

**INHIBITIONS AND IMPLICATIONS  
ASSOCIATED WITH CELEBRITY  
PARTICIPATION IN SOCIAL  
MARKETING PROGRAMS FOCUSING ON  
HIV PREVENTION: AN EXPLORATORY  
RESEARCH**

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IN SOCIAL MARKETING PROGRAMS FOCUSING ON HIV PREVENTION: AN  
EXPLORATORY RESEARCH**

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**ABSTRACT**

This paper discusses celebrity participation in social marketing programs focusing on public health, especially on HIV programs. The research identifies the inhibitions of celebrity people and implications that this involvement may have upon their lives. The paper analysis data from in-depth interviews made to twenty-seven Portuguese celebrities from arts, show business and sports. The results show absence of prejudice against HIV. Famous people feel motivated to join public health and HIV cause because of the serious nature of the disease, as well as the social stigma attached to AIDS which can suggest positive discrimination. The paper also shows that celebrities expected a fee for their endorsement, despite the social role they consider celebrities should have, and the positive image they benefit for endorsing public health campaigns. The research discusses celebrity expectations and worries and, finally, shows several results that are helpful for negotiations between institutions and celebrities insofar as it may pave the way for celebrity involvement in social marketing programs.

***Keywords:*** *Social marketing, Celebrity endorsement, HIV prevention.*

## **1. INTRODUCTION**

Celebrities can be important agents in the marketing process, namely in brand equity creation. Celebrity brand endorsements benefit the effectiveness of communication campaigns, as well as the celebrity own personal image, in a process of value co-creation (Seno and Lukas, 2007: 131). Their credibility and attractiveness usually promote the receptors' social identification (Basil and Brown, 1997: 404-405). A similar process occurs with social messages. Health promotion campaigns are examples of social marketing programs which have been successful in influencing people's behavior for the purpose of societal benefit (Morris and Clarkson, 2009: 2). Several celebrities have endorsed AIDS prevention campaigns, including Bono, Jeffrey Sachs and Paul Farmer, who founded the Global Fund on AIDS (Richey and Ponte, 2008: 716). The global HIV and AIDS epidemic, including the particular Portuguese epidemiological situation within the European context requires the involvement of everyone to control infection (UNAIDS, 2008: 32). Because of the initially diagnosed social context, HIV infection and AIDS are affected by attitudes and behaviors of stigma and discrimination (Kalichman *et al.*, 2009: 87). These feelings have been reported by volunteers who help people living with HIV or take part in prevention actions (Omoto and Snyder, 2002: 852).

Celebrity refusals to become involved in social marketing in HIV prevention led to the present research, which discusses celebrity participation in social marketing programs focusing on public health, especially on HIV, identifying both inhibitions and implications that this involvement may have upon their lives, professionally as well as personally. This research sought to ascertain whether famous people who had been involved in these initiatives bear evidence of such feelings and whether this fact could truly inhibit them from taking part in social marketing campaigns.

## **2. A BRIEF REVIEW OF RELEVANT LITERATURE**

### **2.1 Social Marketing**

Social marketing was proposed by Kotler and Zaltman in 1971 when they were researching marketing applications to problems of social change. They defined social marketing as "the design, implementation and control of programs calculated to influence the acceptability of

social ideas and involving considerations of product planning, pricing, communication distribution and marketing research” (Kotler and Zaltman, 1971: 5). Later, Andreasen defined social marketing as “the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behavior of target audience in order to improve their personal welfare and that of their society” (2003: 296). This new definition of social marketing focuses on influencing people’s behavior instead of influencing people’s ideas (Andreasen, 1996; Brenkert, 2002: 15). The concept of social marketing is traditionally used in non-profit organizations and public sector but Andreasen argues the assumption of social marketing in the commercial sector (2003: 299).

The first social marketing work was done in the sixties and involved public health issues, namely family planning in India, in 1964, which derestricted the amount of condoms distributed to people as well as reducing their price (Dholakia, 1984: 54-56). International public health programs introduced marketing techniques, namely by advertising contraceptive methods and condom placement assessment assurance in the media (Walsh *et al.*, 1993: 108). Influencing life-styles to improve health leads to cost reductions in healthcare and treatments. That is why health professionals and institutions cannot limit themselves to therapies but have to help modify lifestyles and behaviors (Rothschild, 1999: 24).

The effectiveness of social marketing in public health is recognized in the literature (Morris and Clarkson, 2009: 2). Nowadays, this area is the one where social marketing is most commonly discussed (Walsh *et al.*, 1993: 111), not only through health promotion practices, but also with health assessment assurance and price reduction of products that have a social benefit. Social Marketing in public health has been successful in AIDS control (Chance and Deshpandré, 2009: 220-232), and in the development of third-world countries (Duhaime *et al.* 1985, pp.3-13). Public health campaigns require good message architecture and correct broadcasting through appropriate channels. The media is frequently used for this purpose (Abroms and Maibach, 2008: 221-227).

## **2.2 Marketing and Celebrities**

A celebrity brand endorser is “an individual who enjoys public recognition and who uses this recognition on behalf of a consumer good by appearing with it in an advertisement” (McCracken, 1989: 310). Celebrities are seldom associated with their fame and credibility (Goldsmith, 2000: 43). This association process can be directed towards brands and activate positive attitudes among consumers towards endorsed products (Amos *et al.*, 2008: 209;

McCracken, 1989: 310). This means that business can become more profitable with celebrity brand endorsement (Erdogan *et al.*, 2001: 39), based on the fact that brands also contribute to the celebrities' increased fame. Seno and Lukas (2007: 129) highlight brand equity reciprocity between celebrity image brand and commercial brand through a co-branding process which only happens when the relationship is based on credibility and attractiveness, both in person and product. Authors consider five factors in characterizing celebrity product associations: credibility, attractiveness, congruency, multiplicity and activation (Seno and Lukas, 2007: 123-130). Despite the potential problems in celebrity endorsement, resulting from the risk of negative reputation sometimes targeting well-known people (Till and Shimp, 1998: 79-80), researchers have concluded that business is greatly favored in terms of financial return and brand equity (Agrawal and Kamakura, 1995: 60).

The equity effect of product endorsement by celebrities also occurs in social marketing. Famous people are seen as social models especially by teenagers (Biskup and Pfister, 1999: 199; Wicks *et al.*, 2007: 403; White and O'Brien, 1999: 83). Celebrities are frequently used by social marketers to promote behavior changes (Basil and Brown, 1997: 393). Their activism has been developed since the sixties with the purpose of solving social problems, such as poverty or disease (Huddart, 2005: 34; Richey and Ponte, 2008: 716;). George Harrison, Mick Jagger and Bob Geldof are examples of this activism, as are Bono, Oprah Winfrey, Mia Farrow, George Clooney and Don Cheadle (Huddart, 2005: 34; Richey and Ponte, 2008: 716; Waal, 2008: 46-47).

The television ad where Magic Johnson admitted that he was HIV positive had a great impact on Americans (Basil and Brown, 1997: 395). Researchers refer Magic Johnson gave efficacy to HIV prevention messages because of the new image the infection gained after his statement - a problem that can affect heterosexuals. People's identification with Magic Johnson promoted the increase of sexually safe behaviors (Basil and Brown, 1997: 406; Brown and Basil, 1995: 345; Kalichman and Hunter, 1992: 1376; Quadagno *et al.*, 1997: 359). This case suggests that celebrities can be an effective resource in promoting public health issues (Casey *et al.*, 2003: 259). The same authors emphasize that the effects of a similar association do not have to be positive and depend on the type of messages, the social responsibility level and the identification process between the celebrity in question and the public (op. cit.: 261).

### **2.3 HIV/AIDS**

The Human Immunodeficiency Virus (HIV) was first diagnosed in 1981, in the United States of America, among homosexual men, leading the medical community to initially call it “GRIDS” - *Gay-Related Immune Deficiency Syndrome* (Clarke, 2006: 317). HIV was later diagnosed among heterosexuals from Haiti, injected drug users and hemophiliacs. Nowadays, HIV is a global epidemic that does not differentiate between gender, age, race or wealth. It is an important cause of disease and death which affects development, mainly in Africa. At the end of 2007, thirty-three million people were living with HIV around the world (UNAIDS 2008: 32).

The social context around the first HIV diagnosis made people who lived with the infection feel stigma and discrimination (Dias *et al.*, 2006: 208; Herek, 1999: 1106; Johnny and Mitchell, 2006: 755; Kalichman *et al.*, 2009: 87; Klein *et al.*, 2002, p.44; Lee *et al.*, 1999: 300; Parker and Aggleton, 2003: 15; Taylor, 2001: 792; Valdiserri, 2002: 341). HIV was associated with metaphors of plague, death, fear, guilt and shame (Ponte, 2004) and AIDS was seen as a punishment for homosexuality or behavior deviation (Clarke, 2006: 318). Furthermore, the mass media have perpetuated this speech, especially associating HIV vulnerability with homosexuals (Clarke, 2006: 318; Lupton *et al.*, 1993; Ponte, 2004).

It is true that, since the beginning of time, stigma and discrimination have walked side by side with illnesses in general, from syphilis to cholera or leprosy for instance (Valdiserri, 2002: 341). Nowadays, fighting HIV stigma and discrimination is one of the main priorities proclaimed by the United Nations Organization (2001). People still believe in misconceptions about HIV transmission, which fuels the fear of being infected and, consequently, the fear of coming into contact with people who live with it (Dias *et al.*, 2006: 208).

Volunteers who participate in HIV prevention services also report feelings of stigma and discrimination from their social networks towards them (Omoto and Snyder, 2002: 852). A comparison between volunteers in HIV services and volunteers in intensive care services with cancer patients revealed that stigma reported by volunteers with similar roles was higher for those who cared for people living with HIV (Snyder *et al.*, 1999: 1181-1183). The fact that volunteers involved in HIV prevention are “punished by their own good actions” may result in inhibition for those taking part in AIDS prevention campaigns, mainly those who have stronger social networks (Snyder *et al.*, 1999: 1185-1186), even though society bestows added value on volunteering (Ferreira *et al.*, 2008: 44).

These and other inhibitions may also occur with famous people, due to the general public's fear of any contact with the disease. This may be because celebrities such as Rock Hudson or Freddie Mercury were among the first in the world to be diagnosed with HIV. Magic Johnson took on those risks with the public announcement of his being positive. He was neither the victim of stigma nor did his image lose credibility. On the contrary, his problem served to emphasize that AIDS is not a disease of the guilty, but something that may happen to anyone anywhere in the world, from heterosexuals to famous people or even to heroes, as he was considered (Casey *et al.*, 2003: 261).

### **3. METHODOLOGY**

Bearing in mind the effectiveness of celebrity participation in social marketing, such as Magic Johnson's in HIV prevention campaigns, as well as being aware of the social stigma and discrimination towards HIV and AIDS, this paper aims to identify the inhibitions famous people may feel when endorsing this cause, and, at the same time, to discuss the professional as well as personal implications this involvement may have upon their lives.

The research takes the form of a qualitative exploratory analysis using personal interviews, one of the most popular instruments of qualitative research (Carson *et al.*, 2001:73), insofar as they allow for open data collection (Flick, 1999). Twenty-seven confidential and in-depth interviews were conducted between 1 June and 31 December 2008 with well-known Portuguese people from arts, show business and sports, with experience in social marketing in public health. These twenty-seven celebrities appear frequently in the Portuguese media, namely in television, VIP magazines and websites about celebrities. The interviewees are aged mainly between 31 and 50 years old (51.8%). 59% are women and 63% are actors/actresses. The selection of the interviewees was based on celebrities' accessibility and availability for the research. The interviewed individuals involved in each of the fifteen categories of health problems identified in Table 1 that shows the diseases most endorsed by celebrities. The interviewees took part in a total of 76 social marketing campaigns.

Social Marketing Actions	People Involved		
	No.	% People	% Actions
Blood Donation	1	3.7	1.3
Breast Cancer	9	33.3	11.8
Cardiovascular	6	22.2	7.9
Children's health	2	7.4	2.6
Drugs Prevention	2	7.4	2.6
HIV Infection	22	81.4	28.9
Leukaemia/Cancer	12	44.4	15.8
Lung Cancer	1	3.7	1.3
Non-smoking	5	18.5	6.6
Obesity, Diabetes	2	7.4	2.6
Osteoporosis	6	22.2	7.9
Renal Diseases	1	3.7	1.3
Senior Health	2	7.4	2.6
Tuberculosis	1	3.7	1.3
Uterine Cancer	4	14.8	5.3
Total of Actions	76	-----	100
Interviewees	27	100	-----

Table 1 – Celebrity participation in health-related social marketing campaigns.

The purpose was to understand the interviewees' perceptions, motivations and inhibitions, as well as the consequences of endorsing HIV and AIDS prevention actions in their careers and personal lives. First of all, an interview guideline was created, as suggested by Miles and Huberman (1994), but flexibility was allowed in order to obtain further information from the experiences of the interviewees (McCracken, 1988). The interviews took approximately one hour each. This allowed for a valuable data collection process, which would not be possible in an enquiry.

We proceeded to analyze the content of the interviews, creating answer categories as recommended (Carson *et al.*, 2001: 83) and crossing data through the different control groups of interviewees. The control groups were established according to the following criteria: demographics, like age, sex and occupation; their own image perception as a celebrity; participation frequency and context; cause preference; social marketing experience focusing on HIV; opinion on celebrity roles and compensations; opinion on social marketing relevance; fear and general inhibitions to endorse causes; and experience of discrimination in the case of social marketing endorsement focusing on HIV prevention. These control groups were established so that we could understand the differences in terms of attitude between the

celebrities interviewed. A number was attributed to each celebrity without any logic order, so that the famous people interviewed would be assured confidentiality.

## **4. DISCUSSION**

### **4.1 Social marketing endorsement relevance**

Though literature registers an increase in celebrities' use of marketing (Erdogan *et al.*, 2001: 39; Amos *et al.*, 2008: 209), our interviewees are divided with regard to the frequency celebrities are called to endorse causes. Although most celebrities of this research (85%) believe famous people should endorse social causes because they have a social role, four people interviewed do not share this opinion, supporting the idea that this kind of involvement is part of an individual action linked to awareness and is not related to celebrity status. They add that this is the reason why it is not fair to criticize famous people who do not take part in social marketing, even though they recognize that well-known people may help in public health campaigns, as literature presents (Biskup and Pfister, 1999: 199; White and O'Brien, 1999: 83; Wicks *et al.*, 2007: 403).

The interviewed celebrities shared the opinion, also discussed in the literature, that famous people who endorsed a given cause are expected to set a social example regarding the behaviors associated with said cause (Wicks *et al.*, 2007: 403). As a result of this view interviewee no. 1 says "some celebrities are not in a position to be an example in public health, because of their way of life". This idea reflects the importance that Seno and Lukas (2007: 123-130) attribute to fitting famous people to the object of the marketing program in which they take part. Celebrity endorsement implies risks and one of the most serious is that the famous person may be seen as unreliable by not setting an example (Agrawal and Kamakura, 1995: 60; Till and Shimp, 1998: 79-80). Concerned about this situation, interviewee no. 15 criticizes "If people were compensated, they would be professionally responsible for the social example they give in public health with social marketing endorsement".

### **4.2 Compensation**

Given the general opinion on the social role of celebrities, the interviewees tend to uphold that social marketing endorsement should only be compensated in cases where endorsements

benefit commercial brands or are developed by government institutions: as interviewee no. 5 says “I don’t like social marketing with a central focus on business or brand promotion”. In fact, those two interviewees who have been compensated for social marketing campaigns explain that said activity led to specific advantages for certain brands by promoting specific behavior changes, despite the societal benefit. Table 2 show most interviewees have involved in social marketing without a payment. In a total of 76 social marketing campaigns this research illustrates 96% were not compensated.

Social Marketing Actions	Pro Bono Involvement			Compensated Involvement		
	No.	% People	% Actions	No.	% People	% Actions
Blood Donation	1	3.7	1.3	0	0.0	0.0
Breast Cancer	9	33.3	11.8	0	0.0	0.0
Cardiovascular	5	18.5	6.6	1	3.7	1.3
Children’s health	2	7.4	2.6	0	0.0	0.0
Drugs Prevention	2	7.4	2.6	0	0.0	0.0
HIV Infection	22	81.4	28.9	0	0.0	0.0
Leukaemia/Cancer	12	44.4	15.8	0	0.0	0.0
Lung Cancer	1	3.7	1.3	0	0.0	0.0
Non-smoking	4	14.8	5.3	1	3.7	1.3
Obesity, Diabetes	1	3.7	1.3	1	3.7	1.3
Osteoporosis	6	22.2	7.9	0	0.0	0.0
Renal Diseases	1	3.7	1.3	0	0.0	0.0
Senior Health	2	7.4	2.6	0	0.0	0.0
Tuberculosis	1	3.7	1.3	0	0.0	0.0
Uterine Cancer	4	14.8	5.3	0	0.0	0.0
Total of Actions	73	-----	96.0	3	-----	3.9
Interviewees	25	92.6	-----	2	7.4	-----

Table 2 – *Pro bono* and compensated celebrity participation in social marketing.

Although most interviewees believe that celebrities should not be paid for social marketing endorsement, which is seen as part of their social role, they emphasize that the *pro bono* concept should not be exclusive to well-known people. They add that all those taking part in *pro bono* campaigns should do the work without payment, not only celebrities. However, the interviewees sustain that when a campaign has a budget and contemplates the salaries of those involved, it should also compensate the famous people making the endorsement: “Nobody proposes a *pro bono* work to an advertising agency because it is not

accepted. Celebrities began endorsing causes for no fees and now those who want to be compensated are frowned upon” (interviewee no. 18).

Table 3 shows the interviewees’ opinion on service compensation in social marketing. Resistance to endorsing social marketing promoted by the State is explained by the existence of a government budget for health promotion campaigns which includes most payments of participants’ salary, namely directors and crew members. In this case, one would expect that the celebrity’s fees would also be respected or, in exchange, that any tax benefits would be attributed to the celebrity in question.

<b>Opinion on compensation in social marketing endorsements</b>	<b>No. of people</b>
“Celebrities should be paid.”	2
“Celebrities should not be paid”	13
“Celebrities should not be paid, unless cause benefits commercial brands”	8
“Celebrities should not be paid, unless cause benefits commercial brands. If the action is promoted by the government, celebrities should be given tax benefits”	4
<b>TOTAL</b>	<b>27</b>

Table 3 – Opinions on service fees in social marketing endorsements.

### **4.3 Celebrity endorsed activities**

The celebrities interviewed had done something on health promotion, even if it took place a long time ago, or even if it had no notoriety. Twenty-two celebrities out of twenty-seven (81.4%) recall at least one social marketing endorsement focusing on HIV. Celebrity involvement in this issue is interesting because of the social stigma and discrimination associated with HIV and AIDS (Parker and Aggleton, 2003: 15). Celebrity selection was conducted based on health-related social marketing endorsement experience and not necessarily on their participation in social marketing campaigns focusing on HIV.

HIV infection, leukemia and breast cancer are the topics with the most activities endorsed by celebrities, bearing evidence of the personal relationships between famous celebrities and these diseases. Thirteen of the interviewed celebrities mention a special motivation to participate in certain topics because of their personal relationship with these causes – “Cancer first, because I have suffered from it. Motivation is total.” (interviewee no. 6). Although most celebrities state that their motivation does not vary with changing health themes (59.2%), they recognize that the most serious diseases, such as AIDS and cancer, require special attention:

“Cancer can happen to anyone” (interviewee no. 9); “For cancer there is no warning and it has nothing to do with behaviors” (interviewee no. 13); HIV is a problem of behaviors and can be prevented, so I think I can do something about it” (interviewed no. 18).

Among famous people, television professionals are those who present the most diversity in health-related social marketing endorsement, immediately followed by actors. This fact may be linked to the reliable image these professionals usually have in the eyes of the public, but it may also underline the fact that celebrity credibility is one of the most important factors when choosing people for marketing endorsement (Goldsmith, 2000: 43; Seno and Lukas, 2007: 125).

#### **4.4 Social marketing endorsement contexts**

Social marketing endorsements occur as a consequence of an unusual invitation from an institution or as the result of a close relationship between famous people and the organization that is developing the activity. The literature reveals several examples of celebrities motivated to endorse a cause because of a close relationship with it. These include the case of Magic Johnson, with the AIDS prevention campaigns (Basil and Brown, 1997; Casey *et al.*, 2003; Clarke, 2006), or George Harrison, helping children in Bangladesh because of a friend from that country, Mick Jagger with the concert on behalf of the earthquake victims in Nicaragua - where his wife was from - (Huddart, 2005: 34) and Don Cheadle, with his involvement in the Darfur conflict after his performance in the movie *Hotel Rwanda* (Waal, 2008: 46).

Some contexts allow for social marketing endorsement, while others only raise obstacles. The main encouraging contexts reported by interviewees as encouraging them to participate tend to be the seriousness of the cause, the possibility of preventing the disease and the impact on people’s lives. The main impediment is agenda unavailability, message inadequacy, the possibility of economics or politics benefitting from the campaign and the unreliable nature of the institution involved.

#### **4.5 Inhibitions**

Apart from context obstacles, there is also the celebrity’s psychological inhibition in endorsing certain social marketing programs. Most celebrities interviewed to participate in health-related social marketing, and especially focusing on AIDS prevention programs, have reported inhibitions, namely if they had to exhibit their body, if there was a need for them to

undress publically, when contact with suffering was required or even if they felt that the public would identify them with the disease: "I would not endorse a cause if it obliged me to reveal my body unreasonably" (interviewee no. 5); "I would not enjoy talking about my private life as a behavior example" (interviewee no. 25); "There are issues that make me sad. I prefer not to endorse that kind of marketing campaign" (interviewee no. 3).

The social stigma and discrimination around HIV, as well as the fact that some HIV positive celebrities have taken part in prevention campaigns – following the steps of Magic Johnson (Casey *et al.*, 2003), could, ultimately affect famous people's availability to endorse the cause, due to their image brand management issues. This research shows that the most of the interviewees deny this possibility, which is consistent with the higher number of individuals interviewed with experience in HIV prevention actions: "I did not have any inhibition, on the contrary, I consider is necessary to talk about these issues and break away from all the taboos there are in society about this" (interviewee no. 20); "We have to face HIV as a health problem and not with moral judgments about individuals' choices" (interviewee no 16).

Two celebrities interviewed reported a specific inhibition when participating in social marketing programs focusing on HIV and AIDS. One of them (interviewee no. 3) explains that he/she had personal problems regarding direct contact with suffering, a fact that is not exclusive to HIV prevention campaigns, since it exists in other topics of public health. Another celebrity cites fear of being associated with HIV positivity, a fact which could affect endorsement of the cause (interviewee no. 5). The latter point, regarding the public's confusion was also quoted by another celebrity as a possibility (interviewee no. 26), even though it would not affect his/her participation in HIV prevention programs. This person thinks that the public truly believes that celebrities taking part in HIV prevention programs may be HIV positive. The possibility of public confusion does not deter this person from taking part in these initiatives.

#### **4.6 Celebrities' life implications**

The vast majority of the interviewees state that they do not benefit professionally as a consequence of social marketing endorsements, or as a consequence of HIV and AIDS prevention interventions. However, they tend to admit that their personal image is improved. In any case, they emphasize that this is a natural consequence of taking part in such initiatives

and not the basis of motivation to do so, although the literature mentions that notoriety ambition could become a motivation to take part in social marketing activities (Ferreira *et al.*, 2008: 49). Table 4 shows the opinion distribution on life implications, diverging from the research of Omoto and Snyder (2002) in relation to the perceptions about stigma reported by volunteers in HIV/AIDS prevention services.

<b>Celebrities' life implications related to social marketing endorsement</b>	<b>No. of people</b>	
	<b>Yes</b>	<b>No</b>
Did it promote professional opportunities?	6	21
Did it improve your personal image among the public?	16	11
<b>TOTAL</b>	<b>27</b>	

Table 4 – Opinions on celebrities' life implications related to social marketing endorsement.

The five interviewees without experience in HIV prevention actions concluded that their involvement in health campaigns promoted a better image of themselves among the target-public, as shown in Table 5. Out of the twenty-two famous people who have participated in HIV prevention campaigns, eleven also concluded that their public image improved, therefore confirming the theory of value co-creation between the social marketing product and celebrities as well as the experience of Magic Johnson when he endorsed the HIV prevention campaign as someone who was HIV positive (Basil and Brown, 1997: 395; Casey *et al.*, 2003: 261). The other eleven famous people interviewed with AIDS prevention experience reported irrelevant associations from the public. These results suggest absence of theme specificity on HIV, comparing with other public health diseases, what is not according to the analysis about the risks celebrity take when they endorse stigmatized causes (Casey *et al.*, 2003: 261).

<b>Public Image perceptions according to social marketing involvement by celebrities</b>				
<b>Interviewees with experience in social marketing focused on HIV prevention</b>		<b>Interviewees without experience in social marketing focused on HIV prevention</b>		<b>TOTAL</b>
Indifferent	11	Indifferent	0	11
Positive	11	Positive	5	16
Negative	2	Negative	0	2

Table 5 – Public Image perceptions of social marketing involvement by celebrities.

The two famous people interviewed who report negative perceptions from specific types of public, who are not necessarily their main fans, also report a positive perception of their image from their target public. These negative associations include, in their opinion, direct connotations with being HIV positive. However, these feelings do not lead to any inhibition regarding future participations in this topic: "People think I may have engaged in risk behaviors, because of my lifestyle, and associate me with AIDS, but I am not afraid and I carry on endorsing these activities" (interviewee no. 22); "People follow an actor's life and they approach me with concerns about the characters I perform. I believe the public thought about my health situation when I participated in an AIDS prevention campaign" (interviewee no. 26).

## **5. CONCLUSION**

Results from twenty-seven interviews with Portuguese celebrities, all of whom had social marketing experience in public health issues, suggest absence of theme specificity as well as absence of prejudice against HIV. The serious nature of the disease as well as the social stigma attached to AIDS is what motivates them to join the cause. It can mean positive discrimination. The target-public's feeling of direct connotation with being HIV positive is only residual among the famous people who have taken part in these campaigns, and does not lead to any inhibition regarding future participations. The interviewees consider that these campaigns do not result in more professional opportunities, but concede that by participating they may create a positive image of celebrities. However, despite the social role they think famous people have, some of the interviewees believe that, in some cases, these services should be compensated, namely when these initiatives are promoted by companies or by the Government and when other professionals are paid in the same initiative.

## **6. FURTHER RESEARCH AND LIMITATIONS**

The information gathered may prove helpful in future negotiations between institutions and celebrities insofar as it may pave the way for celebrity involvement in social marketing programs. On the one hand, institutions learn about celebrity inhibitions and implications

related to social marketing endorsement, as well as their expectations and worries. On the other hand, celebrities also gather information which may explain their decision to take part in these initiatives or not.

As an exploratory study, this research presents results which are limited to the celebrities interviewed. Although including confidential interviewees was considered the best method for this research, insofar as it allowed us to obtain valuable information from famous people regarding this issue, we must also admit that the interviews could possibly have inhibited the interviewees from verbalizing certain delicate aspects. Future research could explore this issue regarding the absence of social discrimination towards HIV and AIDS from famous people, as well as the possible existence of positive discrimination on that point. It could prove useful to compare this study's results with a research conducted on a larger group of celebrities, or even on famous people who have not experienced social marketing focused on public health.

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