proceedings of the 2013 International Conference on Research in Advertising (ICORIA). A modified version is published as a book chapter in Advances in Advertising Research (Vol. V).</td>
</tr>
<tr>
<td>Paper 3 - “The Use of Positive Appeals in Social Marketing: a research focused on television advertising for preventing HIV/AIDS in four European countries”</td>
<td>Analyse the use of positive and negative appeals in social marketing in a longitudinal overview in order to discuss what are their prevalence over time, how they take form and are used in different situations.</td>
<td>Empirical research about what, when and how positive and negative appeals are used: their form and their application according to target audiences, behaviour change messages, type of institutional sources, policy and cultural profile in terms of uncertainty avoidance and correlation with epidemic incidence rates.</td>
<td>Database: 375 national HIV/AIDS prevention television advertisements from France, Germany, Portugal and Italy. Data analysis: content analysis with independent coders and PRL reliability approach; descriptive and correlation analysis.</td>
<td>Paper 3 is the result of a preliminary paper published in the Proceedings of the 39th Annual Macromarketing Conference and a short version published in the 2014 International Conference on Research in Advertising (ICORIA). A part of the study was presented in 11th International Colloquium on Non-profit, Arts, Heritage, and Social Marketing, winning the Best Paper Award provided by Journal of Social Marketing.</td>
</tr>
</tbody>
</table>

Global Contribution

The characterisation of social marketing policies in Paper 1 showed the preponderance of social marketing in the public sector, with frequently generalized interventions or reactive responses. With the contribution of the content analysis model presented in Paper 2, we could identify and classify positive and negative emotional appeals in health prevention TV ads in the following study. We concluded in Paper 3 that there is a longitudinal and generalised preponderance of positive appeals, in opposition with the expectations inferred from the literature. It suggests sensitiveness of that use with country profiles and epidemic dynamics.

Source: authors.
1.5. Methodological Approach

The purpose of the research consists on the study of the use of positive and negative emotional appeals in social marketing. Communication has been a very important component within social marketing programmes and social advertising on television one of the most used communication tools in the field (Abroms and Maibach, 2008; Block and Keller, 1995; Griffin and O'Cass, 2004; Hastings and Haywood, 1991; Mattson and Basu, 2010). In order to identify and characterise positive and negative appeals, the researchers conducted content analysis of the social ads, which also allowed the characterisation of target audiences and messages. Then, it was proceeded a descriptive and correlation analysis to examine the use of appeals in a longitudinal overview and the fit with target audiences, messages, type of sources, contextual profiles and epidemic rates of the countries.

HIV/AIDS is a good example for research the defined purpose and has already been used in other studies about social marketing appeals (Ho, 2000; Witte, 1991). Our study is focused on social advertising preventing HIV/AIDS as case study. It is a health priority since it represents a global problem, for which a wide number of social marketing interventions have been developed by both public services and non-governmental organisations (NGOs). It is also a communicable disease with an established epidemic surveillance system (ECDC/WHO, 2012) and different means of transmission, which require different behaviour change messages in different intervention settings (Merson et al., 2008; Rimal et al., 2009). The topic has contextual implications, asking for policy, socioeconomic and cultural appropriateness (Rimal et al., 2009). The stereotypes created at the beginning of infection, proclaiming that HIV is a disease of promiscuity people, led to individuals may not experience fear of transmission that might prompt preventive messages acceptance (Campbell and Babrow, 2004). On the other hand, scaring the already scared may accentuate the existing stigma and discrimination towards the most vulnerable populations, such as men who have sex with men, sex workers, or drug users, as well as people leaving with HIV (Muthusamy et al., 2009). This fact may create trade-offs for social marketers when deciding the strategy of positive and negative emotional appeals in prevention messages.
This thesis focuses on television advertisements preventing HIV/AIDS. TV has been a popular medium in promoting social change with manifest use and support in HIV/AIDS prevention (Abroms and Maibach, 2008; Griffin and O’Cass, 2004; Hastings et al., 1998; Lefebvre, 2011). Extensive numbers of TV social advertisements focusing on HIV prevention have been produced worldwide, generally considered effective (Mattson and Basu, 2010; Noar et al., 2009).

- **Data Collection and Database**

Data collection was done on the internet, given that institutions have increasingly digitalised their audio-visual archives, even the oldest ones, and share them online on official websites, in social networks and online video sharing websites (Paek et al., 2010; Spigel, 2009). The researchers collected national HIV/AIDS prevention television advertisements broadcast in European Union (EU) countries since the infection was first diagnosed in 1981 to the end of 2011. The data collection process occurred from the 1st of January to the 30th of June 2012, after which saturation was reached in the search process with the repeated occurrence of redundant findings (Bowen, 2008). The ads had to be developed by governments and/or NGOs, because the social marketing concept is intrinsically linked to the action of those organisations (Donovan, 2011; Hastings and Angus, 2011). Data found focusing only on sexually transmitted infections (STIs) or contraception were not included, unless they also mentioned HIV. Data collection was done browsing institutional websites and Facebook profiles of governmental institutions coordinating HIV/AIDS prevention and NGO members of “Aids Action Europe” in each EU country. The researchers also searched for data in the video-sharing websites Youtube, Vimeo, Dailymotion and Google Video and in the websites www.ina.fr, www.culturepub.fr and www.coloribus.com. Table 1.2 systematises the internet databases where data was collected.
Table 1.2
Sources for Data Collection

<table>
<thead>
<tr>
<th>Browsing institutional websites and Facebook profiles</th>
<th>Governmental institutions coordinating HIV/AIDS prevention in each EU country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NGOs members of “Aids Action Europe” in each EU country</td>
</tr>
<tr>
<td>Searching</td>
<td></td>
</tr>
<tr>
<td>video-sharing websites</td>
<td>Youtube</td>
</tr>
<tr>
<td></td>
<td>Vimeo</td>
</tr>
<tr>
<td></td>
<td>Dailymotion</td>
</tr>
<tr>
<td></td>
<td>Google Videos</td>
</tr>
<tr>
<td>online media archive <a href="http://www.ina.fr%C2%B9">www.ina.fr¹</a></td>
<td>the website from the National Audiovisual Institute in France</td>
</tr>
<tr>
<td></td>
<td>that saves all the institutional communications broadcasted on television in France</td>
</tr>
<tr>
<td>online media archive <a href="http://www.culturepub.fr%C2%B9">www.culturepub.fr¹</a></td>
<td>the website from a french television programme which shows advertisements from around the world</td>
</tr>
<tr>
<td>online media archive <a href="http://www.coloribus.com">www.coloribus.com</a></td>
<td>website with an advertising archive from around the world</td>
</tr>
</tbody>
</table>

Source: authors.

The search terms in video sharing websites were “HIV AIDS Prevention advertisement” in English followed by the name of each EU country, also in English. After saturation (Bowen, 2008), the researchers translated the expression to each of the twenty-three official European languages as shown in Table 1.3.

Table 1.3
Expressions used to search the video-sharing websites

<table>
<thead>
<tr>
<th>Expression</th>
<th>Name of the Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV AIDS Prevention advertisement</td>
<td>Austria; Belgium; Bulgaria; Cyprus; Czech Republic; Denmark; Estonia; Finland; France; Germany; Greece; Hungary; Ireland; Italy; Latvia; Lithuania; Luxemburg; Malta; Netherlands; Poland; Portugal; Romania; Slovenia; Spain; Sweden; United Kingdom.</td>
</tr>
</tbody>
</table>

Expression Translated to EU Languages

2) ХИВ превенция реклама (Bulgarian); HIV AIDS reklama (Czech, Polish and Slovak); hiv-aids annoncen (Danish); HIV AIDSi ennetamise reklama (Estonian); HIV AIDS ehkäisy mainos (Finnish); Publicité de prévention du VIH aides (Spotswood et al.); HIV-AIDS-Prävention Werbung (German); διορθωμη πρόληψη του HIV AIDS (Greek); HIV-AIDS megelőzés reklám (Hungarian); VEID a chosc főgra áiseanna (Irish); HIV AIDS pubblicità (Italian); HIV AIDS profilakse rekláma (Latvian); ŽIV ir AIDS prevencijos reklama (Lithuanian); HIV-AIDS prevenzjoni reklam (Maltese); HIV-AIDS-preventie advertentie (Dutch); Anúncio de Prevenção VIH SIDA (Portuguese); HIV SIDA publicitate (Romanian); HIV aidsa oglas (Slovene); Publicidad prevención VIH SIDA (Spanish); hiv aids annon (Swedish); HIV AIDS Prevention advertisement (English). |

Source: authors.

¹ The websites www.ina.fr and www.culturepub.fr emerged from the online research of data and may explain the high prevalence of french advertisements in our database, though these kind of online media archives were not found in other countries’ research.
As the video-sharing websites provide suggestions for other videos connected to the search terms and/or also were seen by people who viewed the ones shown, we also followed those suggestions, resulting in a richer data collection.

The research focuses on the analysis of social ads preventing HIV/AIDS in four European countries. Out of a database of 539 television social advertisements on HIV/AIDS prevention collected from 21 EU countries developed by governments or/and NGOs between 1986 and 2011, we selected all the ads from four countries that represented 69.6% of the database. The research was conducted with 375 national HIV prevention advertisements broadcasted on TV. 146 are from France (38.9%), 115 from Germany (30.7%), 76 from Portugal (20.3%) and 38 from Italy (10.1%).
Chapter 2

2. Social marketing policies for public health and epidemic dynamics: a study based on HIV/AIDS prevention television advertisements in four European countries

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2 An extended abstract of this paper, with the title "The relationship between social marketing policies on Public Health and Epidemiological Situations: an exploratory research based on television advertisements preventing HIV/AIDS in France, Germany, Portugal and Italy", is published in the proceedings of the 2013 AMA Marketing and Public Policy Conference, ISBN 0-87757-353-0. A part of this study was showed in the poster “The ambivalence between social marketing segmentation and targeting and the avoidance of illness stigma: a research about the practice of HIV prevention in the European Union” and discussed in the poster session of the 1st European Social Marketing Conference.
This paper examines health-related social marketing in order to identify its use and evaluate its appropriateness to situational needs, such as epidemic dynamics and the context where it is implemented. The paper also discusses the barriers that policymakers face in creating these linkages.

375 national HIV/AIDS prevention television advertisements from France, Germany, Portugal and Italy were viewed and analysed over time of production, exploring the sources, the target audiences and the messages delivered. The research compares management choices with HIV epidemics in each country and their contextual profiles.

The findings indicate that social advertising is commonly framed within public policies and does not usually target the most vulnerable and affected populations. Furthermore, social ads are reactive to epidemic dynamics.

The paper suggests the adoption of proactive public policies. The existence of trade-offs between putting forward theoretical marketing recommendations and taking account of contextual fracturing issues or increasing stigma and discrimination are also considered.

The study is useful for public sector management due to the importance of evaluating the investments done in order to improve future strategies. The discussion about restrictions and concerns for policy-makers is important to improve management decisions.

**Keywords:**
Social Marketing; HIV/AIDS Prevention; Social Advertising
2.1. Introduction

The well-being of society is partially a consequence of the development of public policies and of advocacy by non-governmental organisations (NGOs) that work towards the achievement of the social good (Shultz et al., 2012). As is widely acknowledged, public health policy has a profound impact on health status (Brownson et al., 2009), since many health conditions are determined by behavioural choices (Frieden, 2010; McGinnis et al., 2002; OECD, 2013a).

Several empirical studies have shown the effectiveness of health-related social marketing (Evans, 2006; Evans and McCormack, 2008; Gordon et al., 2006; Stead et al., 2007; Truong, 2014), although they have revealed some problems in terms of evaluation design (Evans et al., 2009; Noar et al., 2009; Wymer, 2011). It is important to fit social marketing policies to the specific context (Andreasen, 2002; Grassly et al., 2001; Grier and Kumanyika, 2010; Hankins and Zalduno, 2010; Likatavicius and VandeLaar, 2012; Vega and Roland, 2005). Marketing and public policy research should explore the links between the number of campaigns and the evolution of illnesses, the appropriateness to the targets and the messages, as well as examine whether their contents are suitably adapted to the policy, socioeconomic and cultural profiles (Hill and Martin, 2014).

Social marketing is commonly used in the public and non-profit sector to encourage behavioural change (Buurma, 2001; Shultz et al., 2012). In order to understand where changes in the management of this matter should be firstly and more intensively implemented, we question whether health-related social marketing is more often used within public policies or NGO interventions or even in partnerships of both. Another important question, whose answer is essential to improve social marketing in the future, is whether action is taken reactively or proactively. The purpose of this study is to research the appropriateness of social marketing to the epidemic dynamics and to discuss possible barriers to the desirable fit between policies and societal needs.

The literature review provides an integrated conceptual background. The research questions are translated into propositions where the researchers speculate findings of a case study on the basis of theoretical review (Rowley, 2002). The researchers formulate propositions for analysis and discussion of questions and systematise that approach of
propositions at the end of the background section: health-related social marketing is more often used within public policy interventions; the number of actions tend to fit the contours of epidemic dynamics; there is appropriateness both in terms of target and message; suitability to the context where they are implemented.

In order to discuss the propositions, the authors analyse national governmental and non-governmental HIV/AIDS prevention television advertisements broadcast in four European Union (EU) countries – France, Germany, Portugal and Italy since the infection was first diagnosed in 1981 to the end of 2011. The research identifies and analyses the production of those TV ads in each country over time, the type of sources, the target audiences and the main messages delivered. The paper discusses the management choices followed in relation to the HIV epidemics in each country and their contextual profiles.

The analysis of consistency between social marketing policies and societal needs has implications on the theory, based on the insights it provides on its appropriateness when put into practice. Even interventions developed by NGOs are usually connected with public policy commitments or investments and have a substantial impact on public health (Buurma, 2001; Donovan, 2011; Shultz et al., 2012). The study is useful for public sector management due to the importance of evaluating the investments done in order to improve future strategies. We discuss contextual factors linked to policy practices or target barriers, which may represent restrictions and concerns for policymakers.

2.2. Literature Review

2.2.1. Health-Related Social Marketing Interventions within Public Policies and NGOs

Public policy governs the main determinants of health (Frieden, 2010; McGinnis et al., 2002; OECD, 2013a). It influences socioeconomic factors, such as education, poverty, employment, sanitary conditions, environment, medical care or social cohesion, for example, and public policy actions have a direct effect on the health of society (Frieden, 2010; McGinnis et al., 2002; OECD, 2013a). Moreover, policy-
makers have power to influence behavioural patterns: they inform and motivate people, encourage health decisions, facilitating access to health or minimizing the efforts aimed at behaviour change, and implement the policy incentives to encourage change, through for example tax regulation, advertising restrictions or economic incentives to encourage healthy habits (Frieden, 2010; McGinnis et al., 2002; OECD, 2013a).

Behaviour change is a challenge for public policy because of its importance in long-term effective and efficient interventions (Crawshaw, 2013; Rothschild, 1999). Health-related social marketing, by influencing lifestyles, has been an important tool in improving the health of populations (Andreasen, 1994; Gordon et al., 2006; Grier and Bryant, 2005; Hastings and Haywood, 1991; Rothschild, 2010; Truong, 2014). It has impact in decreasing costs linked to health care (Rothschild, 1999), an important and expanding expenditure issue in public policy (OECD, 2013a). Social marketing has grown in importance in the 21st century and it is being increasingly adopted worldwide (Andreasen, 2002; Andreasen, 2003). Social marketing was defined by Kotler and Zaltman (1971) as a tool to change social ideas and behaviours, based on previous reflections on the boundaries of marketing to solve social problems (Kotler and Levy, 1969; Wiebe, 1951). Social marketing focuses on behaviour change through the use of marketing principles with the end goal of improving welfare and society (Andreasen, 1994; Andreasen, 2002; Andreasen, 2003). It is applied in the public sector and NGOs (Donovan, 2011) and its recognition is connected to the growth of the non-profit sector (Kong, 2008; Milbourne, 2009; Saxton and Bonson, 2005) and the rising concerns of governments towards sustainability and the assurance of social welfare (Buurma, 2001), in order to achieve political goals (Gruskin et al., 2007; Kaplan and Haenlein, 2009; Raftopoulou and Hogg, 2010).

Social marketing has been widely discussed by public policy scholars and in the literature (Andreasen, 1994; Andreasen, 2002; Andreasen, 2012; Brenkert, 2002; Griffin and O’Cass, 2004; Kemp and Eagle, 2008). The United Nations (UN) also proclaimed the leading role of governments in the development of social marketing programmes (UNO, 2001). Although there are valuable collaborations between public and non-profit organisations (Suárez, 2011), the third sector emerged late as a stakeholder in the policy process (Kendall and Anheier, 1999). Public institutions have higher budgets for social marketing activities whereas funding of the third sector usually depends on
governments and policy patterns (Froelich, 1999; Kendall and Anheier, 1999). This fact may prevent NGOs from developing activities targeting behaviour change, especially those which require more financial expenditure, such as TV advertising, for example.

The identification of the main sources of social marketing interventions is important to characterise the activities in the topic and plan where the required changes should be made firstly and more intensively.

**Proposition 2.1 (P2.1)** – Health-related social marketing is predominantly developed within public policy interventions rather than by non-governmental organisations.

### 2.2.2. Social Marketing Effectiveness

Evaluation is an important step in policy planning, distinguishing worthy interventions based on measures of the outcomes reached and the rates of policy effort (King *et al.*, 2007; Weiss, 1999). Like in policy programmes, evaluation is also essential in social marketing as in any marketing plan (Grier and Bryant, 2005; Silva and Silva, 2012; Wymer, 2011). The World Health Organisation (WHO) and UNAIDS, for example, created API (AIDS Programme Effort Index) to evaluate the existence of a HIV/AIDS prevention policy, its characteristics and the contribution of efforts to the programme’s success in a variety of social and cultural settings (Merson *et al.*, 2008; USAID *et al.*, 2003). API shows the importance of prevention efforts in epidemic outcomes, revealing that HIV prevention efforts are related with epidemic rates (Merson *et al.*). This index was conducted in 54 countries and highlights that the nations with the highest HIV/AIDS prevalence rates have, on average, lower API scores than those with relatively low prevalence rates (USAID *et al.*, 2003).

Studies with systematic reviews evaluate social marketing as effective in public health (Evans, 2006; Gordon *et al.*, 2006; Stead *et al.*, 2007). There is evidence that health interventions adopting social marketing principles have been increasingly used (Andreasen, 2003; Grier and Bryant, 2005; Helming and Thaler, 2010; Walsh *et al.*, 1993) because of their potential to change behaviour (Lefebvre and Flora, 1988; Morris and Clarkson, 2009). After the first description of a social marketing activity in 1960s with a family planning campaign in India (Dholakia, 1984), it has been used in reproductive health as a whole, with enthusiastic results in raising awareness of sexual risks, knowledge of contraceptive methods and in the increasing use of oral
contraception or condoms for birth control (Meekers, 2000; Rossem and Meekers, 2000). Social marketing has been effective in HIV/AIDS prevention, with reports of changes in HIV-related knowledge, attitudes and behaviours, although interventions are few and far between (Bertrand et al., 2006; Kennedy et al., 2000; Merson et al., 2008; Noar et al., 2009; Svenkerud and Singhal, 1998). Social marketing has also been effective in reducing the transmission of infections, improving hand hygiene practices in health-care providers (Mah et al., 2006) or in reducing the uptake of smoking by young people (Devlin et al., 2007; Evans and McCormack, 2008; Gordon et al., 2006; Stead et al., 2007). The literature also identifies effectiveness in lowering incidences of alcohol or illicit drug consumption, in higher levels of healthy nutrition and sports activity (Gordon et al., 2006; Stead et al., 2007), and in increasing early case detection and treatment of leprosy (Wong, 2002).

Studies on social marketing effectiveness aim to evaluate if programmes achieve their intended purpose, comparing data before and after the interventions. Data are usually obtained from interviews and surveys, measuring the changes in knowledge, attitudes and behaviours, and by examining the results in epidemic reports (Bertrand et al., 2006; Gordon et al., 2006; Grier and Bryant, 2005; Stead et al., 2007). However, social marketing programmes have weak evaluation designs and flaws in planning (Gordon et al., 2006; Grier and Bryant, 2005; Noar et al., 2009). Most interventions that are considered effective could potentially be more effective and efficient than they are (Evans et al., 2009; Wymer, 2011).

2.2.3. Challenges and Barriers for Effective Health Social Marketing Programmes

To be effective, social marketing should follow the steps of a marketing plan: purpose, situational analysis, target profile, positioning, marketing-mix and plan evaluation (Noar et al., 2009; Silva and Silva, 2012). Social marketing should benefit from segmentation strategies to target the priority populations appropriately as stated in the theoretical bases of social marketing (Albrecht, 1996; Andreasen, 2002; Bloom and Novelli, 1981; Fine, 1980; Grier and Bryant, 2005; Grier and Kumanyika, 2010; Walsh et al., 1993). Reactions to the promotion of behaviour change vary across different target groups (Forthofer and Bryant, 2000). As policy makers should consider people’s heterogeneity (Hill and Martin, 2014), social marketers also should divide populations
on the basis of their characteristics (Grier and Bryant, 2005; Grier and Kumanyika, 2010). It is also important to look at the contextual factors of the audiences because standard packages of prevention do not work universally (Andreasen, 2002; Hankins and Zalduondo, 2010; Vega and Roland, 2005). This appropriateness determines the measurable impact for epidemic outcomes (Grassly et al., 2001; Likatavicius and VandeLaar, 2012).

Literature on HIV/AIDS prevention social marketing, for example, shows there is increasing research on target audiences and tend to follow theoretical guidelines to design effective social marketing programmes (Noar et al., 2009). A systematic review of studies on mass media campaigns for HIV prevention between 1998 and 2007 reported that 94% had a specific target audience, while a previous study on campaigns developed between 1986 and 1998 reported that 59% of those studies were targeted at the general population (Noar et al., 2009). The literature lacks information on whether the campaigns’ segmentation was adjusted to the epidemiological situations or the context where they were applied.

**Proposition 2.2 (P2.2)** – The number of health-related social marketing interventions fits with epidemic rates evolution.

**Proposition 2.3 (P2.3)** – The identified targets are appropriate for the affected populations.

**Proposition 2.4 (P2.4)** – The identified messages are appropriate for the health prevention methods.

**Proposition 2.5 (P2.5)** – Health-related social marketing fits the policy, socioeconomic and cultural context.

A marketing strategy may respond to societal needs, but in a reactive manner. Marketing theory states that managers may have a reactive or a proactive marketing orientation (Jaworski and Kohli, 1993). In proactive marketing, instead of looking only at current customers as is the case of reactive marketing, firms develop also an exploratory learning of new market opportunities, observing actual behaviours to discover future needs and making adjustments (Jaworski and Kohli, 1993). Social marketers should develop a proactive marketing orientation, looking at the epidemic trends and developing proactive prevention policies (Jones and Iverson, 2012;
Likatavicius and VandeLaar, 2012). Proactive social marketing interventions have been crucial during the outbreaks of bird flu or swine flu, for example, promptly communicating the preventive and medical recommendations to the population, which may ultimately have averted their potential of becoming a pandemic influenza (Jones and Iverson, 2012).

The epidemic information on communicable diseases is provided by the UN, WHO, Centre for Disease Control (CDC) and European Centre for Disease Control (ECDC). These reports focus on public health surveillances and present only short discussions on future trends and challenges. The fact that several social marketers and policy-makers have only borderline knowledge of epidemic trends or audience research (Grier and Bryant, 2005; Wymer, 2011) suggests the following research proposition. An understanding of a reactive marketing orientation constitutes a step in designing proactive strategies in the future.

**Proposition 2.6 (P2.6) - Health-related social marketing is reactive to epidemic dynamics.**

Figure 2.1 systematises the research questions and this paper’s propositions.

**Figure 2.1**

Propositions of the study

- **Health-Related Social Marketing as a Public Policy Intervention**
  - P 2.1 - Health-related social marketing is predominantly developed within public policy interventions rather than by non-governmental organizations.

- **The Fit of Health-Related Social Marketing to Situational Needs**
  - P 2.2 - Health-related social marketing responds to epidemic rates evolution
  - P 2.3 - The identified targets are appropriate for the affected populations.
  - P 2.4 - The identified messages are appropriate for the health prevention methods.
  - P 2.5 - Health-related social marketing fits the policy, socioeconomic and cultural context.
  - P 2.6 - Health-related social marketing is reactive to epidemic dynamics.

Source: authors.
2.3. Research Methods

The literature review explained above and the propositions formulated lead the researchers to examine the appropriateness of health-related social marketing policies to the epidemics and context of the targeting interventions. The study is focused on HIV/AIDS, a health priority that represents a global problem in public policy (UNAIDS, 2012b; UNO, 2001; UNO, 2011), for which a wide number of social marketing interventions have been developed by both public services and NGOs, and which also faces problems of stigma and discrimination in society (Castro et al., 2010; Gruskin et al., 2007; Lefebvre, 2011; Merson et al., 2008; Uhrig et al., 2010). HIV/AIDS prevention, besides being a good example for case study as already explained, has also a big impact in public policy and represents high levels of expenditure.

HIV infection was first diagnosed in 1981 in the United States of America (USA) and AIDS has been a major cause of death due to a cure or vaccine has yet to be discovered and because of problems with therapy adherence (Merson et al., 2008). Initially a death sentence because it was marked by a starting period with a huge number of deaths, AIDS became a chronic disease in 1996 with the discovery of anti-retroviral treatments (Merson et al., 2008). People living with HIV suffer from stigma and discrimination because behaviours associated with infection transmission are related to sexual conduct or the use of injected drugs (Castro et al., 2010; Gruskin et al., 2007; Merson et al., 2008; Uhrig et al., 2010). The first worldwide public-health strategy to engage with human rights was motivated by the discrimination towards people living with HIV (Gruskin et al., 2007). That stigma still persists nowadays despite science realising that HIV infection is a global epidemic that can be transmitted by basic unprotected behaviours of any human-beings (Merson et al., 2008). Nevertheless, people has been away from prevention programmes because of the lack of the conscious of self-vulnerability (Gruskin et al., 2007). Fighting HIV/AIDS infection, including fighting against HIV discrimination, is a public policy challenge worldwide and one of the UN’s millennium goals (UNAIDS, 2012b; UNO, 2001). It is also a major concern for social marketers, including campaigns against stigma and discrimination.
(Lefebvre, 2011). A recent political resolution declared that efforts will be intensified to eradicate the infection (UNO, 2011).

2.3.1. Data Collection

The researchers collected national HIV/AIDS prevention social ads broadcasted on TV in Europe since the infection was first diagnosed, in 1981, to the end of 2011. Use of mass media, as television, also implies examining segmentation needs and the potential consequences of stigma and discrimination in consequence of the targeting strategy (Grier and Brumbaugh, 1999; Newton et al., 2013).

Data collection was done on the internet. The internet was the most accessible and convenient tool to collect data and we were highly successful in this task for France, Germany, Portugal and Italy. We also found that institutions and countries have different habits of sharing social marketing ads online. There was the risk that this methodology could have yielded mainly recent data, but after contacting institutions in the four countries, it became clear that the database could confidently be considered reliable, showing that the internet is an appropriate tool to conduct a longitudinal collection of television HIV/AIDS prevention advertisements.

We searched for data during six months in the sources referred in Table 1.2 (see p.12). The search expressions employed on video sharing websites were “HIV AIDS Prevention advertisement” in English followed by the name of each EU country, also in English and then translated into each of the twenty-three European official languages, as shown in Table 1.3 (see p.12). Suggestions provided by video-sharing websites were also considered.

2.3.2. The Database

We collected 539 HIV prevention TV ads from EU countries, excepting Croatia which was not a member at the time of the data collection. We selected all the ads collected from four countries whose data was well distributed over the period of analysis and represented 69.6% of the database. The other data showed low numbers of advertisements by country. Seven countries had less than 25 ads, mostly concentrated in a specific time period, and ten countries had less than ten ads, which would also not provide a longitudinal perspective. We selected 375 national HIV prevention
advertisements from four European countries as case studies. 146 are from France (38.9%), 115 from Germany (30.7%), 76 from Portugal (20.3%) and 38 from Italy (10.1%).

This is not a cross-country study, but although the four countries selected are all from the western part of Europe, and long-time members of the EU, they are politically, socioeconomically and culturally diverse. This strengthened the scope of our study because culture plays an important role in health communication both in message effectiveness and in the expectations of message design (Airhihenbuwa and Obregón, 2000; Kreuter and McClure, 2004; Reardon et al., 2006). Despite the commitment of member states to exchange information and strengthen cooperation within the European Commission in order to develop homogeneous policies regarding health prevention (EU, 2009), there are still inequalities in national AIDS leaderships and in HIV epidemics in Europe (EU, 2009).

2.3.3. Data Analysis

Before the analysis, the narratives of the social advertisements were translated from the original languages to English. This task was performed by native speakers in some cases and, in other cases, by translation professionals with extensive knowledge of the culture and environment of the countries, having had the experience of living there. Besides the translations, they were asked to point out contextual aspects of the advertisements, such as national celebrities, use of famous songs, national symbols or metaphors.

- Content Analysis

The narratives in English were transcribed into the NVIVO software. The content analysis, performed by this paper’s first author, involved describing the characters, music, colours, non-verbal symbols and the story review of each advertisement. These notes were recorded in NVIVO and served as a basis for the coding process.

The coding categories were built based on the literature review pinpointing the most frequent messages and target audiences in HIV prevention advertisements (Noar et al., 2009), which are congruent with the knowledge of the most commonly-known means of HIV transmission (Merson et al., 2008). The literature identifies as frequent criteria for
audience segmentation in HIV prevention campaigns gender, race, sexual orientation, age, geographic region, sensation-seeking and impulsivity (Noar et al., 2009). The most prevalent prevention messages are the promotion of HIV testing, condom use and general slogans about AIDS awareness without direct references to behavioural change (Noar et al., 2009). Data coding also led to the creation of categories that had not been considered previously, in an effort to find new outcomes in the data. Each ad was coded in the NVIVO software considering 7 categories for behaviour change messages and 9 categories for target audiences. To code the target audiences, the characters, narratives and slogans were examined. Special symbols and music also resolved any coding doubts, especially in the case of young people. As Table 2.1 shows, data were also coded according to the country, year of broadcast and the source, information frequently subtitled in the sourced websites or in the last pack shot of the ads. When not available, especially the years, we looked for information on the official websites and reports from the supporting institutions.

Table 2.1
Coding categories

<table>
<thead>
<tr>
<th>Behaviour Change Message</th>
<th>Target Audiences</th>
<th>Source</th>
<th>Country</th>
<th>Year of Broadcast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom use</td>
<td>General Population (GP)</td>
<td>Governmental</td>
<td>France</td>
<td></td>
</tr>
<tr>
<td>Incentive to do the test</td>
<td>Adolescents (Adolesc.)</td>
<td>NGO vs.</td>
<td>Germany</td>
<td></td>
</tr>
<tr>
<td>Anti-discrimination</td>
<td>Men who have sex with men (MSM)</td>
<td>Partnership</td>
<td>Portugal</td>
<td></td>
</tr>
<tr>
<td>General awareness of HIV</td>
<td>Injection Drug Users (IDU)</td>
<td></td>
<td>Italy</td>
<td></td>
</tr>
<tr>
<td>Treatment adherence</td>
<td>Sex Workers (SW)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discourage needle sharing</td>
<td>Women (W)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask for information / helplines</td>
<td>Men (M)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Migrants (Mig.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>People Living with HIV (PLWHIV)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

General Population (GP) = ads whose target is generalized and not included in the other specified populations; Adolescents (Adolesc.) = young people between 13-19 years old; Women (W) = ads directly targeting female gender; Men (M) = ads directly targeting male gender Migrants (Mig.) = people from other countries, races or whose job requires regular migrations. Source: authors.

After the first author completed the coding, three independent coders were asked to validate the procedure, in order to avoid imprecise and subjective judgments (Kassarjian, 1977; Perreault and Leigh, 1989). A consensus among the coders does not
guarantee correct judgment, but if they tend to agree there is more confidence and reliability (Rust and Cooil, 1994). The independent coders did not have academic or professional experience in HIV prevention in order to simulate the reception of messages by the general population. Briefings were conducted with the independent coders in individual meetings. After a verbal explanation of the task, the coders received a text describing the concept of social marketing and the contours of the task. Initial doubts were resolved and they were trained with some examples. Then, the independent coders were asked to watch a random sample of 20 social advertisements and classify the behaviour change message and target audience of those advertisements into the categories described in Table 2.1 in order to validate the researcher’s coding. The sample represented 5.3% of the 375 total ads. When disagreements were identified, the sample was recoded and a similar coding error principle was applied to the remaining data. The random sample of 20 advertisements was created on this basis: 1) for each of the four countries the data was divided into five groups - 1987 to 1991, 1992 to 1996, 1997 to 2001, 2002 to 2006, and 2007 to 2011; 2) from each group and country the third ad in the NVIVO software was selected, ordered alphabetically by code (Country_Year_Source_N).

After collecting the independent coders’ opinions and comparing the results, most of the (few) discrepancies found were resolved through individual discussion between the coders and the researcher who performed the coding, which resulted in a better definition of the coding rules. In a few cases, discrepancies were maintained after profound discussions on recoding, where the predominant judgment prevailed.

The Proportional Reduction in Loss (PRL) approach was used to calculate intercoder reliability of the behaviour change messages and target audiences, an appropriate measure for qualitative judgment data (Rust and Cooil, 1994). With four judges – three independent coders and one of the researchers – the number of pair agreements between the six pairs of judges was calculated. Figure 2.2 briefly describes the process of data analysis and shows the percentage of pair agreements for each coding category out of the possible agreements.
The results assign a PRL reliability of 0.99 to target audience and 100 to behaviour message. This indicates there is significant agreement among the coders, considering the Nunnally rule that recommends a minimum 0.70 PRL level to sustain intercoder reliability (Rust and Cooil, 1994). This means that we can be fairly confident in our judges’ classifications as well as in the defined categories (Kassarjian, 1977).

- Correlation Analysis

To complement the content analysis, we conducted a correlation analysis in order to explore the fit between social marketing policies and epidemics collected in the official epidemic reports (ECDC/WHO, 2010; ECDC/WHO, 2012). SPSS software was used to calculate the correlations between the number of ads in each country over time by target and message and HIV incidence rates and cases by means of transmission. We also correlated the number of ads in each country with indicators that could represent the socio-economic and public policy levels. We used Gross Domestic Product per capita (GDP) and Public Expenditure on Health (PEH) - available in official statistic documents (OECD, 2013b) as indicators to correlate. These correlations are limited to
the years with official data reported, and only the ads from those periods were selected for this task.

2.4. Discussion

2.4.1. Social Marketing as a Public Policy Intervention

The practice of social marketing by NGOs has been considerable and consistent over time (Andreasen, 2003; Donovan, 2011). However, the majority of advertisements analysed in this study were developed by governmental institutions. Table 2.2 shows the distribution of the advertisements under study according to the type of sponsor.

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Ads (%)</th>
<th>Number of Governmental Ads (%)</th>
<th>Number of NGO Ads (%)</th>
<th>Number of GOV+NGO Ads (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>146 (38.9%)</td>
<td>102 (69.9%)</td>
<td>42 (28.8%)</td>
<td>2 (1.4%)</td>
<td>100%</td>
</tr>
<tr>
<td>Germany</td>
<td>115 (30.7%)</td>
<td>66 (57.4%)</td>
<td>42 (36.5%)</td>
<td>7 (6.1%)</td>
<td>100%</td>
</tr>
<tr>
<td>Portugal</td>
<td>76 (20.3%)</td>
<td>56 (73.7%)</td>
<td>18 (23.7%)</td>
<td>2 (2.6%)</td>
<td>100%</td>
</tr>
<tr>
<td>Italy</td>
<td>38 (10.1%)</td>
<td>21 (55.3%)</td>
<td>17 (44.7%)</td>
<td>0 (0.0%)</td>
<td>100%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>375 (100%)</td>
<td>245 (65.3%)</td>
<td>119 (31.7%)</td>
<td>11 (2.9%)</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: authors.

The number of partnerships between public institutions and NGOs is residual and response to the advertisements from civil society began later, remaining lower than the public sector. Considering our database, the four countries’ governments produced the first HIV prevention social ads in the 1987-1991 period, while the first HIV prevention TV advertisement by a NGO dates from 2004 in Germany, 1997 in Italy, 1994 in France, and 1992 in Portugal. These results follow the idea of P2.1 (“Health-related social marketing is predominantly developed within public policy interventions rather than by non-governmental organisations”), highlighting the importance of social marketing in public policy and that a management change regarding this aspect should
be implemented in government interventions. We can link this result to the proclamation by UNAIDS in 2003 of the “Three Ones” key principle, advising countries to develop one policy leadership with a national AIDS coordinating authority; one action plan; and one monitoring and evaluation system (UNAIDS, 2004).

2.4.2. Longitudinal Appropriateness of Health-Related Social Marketing to Epidemic Profiles

Although the research focused on the three decades of HIV history, 50.1% of the 375 advertisements under analysis were broadcast in the last decade, much more than the 36.5% in the second decade and 13.3% in the first decade. There are no data for HIV/AIDS prevention advertisements before 1987 in the four countries, when the first cases were still being reported and the means of transmission were being studied.

Figure 2.3 shows the time distribution of HIV prevention advertisements broadcast in France, Germany, Portugal and Italy by periods of five years.

**Figure 2.3**
Distribution of advertisements collected from France, Germany, Portugal and Italy by periods of five years

<table>
<thead>
<tr>
<th>Time Period</th>
<th>France</th>
<th>Germany</th>
<th>Portugal</th>
<th>Italy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987-1991</td>
<td>12</td>
<td>23</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>1992-1996</td>
<td>28</td>
<td>31</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>1997-2001</td>
<td>28</td>
<td>19</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>2002-2006</td>
<td>40</td>
<td>40</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>2007-2011</td>
<td>64</td>
<td>18</td>
<td>18</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage</th>
<th>France</th>
<th>Germany</th>
<th>Portugal</th>
<th>Italy</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.3%</td>
<td>18.1%</td>
<td>18.4%</td>
<td>16.8%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

TOTAL=100%

Source: authors.
Portugal has the highest rates of newly diagnosed HIV infection among the four countries, although the rates are decreasing. In France, the epidemic remains stable with a significant decrease in 2011, which requires careful analysis because of reporting delay. Germany has the lowest HIV incidence rates, much lower than the EU average. Table 2.3 shows the evolution of HIV incidence rates in France, Germany, Portugal and Italy since 2000 - the first year with officially reported data - until 2011.

Table 2.3
Newly diagnosed HIV infections in France, Germany, Italy, Portugal and EU - rates per 100,000 population by year of diagnosis

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>8.2</td>
<td>9.2</td>
<td>9.5</td>
<td>9.0</td>
<td>8.9</td>
<td>9.0</td>
<td>8.4</td>
<td>8.5</td>
<td>6.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>2.1</td>
<td>1.8</td>
<td>2.1</td>
<td>2.4</td>
<td>2.7</td>
<td>3.0</td>
<td>3.2</td>
<td>3.4</td>
<td>3.5</td>
<td>3.5</td>
<td>3.6</td>
<td>3.5</td>
</tr>
<tr>
<td>Italy</td>
<td>8.7</td>
<td>7.7</td>
<td>7.5</td>
<td>6.3</td>
<td>5.5</td>
<td>4.8</td>
<td>6.3</td>
<td>5.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portugal</td>
<td>27.6</td>
<td>22.6</td>
<td>21.2</td>
<td>19.5</td>
<td>19</td>
<td>17.4</td>
<td>17.9</td>
<td>17.4</td>
<td>17.8</td>
<td>15.6</td>
<td>13.6</td>
<td>8.5</td>
</tr>
<tr>
<td>EU/EEA</td>
<td>4.7</td>
<td>5.5</td>
<td>5.8</td>
<td>6.6</td>
<td>6.5</td>
<td>6.5</td>
<td>6.4</td>
<td>6.5</td>
<td>6.6</td>
<td>6.1</td>
<td>6.3</td>
<td>5.7</td>
</tr>
</tbody>
</table>

EU/EEA = European Union / European Economic Area.

In Germany, where HIV incidence rates are relatively low but have nevertheless been increasing since 2001, we find a relatively high number of HIV social ads. Table 2.4, contains the correlation coefficients between the number of ads developed in each country and the corresponding HIV incidence rates for the available time periods. It shows that there is a moderate positive correlation in Germany. This indicates that social marketers from this country responded to the increasing incidence of HIV with the development of TV social advertisements, what is according to P2.2: “Health-related social marketing responds to epidemic dynamics”.

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Table 2.4
Correlation Coefficients between the Number of Ads Developed by Country, Target Audience and HIV Incidence Rates

<table>
<thead>
<tr>
<th>Country</th>
<th>Period</th>
<th>$\rho$</th>
<th>$\rho$</th>
<th>$\rho$</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>2003-2011</td>
<td>0.1</td>
<td>-0.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Germany</td>
<td>2000-2011</td>
<td>0.5</td>
<td>0.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Italy</td>
<td>2005-2011</td>
<td>-0.6</td>
<td>-0.7</td>
<td>-</td>
</tr>
<tr>
<td>Portugal</td>
<td>2000-2011</td>
<td>-0.4</td>
<td>-0.6</td>
<td>-</td>
</tr>
</tbody>
</table>

$\rho = \text{Correlation Coefficient}$


This result refers to advertising on television, but it contradicts the API findings that sustain there is a negative correlation between HIV prevention efforts and epidemics (Merson et al., 2008; USAID et al., 2003). In Germany, the increasing incidence trend has not changed yet with the high number of advertisements because 55.7% of the total German HIV prevention ads collected were developed between 2007 and 2011, suggesting a reactive prevention policy that is coincident with P2.6: “Health-related social marketing is reactive to epidemic dynamics”. Portuguese and Italian data also agrees with P2.2 and P2.6, but in a different way. In Portugal and Italy, we find moderate negative correlations. The increased number of ads after 2006 in Portugal and after 2009 in Italy may be a contribution to the decreasing incidence rates. It also indicates a late response to the profile of these two countries that had the highest rates of AIDS (the last phase of infection) in the European region at the beginning of the 21st century and high HIV incidence rates, especially Portugal (ECDC/WHO, 2010; ECDC/WHO, 2012). Over the entire longitudinal period under analysis, France has the highest number of HIV prevention TV ads collected (146) but it is not the country with highest incidence rates. It should be noted that 79 advertisements (54.1%) were produced before 2002, suggesting an appropriate prevention policy considering that France ranked fourth in Europe in terms of reported AIDS cases until 2002 (ECDC/WHO, 2010), a fact that indicates the incidence rates were high in the 1990s. In brief, the results are framed on P2.2 regarding the adequacy of the number of TV ads in response to trends in epidemic incidence rates, but that adequacy tends to be reactive, in accordance with P2.6.
2.4.3. Appropriateness of Targeting Policies and Behaviour Change Messages

Theory states that even television advertisements have to segment their messages, because of the importance of adequacy to the markets, both in commercial and social marketing (Fine, 1980). Table 2.5 shows that HIV/AIDS prevention advertisements on TV collected from France, Germany, Portugal and Italy essentially target the general population and adolescents.

Table 2.5
Targets of the HIV Prevention TV Ads by Country

<table>
<thead>
<tr>
<th>Country</th>
<th>No. Ads</th>
<th>GP</th>
<th>Adolesc.</th>
<th>MSM</th>
<th>IDU</th>
<th>SW</th>
<th>W</th>
<th>Mig.</th>
<th>M</th>
<th>PLW HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>146</td>
<td>88 (60.3%)</td>
<td>34 (23.3%)</td>
<td>9 (6.2%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>10 (6.8%)</td>
<td>1 (0.7%)</td>
<td>2 (1.4%)</td>
<td>2 (1.4%)</td>
</tr>
<tr>
<td>Germany</td>
<td>115</td>
<td>85 (73.9%)</td>
<td>22 (19.1%)</td>
<td>5 (4.3%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>2 (1.7%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>1 (0.9%)</td>
</tr>
<tr>
<td>Portugal</td>
<td>76</td>
<td>51 (67.1%)</td>
<td>14 (18.4%)</td>
<td>2 (2.6%)</td>
<td>1 (1.3%)</td>
<td>2 (2.6%)</td>
<td>15 (6.6%)</td>
<td>0 (0.0%)</td>
<td>1 (1.3%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Italy</td>
<td>38</td>
<td>28 (73.7%)</td>
<td>5 (13.2%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>2 (5.3%)</td>
<td>5 (6.6%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>1 (2.6%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>375</td>
<td>252 (67.2%)</td>
<td>75 (20.0%)</td>
<td>18 (4.8%)</td>
<td>3 (0.8%)</td>
<td>2 (0.5%)</td>
<td>17 (4.5%)</td>
<td>3 (0.8%)</td>
<td>3 (0.8%)</td>
<td>4 (1.1%)</td>
</tr>
</tbody>
</table>

Source: authors.

Table 2.6 shows the frequency of messages found by country.

Table 2.6
Messages of the HIV Prevention TV Ads by Country

<table>
<thead>
<tr>
<th>Country</th>
<th>No. Ads</th>
<th>Condom Use</th>
<th>Do the Test</th>
<th>Anti-Discrimin.</th>
<th>Stop/ Avoid AIDS</th>
<th>Treatment Adherence</th>
<th>Discourage needle sharing</th>
<th>Ask for Information / Helpline</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>146</td>
<td>92 (63.0%)</td>
<td>9 (6.2%)</td>
<td>24 (16.4%)</td>
<td>11 (7.5%)</td>
<td>1 (0.7%)</td>
<td>0 (0.0%)</td>
<td>9 (6.2%)</td>
</tr>
<tr>
<td>Germany</td>
<td>115</td>
<td>83 (72.2%)</td>
<td>1 (0.9%)</td>
<td>3 (2.6%)</td>
<td>27 (23.3%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>1 (0.9%)</td>
</tr>
<tr>
<td>Portugal</td>
<td>76</td>
<td>34 (44.7%)</td>
<td>9 (11.8%)</td>
<td>19 (25.0%)</td>
<td>13 (17.1%)</td>
<td>0 (0.0%)</td>
<td>1 (1.3%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Italy</td>
<td>38</td>
<td>12 (31.6%)</td>
<td>3 (7.9%)</td>
<td>2 (5.3%)</td>
<td>16 (42.1%)</td>
<td>1 (2.6%)</td>
<td>2 (5.3%)</td>
<td>2 (5.3%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>375</td>
<td>221 (58.9%)</td>
<td>22 (5.9%)</td>
<td>48 (12.8%)</td>
<td>67 (17.9%)</td>
<td>2 (0.5%)</td>
<td>3 (0.8%)</td>
<td>12 (3.2%)</td>
</tr>
</tbody>
</table>

Source: authors.

Social advertisements tend not to fit the epidemic needs in terms of target audience (contrary to P2.3) but do use suitable messages (according with P2.4), except if they potentially represent conflicts regarding the associated context or stigma.
Germany has recorded an increase in incidence rate between 2000 and 2011 (ECDC/WHO, 2010; ECDC/WHO, 2012; Likatavicius and VandeLaar, 2012) and MSM transmission is responsible for that growth. Germany is the only country under analysis where heterosexual intercourse is not the most prevalent means of HIV transmission. When we compare these statistics proportionally with the countries’ total population, we understand that the epidemics studied are concentrated in specific groups of people with risky behaviours, as stated in the official reports (ECDC/WHO, 2012; Likatavicius and VandeLaar, 2012; UNAIDS, 2012b). MSM transmission has also increased in Portugal, France and Italy since 2004, which highlights that the prevention of HIV among MSM is the cornerstone of the infection response, because interventions to control the HIV epidemic need to be adapted to the national epidemiological situations (Rimal et al., 2009). Figure 2.4 illustrates the evolution of newly diagnosed HIV infections by means of transmission.

The decreasing incidence rates and the expressive number of ads targeting the general public have a moderate negative correlation in Portugal and France and a strong negative correlation in Italy. In Germany, we find positive correlations between the increasing incidence rates and ads targeting the general population and adolescents. 66.1% of the German ads were developed in the period 2002-2011 but they did not result in an effective intervention to reverse the increasing trend of infection. HIV transmission in this country is mainly between men in sexual relationships and MSM-targeted advertisements only represent 4.3% of the total German HIV/AIDS prevention ads, all of them broadcast after 2007. This shows the inadequacy of the target audience to the epidemic profile. We find similar results in other countries with increasing MSM cases since 2004, such as Portugal and Italy, where HIV prevention TV ads targeting MSMs only started in 2010. In contrast, French public HIV prevention ads on TV have targeted MSMs since 1991.
Figure 2.4
HIV Infections Incidence Rates in France, Germany, Portugal and Italy by Means of Transmission (2004-2011)

We also note that P2.3 does not occur because Portugal neglected to target IDU when this country was leading the number of HIV cases by this means of transmission in Europe between 2004 and 2008 (ECDC/WHO, 2012; Likatavicius and VandeLaar, 2012). Furthermore, France and Portugal have developed several campaigns targeting women while the infection is concentrated in men, and mother-to-child transmission is residual (ECDC/WHO, 2012; Likatavicius and VandeLaar, 2012). The lack of ads targeting players in the sex industry, a sector with a prevalence of high-risk behaviour (Merson et al., 2008), is also curious.

Except for Italy, the use of condoms is the most prevalent message. This is because sexual intercourse is the main means of transmission. In Italy, there are more advertisements with general warnings about AIDS and appeals to stop/avoid infection, without specifying an explicit behaviour that requires change. This is revealing of an awareness policy rather than a behaviour change positioning. This fact is not circumscribed to the first two decades of infection as recognised by the literature (Noar et al., 2009) and may be related to possible concern with regard to mentioning fracturing issues in the context of the countries. Portugal and France have a significant number of ads with anti-discrimination messages. This may be a result of their having a higher prevalence rate compared to Germany and Italy (UNAIDS, 2012b). These findings may indicate that social marketers are concerned with HIV stigma and discrimination.

2.4.4. Adequacy to the Environment

With the economic crisis in Europe, Mediterranean countries, such as Portugal and Italy, are suffering from excessive public debt and face high disparity in relation to countries from north and central Europe. In order to characterise social-economic profiles of the countries, that could influence the production of social advertisements for health prevention we analysed GDP per capita and PEH indicators. Figure 2.5 shows the socio-economic profile of the four countries analysed according with those chosen indicators and evidences the gap between Portugal and Italy versus Germany and France.
The number of TV ads collected in each country varies and this policy of social marketing communication seems to be related to both public expenditure on health and the national economic situation as measured by GDP. Table 2.7 highlights that, apart from the fact that the countries in this study with more advertisements are also the ones with stronger economies, we also find moderate positive correlations between the number of ads developed by Germany, Portugal and Italy and their respective GDPs over time. Although an increasing PEH does not necessarily mean more budgets dedicated to health promotion and TV social ads, there are strong positive correlations between the number of ads developed by Germany and Italy and the respective PEH,
and a moderate correlation in the case of France. There is a fit between the number of social advertisements and the economic context.

Table 2.7
Correlation Coefficients between the Number of Ads Developed by country with gross domestic product per capita (GDP) and public expenditure on health (PEH)

<table>
<thead>
<tr>
<th>Country</th>
<th>Period</th>
<th>Ρ</th>
<th>Period</th>
<th>Ρ</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>2004-2011</td>
<td>-0.2</td>
<td>2004-2010</td>
<td>0.3</td>
</tr>
<tr>
<td>Germany</td>
<td>2004-2011</td>
<td>0.4</td>
<td>2004-2009</td>
<td>0.7</td>
</tr>
<tr>
<td>Italy</td>
<td>2005-2011</td>
<td>-0.7</td>
<td>2005-2010</td>
<td>0.9</td>
</tr>
<tr>
<td>Portugal</td>
<td>2005-2011</td>
<td>-0.6</td>
<td>2005-2010</td>
<td>-0.3</td>
</tr>
</tbody>
</table>

ρ = Correlation Coefficient
Source: authors, with data from OECD Factbook Statistics 2013 (OECD, 2013b)

Social advertisements are a product of several variables influencing the leaders of governments and NGOs that undertake such campaigns and the people who expect certain types of leadership according to the culture (Dorfman et al., 2012). Several models have been developed to understand cultural differences, but the Hofstede Model (Hofstede, 2001) and, more recently, the GLOBE project – the Global Leadership and Organisational Behaviour Effectiveness (House et al., 2004) have been the most used in cross-cultural research, despite intensive debate on the methodological differences between these models (Hofstede, 2010). The high prevalence of messages promoting condom use may be connected with cultural issues. In Western Europe, this message is not very controversial (and even less over time) for policy-level interventions (EU, 2009; Likatavicius and VandeLaar, 2012). The research on the national HIV prevention policies shows that the four countries under analysis regularly deliver free condoms in several settings and promote this prevention method in their strategic programmes. The “moral message” regarding ABC prevention principles for HIV - Abstinence, Being Faithful and, when appropriate, Condoms (D’Ivoire et al., 2004) - has been considered by the scientific community as a way to oversimplify prevention (Coates et al., 2008), because abstinence is not considered a realistic prevention method and being faithful is not protective at all (Collins et al., 2008). The ABC prevention principle has been especially encouraged by moral and conservative systems for ethical or religious reasons (Coates et al., 2008). Italy has the lowest proportion of messages endorsing condom use and this may be associated with it being regarded as a predominantly male
nation with strong religion beliefs (Hofstede, 2001), namely because of its proximity with the Vatican. The high number of ads in Portugal encouraging the HIV testing and dissuading discrimination towards the disease may be related to the fact that Portugal has relatively high uncertainty avoidance, is feminine, of humanist orientation and collectivist values (Hofstede, 2001; House et al., 2004).

The number of ads by country also reflects contextual strategic policies. France and Germany show higher numbers of advertisements and rate their own prevention efforts at higher levels than Portugal and Italy (UNAIDS, 2012a). The national authorities explain the activities developed and rate their own prevention efforts in NCPI (National Composite Policy Index), a survey powered by UNAIDS to evaluate national commitments and policies regarding HIV (UNAIDS, 2012a). In the last NCPI survey, countries had to rate in a self-evaluation their overall policy efforts in HIV prevention in 2011. Germany answered 9 (having answered 9 for 2009, 9 for 2007, and 8 for 2005); France answered 9; Portugal answered 7 (6 for 2009), and Italy answered 6 (UNAIDS, 2012a). All of these countries’ NCPI reports mentioned the development of social advertisements on TV within prevention and social marketing activities. This discussion is in the same logic of P2.5: “Health-related social marketing fits the policy, socioeconomic and cultural context”.

2.4.5. Social Marketing and Policy Ambivalences

Ethical considerations may inhibit the effectiveness and efficiency of social marketing in public health (Grier and Bryant, 2005; Lefebvre and Flora, 1988). The use of audience segmentation in social marketing is ethically justified (Newton et al., 2013) and these programmes may even be used to reduce health disparities in society, as long as they are culturally appropriate (Williams and Kumanyika, 2002). However, a non-segmented mass media approach may unintentionally reinforce disparities in health knowledge, increasing stereotypes and stigma towards some population segments (Grier and Bryant, 2005; Grier and Brumbaugh, 1999; Newton et al., 2013). It is important to anticipate any unintended effects because stigma and discrimination are connected with certain illnesses (Valdisserri, 2002). Social marketing has been used to fight those attitudes (Rimal and Creel, 2008) and an understanding of the potential barriers is crucial to inform its development.
Besides the cultural trade-off discussed above between appropriateness to the environment and not mentioning fracturing issues in social messages to avoid cultural dissonance, our research also suggests that there is inadequacy between the targeting strategies in social advertising and the prevalence of infection among populations. This may indicate policy-makers have deliberately avoided escalating stigma and discrimination in vulnerable populations connected to HIV transmission. This suggests another trade-off: on the one hand, social marketers are asked to segment audiences and design messages that are suited to the characteristics of specific targets, even in mass media communications (Albrecht, 1996; Fine, 1980; Grier and Bryant, 2005; Rimal et al., 2009); on the other hand, they are aware that they may worsen the exclusion that people living with HIV report they feel (Grier and Brumbaugh, 1999; Newton et al., 2013). Illness stigma and discrimination may inhibit policy-makers from targeting the most vulnerable populations in social marketing activities when using mass media and highlights a possible restriction to conducting coherent interventions regarding epidemic needs.

The discussed trade-off is motivated by the focus of this study being the television advertisements, a non-segmented mass media requiring at the same time marketing segmentation and targeting (Albrecht, 1996; Fine, 1980; Grier and Bryant, 2005; Rimal et al., 2009). The findings of this research sustain an absence of audience orientation in TV ads, but we are aware that there may be activities targeting specific segments through other communication tools or media or even other types of social marketing interventions. The existence of this ethical trade-off that is being discussed and should be tested in future research should not deter social marketers and policy-makers from using TV for social advertisements because mass media coverage of health issues is important. It provides an opportunity for the social inclusion of excluded population groups and minimizes knowledge disparities about health prevention (Williams and Kumanyika, 2002). Social marketing may make an important contribution to resolving the suggested trade-offs between social marketing theory and ethical and cultural conflicts, i.e., using behaviour changing tools to intensify anti-discrimination messages and demystify wrong stereotypes or misunderstandings. The theoretical background to the social marketing plan suggests actions for improvement (Grier and Bryant, 2005; Silva and Silva, 2012). Carefully driven social marketing plans should be prepared with
in-depth research on audiences in order to avoid the presence of erroneous and stereotyped scenes. The inclusion of members from the target audience in the planning process may also be an important contribution to minimize errors.

2.5. Conclusion and Research Implications

This paper shows how social marketing is used in health public policy in four European countries and its appropriateness to the environment in which it is applied – the epidemic dynamics and the policy, socioeconomic or cultural context. This research evidenced that social marketing regarding HIV prevention advertisements on TV are mainly provided by governments rather than by NGOs. We found that the number of social marketing interventions is coherent with the infection incidence rates although in a reactive manner. Social advertisements do not fit the epidemiological profiles regarding the target audience, but the messages delivered tend to be appropriate, except when they disrupt the context. This is because social ads tend to reflect the policy, socioeconomic and cultural context of the country where they are implemented. The data analysis and discussion follow the research propositions, with the exception of P2.3. If cultural trade-off occurs, P2.4 is also deviated. The discussion about who develops more social advertisements, their fit to societal needs and the barriers and challenges to conducting more effective and efficient policies is useful for improving public policies. This paper contributes to public policy and social marketing, recommending proactive responses, fitting to epidemic trends and contextual environments, and overcoming the ethical and cultural trade-offs that may occur.

To prevent reactive responses to epidemic trends, professionals must look at the data over time in order to predict the diseases’ incidences trends in each segment and conduct proactive and creative prevention policies that are suited to the epidemic characteristics in terms of target and messages. Done frequently, this practice may result in effective epidemic outcomes. Regarding HIV/AIDS prevention, policy-makers should address to the increasing incidence trends among MSM and migrants (ECDC/WHO, 2012; Likatavicius and VandeLaar, 2012; UNAIDS, 2012b).
The lack of coherence between policy design and the epidemic profiles suggest that since policy-makers consider the adequacy of social marketing strategies to the epidemic trends they may also consider possible negative externalities of their action, such as the cultural dissonance of mentioning fracturing topics or increasing stigma and discrimination towards the disease and people who suffer from it.

2.6. Limitations and Further Research

The contextual aspects of the cases analysed are a limitation of this research. The English language used to analyse all the advertisements is also a limitation because of the need to translate the ads, despite our careful recruitment and briefing with translators.

Future research may consider a broader period of analysis with more epidemiological data and may analyse social ads in other countries, especially developing countries with generalized epidemics, including other media to compare results. Other health issues could be also analysed in order make comparison of results. The conclusion on the predominant use of social marketing by public policy institutions suggests that it could be interesting to relate this study’s results with an analysis of the political parties that formed the governments in different time periods and by country, regarding their conservative or progressive policy trends. The discussed trade-offs of social marketers regarding the avoidance of mentioning fracturing issues or increasing stigma and discrimination should be tested in further research.
Chapter 3

3. A Content Analysis Model to Classify Social Advertisements According to Their Use of Positive or Negative Appeals

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3 A short version of this paper with the title “A Methodological Model to Classify Social Advertisements According to the Direction of Appeals” was published in the Proceedings of the 2013 International Conference on Research in Advertising (ICORIA). A modified version of the study with the title “A Model to Classify Television Social Advertisements According to Their Use of Positive Appeals” is published as a book chapter in Advances in Advertising Research (Vol. V) edited by Ivana Banks and Shintaro Okazaki, Springer: Wiesbaden, 2014.
Positive and negative appeals are a common research topic in social advertising, considering the existence of contradictory theories about their psychological effects in behaviour change. Researchers needed to identify appeals in social ads and propose a model to classify social advertisements as positive, negative or a combination of both appeals through qualitative content analysis. The model explores the evidences of positive and negative appeals in the advertising components. It is based on theory and empirical research conducted through a test with external judges using a sample of twenty national HIV prevention television advertisements from four European countries - France, Germany, Portugal and Italy. Researchers found reliability on the proposed model throw the high ratio of agreements between the researchers’ classification and external coders’ judgments. This model simplifies the identification and characterisation of positive and negative appeals and can be useful to the categorization of social advertisements according to the proportion use of appeals in the different components of the ads.

**Keywords:**
Content Analysis, Discourse Analysis, Social Advertising, Social Marketing, Communication Appeals.
3.1. Positive and Negative Appeals in Social Marketing

Social Marketing consists on the use of marketing principles and techniques to influence behaviour change in order to improve social good (Andreasen, 1994; Andreasen, 2003; Dann, 2010; Kotler and Zaltman, 1971; Smith, 2000). Interventions adopting social marketing have been effective and it has been highly used in public health (Evans, 2006; Evans and McCormack, 2008; Gordon et al., 2006; Grier and Bryant, 2005; Helmig and Thaler, 2010; Morris and Clarkson, 2009; Stead et al., 2007; Walsh et al., 1993). One of the most important and effective tools of social marketing in public health has been social advertising, especially in television (Abroms and Maibach, 2008; Block and Keller, 1995; Della et al., 2008; Hastings et al., 1998). Advertising has been recognised as an important communication component for successful marketing exchanges depending on the attitudes and the associations towards the advertisements by the way they are mentally processed (Ducoffe and Curlo, 2000; Heath, 2001).

Social marketing may be expressed with positive or negative appeals. Prospect Theory (Kahneman and Tversky, 1979; Tversky and Kahneman, 1981) sustains that people respond differently depending on how messages are framed exposing the consequent gains or losses of behaviours. Positive appeals express the gains and the direct benefits of behaviour change, as an incentive to adopt a specific behaviour with coping information. Negative appeals describe the losses and unintended consequences of certain attitudes and behaviours, by creating a disincentive to behave in a certain way, for instance with threatening information (Brennan and Binney, 2010). This classification interacts with a neurobiological system that varies across people’s sensitivity to aversive stimuli: positive appeals are included in the behavioural-activation system, while negative appeals are in the behavioural-inhibition system (Dillard and Anderson, 2004). Prospect theory is studied around the topics that affect the risk-seeking or risk-averse (Kahneman and Tversky, 1979; Rothman et al., 1993; Tversky and Kahneman, 1981) and has been applied inclusively within social marketing (Helmig and Thaler, 2010; Jones et al., 2003).

In order to inhibit people from continuing or adopting certain unhealthy behaviours, social marketing explores viewer reactions such as fear, guilt and shame with negative appeals of threats (Boudewyns et al., 2013; Cauberghe et al., 2009; LaTour and Rotfeld,
Threat appeals are negative messages designed to scare people by describing the terrible things that will happen to them if they do not do what the message recommends, which is inhibiting of doing something (Witte, 1992). There are conceptual models about how effective threat appeals are. Drive models suggest a curvilinear approach where fear can persuade up to a certain level, beyond which it becomes counterproductive (Janis, 1967). Health-protective behaviours theories, such as the Health Belief Model (Rosenstock, 1974), Protection Motivation Theory (Rogers, 1983), the Theory of Reasoned Action (Ajzen and Fishbein, 1980) and Subjective Expected Utility Theory (Savage, 1954) are models that share the idea that perceived threat and desire to avoid the negative outcomes or the consequences of illness motivate the protection in the presence of risk (Floyd et al., 2000). The Parallel Response Model (Leventhal, 1970) considers that in the presence of risk the receptors of messages analyse danger and may develop a danger control or fear control. The Extended Parallel Process Model combines Protection Motivation Theory and Parallel Response Model and explains that when people evaluate the threat and the suggested coping responses, assessing the response efficacy and the self-efficacy levels, there are some unintended reactions towards threat appeals, such as the development of fear control and maladaptive behaviours, especially when messages are perceived with low-efficacy and the threat level is high (Cho and Salmon, 2007; Eppright et al., 2003; Floyd et al., 2000; Gallopol-Morvan et al., 2009; Good and Abraham, 2007; Hastings et al., 2004; Ruiter et al., 2001; Ruiter et al., 2004; Witte, 1992; Witte, 1994; Witte and Allen, 2000).

Despite the predominance of negative messages in social marketing studies (Brennan and Binney, 2010; Charry and Demoulin, 2012; Dillard and Anderson, 2004; Soscià et al., 2012), especially supported by the adopters of Protection Motivation Theory (Cismaru and Lavack, 2007; Floyd et al., 2000; Witte, 1991), the literature is not agreed on whether the most effective strategy is the use of positive appeals or negative ones (Dillard and Anderson, 2004; Gardner and Wilhelm, 1987; Helmig and Thaler, 2010; Lewis et al., 2009; Reeves et al., 1991). On the one hand, not all the negative appeals
are created equally and their effectiveness vary (Cooper et al., 2014). On the other hand, the fear control and maladaptive behaviours explored by the Extended Parallel Process Model lead some authors to persuade to the advantages of positive appeals in social marketing (Block and Keller, 1995; Cho and Salmon, 2007; Guttman and Ressler, 2001; Hastings et al., 2004; Jones et al., 2003; Lewis et al., 2007; Maheswaran and Meyers-Levy, 1990; O'Keefe and Jensen, 2008; Slavin et al., 2007). Positive appeals improve the sustainability of health behaviours over longer periods of time, by increasing perceptions about their benefits (Basu and Wang, 2009). On the contrary, research on negative appeals does not reveal long-term effects (Hastings et al., 2004). After prolonged exposure, fear-based ads become predictable, boring and may stop working with repetition (Hastings et al., 2004). Positive appeals have the advantage of reducing stigma and discrimination associated with illness or with high-risk populations by not showing shocking images. The use of positive appeals in health-related social marketing may reduce traumatic symptoms in people who have already suffered from the diseases in cause (Lewis et al., 2007; Slavin et al., 2007).

A combination of negative and positive appeals in social advertisements is suggested in the literature (Gallopel-Morvan et al., 2009) and sustained by the Ordered Protection Motivation Theory (OPM), which defends that social marketing should process in the same advertisement fear appeals first and then the copy response of desired behaviours (Eppright et al., 2003; Tanner et al., 1991). We also see the combination use of humour with threat appeals in order to decrease the defensive response to fear and increase its effectiveness (Mukherjee and Dubé, 2012; Yoon and Tinkham, 2013). OPM is not unanimous well (Cox and Cox, 2001; Ho, 2000).

A better understanding about the effectiveness of message appeals has long been a research challenge (Block and Keller, 1995; Janis, 1967; Lewis et al., 2007; Lewis et al., 2009) because the existing conclusions for the best direction – positive or negative - are not consistent (Block and Keller, 1995; Brennan and Binney, 2010; Dillard and Anderson, 2004; Gardner and Wilheim, 1987; Hastings et al., 2004; Lewis et al., 2007; Lwin et al., 2010; Reeves et al., 1991). This topic is also related to the self-efficacy understood by the receptor and efficacy levels of the message response (Block and Keller, 1995; Cooper et al., 2014; Manyiwa and Brennan, 2012), as well as the motivation and involvement of the target, according to regulatory focus theory (Higgins,
1997; Higgins, 1998) and demographic factors that characterize it (Gygax et al., 2010; Higgins, 1997; Jäger and Eisend, 2013; Keller, 2006; Keller and Lehmann, 2008; Krisjanous et al., 2013; Yoon and Tinkham, 2013).

The research about social advertising involves several studies which require the analysis of the appeals used. It is crucial to analyse advertising appeals in order to understand the feelings evoked next to the receptors (Aaker et al., 1988). A content analysis model to classify social advertisements according to their proportion use of positive and negative appeals might simplify the task and give a contribution to these research challenges.

3.2. A Content Analysis Model to Classify Social Advertisements

It is common to combine both positive and negative appeals in social ads, as the Ordered Protection Motivation Theory suggests (Eppright et al., 2003; Tanner et al., 1991) or the new tendency of combining fear with humour (Mukherjee and Dubé, 2012; Yoon and Tinkham, 2013). The research on this topic requires the classification of social advertisements, which is a complex task.

The literature uses to classify advertisements by the simple identification of presence/no presence of such appeals, following their theoretical definitions (Cismaru et al., 2009; Paek et al., 2010), without any model for qualitative analysis of advertisements. Other method used is the implementation of a population inquiry with a Likert scale from one to seven - one being totally negative, seven totally positive and four a combination of both (Biener et al., 2004). We also note the use of qualitative interviews or focus group in order to understand if people consider a social advertisement as positive, negative or a combination of both appeals (Brennan and Binney, 2010; Soscia et al., 2012).

Existing methods are difficult and expensive to develop, because they need respondents for inquiries or interviews. The codification of ads by identifying the presence of each appeal is influenced by diverse forms of communication (Anderson et al., 2006; DeRosia, 2008; Mick, 1986), since positive and negative appeals may be used in advertisements in verbal or non-verbal forms (Barthes, 1964). That is why it is
important to make a classification based on the proportion use of positive and negative appeals in the same advertisement, considering both verbal and non-verbal communication.

This paper proposes a model for content analysis of social advertisements in order to classify them according to their use of positive or negative appeals. Content analysis is a qualitative research approach (Cheek, 2004) which consists on the interpretation of meaning from the content of data through the classification of coding categories and the identification of themes and patterns with attention to the context (Hsieh and Shannon, 2005).

3.3. Methodology

The building process of the proposed model follows the techniques suggested in theory to qualitative content analysis (Hsieh and Shannon, 2005): the authors searched for the definitions of positive and negative appeals in the literature as guidance for initial coding categories; allowed the perception of new coding categories evidenced from the data; and proposed the use of the model with the count, comparison of contents, and interpretation of the meanings according to the context. The authors created a first version of the model with the theoretical background of positive and negative appeals organised by the components of advertising creation and evaluation. Then, they conducted an exploratory research and used external judges to validate the analysis. The model was improved and strengthened with the identification of appeals by a set of external judges in a sample range of social advertisements. The reliability of the final model was tested with the comparison of agreement results between its use by the researchers and the results of independent coders without using the model, as recommended in the literature (Lombard et al., 2002).

3.3.1. The Model

The model for content analysis, whose purpose is the study of messages in social advertisements, was organised in three areas of advertisement creation, since all of them are important to communication, both in denotative and connotative meaning (Barthes,
1964; Oyedele and Minor, 2012) – 1) the story concept (Starks and Trinidad, 2007); 2) verbal and 3) non-verbal languages (Anderson et al., 2006; DeRosia, 2008; Harris and Attour, 2003; McQuarrie and Mick, 1999; Vakratsas and Ambler, 1999; Vaughn, 1980). The story concept is the creative guide and purpose of the advertisement in its main message (Oyedele and Minor, 2012; Zhou and Belk, 2008). The authors used discourse analysis of the spoken and written text of each ad framed in the appropriate context, as recommended in the literature (Fairclough, 1992; VanDijk, 1993; VanDijk, 2006). The research considered as important categories to analyse in verbal communication the narrative structures, with the words used (Escalas, 2004) and the slogan, which gives recognition and recall (Kohli et al., 2007). As categories of non-verbal communication which also may affect the meaning of messages, the authors highlighted the type of music, jingle or tonality of voice (Craton and Lantos, 2011), the colours (Aslam, 2006; Kress and Leeuwen, 2002) and symbols from the scenes that are used to communicate according to cultures and require contextual interpretation (Anderson et al., 2006; Barthes, 1964; DeRosia, 2008; Harris and Attour, 2003; Jeong, 2008; McQuarrie and Mick, 1999; Mick, 1986; Puntoni et al., 2010; Vakratsas and Ambler, 1999; Vaughn, 1980). Because content analysis should include a discourse and a semiotics research approach to verbal and non-verbal communication forms (Anderson et al., 2006; DeRosia, 2008), the model integrated the ideas in the concept of the story, the discourse elements and non-verbal signs that could be positive or negative according to the context (VanDijk, 2006). The authors searched for the definitions of positive and negative appeals in social marketing literature focused on threat appeals, fear appeals, protection motivation theory, drive models, health belief models and social advertising as a whole.

3.3.2. The Empirical Research

3.3.2.1. The sample data

As social advertising is especially implemented in health prevention programmes (Evans, 2006; Evans and McCormack, 2008; Gordon et al., 2006; Grier and Bryant, 2005; Helmig and Thaler, 2010; Morris and Clarkson, 2009; Stead et al., 2007; Walsh et al., 1993), the study focuses on a health topic which had several social advertisements developed with both positive and negative appeals. HIV prevention social
advertisements also reveal contradictory results about the effectiveness of positive and negative appeals (Campbell and Babrow, 2004; Eppright et al., 2003; Green and Witte, 2006; Johnson and LaTour, 1991; Lwin et al., 2010; Muthusamy et al., 2009; Sampson et al., 2001; Slavin et al., 2007; Smerecnik and Ruiter, 2010; Terblanche-Smit and Terblanche, 2010) and has been a case study in the literature regarding the inconsistency of literature about the issue (Ho, 2000; Witte, 1991). HIV/AIDS infection is a global concerning disease, whose prevention consists on a priority for public policies (Merson et al., 2008). Policy makers have being implemented several social marketing activities around the world to fight HIV/AIDS infection, including social advertisements on television (Myhre and Flora, 2000; Noar et al., 2009). Television has been the most employed and effective media in AIDS prevention (Block and Keller, 1995; Mattson and Basu, 2010) and health-related social marketing in general (Fuhrer-Forbis et al., 2009; Self and Findley, 2010). It is a media with audio and visual components that provides data for a richer analysis than other media.

The sample is based on twenty television social advertisements preventing HIV/AIDS, aleatory chosen from the database of 375 HIV prevention television advertisements from four countries previously characterised in Figure 2.3 (see p.31). The sample included five ads from each of the four mentioned countries. We divided data from each of the four countries into five chronological groups: 1987-1991; 1992-1996; 1997-2001; 2002-2006 and 2007-2011. As aleatory criteria to the sample of twenty ads, we selected the third ad of each group appearing in the NVIVO software for each of the four countries, in alphabetical order of code. The verbal forms of the data were translated into English and totally transcribed to NVIVO software with a description of the story and identifying all the nonverbal communication of each advertisement. The translations were done by natives from the original languages or people with a long period living in those countries, allowing translations with contextual appropriateness and the required attention to cultural symbols (Oyedele and Minor, 2012; Zhou and Belk, 2008).

3.3.2.2. The analysis of categories

The consensus of several judges might be more accurate than the judgment of any individual one (Perreault and Leigh, 1989). The authors asked three external judges
with wide academic experience in marketing and communication to view the twenty television social ads. One has an MBA, one a MSc in Marketing and one is PhD in Communication Sciences. After an individual briefing about the definition of positive and negative appeals in social marketing and a quick training about the tasks, the researchers asked the judges to complete an inquiry with an open question to identify in the sample ads the positive and negative appeals.

The answers of the judges about where they identified positive and negative appeals were coded in the initial defined categories extracted from theory. We used the NVIVO software to code the answers. The assessment of the judges’ considerations also allowed the inclusion of new coding categories to the model suggested from the analysed data, as recommended by the literature about content analysis (Hsieh and Shannon, 2005). After this process the researchers rebuilt the model, creating a final proposal.

3.3.2.3. The comparison of classifications

The external judges were also asked to grade the direction of each social advertisement from one to seven - one being a totally negative direction and seven totally positive, with four an equal combination of both appeals. This followed the Likert Scale method that has already been used in the literature to research the presence of positive and negative appeals in social marketing (Biener et al., 2004).

In order to compare the results of the judges with the final proposed model, including new insights on the organisation of categories that arose from the exploratory analysis, the researchers did a discourse analysis and a semiotic analysis of the data, conducting the coding process into the categories of the final model. The context of signs and connotative associations with HIV/AIDS infection were also considered in the analysis, because the context is an important factor in qualitative and semiotic analysis (Mick, 1986; Zhou and Belk, 2008). Finally, each social advertisement was classified as positive or negative focused, depending on the proportion of references of each direction in all categories. Advertisements were classified as a combination of appeals when there was a draw between positive and negative appeals in each category or advertisement.

The content analysis method should include intercoder reliability of agreements in order to understand if independent judges make the same coding decisions in evaluating
messages (Lombard et al., 2002). The study used the Proportional Reduction in Loss (PRL) approach to calculate reliability, an appropriate measure for qualitative judgment data (Rust and Cooil, 1994) that has been largely adopted and recognised in qualitative research literature of several research areas including marketing and advertising. In the case of 4 judges - 3 external judges and 1 of the researchers – the agreements between the 6 pair of judgments were calculated.

The brief design of the described process of empirical test of the proposed model can be analysed in Table 3.1.

Table 3.1
Design of the Process to the Empirical Test of the Model

<table>
<thead>
<tr>
<th>External Judges</th>
<th>Researchers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1. Classification of the advertisements according to the direction of appeals (1-7)</td>
<td>Step 2. Description of the positive and negative appeals in each advertisement</td>
</tr>
<tr>
<td>Step 3. Content analysis of description to find coding categories to the model (confirm theory and add new categories)</td>
<td>Step 4. Re-conception of the model</td>
</tr>
<tr>
<td>Step 5. Data Content Analysis</td>
<td>Step 6. Comparison of results by PRL reliability: a) using the model with b) the results of external judges (1-7)</td>
</tr>
</tbody>
</table>

Source: authors.

3.4. Results

3.4.1. Categories

The researchers analysed all the answers of judges identifying positive and negative appeals in the twenty sample ads. Examples of answers that identify positive appeals are the following: “the interlocutor has a smoothing, confident tone; balanced and comfortable atmosphere; the participant is a public figure” (Interviewee 1); “The funny way of the spot and the message appealing to the viewer’s protective behaviour through the use of condoms. The actor says that with a condom he is going to have an excellent night. The slogan informs to be prevented” (Interviewee 2); “The spot aims at conveying a positive message: how good it is to have healthy offspring. There are music, people’s and children’s smiles, images of people who are reassured because they
got tested” (Interviewee 3). We also present examples of answers identifying negative appeals: “The spot’s colour scheme; a rising line; the line colour in red alludes to blood/tragedy.” (Interviewee 1); “The message conveys that, even though we think Aids has disappeared, it can be transmitted and it does happen. The people’s gaze is suspicious and the sound is heavy. (Interviewee 2); “The ad has a gloomy atmosphere with a dark background. The young man shows a serious problem in his face but does not have the courage to speak with his family (interviewee 3). With these examples we find the importance of tonality of voice, the environment of the scene, the characters, the humour rhetoric, the slogan, and story review, the music and facial sings, colours and symbols as coding categories.

All the answers were coded in two hundred and twenty-five references. Table 3.2 presents the eleven categories identified from a qualitative analysis of the judges’ answers. Those categories were re-organised into eight categories, as structured in Table 3.2 by tabs, because public figures or testimonials mentioned by the judges are in fact characters of the advertisement and it can be only one category. Symbols are part of the environment and scenes and can also be joined in one category.

Table 3.2
Number of references from external judges by categories identified in descriptions of positive and negative appeals in the sample data - content analysis with NVIVO

<table>
<thead>
<tr>
<th>Category</th>
<th>No. References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colour</td>
<td>23</td>
</tr>
<tr>
<td>Character</td>
<td>15</td>
</tr>
<tr>
<td>Public Figure or Testimonial</td>
<td>8</td>
</tr>
<tr>
<td>Environment</td>
<td>21</td>
</tr>
<tr>
<td>Symbols</td>
<td>36</td>
</tr>
<tr>
<td>Humour</td>
<td>10</td>
</tr>
<tr>
<td>Music</td>
<td>19</td>
</tr>
<tr>
<td>Voice</td>
<td>2</td>
</tr>
<tr>
<td>Narrative</td>
<td>24</td>
</tr>
<tr>
<td>Slogan</td>
<td>11</td>
</tr>
<tr>
<td>Story</td>
<td>56</td>
</tr>
<tr>
<td><strong>Total: 11</strong></td>
<td><strong>Total: 225</strong></td>
</tr>
</tbody>
</table>

Source: authors. NVIVO output.
The results confirm the previous categories created in the model based on the background review and show that the characters and verbal rhetoric figures of the discourse, for example the humorous tone as explained by the judges, were important categories to add. These new categories were later confirmed in the literature (Barthes, 1964; Chang and Yen, 2013; Delbaere et al., 2011; Harris and Attour, 2003; McQuarrie and Mick, 1999).

Table 3.3 shows the final proposed model to classifying social advertisements based on positive or negative direction appeals. The model was created after identifying the discourse and signs related to these two new categories, to distinguish positive and negative appeals in a social advertisement. The model consists of eight categories with literature support, divided into positive and negative appeals. One category concerns the story concept (Starks and Trinidad, 2007), three – narrative, slogan and rhetoric - address verbal communication and four – voice/music, colours, signs and characters - consist of non-verbal communication (Anderson et al., 2006; DeRosia, 2008; Harris and Attour, 2003; McQuarrie and Mick, 1999; Vakratsas and Ambler, 1999; Vaughn, 1980).
Table 3.3
Model to classify social advertisements in positive and negative appeals

<table>
<thead>
<tr>
<th>Story Concept</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits of intended behaviours</td>
<td>(Brennan and Binney, 2010; Cauberghe et al., 2009; Hastings et al., 2004; Lewis et al., 2007; Lewis et al., 2009)</td>
<td>Dangerous consequences of unintended behaviours (Biener et al., 2004; Brennan and Binney, 2010; Cauberghe et al., 2009; Hastings et al., 2004; Lewis et al., 2007; Lewis et al., 2009)</td>
</tr>
</tbody>
</table>

**Verbal Communication (oral/written)**

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>Slogan</th>
<th>Positive</th>
<th>Negative</th>
<th>Verbal Rhetoric Figures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life, health, smile, love, respect, protect, prevent, treat, good, responsibility, copy, save, gains, intended, efficacy (Dillard and Anderson, 2004; Hastings et al., 2004; Lewis et al., 2007; Lewis et al., 2009)</td>
<td>Death, disease, illness, danger, fatality, fear, guilt, shame, risk, losses, bad, consequences, threat, effects, unintended (Brennan and Binney, 2010; Cauberghe et al., 2009; Dillard and Anderson, 2004; Hastings et al., 2004)</td>
<td>Incentive (Dillard and Anderson, 2004)</td>
<td>Humour, irony, metaphors empathy, motivation, advising, copy response promotion (Dillard and Anderson, 2004; Hastings et al., 2004; Lewis et al., 2007; Lewis et al., 2009)</td>
<td>Shame, Frightening, Suspense with fear (Brennan and Binney, 2010; Cauberghe et al., 2009; Dillard and Anderson, 2004)</td>
<td></td>
</tr>
</tbody>
</table>

**Non-Verbal Communication**

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>Colours</th>
<th>Signs in the Environment</th>
<th>Characters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivating, exciting, empathic (Dillard and Anderson, 2004; Hastings et al., 2004; Lewis et al., 2007; Lewis et al., 2009)</td>
<td>Frightening, sad, noisy, threatening (Brennan and Binney, 2010; Cauberghe et al., 2009; Dillard and Anderson, 2004; Hastings et al., 2004)</td>
<td>Varied palette, blues, green, white (Aslam, 2006; Kress and Leeuwen, 2002; Mick, 1986)</td>
<td>Health, happiness, smiles, hedonism (Dillard and Anderson, 2004; Hastings et al., 2004; Lewis et al., 2007; Lewis et al., 2009)</td>
<td>Motivating /Confident people, social models, testimonial, public figures (Delbaere et al., 2011; Dillard and Anderson, 2004; Hastings et al., 2004; Lewis et al., 2007; Lewis et al., 2009)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>grey scale, red (Aslam, 2006; Kress and Leeuwen, 2002; Mick, 1986)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: authors.
For each advertisement, the researcher should code the transcriptions or notes corresponding to positive or negative appeals in each of the 8 categories. The model assumed that the negative form of discourse has to be considered in the syntax domain to avoid incorrect results (Hsieh and Shannon, 2005). Considering the number of references coded in each category for each appeal, we classify those categories as positive or negative or even a combination of both. It is possible to classify a category as “Not Applicable”. It happens in advertisements without data on that category – an advertisement without narrative, or without characters or slogan, for example -, and if that absence has not a semiotics meaning. The final classification of the advertisement may be positive, negative or a combination, depending on the proportion of classifications in the eight categories. A social ad is only classified as a combination of appeals if there are an equal number of categories classified as positive, negative and/or combination of both. When there were several categories classified as a combination of appeals, the number of categories classified only as positive or negative usually resolve the draw. As social advertisements may include both negative and positive appeals (Eppright et al., 2003; Gallopel-Morvan et al., 2009), the final classification of social advertisements as positive, negative or a combination of both reflect the proportion of codifications as positive and negative in the different categories of the model, considering that each category has the same importance to the classification of social ads.

### 3.4.2. Reliability

After the classifications of the external and independent coders, who did not have access to the model, the researchers found that there is reliability in the use of the model to classify positive and negative appeals in social advertisements. Table 3.4 shows the number of intercoding agreements and PRL reliability of judgements of positive and negative appeals from external judges who classified the ads on a Likert Scale and from one of the researchers who used of the proposed model.
### Table 3.4
Interjudge Reliability of the Data

<table>
<thead>
<tr>
<th>Interjudge Agreements</th>
<th>95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Interjudge Agreements Possible</td>
<td>120</td>
</tr>
<tr>
<td>Proportion of Interjudge Agreement (A)</td>
<td>0.791</td>
</tr>
<tr>
<td>PRL Reliability for 3 categories and 4 judges</td>
<td>0.97</td>
</tr>
</tbody>
</table>

Source: authors.

We proposed three possible classifications to code data – positive, negative or an equal combination of both appeals - and found 79.1% intercoding agreement in the classification of social advertisements of the sample. We measured the reliability of the model with the Proportional Reduction in Loss (PRL) approach proposed by Roland Rust and Bruce Cooil (1994). This result corresponds to a PRL reliability of 0.97 concerning the 4 judges. As the PRL is comparable to Cronbach’s Alpha (Rust and Cooil, 1994), the obtained PRL value is higher than the minimum reliability coefficient and indicate interjudge reliability, which means that we can be fairly confident in the classifications made in this exploratory analysis, as well as in the proposed model (Kassarjian, 1977; Rust and Cooil, 1994). The existing disagreements between the judges are not too accented because they respect to the differences of classification near the combination point of the Likert Scale (point 4). The model proposes the classification of an advertisement as combination when it shows an equal number of positive and negative appeals. This specific result would be hard to fit always with the simple classification of the external judges, who did not have the model to help their analysis.

### 3.5. Conclusion and Research Implications

This paper proposed a content analysis model to classify social advertisements according to their use of positive, negative and equal combination of both appeals. The model is based on the definitions of positive and negative appeals in theory and is confirmed by an exploratory research with data through the comparison of appeal classifications of one of the researchers and three external judges. The results of this
study allow confidence in reliability of the model. The model classifies social advertisements as positive or negative appealed, considering the identification of positive and negative appeals in the story review, verbal and non-verbal communication of TV social advertisements. This paper gives a contribution with a method that may simplify research concerning positive and negative appeals in social marketing, with particular relevance in health prevention.

3.6. Limitations and Further Research

The model was tested with audiovisual advertisements, since they include more dimensions and considering one health issue. In the future, the model can be also tested with other media and other subjects besides health. Future research may also discuss the effectiveness of positive and negative appeals, comparing their use in the different advertisement categories so that it can be possible to understand the communication elements where appeals work better.
Chapter 4

4. The Use of Positive Appeals in Social Marketing: a research focused on television advertising for preventing HIV/AIDS in four European countries.4

4 A previous version of this paper was published in the Proceedings of the 39th Annual Macromarketing Conference, ISSN 2168-1481, with the title “The Gap between Theory and Practice in Social Marketing: A Research about the use of Positive and Negative Appeals in European Television Advertising Preventing HIV/AIDS”. A short and adapted version titled “Are threat appeals more popular than positives in social advertising?” was published in proceedings of the 2014 International Conference on Research in Advertising (ICORIA). This paper includes the study “Celebrity Endorsements in Social Marketing: an exploratory research based on European Advertisements preventing HIV/AIDS” published in the book of abstracts from the 11th International Colloquium on Nonprofit, Arts, Heritage, and Social Marketing, which won the Best Paper Award provided by Journal of Social Marketing, Emerald Group.
The paper analyses the use of positive and negative appeals in social marketing in a longitudinal overview in order to discuss social marketers’ choices regarding this topic.

The researchers examined 375 television social advertisements on preventing HIV from four European countries and found that, contrary to several theories, positive appeals have a preponderant use although varying in frequency over time. Advertisements are created with a combination of positive and negative appeals, although not in equivalent proportions. This study describes those appeals and how they are used and combined. Negative appeals are associated with conservative political context and culture with uncertainty avoidance, as well as with the severity of epidemic incidence rates.

A better understanding of social marketing practices may contribute to the theoretical debate about the effectiveness of social marketing appeals and to lessening the gap between theory and practice.

**Keywords:**
Positive Appeals, Negative Appeals, Social advertising, Social Marketing
4.1. Introduction

Prospect Theory states that people respond differently to risks depending on how messages are framed - in positive or negative directions (Kahneman and Tversky, 1979; Tversky and Kahneman, 1981). Messages can also have an informational or emotional tonality (Brennan and Binney, 2010; Helming and Thaler, 2010; McKay-Nesbitt et al., 2011). As in commercial marketing (Bagozzi et al., 1999; McKay-Nesbitt et al., 2011), the majority of social marketing messages have an emotional tonality (Basu and Wang, 2009; Block and Keller, 1995; Brennan and Binney, 2010; Keller, 2002; Keller and Lehmann, 2008; Lang and Yegiyan, 2008) because of its effectiveness (Flora and Maibach, 1990; Hastings et al., 2004; Helming and Thaler, 2010; Lewis et al., 2007; Vincent and Dubinsky, 2005). The literature is not agreed on whether the most effective strategy is the use of positive emotional appeals or negative ones in social marketing (Block and Keller, 1995; Brennan and Binney, 2010; Dillard and Anderson, 2004; Gardner and Wilheim, 1987; Hastings et al., 2004; Lewis et al., 2007; Lewis et al., 2009; Reeves et al., 1991). Several authors resort to negative appeals, according to the effectiveness of Protection Motivation Theory (PMT) (Rogers, 1983) and other theories that also highlight the advantages of fear and threat messages (Block and Keller, 1995; Brennan and Binney, 2010; Cauberghe et al., 2009; Charry and Demoulin, 2012; Cismaru and Lavack, 2007; Cismaru et al., 2008; Cismaru et al., 2009; Dillard and Anderson, 2004; Gallopol-Morvan et al., 2009; Hastings et al., 2004; McKinley, 2009; Vincent and Dubinsky, 2005). Negative appeals may be ineffective when they are overused, and some authors consider positive appeals to be an efficient alternative with several advantages (Brennan and Binney, 2010; Lewis et al., 2007; O'Keefe and Jensen, 2008), especially in the case of public health (Lewis et al., 2007; Slavin et al., 2007).

The existing findings are inconsistent and contradictory as a result of laboratory research that only looked for the most effective appeals in different situations (Hastings et al., 2004). Instead of discussing effectiveness, the present research aims at analysing their use from a longitudinal overview. There are few studies on the prevalence of the use of positive or negative social marketing appeals (Hastings et al., 2004; Slavin et al., 2007). Those that have been done are based on a meta-analysis of the literature and do not explain the how or when each appeal was used (Hastings et al., 2004; Slavin et al.,...
Prior knowledge about factors that influence the effectiveness of appeals may influence their use in different circumstances. A better understanding of practice may be an important contribution to social marketing theory (Quinn et al., 2010; Silva and Silva, 2012). From the perspective of the theory of practice (Reckwitz, 2002), this study allows an understanding of the contextual logic of routines in the case of social marketing.

4.2. Literature Review

4.2.1. The Persuasiveness of Negative Appeals

Social marketing may be expressed with positive or negative appeals, according to the intention of guiding behaviours (Brennan and Binney, 2010). In order to inhibit people from continuing or adopting certain unhealthy behaviours social marketers use negative messages with threats, to create viewer reactions such as fear, guilt and shame as well as psychological discomfort that leads to a disincentive to behave in a certain way (Boudewyns et al., 2013; Cauerghe et al., 2009; LaTour and Rotfeld, 1997; Lewis et al., 2007; Ray and Wilkie, 1970). On the contrary, positive appeals aim to show the direct benefits of behaviour change, as an incentive to adopt a specific behaviour (Brennan and Binney, 2010; Hastings et al., 2004; Lewis et al., 2007; O'Keefe and Jensen, 2008). This dichotomy of message frames affects the response to the perceived risk (Rothman et al., 1993) in accordance to Prospect Theory (Kahneman and Tversky, 1979; Tversky and Kahneman, 1981) which is adopted in several topics of management and decision process, including social marketing (Helmig and Thaler, 2010; Jones et al., 2003).

Threat appeals are messages designed to frighten people by showing the consequent losses if they do not heed message advices (Witte, 1992). Different models have described the effectiveness of these negative appeals in social marketing, with a special focus on research in health behaviour. Fear-drive models assert that the main factor in the effectiveness of social marketing is the use of the correct level of fear, suggesting a curvilinear approach where fear can persuade up to a certain level, beyond which it becomes counterproductive (Janis, 1967). This means moderate fear is needed to
motivate people, but high levels of fear can boomerang. Drive models were later rejected (Cauberghe et al., 2009; Dillard and Anderson, 2004; Witte, 1992) because of the acceptance of health-protective behavioural theories such as the Health Belief Model (Rosenstock, 1974), Protection Motivation Theory (PMT) (Rogers, 1983), the Theory of Reasoned Action (Ajzen and Fishbein, 1980) and Subjective Expected Utility Theory (Savage, 1954), which share the idea that healthy behaviours are based on the desire to avoid negative health consequences or illness in general as well as on the perceived threat to the risk (Floyd et al., 2000). Protection Motivation Theory (PMT) (Rogers, 1983) has been widely studied as a disease prevention model, suggesting that the level of fear is an indirect cause of persuasiveness. The direct cause is our ability to perceive the severity of a threat, our perception of vulnerability and our perceived self-efficacy to change behaviours with low cost (Prentice-Dunn and Rogers, 1986; Rogers, 1983). Research has shown that higher levels of perceived threat, vulnerability and perceived self-efficacy to change have a significant impact on protection motivation (Floyd et al., 2000; Rogers, 1983). The Extended Parallel Processing Model (EPPM) later included the explanation that the perceived efficacy of the message determines the response. This theory combines PMT and Parallel Response Model (Leventhal, 1970) sustaining that receptors towards threat may develop danger control and process an adaptive behaviour, or fear control, developing a maladaptive behaviour. Fear control or maladaptive coping responses are defensive reactions to fear appeals that result in unintended consequences, such as the boomerang effect (Cho and Salmon, 2007; Eppright et al., 2003; Floyd et al., 2000; Gallopel-Morvan et al., 2009; Good and Abraham, 2007; Hastings et al., 2004; Ruiter et al., 2001; Witte and Allen, 2000). Low-efficacy perceived messages may lead to rejection by fear control (Witte, 1992; Witte and Allen, 2000). To prevent this problem, PMT and EPPM suggest combining negative appeals with positive appeals. This means the message is oriented to self-efficacy for the recommended response and its benefits, combined with a warning about the dangers of maintaining the current behaviour (Gallopel-Morvan et al., 2009). This idea is also supported by the Ordered Protection Motivation Theory (OPM), which provides adapted coping responses after threat appraisals in the sequence of advertising (Eppright et al., 2003; Tanner et al., 1991). This means that a combination of negative and positive appeals reduces maladaptive responses and increases adaptive protection
behaviours (Eppright et al., 2003). We also find the combined use of humour with threat appeals in order to decrease the defensive response to fear and increase its effectiveness (Mukherjee and Dubé, 2012; Yoon and Tinkham, 2013). Some authors reject OPM (Cox and Cox, 2001; Ho, 2000)

Consistent with PMT and EPPM, the literature suggests a relationship between fear arousals and persuasion which means the more fear, the more persuasion (Witte and Allen, 2000). This correlation does not assume the counterproductive overly high fear levels as proposed by drive models, because of the lack of evidence (Green and Witte, 2006; LaTour, 2006; Witte and Allen, 2000). Using fear and threat, PMT and EPPM have been widely used to help create social marketing actions and several researchers demonstrate their effectiveness for creating persuasiveness in a variety of health contexts (Biener et al., 2004; Block and Keller, 1995; Brennan and Binney, 2010; Cauberghe et al., 2009; Charry and Demoulin, 2012; Cismaru and Lavack, 2007; Cismaru et al., 2008; Cismaru et al., 2009; Dickinson-Delapore and Holmes, 2011; Dillard and Anderson, 2004; Eppright et al., 2003; Floyd et al., 2000; Gallopel-Morvan et al., 2009; Gore and Bracken, 2005; Hastings et al., 2004; Keller and Lehmann, 2008; McKinley, 2009; Vincent and Dubinsky, 2005; Witte and Allen, 2000). Other authors claim that fear control does not necessarily undermine the effectiveness of a threat appeal, but can also lead to its acceptance by moderating fear levels (Cauberghe et al., 2009). Negative appeals have been more reported than positive appeals in social marketing literature (Basu and Wang, 2009; Cismaru et al., 2009; Hastings et al., 2004; Lewis et al., 2007; Vincent and Dubinsky, 2005) as well as in political marketing (Brader, 2006; Mayer, 1996; Sides et al., 2010). We infer a preponderance of threat appeals in practice.

4.2.2. Positive Appeals: an alternative to fear control

The literature presents positive appeals as an alternative to the overuse and saturation of negative appeals. In 1990, findings from the Harvard School of Public Health linked positive appeals with motivation to change and social marketing effectiveness (Block and Keller, 1995; Maheswaran and Meyers-Levy, 1990). Positive emotional appeals are based on humour, irony, hope, portraying benefits and using celebrities or social models who activate the coping response (Brennan and Binney, 2010; Hastings et al., 2004;
Lewis et al., 2007). Positive emotional appeals are defended by some experts, despite common criticisms about their inefficacy for the lack of shock messages (Hastings et al., 2004). Although contrary to other findings (Dillard and Anderson, 2004; Floyd et al., 2000; Witte and Allen, 2000), more fear may not always be better because people reach a point of saturation, after which there is a decreased likelihood of negative appeal effectiveness because of its indiscriminate overuse over the years (Brennan and Binney, 2010). Positive appeals improve the sustainability of health behaviours over longer periods of time, by increasing perceptions about their benefits (Basu and Wang, 2009; O'Keefe and Jensen, 2008). Research on negative appeals does not find long-term effects (Hastings et al., 2004). After prolonged exposure, fear-based ads become predictable and boring, and may stop working with repetition (Hastings et al., 2004). Positive appeals have the advantage of reducing stigma and discrimination associated with an illness or high-risk populations by not showing shocking images. The use of positive appeals in health-related social marketing may reduce traumatic symptoms in people who have already suffered from the diseases in question (Lewis et al., 2007; Slavin et al., 2007).

### 4.2.3. Factors Influencing the Efficacy of Positive and Negative Appeals

A better understanding about the effectiveness of message appeals designed by social marketers to influence people has long been a research challenge (Block and Keller, 1995; Janis, 1967; Lewis et al., 2007; Lewis et al., 2009), because conclusions for whether positive or negative directions are best for message appeals to persuasion remain contradictory, (Block and Keller, 1995; Brennan and Binney, 2010; Dillard and Anderson, 2004; Gardner and Wilhelm, 1987; Hastings et al., 2004; Lewis et al., 2007; Lwin et al., 2010; Reeves et al., 1991) even when the cause is the same (Hastings et al., 2004; Zhao and Pechmann, 2007). Some authors suggest differentiating their use (Henley and Donovan, 1999; Jones and Owen, 2006) according to situations where one direction is the most appropriate (Brennan and Binney, 2010; Keller and Lehmann, 2008; Self and Findley, 2010).
• **Regulatory Focus Theory**

The effectiveness of positive or negative appeals is related to regulatory focus theory (Higgins, 1997; Higgins, 1998). This approach considers differences in the target’s information process and decision making, influencing the effects of persuasion. Promotion focus people are more sensitive to the gains while prevention focused people are more sensitive to the losses and to messages of safety framed on personal responsibilities. Regulatory focus theory has been studied in several topics about the management of persuasion and a regulatory fit to the target audiences.

The literature sustains that the effectiveness of positive or negative appeals depends on the level of motivation of the targets, which is segmented by demographic factors, the level of efficacy of the recommended behaviour and the perceived self-efficacy to do it (Cooper et al., 2014; Keller, 2006; Keller and Lehmann, 2008; Zhao and Pechmann, 2007). Negative appeals are only effective with low efficacy conditions (Block and Keller, 1995) and when subjects are motivated to process the message, as prevention-focused people do (Gygax et al., 2010; Hastings et al., 2004; Keller, 2006; Keller and Lehmann, 2008; Maheswaran and Meyers-Levy, 1990; Self and Findley, 2010; Zhao and Pechmann, 2007). The older female group is the most motivated and impacted by health care information (CangelosiJr. et al., 2009; Keller and Lehmann, 2008). However, a recent research (Peters et al., 2013) contradicts that assumption and shares the idea that negative appeals are only effective under high efficacy conditions and that efficacy, of both recommended behaviours and self-efficacy to do that, only happens with threat. This statement is inconsistent with the previous understanding that with high-efficacy conditions, positive and negative frames are equally persuasive (Block and Keller, 1995). Positive appeals are especially effective when subjects are not motivated to process the message and it is probable that a recommended behaviour will result in the desired outcome (Block and Keller, 1995; Maheswaran and Meyers-Levy, 1990). Those in greatest need of changing behaviours may be the most likely to exhibit fear control and be least motivated to respond with behavioural changes when exposed to health messages using negative appeals. That is why positive appeals are advised when targeting promotion-focused people – those who are likely to engage in unhealthy risk behaviours. These sensation seekers are usually young males who are likely to engage in suicide attempts, drug use, alcohol use, cigarette use and sexual promiscuity.
Sensitivity to Context

Social marketing appeal direction should also fit with the culture of the targeted country. This is in line with findings of cross-cultural research that has concluded that the effectiveness of marketing appeals depends on sensitivity to culture, although the effect of globalization can supersede cultural norms (Airhihenbuwa and Obregon, 2000; Chan et al., 2007; Hastings et al., 2004; Kreuter and McClure, 2004; Orth et al., 2007; Vincent and Dubinsky, 2005). For example, adolescents from cultures with high uncertainty avoidance (Hofstede, 2001), respond more favourably to negative than positive appeals in antismoking messages (Reardon et al., 2006). Public policies developed in each country may also interfere in social marketing because it is important for governments to seek certain political goals (Raftopoulou and Hogg, 2010). As culture and politics influence current likes or dislikes, these factors also may impact on the decision making process (Ralston et al., 2008). Negative messages are closer to conservative or authoritarian models of society, while positive messages which do not make judgments about unhealthy behaviours, are closer to progressive policies (Green and Witte, 2006; Hastings et al., 2004). Fox (2009) analysed health-related posters between 1920 and 1990 from Russia and the Soviet Union in terms of their themes and appeals and found the narrative of the challenges faced by the country during the twentieth century, identifying appeals to authority, fighting external enemies to health and shame appeals (Fox, 2009). Both public and non-governmental organisations (NGOs) reputations are affected by the attraction or aversion of an audience to the appeals used in sponsored ads (Hastings et al., 2004). Negative appeals in health-related social marketing sponsored by the public sector tend to reflect badly on the reputation of a government, and exaggerated negative consequences have been shown to result in discrediting sources (Hastings et al., 2004). Table 4.1 summarizes the factors influencing the efficacy of positive and negative appeals in health-related social marketing.
Table 4.1
Factors Influencing the Efficacy of Positive and Negative Appeals in Social Marketing and Findings about the Most Effective Appeals

<table>
<thead>
<tr>
<th>Factors</th>
<th>Most Effective Appeal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation</td>
<td></td>
</tr>
<tr>
<td>Preventive-Focused People</td>
<td>High motivation to change</td>
</tr>
<tr>
<td>Promotion-Focused People</td>
<td>Low motivation to change, risk seekers</td>
</tr>
<tr>
<td>Level of efficacy</td>
<td></td>
</tr>
<tr>
<td>Efficacy of the recommended behaviour or self efficacy perceived</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Low (Negative) or Combination</td>
</tr>
<tr>
<td>Culture</td>
<td></td>
</tr>
<tr>
<td>High Uncertainty Avoidance</td>
<td>Negative</td>
</tr>
<tr>
<td>Openness to Change</td>
<td></td>
</tr>
<tr>
<td>Conservative</td>
<td>Negative</td>
</tr>
<tr>
<td>Progressive</td>
<td>Positive</td>
</tr>
<tr>
<td>Sponsor Institution</td>
<td></td>
</tr>
<tr>
<td>Negative appeals reflect badly on reputation, especially of Public Sector</td>
<td></td>
</tr>
</tbody>
</table>

Sources: authors, based on the literature review.

The literature also proposes the adaptation of social marketing policies to the context of the related causes, as suits the epidemic dynamics and respective intervention (Casais and Proenca, 2013; Grassly et al., 2001). In the case of positive and negative appeals, the literature establishes a relationship between the effectiveness of fear with the severity of the disease in the danger control process (Cooper et al., 2014; Ruiter et al., 2004). This means that if negative appeals are the more shocking messages and positive appeals the less discriminating, it is expected an alternate cycling should fit with epidemic dynamics, besides other situational contexts.

4.3. The Research Design

The aim of this study is to find answers to the following questions:

**Question 4.1 (Q4.1):** What is the prevalence of positive and negative appeals in social advertising? The answer may be compared with findings in the literature analysis and also may give an indication about the gap between theory and practice (Quinn et al., 2010; Silva and Silva, 2012). This question also allows an understanding of whether appeals are used in combination as proposed in the literature (Cho and Salmon, 2007; Gallopol-Morvan et al., 2009; Witte, 1992; Witte and Allen, 2000).
**Question 4.2 (Q4.2):** When have positive and negative appeals been used in social advertising over time? This question allows understanding whether positive and negative appeals are used in alternate cycles because of overuse in both directions and their weakness or ineffectiveness caused by saturation (Brennan and Binney, 2010; Hastings *et al.*, 2004; Slavin *et al.*, 2007).

**Question 4.3 (Q4.3):** How have positive and negative appeals been used in social advertising? With this question the researchers seek to show evidence on how those appeals take form in social advertising in order to contribute to their future identification and discuss whether the context where they are applied fit with the context where the literature shows that each appeal is more effective.

Figure 4.1 systematises the questions that structure the present study about the use of positive and negative appeals in social advertising.

**Figure 4.1**
Research Questions

Source: authors.

### 4.4. Methodology

This research concentrates on the use of positive and negative appeals in the case of health-related social advertising because of the relevance of this communication tool in social marketing for public health (Evans and McCormack, 2008; Gordon *et al.*, 2006; Griffin and O'Cass, 2004; Hastings and Haywood, 1991; Keller and Lehmann, 2008; Stead *et al.*, 2007). A longitudinal study on the use of positive and negative emotional appeals in health-related social marketing may identify different realities, such as different events in the history of diseases, different clinical developments, physical or social impacts and costs of change which influence perceived self-efficacy (Keller and Lehmann, 2008). That is why choosing a single case study is needed, even though the results will be confined to that context. The case study should allow the use of a high-level of threat, showing an outcome of death for example (Witte, 1992). At the same
time it should agree to the observation of unintended effects of that threat, such as illness-related stigma (Lewis et al., 2007; Slavin et al., 2007). This allows for analysis of resorts to positive alternative messages.

This paper presents research on the use of positive and negative appeals in social advertising in a marketing context for a serious and discriminated disease, HIV/AIDS infection, targeted at different segments with different messages (Noar et al., 2009; UNAIDS, 2012b), allowing research comparisons according to the efficacy condition and motivation to change (Keller and Lehmann, 2008). HIV also reveals contradictory results about the effectiveness of direction appeals (Campbell and Babrow, 2004; Eppright et al., 2003; Green and Witte, 2006; Johnson and LaTour, 1991; Lwin et al., 2010; Muthusamy et al., 2009; Sampson et al., 2001; Slavin et al., 2007; Smerecnik and Ruiter, 2010; Terblanche-Smit and Terblanche, 2010) and has been already used to research this topic (Ho, 2000; Witte, 1991). We focused our research on television advertisements for preventing HIV/AIDS in Europe, as it is a region with similarities in disease prevalence and health assessment. This allows the researchers to control comparisons of the perceived self-efficacy and motivation of the target (Keller and Lehmann, 2008). Europe contains a diversity of cultures and public policies at the same time (Green and Witte, 2006; Hastings et al., 2004; Hofstede, 2001; House et al., 2004; Raftopoulou and Hogg, 2010).

4.4.1. The Database

Data collection was done in the internet in six months and followed the steps already mentioned in the previous chapters and described in Table 1.2 and Table 1.3 (see p.12). Within a database of 539 television social advertisements on HIV/AIDS prevention developed by governments and/or NGOs between 1986 and 2011 from 21 EU countries, we selected all the ads collected from four countries whose data was well distributed over the period of analysis, representing 69.6% of the database. We analysed 375 national HIV prevention advertisements broadcast on TV whose distribution by countries is shown in Figure 2.3 (see p.31) and the growing proportion of social ads over time is evidenced related to the reactive prevention policies to the increasing incidence of HIV epidemic (Casais and Proenca, 2013).
4.4.2. Data Analysis

The narratives of the social advertisements were translated from the original languages to English. This task was performed by native speakers in some cases and in other cases by translation professionals with extensive knowledge of the culture and environment of the countries, having had the experience of living there. Besides the translations they were asked to point out contextual aspects of the advertisements such as the use of famous songs, national symbols or metaphors. We noted the advertisements which were endorsed by celebrities. Most had the names of the celebrities subtitled. Others referred to the names in the description written in the web pages where the data were collected. When we did not recognise the celebrity we searched for the name on the internet and verified that the person was well-known from show business or sports. The narratives in English were transcribed into the NVIVO software in order to perform content analysis. We described the characters, music, colours, non-verbal symbols and the story review and type of rhetoric of each advertisement. These notes were recorded in NVIVO and served as a basis for the coding process.

As described in Figure 2.2 (see p.29), researchers classified, coded data and used the Proportional Reduction in Loss (PRL) approach to calculate reliability of that coding, an appropriate measure for qualitative judgment data (Rust and Cooil, 1994). With 4 judges - three external experts in marketing and communication and one of the researchers – we calculated the agreements between the 6 pairs of judges for coding a sample of twenty advertisements composed of five ads from each country. We also coded the positive and negative appeals of the advertisements following the content analysis model showed in Table 3.3 (Casais and Proenca, 2014) (see p.58), which is focused on the story concept of the ads and the verbal and non-verbal signs. The PRL reliability of that model was calculated and is showed in Table 3.4 (see p.60).

Following the recommendations for the use of the model (Casais and Proenca, 2014), the researchers coded the transcriptions or notes corresponding to positive or negative appeals in each of the 8 categories concerning its contextual interpretation. The model assumed that the negative form of discourse had to be considered in the syntax domain to avoid incorrect results. Considering the number of references coded in each category for each appeal, the researchers classified those categories as positive or negative or
even a combination of both. Categories without data were classified as “Not Applicable” – if that absence had no semiotics content. The final classification of the advertisement might be positive, negative or a combination, depending on the proportion of classifications in the eight categories. A social ad was only classified as a combination of appeals if there were an equal number of categories classified as positive, negative and/or combination of both. When there were several categories classified as a combination of appeals, the number of categories classified only as positive or negative usually resolved the draw. Since social advertisements might include both negative and positive appeals (Eppright et al., 2003; Gallopel-Morvan et al., 2009), the final classification of social advertisements as positive, negative or a combination of both reflect the proportion of positive and negative codifications in the different categories of the model, considering that each category has the same importance to the classification of social ads (Casais and Proenca, 2014).

A descriptive analysis is done comparing the use of positive and negative appeals by year of broadcast and country. In order to understand how positive and negative appeals have been used (Henley and Donovan, 1999; Jones and Owen, 2006), we describe the content analysis by word clouds with the most frequent words of the narratives and analyse the presence of appeals in the categories of the advertisements as well as their contribution to the final classification of the ads. We compared the classification of appeals with the efficacy levels of the message response (Block and Keller, 1995) and the motivation of the target, according to regulatory focus theory (Higgins, 1997; Higgins, 1998) and demographic factors that characterise it (Gygax et al., 2010; Higgins, 1997; Keller, 2006; Keller and Lehmann, 2008). Table 4.2 shows the criteria to classify messages and target audience if it is not for the general population.
Table 4.2
Analysis of Classification of Social Ads Regarding Direction Appeals by Motivation to Change and Perceived Self-Efficacy of the Target and Message Response Perceived Efficacy.

<table>
<thead>
<tr>
<th>Motivation to Change of the Target</th>
<th>Message Response Perceived Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Gygax et al., 2010; Higgins, 1997; Keller, 2006; Keller and Lehmann, 2008)</td>
<td>(Block and Keller, 1995)</td>
</tr>
<tr>
<td><strong>Prevention-focused people</strong></td>
<td><strong>Promotion-focused people</strong></td>
</tr>
<tr>
<td>Female</td>
<td>Old people</td>
</tr>
</tbody>
</table>

Source: authors, based on the literature review.

A longitudinal comparison of results is also done by type of source organisation, as suggested by Hastings (2004), and country because of the influence of culture (Airhihenbuwa and Obregon, 2000; Chan et al., 2007; Hastings et al., 2004; Laroche et al., 2001; Orth et al., 2007; Vincent and Dubinsky, 2005) and public policies in appeal direction effectiveness (Cho and Salmon, 2007; Raftopoulou and Hogg, 2010). Results of each country are analysed by uncertainty avoidance/openness to change position (Hofstede, 2001; House et al., 2004; Schwartz and Sagie, 2000), because of the influence of these dimensions on the effectiveness of positive and negative appeals in health-related social marketing (Reardon et al., 2006) as a strategy to promote change (Dann, 2010; Kotler and Zaltman, 1971). This descriptive analysis was processed with filters and dynamics tables of Microsoft Excel and with SPSS software. We also did a correlation analysis between the use of appeals and epidemic incidence rates.

4.5. Results and Discussion

4.5.1. What are the most prevalent appeals in social advertising?

Positive appeals have an expressive use in social advertising for preventing HIV/AIDS in France, Germany, Portugal and Italy. Table 4.3 shows the frequency of advertisements classified as positive, negative and combination of appeals. The high prevalence of positive appeals is evidenced in all the researched countries. Portugal has more negative advertisements, although representing only 36.8% of the HIV/AIDS prevention social advertisements in that country. Results contradict the state of the art
based on meta-analysis of the literature that recognises the advantages of negative appeals in social marketing. Social ads were classified as a combination of appeals only when the proportional use of positive and negative appeals was equal. Otherwise, the researchers classified them with the more frequent appeal direction. The equal combination of positive and negative appeals is residual.

Table 4.3
Frequency of Social Ads Classified as Negative, Positive and Combination of Appeals

<table>
<thead>
<tr>
<th></th>
<th>Combination</th>
<th>Negative</th>
<th>Positive</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Countries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>18</td>
<td>12.3</td>
<td>25</td>
<td>17.1</td>
</tr>
<tr>
<td>Germany</td>
<td>6</td>
<td>5.2</td>
<td>22</td>
<td>19.1</td>
</tr>
<tr>
<td>Italy</td>
<td>4</td>
<td>10.5</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>Portugal</td>
<td>6</td>
<td>7.9</td>
<td>28</td>
<td>36.8</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>9.1</td>
<td>82</td>
<td>21.9</td>
</tr>
</tbody>
</table>

Source: authors.

4.5.2. When are positive and negative appeals used in social advertising?

We observe in Figure 4.2 that positive appeals have had higher prevalence over the time span with the exception of 1992 and 1993 when negative appeals were more used, and 2001 with more combinations of appeals in social ads. This may be related with increasing numbers of infection. We do not see a cycling alternation between positive and negative appeals, but a cycling increase and decrease of negative appeals, which may be related with the appeal direction weaknesses discussed in the literature (Brennan and Binney, 2010; Hastings et al., 2004; Slavin et al., 2007). Figure 4.2 shows the use of positive and negative appeals over the time period in the four countries analysed, which have a similar situation in terms of their use.
4.5.3. How are positive and negative appeals used in social advertising?

The fact that the combination of positive and negative appeals in the same proportion is not highly evidenced does not mean the OPM theory is not used. Positive and negative appeals may be combined, but not in the same proportion.

Table 4.4 shows the distribution of category classifications in the final coding of ads according to the direction of appeals. The environment and story concepts categories have the most equally combined appeals. The ads with combined non-verbal signs in the scenes are classified as positive appeals (82.6%), while the ads with combined story concept reflect a positive classification in 45.5% of cases and a negative classification in 43.1%. We can see the evidence of positive coded categories that justify the prevalence of positive appeal ads. Positive verbal rhetoric and music/tonality of voice have high agreement with the final positive code of the ads. The categories with higher contributions to negative appeal ads are the music/tonality of voice and the environmental scenes, because of the importance of non-verbal signs for communicating shocking messages (Craton and Lantos, 2011; DeRosia, 2008; McQuarrie and Mick, 1999).
<table>
<thead>
<tr>
<th>Final Classification of Ads</th>
<th>Category Classifications</th>
<th>Characters N</th>
<th>Characters %</th>
<th>Colours N</th>
<th>Colours %</th>
<th>Environment N</th>
<th>Environment %</th>
<th>Narrative N</th>
<th>Narrative %</th>
<th>Verbal Rhetoric N</th>
<th>Verbal Rhetoric %</th>
<th>Story Concept N</th>
<th>Story Concept %</th>
<th>Slogan N</th>
<th>Slogan %</th>
<th>Voice Music N</th>
<th>Voice Music %</th>
<th>Total Ads by Final Classification N</th>
<th>Total Ads by Final Classification %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>Positive</td>
<td>17</td>
<td>4.5</td>
<td>20</td>
<td>5.3</td>
<td>6</td>
<td>1.6</td>
<td>13</td>
<td>3.5</td>
<td>15</td>
<td>4.0</td>
<td>16</td>
<td>4.3</td>
<td>48</td>
<td>12.8</td>
<td>9</td>
<td>2.4</td>
<td>375</td>
<td>100.0</td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td>221</td>
<td>58.9</td>
<td>200</td>
<td>53.3</td>
<td>175</td>
<td>46.7</td>
<td>155</td>
<td>41.3</td>
<td>242</td>
<td>64.5</td>
<td>221</td>
<td>58.9</td>
<td>221</td>
<td>58.9</td>
<td>223</td>
<td>59.5</td>
<td>375</td>
<td>100.0</td>
</tr>
<tr>
<td>Combination</td>
<td></td>
<td>22</td>
<td>5.9</td>
<td>22</td>
<td>5.9</td>
<td>4</td>
<td>1.1</td>
<td>8</td>
<td>2.1</td>
<td>12</td>
<td>3.2</td>
<td>11</td>
<td>2.9</td>
<td>16</td>
<td>4.3</td>
<td>7</td>
<td>1.9</td>
<td>375</td>
<td>100.0</td>
</tr>
<tr>
<td>Negative</td>
<td>Negative</td>
<td>38</td>
<td>10.1</td>
<td>50</td>
<td>13.3</td>
<td>66</td>
<td>17.6</td>
<td>58</td>
<td>15.5</td>
<td>48</td>
<td>12.8</td>
<td>47</td>
<td>12.5</td>
<td>12</td>
<td>3.2</td>
<td>67</td>
<td>17.9</td>
<td>375</td>
<td>100.0</td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td>22</td>
<td>5.9</td>
<td>45</td>
<td>12.0</td>
<td>46</td>
<td>12.3</td>
<td>55</td>
<td>14.7</td>
<td>3</td>
<td>0.8</td>
<td>18</td>
<td>4.8</td>
<td>23</td>
<td>6.1</td>
<td>27</td>
<td>7.2</td>
<td>375</td>
<td>100.0</td>
</tr>
<tr>
<td>Combination</td>
<td></td>
<td>5</td>
<td>1.3</td>
<td>11</td>
<td>2.9</td>
<td>26</td>
<td>6.9</td>
<td>14</td>
<td>3.7</td>
<td>7</td>
<td>1.9</td>
<td>18</td>
<td>4.8</td>
<td>6</td>
<td>1.6</td>
<td>15</td>
<td>4.0</td>
<td>375</td>
<td>100.0</td>
</tr>
<tr>
<td>Negative</td>
<td>Combination</td>
<td>3</td>
<td>0.8</td>
<td>12</td>
<td>3.2</td>
<td>4</td>
<td>1.1</td>
<td>6</td>
<td>1.6</td>
<td>19</td>
<td>5.1</td>
<td>19</td>
<td>5.1</td>
<td>12</td>
<td>3.2</td>
<td>6</td>
<td>1.6</td>
<td>375</td>
<td>100.0</td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td>4</td>
<td>1.1</td>
<td>14</td>
<td>3.7</td>
<td>38</td>
<td>10.1</td>
<td>11</td>
<td>2.9</td>
<td>14</td>
<td>3.7</td>
<td>20</td>
<td>5.3</td>
<td>12</td>
<td>3.2</td>
<td>8</td>
<td>2.1</td>
<td>375</td>
<td>100.0</td>
</tr>
<tr>
<td>Combination</td>
<td></td>
<td>5</td>
<td>1.3</td>
<td>1</td>
<td>0.3</td>
<td>3</td>
<td>0.8</td>
<td>10</td>
<td>2.7</td>
<td>15</td>
<td>4.0</td>
<td>5</td>
<td>1.3</td>
<td>12</td>
<td>3.2</td>
<td>11</td>
<td>2.9</td>
<td>375</td>
<td>100.0</td>
</tr>
<tr>
<td>Negative</td>
<td>Not Applicable</td>
<td>24</td>
<td>6.4</td>
<td>0</td>
<td>0.0</td>
<td>6</td>
<td>1.6</td>
<td>5</td>
<td>1.3</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>10</td>
<td>2.7</td>
<td>0</td>
<td>0.0</td>
<td>375</td>
<td>100.0</td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td>12</td>
<td>3.2</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>38</td>
<td>10.1</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>3</td>
<td>0.8</td>
<td>1</td>
<td>0.3</td>
<td>375</td>
<td>100.0</td>
</tr>
<tr>
<td>Combination</td>
<td></td>
<td>2</td>
<td>0.5</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>0.5</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>0.3</td>
<td>375</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>375</td>
<td>100.0</td>
<td>375</td>
<td>100.0</td>
<td>375</td>
<td>100.0</td>
<td>375</td>
<td>100.0</td>
<td>375</td>
<td>100.0</td>
<td>375</td>
<td>100.0</td>
<td>375</td>
<td>100.0</td>
<td>375</td>
<td>100.0</td>
<td>375</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: authors.
The social advertisements classified as positive appeals are supported by a high proportion of positive categories. 69.9% of positive ads have a 75% or greater proportion of positive categories (six positive categories or more). Table 4.5 allows identification of the level of positive appeals in positive social ads, according to the classification of the eight categories. When the categories were classified as a combination of positive and negative appeals those categories were annulled in the counting of positive and negative appeals. Final classification as Combination reflected an equal counting of positive and negative appeals or all the categories as a combination. This explains the fact of positive advertising with only 3 or 4 categories classified as positive. However, only 10.8% of positive social advertisements were classified as positive in 3 or 4 categories, which is 50% or less.

Table 4.5
Proportion of Positive Categories in Positive Social Advertisements

<table>
<thead>
<tr>
<th>Number of Categories Classified as Positive Appeals</th>
<th>Frequency (N)</th>
<th>Percent (%)</th>
<th>Cumulative Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>6</td>
<td>2.3</td>
<td>2.3</td>
</tr>
<tr>
<td>4</td>
<td>22</td>
<td>8.5</td>
<td>10.8</td>
</tr>
<tr>
<td>5</td>
<td>50</td>
<td>19.3</td>
<td>30.1</td>
</tr>
<tr>
<td>6</td>
<td>47</td>
<td>18.1</td>
<td>48.3</td>
</tr>
<tr>
<td>7</td>
<td>52</td>
<td>20.1</td>
<td>68.3</td>
</tr>
<tr>
<td>8</td>
<td>82</td>
<td>31.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>259</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Source: SPSS Output with author’s data.

The country with the highest proportion of totally positive social advertisements is German, with 44.8% of the positive social ads reflecting 100% of positive categories.

The narrative category does not have a high influence in final classification of ads, but we note its importance in negative appeals. 11.9% of advertisements do not show any narrative but when the final classification of the ads was positive, 21.2% of those ads had a negative narrative as language about the disease (14.7% of total data), and 25.5% negative non-verbal signs in the scene environment as symbols or visual metaphors (12.3% of total data). 33.9% of all data were classified with a negative
narrative and 36.8% with a negative environment, as the categories with more negative appeals.

A word cloud is a visual representation of word’s frequency that appears in a text. The word’s frequency is related with the font size and the more commonly each word appears within a text, the larger the word is shown in the word cloud generated (McNaught and Lam, 2010). The composition of word clouds allows a graphical overview of the main topics of a text, since grammatical words and non-frequent words are hidden (McNaught and Lam, 2010). Figure 4.3 shows a word cloud with the most prevalent words in the narrative of the analysed advertisements that were coded as positive or negative appeals. The word “AIDS” is used 176 times, representing 9% of all the words coded in the narratives of data. “HIV” represents 3.61% and “Love” 3.46% of all words coded. “Condom” and “Condoms” have an appearance of 3.25% and 2.53% respectively, reflecting the high frequency of ads with messages for condom use (Noar et al., 2009).

Figure 4.3
Word Cloud of the Narrative of Analysed Ads

The coding process was contextually sensitive, both in terms of cultural semantics and syntax as recommended in the literature (Casais and Proenca, 2014; Fairclough,
1992; McNaught and Lam, 2010; VanDijk, 1993; VanDijk, 2006). For instance, the word “drugs” was sometimes coded as negative, when the contextual meaning was connoted with a higher risk of HIV transmission by its use, and sometimes it was coded as positive when concerning AIDS treatment therapies. Another example is the word “positive,” which can mean having a positive life or being HIV positive, depending on the context. There are other cases of words coded as positive and also as negative appeals, in different context. Figure 4.4 and Figure 4.5 show the word clouds of negative and positive codes, respectively. Negative words are highly related with names of diseases and disease risks, while positive words are related with protection practices. These results reinforce the content analysis model used to classify the positive and negative appeals in social advertisements (Casais and Proenca, 2014).

**Figure 4.4**
Word cloud of Negative Words in the Narrative of Analysed Ads

Source: NVIVO Output with author’s data.
Besides the high prevalence of positive appeals we also see evidence of positive characters in social advertisements (69.3% of all data). Positive appeals may be based on copy response messages, sometimes with testimonials from well-known people since there is evidence that celebrity recognition, credibility and attractiveness can activate positive attitudes among a target audience if attitudes toward the endorser are positive (Amos et al., 2008; Erdogan et al., 2001; Mowen and Brown, 1981; Salomones et al., 2013; Seno and Lukas, 2007; Silvera and Austad, 2004; Spry and Cornwell, 2011). Famous people are examples of social lifestyles (Basil and Brown, 1997; Biskup and Pfister, 1999; White and O’Brien, 1999; Wicks et al., 2007) in the case of HIV prevention (Kalichman and Hunter, 1992) and marketing managers frequently use them, despite the risk of negative images or scandals which are sometimes involved (Agrawal...
and Kamakura, 1995; Till and Shimp, 1998). They can portray examples of a good lifestyle (Erdogan et al., 2001) or misfortune, as in the case of Magic Johnson, who became a successful resource for promoting sexually safe behaviours (Basil and Brown, 1997; Brown and Basil, 1995; Casey et al., 2003; Kalichman and Hunter, 1992).

Celebrities consider their motivation to endorse HIV prevention social marketing is related to the serious nature of the infection, to the need to fight stigma and the close relationship that some of them have with HIV/AIDS through friends or family (Casais and Proenca, 2012). Celebrities believe their public image improves after promoting social change, they assume that it does not have negative consequences for their public image and they report a positive bias toward endorsing a cause for HIV/AIDS prevention (Casais and Proenca, 2012). They also say that their reluctance to be the face of an HIV prevention campaign is mostly due to their unavailability and not any fear of a direct connotation with the disease (Casais and Proenca, 2012). However, this study shows that social marketing has made little recruitment of public figures to endorse the cause. Table 4.6 shows the frequency of social ads with celebrity endorsements by country over time. 18.1% of the 375 social ads had public figures as characters, and only 17% were coded as positive characters (94.1% of celebrity endorsements). In fact, 4 ads with public figures were coded as negative characters or combination because they were showing illness, sadness, worries, or they were famous people with a bad reputation, Hitler as a mass murderer for example. 57.3% of the 68 ads with celebrity endorsements were produced in last five years of the database. Despite the sample size being larger in the last five years, representing 33.3% of the total data, celebrity endorsement has been growing: 31.2% of the data produced in the researched countries between 2007 and 2011 had famous people, compared to 23.8% in the period 2002-2006, 0% from 1997-2001, 17.6% from 1992-1996 and 4% between 1987-1991. We found that although celebrities say that they are especially motivated to endorse HIV prevention social marketing activities and do not have prejudice against the disease (Casais and Proenca, 2012), in practice the proportion of social ads endorsed by famous people is small, although it has been increasing.
Table 4.6
Celebrity Endorsements of Social Ads by country and Year

<table>
<thead>
<tr>
<th>Year</th>
<th>France (N)</th>
<th>Germany (N)</th>
<th>Italy (N)</th>
<th>Portugal (N)</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987</td>
<td>2</td>
<td>2 (2.9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1993</td>
<td>2</td>
<td>1</td>
<td>3 (4.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1994</td>
<td>3</td>
<td></td>
<td>3 (4.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td>6</td>
<td></td>
<td>6 (8.8)</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td></td>
<td>2</td>
<td></td>
<td>2 (2.9)</td>
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</tr>
<tr>
<td>2003</td>
<td>1</td>
<td></td>
<td></td>
<td>1 (1.5)</td>
<td></td>
</tr>
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<td>2004</td>
<td>2</td>
<td>1</td>
<td>3 (4.4)</td>
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<td></td>
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<td>2005</td>
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<td>1</td>
<td>3 (4.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>4</td>
<td>2</td>
<td></td>
<td>6 (8.8)</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3 (4.4)</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>1</td>
<td>7</td>
<td>2</td>
<td>10 (14.7)</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>7</td>
<td>2</td>
<td></td>
<td>9 (13.2)</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>11</td>
<td></td>
<td>4</td>
<td>15 (22.1)</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td>2</td>
<td></td>
<td>2 (2.9)</td>
<td></td>
</tr>
<tr>
<td>Total N (%)</td>
<td>12 (17.6)</td>
<td>33 (48.5)</td>
<td>12 (17.6)</td>
<td>11 (16.2)</td>
<td>68 (100)</td>
</tr>
</tbody>
</table>

Celebrity Endorsements in the database % (N) | 8.2 (146) | 28.7 (115) | 31.6 (38) | 14.5 (76) | 18.1 (375) |

Source: authors.

We can consider that the increasing trend of endorsements may be related with the growing importance of social responsibility by brands, including personal brands (Salmones et al., 2013), and reactive-prevention policies towards the incidence rates of the infection, which only started to decrease in the European Union in 2009 (ECDC/WHO, 2012) that might lead social marketers to invite more celebrities to these campaigns. Although famous people declared a positive bias for HIV/AIDS (Casais and Proenca, 2012) the results may reflect the fact of HIV being a stigmatised disease (Castro et al., 2010).

Animation films are also a technique used in social advertising. 15.2% of social ads analysed use this technique. Table 4.7 shows its distribution by country and evidences that animation films tend to be classified as positive (77.2% of cases).

In fact, animation films may communicate a stigmatised disease easier without shocking scenes and allow broadcasting the advertisement without timetable restrictions. In negative advertisements this technique may serve as a mediation of threat. The discussion above provides an extensive answer to Q4.3 and sustains the content analysis model used as method of research (Casais and Proenca, 2014).
The prevalence of positive appeals in social ads should be discussed according to their use in different situations. Regarding regulatory focus theory (Higgins, 1997; Higgins, 1998), we considered women as prevention-focused people for whom negative appeals would be more efficient (Gygax et al., 2010; Hastings et al., 2004; Keller, 2006; Keller and Lehmann, 2008; Maheswaran and Meyers-Levy, 1990; Self and Findley, 2010; Zhao and Pechmann, 2007). However, out of only 17 social ads targeted at women, 82.4% were classified as positive appeals. We considered promotion-focused people in this study to be men, drug users, men who have sex with other men, sex workers and young people because of their vulnerability and high risk. In this case, results follow the efficacy of positive appeals for this type of target presented in the literature (Block and Keller, 1995; Maheswaran and Meyers-Levy, 1990). 81.4% of the 102 social ads directed to the referred targets were classified as positive. Negative appeals are suggested by the literature to be more appropriate for low levels of message response efficacy perceived or self efficacy perceived. In those types of messages for this study we included anti-discrimination social ads, general ads to stop or avoid AIDS and the promotion of adherence to treatment because of the secondary effects of therapy. Out of the 117 social ads with those messages we found that only 36.8% were negative appeals and 48.7% were negative or combined appeals. If we add the messages promoting condom use which might be also considered as having low levels of perceived efficacy for the risk of ripping, we decrease the proportion of negative ads to 21.9% out of the 338 social advertisements and to 31% if considering the combined advertisements also. These results show that social marketers have a strong preference for positive appeals, even in situations where the literature advises the use of negative appeals to increase effectiveness.

Table 4.7
Social advertisements with animations by country and classification of appeals

<table>
<thead>
<tr>
<th>Direction of Appeals</th>
<th>France N</th>
<th>France %</th>
<th>Germany N</th>
<th>Germany %</th>
<th>Italy N</th>
<th>Italy %</th>
<th>Portugal N</th>
<th>Portugal %</th>
<th>Total N</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combination</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>3.5</td>
<td>1</td>
<td>1.8</td>
<td>3</td>
<td>5.3</td>
</tr>
<tr>
<td>Negative</td>
<td>5</td>
<td>8.8</td>
<td>4</td>
<td>7.0</td>
<td>1</td>
<td>1.8</td>
<td>0</td>
<td>0.0</td>
<td>10</td>
<td>17.5</td>
</tr>
<tr>
<td>Positive</td>
<td>18</td>
<td>31.6</td>
<td>12</td>
<td>21.1</td>
<td>3</td>
<td>5.3</td>
<td>11</td>
<td>19.3</td>
<td>44</td>
<td>77.2</td>
</tr>
<tr>
<td>Total Ads with Animation</td>
<td>23</td>
<td>40.4</td>
<td>16</td>
<td>28.1</td>
<td>6</td>
<td>10.5</td>
<td>12</td>
<td>21.1</td>
<td>57</td>
<td>100.0</td>
</tr>
<tr>
<td>Total Ads and % of Animation Movies</td>
<td>143</td>
<td>16.1</td>
<td>115</td>
<td>13.9</td>
<td>38</td>
<td>15.8</td>
<td>76</td>
<td>15.8</td>
<td>375</td>
<td>15.2</td>
</tr>
</tbody>
</table>

Source: authors.
When comparing the results by source type, as suggested by Hastings (2004), we find that 69.8% of social advertisements developed by governmental institutions were classified as positive appealed. Considering the social ads developed by governments in partnership with non-governmental organisations (NGOs), the percentage increases to 70.7%. Table 4.8 indicates the distribution of data by classification of appeals and source institution and shows that NGOs also tend to use positive appeal advertisements, perhaps in order not to stigmatize and discriminate against people living with the disease.

Table 4.8
Classification of Social Ads by Appeal Direction and Source Institution

<table>
<thead>
<tr>
<th>Source Institution</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GOV.+NGO</td>
</tr>
<tr>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Combination</td>
<td>0.0</td>
</tr>
<tr>
<td>Negative</td>
<td>0.3</td>
</tr>
<tr>
<td>Positive</td>
<td>2.7</td>
</tr>
<tr>
<td>Total</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Source: authors.

Culture influences the effectiveness of appeals in advertising (Airhihenbuwa and Obregon, 2000; Chan et al., 2007; Hastings et al., 2004; Laroche et al., 2001; Orth et al., 2007; Vincent and Dubinsky, 2005) and may also influence decision-making in social marketing (Fox, 2009; Ralston et al., 2008). The uncertainty avoidance dimension measures the degree to which the members of a society feel uncomfortable and threatened by ambiguity (Hofstede, 2001). This dimension is relevant as a factor of appeal direction effectiveness in social marketing (Reardon et al., 2006), which is a strategy to promote change (Dann, 2010; Kotler and Zaltman, 1971).

Within the countries under research, Portugal has the highest proportion of negatively classified data - 36.8% as previously shown in Table 4.3. This country also has relatively high uncertainty avoidance according to the Hofstede’s index (2001), which means it is a more conservative country following the Schwartz theory of cultural values (2000) and less open to change. In the GLOBE scale (House et al., 2004), which is more recent and reflects the weaken of cultural boundaries with the globalisation phenomena, this dimension is no longer relevant for Portugal compared with the other
countries under analysis (House et al., 2004). However, 82.1% of the referred Portuguese negative advertisements were developed before 2001, representing 44.2% of all the analysed Portuguese data developed until that year.

The period before 2001 represents the higher prevalence of patients with AIDS in Portugal (ECDC/WHO, 2010), suggesting a connection between the seriousness of epidemics and the use of negative appeals\(^5\). In Germany, which is the analysed country with lower incidence rates but where rates have been increasing since 2001, as previously shown in Table 2.3 (see p.32), 81.8% of all the German negative ads analysed were produced after that year. Negative advertisements represent 22.5% of the all German social ads preventing HIV/AIDS that were produced from then until the end of 2011. Table 4.9 shows that there is a moderate positive correlation ($\rho \approx 0.4$) between increasing rates of HIV and the number of negative advertisements produced. This means that increasing HIV incidence rates are associated with an increasing trend of negative prevention advertisements, although still having a low proportion compared to the use of positive appeals.

<table>
<thead>
<tr>
<th>Year</th>
<th>German Negative Ads (N)</th>
<th>German HIV Incidence Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>2004</td>
<td>1</td>
<td>2.7</td>
</tr>
<tr>
<td>2005</td>
<td>3</td>
<td>3.0</td>
</tr>
<tr>
<td>2007</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>2008</td>
<td>8</td>
<td>3.5</td>
</tr>
<tr>
<td>2009</td>
<td>2</td>
<td>3.5</td>
</tr>
<tr>
<td>2011</td>
<td>1</td>
<td>3.5</td>
</tr>
</tbody>
</table>

$N=7$, Number of Ads $= 18$. Rates per 100,000 population by year of diagnosis.

$\rho = \text{correlation coefficient}$ $\rho \approx 0.40$


On the other hand, the decreasing rates of HIV incidence in France, Portugal and Italy in the 21\(^{st}\) century – since when official data began being reported - are negatively

\(^5\) The cumulative prevalence of AIDS is mentioned because there are not reported incidence rates by year of diagnosis for the period before 2001, not allowing a correlation analysis ECDC/WHO (2010), *HIV/AIDS surveillance in Europe 2009*. Stockholm: European Centre for Disease Prevention and Control..
correlated with increasing use of positive HIV prevention advertisements. Italy has a moderate negative correlation ($\rho \approx -0.6$) that deserves attention, as Table 4.10 shows. In fact, the appropriateness of social marketing with epidemics and contextual factors is an important research topic (Casais and Proenca, 2013; Grassly et al., 2001; Silva and Silva, 2012; Wymer, 2011).

### Table 4.10
Correlation Coefficients between the Number of French, Portuguese and Italy Positive Advertisements and respectively HIV Incidence Rates

<table>
<thead>
<tr>
<th>Country</th>
<th>Period</th>
<th>Years (N)</th>
<th>Positive Ads (N)</th>
<th>$\rho$</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>(2003-11)</td>
<td>9</td>
<td>46</td>
<td>-0.18</td>
</tr>
<tr>
<td>Portugal</td>
<td>(2001; 2004-11)</td>
<td>9</td>
<td>19</td>
<td>-0.19</td>
</tr>
<tr>
<td>Italy</td>
<td>(2005-11)</td>
<td>7</td>
<td>16</td>
<td>-0.63</td>
</tr>
</tbody>
</table>


The prevalence of positive appeals is not limited to the circumstances where Regulatory Focus Theory is reported to be more efficient (Cooper et al., 2014; Keller, 2006; Keller and Lehmann, 2008; Zhao and Pechmann, 2007). Either, positive appeals are not restricted to governmental institutions, as could be inferred by the literature (Hastings et al., 2004). However, we observe that negative appeals may have a relationship with cultural concerns, as in the case of higher uncertainty avoidance and less openness to change in Portugal before the millennium. This fact may also be related to the concern of an epidemic situation in Portugal at that time. The severity of epidemics also might have influenced the increasing use of negative appeals in Germany after 2001 and when the incidence rates decrease, the study shows that social marketers increase the use of positive ads.

### 4.6. Conclusion and Research Implications

In opposition to the theoretical recommendations of threat messages for behaviour change described in the literature, this paper shows the expressive use of positive appeals in the practice of social advertising. In a longitudinal overview the expressive use of positive appeals occurs all the period under analysis and follows a wavy
evolution, increasing and decreasing over time, which may be related with the saturation of appeals and their vulnerabilities described in the theory.

The study shows that social advertisements have both positive and negative appeals in their different components, although not with the same proportions. The prevalence of advertisements classified as a combination of appeals is residual. Motivating verbal rhetoric advising behaviour change, as well as positive music or an advisory voice tonality are the advertising appeals with the higher contribution to positive classification of social ads. Positive appeals have a significant proportion of positive categories justifying that classification – in 69.9% of positive advertisements the proportion of positive categories is 75% or more.

With a content analysis of social ads the research describes how positive and negative appeals take form, such as the positive words related to prevention and protection, reinforcing the magnitude of life and love. Negative words are connected to risks and disease. The narratives and signs from the scenes are the categories with more negative appeals because of their power to shock. Some positive appeals take the form of animation films. We found that contrary to the theory that sustains the importance of coping response messages as positive appeals as well as the motivation of public figures to endorse social causes, celebrity endorsements are few, although increasing in recent years.

The results indicate that the use of positive appeals is not connected with the diversity of target audience or the type of source organisation, since positive appeals are generalised in social advertising. We found that there is sensitivity in social marketers’ choices for positive and negative appeals to country profiles and epidemic contexts, in the case of uncertainty avoidance cultural dimension and the policy openness to change, as well as regarding the severity of disease rates. The increasing of incidence rates is correlated with the use of negative ads and the decreasing with positive advertisements, especially in Italy.
4.7. Limitations and Future Research

The conclusions of the paper should consider the specificities of the case researched, as the particular stigma and discrimination that people living with HIV/AIDS still face in society. The call for positive appeals may be stronger in order not to accentuate social discrimination. That question based on research results should be tested in the future. Future research might also analyse other themes of health-related social marketing, in order to understand if positive appeals are a specificity of social marketing in the prevention of HIV/AIDS. A wider number of countries may be analysed in order to deepen the conclusions about the sensitiveness of the use of positive and negative appeals with context and epidemics. The research about the use of positive and negative appeals could consider other tools of social marketing besides social advertising on television.
Chapter 5

5. Conclusions
This chapter contains the main conclusions of the thesis, organised by the three presented papers. We also discuss the theoretical and managerial contributions to the field, limitations and give some suggestions for future research.

5.1. Conclusions

We examined the use of positive and negative emotional appeals in social marketing, and their adequacy to theoretical background and situational needs. The purpose of the thesis was to understand over time the direction of appeals more frequently used – positive or negative appeals –, and how they appear in social marketing, comparing with factors reported in the literature as influencing their effectiveness: the target audiences and behavioural change messages, type of sources, policy and cultural profiles and epidemic trends. We studied television social advertisements preventing HIV/AIDS infection in four European countries due to its seriousness and the high number of interventions preventing the disease through social marketing use, particularly television social advertising.

In the paper 1 we found that television advertisements preventing HIV/AIDS are generally part of a public policy strategy but do not focus on the needs demonstrated by the analysis of epidemic dynamics and the needs of the most at risk population. When there is a relationship between marketers’ choices and epidemics, advertisements are generally part of a reactive prevention policy. Television advertisements especially target the general public and young people, suggesting some avoidance on targeting the most HIV-vulnerable populations. Although condom use is the most prevalent message, because sexual transmission is the most important way of getting the infection, general messages on avoiding or stopping AIDS and fighting discrimination are also very common in the data analysed. This study highlights that social marketing practices do not fit the contextual needs, are reactive and leads to the discussion about cultural particularities as well as illness stigma and discrimination may implying trade-offs to social marketers’ management practices.

Paper 2 contributes with a content analysis model for the identification and classification of television social advertising according to their proportion of positive
and negative emotional appeals. The model consists on the analysis of appeals within categories based on the literature review and tested with independent coders: the story review, the narrative, the slogans and rhetoric, the music or tonality of voice, colours, signs and characters. The model presents positive and negative forms for those categories. The classification of advertisements should be done based on the proportion use of positive and negative appeals identified in the categories.

Paper 3 analysed the use of positive and negative emotional appeals in social advertising. The analysis consist on the observation of their frequency over time, how those appeals take form in the different components of television ads and their fit with the contextual environment in a longitudinal overview – sensitiveness to the target audience, behaviour change message, type of institutional sources, cultural profiles, namely the uncertainty avoidance and conservative levels of policy, as well as the epidemic dynamics. Results show an expressive predominance of positive social advertisements throughout the time. Positive appeals are more frequent in motivational rhetoric and in active music or advisory voice tonality. Some positive appeals take form of animation films and include celebrity endorsers – few but increasing over time. Social advertisements have also negative appeals in their components although in lower proportion, especially in the narrative and signs of the scenes. We found an undulated cycle with an increasing and decreasing use of positive and negative appeals, but without affecting the preference of social marketers for positive messages. We did not find sensitiveness to factors previously reported in the literature that differentiate the effectiveness of appeals, as the target groups according to regulatory focus theory, neither the level of efficacy of the behaviour change messages or the type of source. In accordance with the previous literature there is a connection between the use of positive and negative appeals and the country profiles and seriousness of epidemics. Negative appeals are more frequent in Portugal until the end of the twentieth century, a country with higher relative uncertainty avoidance and conservative society in that period. There is a correlation between the increasing use of negative appeals in Germany in the twenty-first century and the increasing incidence rates of infection in the same period. The similar sensitiveness happens in the other analysed countries, in this same period, especially in Italy. The increasing of positive appeals is correlated with the decreasing in incidence rates of infection.
This thesis concludes that in opposition to the highly reported effectiveness of negative appeals in the background theory, positive social ads are predominant and have a much more expressive use all the time. We show that social ads also have negative appeals in lower proportion, mainly in the narrative and signs of the scenes and that the positive appeal to copy response by celebrity endorsements can be higher explored. As social marketing practices do not show accordance with the conditions explored in the literature influencing and differentiating the effectiveness of positive and negative appeals in social ads, the researchers wonder about possible barriers and trade-offs faced by public policy makers, since interventions are especially concentrated in the public sector. We wonder if the fact of HIV prevention ads involving the discussion of fracturing issues, as well as stigma and discrimination linked to the disease and reported in the literature review, may concern social marketers and public policy makers, leading them to avoid targeting strong threat messages to the most at-risk populations and preferring incentives and not stigmatising positive appeals. The production of generalised messages targeting generalised audiences and provided essentially by governmental organisations may also be connected with that possible trade-off and justify the lack of differentiation in the use of message appeals to the different targets, messages and sources. The sensitiveness in the use of positive and negative emotional appeals to cultural aspects and the epidemic dynamics reflect the background ideas that identify positive appeals as progressive and negative appeals as conservative but stronger and more effective messages used when incidence rates generate a more concerning epidemic situation.

5.2. Theoretical and Managerial Implications

This thesis gives contributions for both academics and policy makers. As the focus of the research consists on the analysis of practices, the recognition of practical specificities may be a contribution to enrich social marketing theory, based on the philosophy that theory is created with the insights of social practice. Given the theoretical incongruence of studies about the effectiveness of positive and negative appeals in social marketing, the knowledge about the expressive use of positive appeals
and how they take form in television social ads may reinforce their theoretical
definition, characteristics and advantages as a motivating insight. The sensitiveness to
culture and epidemic profiles also reinforce the theoretical evidences about the
differences on the effectiveness of appeals in different contexts. The content analysis
model proposed support academics to identify positive and negative appeals in a
theoretical vision and create social ads with them for laboratory research.

The lack of adequacy of theoretical knowledge to practice may reveal the concerning
with stigma and discrimination associated with the disease. It may represent a pressure
to the use of positive appeals, motivating people to change without showing shocking
images that might hurt people living with the infection or increase feelings of stigma in
society. That fact may influence the design of messages by social marketing
practitioners. This understanding has managerial implications because it may be an
important step to overtake fears in practice and better design oriented interventions
targeting vulnerable populations with the most effective appeals. The discussion of this
trade-off may be useful also for the theory and practice of public policy, concerning the
importance of evaluating the potential of their effectiveness with efficiency of the
financial investments. Since society is a mirror of public policies health-related social
marketing has consequences in epidemic control and can be an important vehicle
fighting illness stigma and discrimination.

5.3. Limitations and Future Research

The conclusions of this research should consider the specificities of the case, as the
particular stigma and discrimination that people living with HIV/AIDS still face in
society. The longitudinal amplitude of the research considered the first thirty years of
infection diagnosis. However, the reactive response to infection and their different
dimensions in the analysed countries inhibits the researchers of conducting deeper
longitudinal and geographical or cultural comparisons. Official epidemic data has been
available since 2000. The correlation analysis conducted between social marketing
policies and epidemic incidence rates could be deeper with more data available, to be
done in the future.
Further research might be conducted with a larger scope of countries and world regions. That will allow the focus on other type of epidemic context and more intercultural comparison. Future research asks for deeper studies about the appropriateness of social marketing with cultural and epidemic profiles. As television advertising is only one kind of media among others in communication, the results of this thesis also might be enriched considering other types of media besides television and other types of communication besides advertising. The research may also be compared with other health issues, including illness stigmatised and not stigmatised diseases in order to allow comparisons of results and wider the scope of conclusions. The results in this thesis suggest that public policy makers should think about not hurting people living with the disease, but at the same time should have in mind the fact that vulnerable populations need to receive adapted messages targeting to them with most effective appeals. Otherwise it may have consequences in the low outcome of behaviours’ changes connected to social marketing interventions. Future research may explore the existence of that trade-off and the specificities of communicating a stigmatised disease that can require special attention is social marketing.
Sources


