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## Malaysian AIDS Council: The “PutItOn” Campaign

*“An ounce of prevention is worth a pound of cure.”*

— Benjamin Franklin

### “SIGH... I WISH I KNEW HOW TO DO IT...”

It was 3 March 2015, when Dr. Suzi, Datuk Dr. Mazlan, Prof. Dr. Roselina, and Nissa (Dr Suzi’s assistant) were discussing Malaysian AIDS Council’s (MAC) PutItOn Campaign. This campaign was purposely launched on 1 December 2014 — during World AIDS Day. The Body Shop and ESP (Enjoyable Safe Pleasure) condom were collaborative partners of this PutItOn campaign. The main purpose of PutItOn was to increase awareness of women about practicing safe sex behavior.

In Malaysia, during 2013, HIV epidemic began shifting from males to females. In 2002 the ratio of HIV epidemic victims was 10:1, which increased to 4:1 in 2013. Considering this serious threat, the Ministry of Health delegated the task of promoting condom use to two leading civil organizations who were dealing with HIV related issues in Malaysia — Malaysian AIDS Council (MAC) and the sister organization of MAC, Malaysian AIDS Foundation (MIF). As the president of MAC, Datuk Dr. Mazlan Idris was worried about the restriction of the mass media to market “PutItOn” campaign. The socio-cultural aspect was not in favor of this campaign too. Promoting condom use was not possible by discussing it publicly since this message was regarded as unmentionable in

Malaysian culture. Datuk Mazlan felt that, this might limit the scale of marketing HIV intervention program or might incur public resentment towards this message. He felt the urgency to search a potential solution to overcome this issue with his team — the chairperson of MIF, Prof. Dr. Roselina Ismail and the Communication Manager, Dr. Suzilah.

Although MAC launched PutItOn Campaign in December 2014, MAC was not able to promote condom use through the mainstream mass media. Promoting condom use and educating safe sex practice remained taboo in Malaysian culture. Dr. Suzi, who had been serving MAC for more than 5 years as a communication manager, was feeling disappointed with the restriction for marketing this “PutItOn” Campaign. The restriction from media regulation affected the coverage of target audience. She found it almost impossible to reach out to young women to inform them about their sexual right on condom use and to educate them on safe sex practice. She whispered to herself, “*Sigh... I wish I knew how to do it...*”.

Being the Chairperson of MIF, Prof. Dr. Roselina was also concerned whether information on condom use and sexual health would be accepted by the target audience. She shrugged and apprehended her worry in response to Dr. Suzi’s disappointment:

If MAC fails to disseminate this information, the target audience may not be willing to accept the information of condom use or practicing safe sex behaviors. Though the whole process seems difficult, we have to try to increase the awareness of women to change their understanding and behavior as desired.

Prof. Roselina asked Dr. Suzi to come up with a marketing strategy within one month to improve the awareness of target audience for PutItOn campaign. In accordance with the initial plan, the sole distributor of “PutItOn” condom was The Body Shop. Dr. Suzi suggested considering to add another distribution channel to sell condoms directly through online platform. However, she could foresee that it might encounter public resentment of openly promoting and selling condom use to women.

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The PutItOn campaign targeted that at least 50,000 boxes of condom would be sold by the end of November 2015 in order to reach the objective of decreasing 5% of new HIV cases of females within one year. Dr. Suzi felt an urge to come up with an effective marketing plan to be implemented within one month. She started to think of how to achieve this objective with so many obstacles!!

### **HIV — THE GLOBAL CONCERN**

The World Health Organization (WHO) estimated that at the end of 2013, there would be 35 million people with HIV worldwide. Joint United Nations Program on HIV/AIDS (UNAIDS) report found that nearly 5 million people in Asia were infected by HIV in 2013. Data from the Division of Disease Control, Ministry of Health revealed that from 1986 to 2013, there were 101,672 inhabitants in Malaysia who were infected by HIV. Considering its serious threat to mankind, many international organizations started to be engaged in dealing with HIV issues worldwide including International AIDS Society, UNAIDS, and WHO. This is because it was believed that the most effective way to reduce the spread of HIV would be through prevention programs.

WHO developed Millennium Development Goal (MDG) with eight international goals to be achieved by 2015. The sixth goal of MDG was to combat HIV/AIDS, malaria, and other diseases. UNAIDS was also dealing with HIV issues worldwide. UNAIDS was located at Geneva, Switzerland and shared facilities with WHO. The purpose of this body was to prevent HIV, providing support to AIDS patient and People Living with HIV (PLHIV), and reducing the negative impact of HIV epidemic. The objective of UNAIDS was to expand internationally to reduce the spread of HIV epidemic through HIV prevention, support, and treatment. Marketing and implementation prevention programs such as needle and syringe exchange program and promotion of condom use were considered effective ways to reduce the spread of HIV or sexual transmitted infection (STI).

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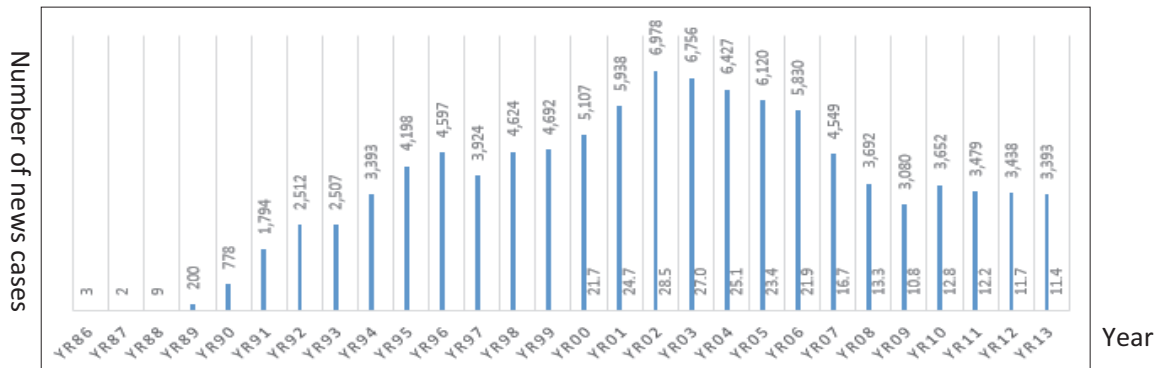
The strategic goals of UNAIDS for 2011 to 2015 were: (1) reducing 50% of sexual transmission of HIV; (2) eliminating vertical transmission of HIV from mother to child; (3) preventing new HIV cases through transmission among Injecting Drug Users (IDU); (4) providing access to HIV patients to antiretroviral therapy; (5) death in HIV-infected persons who have tuberculosis reducing by 50%; (6) providing access to care and support to HIV infected individuals and the family members of the HIV patients; (7) decreasing 50% of the national existing law and practice to punish possible HIV transmitters such as sex workers, drug takers, and homosexuals that may worsen the effective response to the prevention of HIV; (8) eliminating national practice which restricts the entry of People Living with HIV (PLHIV); (9) 50% of national HIV response related to special needs of women; and (10) zero tolerance for gender-based violence.

The Ministry of Health in Malaysia collaborated with the international organizations to combat the HIV epidemic. The Ministry was committed to the pledge of the United Nations for "Getting to Zero" which refers to zero new HIV infections, zero discrimination, and zero AIDS related death. In addition, the Ministry also adhered to the Millennium Development Goals (MDG) by implementing a National Strategy Plan (NSP) for HIV/AIDS response for a period of 5 year from 2011 to 2015 in accordance with the UNAIDS Strategy 2011–2015. NSP acted as the guideline for organizations in this industry which dealt with HIV/AIDS issues in Malaysia regardless of whether it was a government or social organization.

### **MALAYSIA'S HIV EPIDEMIC SCENARIO**

The first case of HIV/AIDS in Malaysia was diagnosed in 1986. Being an incurable disease, the only way to control the spread of HIV was through prevention. Referring to the statistics provided by Ministry of Health Malaysia's HIV/STI Section, the Division of Disease Control, till 2013, Malaysia

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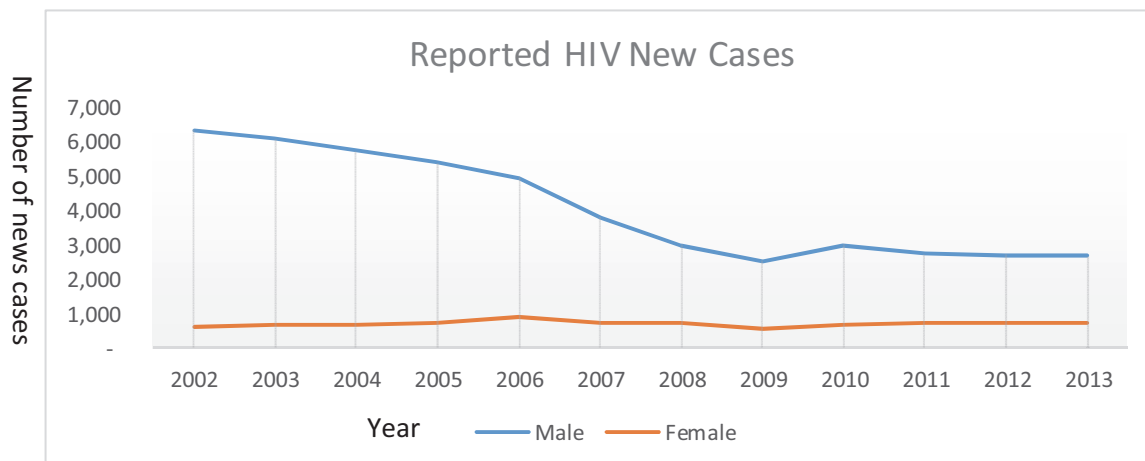
Source: Ministry of Health Malaysia (2014).

Fig. 1. New HIV cases from 1986 to 2013.

reported HIV/AIDS epidemic as follows: (1) 101,672 individuals were affected by HIV, (2) 20,235 individuals were affected by AIDS, (3) 16,340 individuals died due to AIDS, (4) 85,332 individuals were living with HIV, (5) 3,393 new HIV infections, (6) 11.42/100,000 HIV notification, (7) 728 new HIV infections in women, (8) 10,956 women were affected by HIV in total, (9) 50 new HIV infections in children (<13 years), (10) 1,076 children in total were infected by HIV (<13 years), and (11) 73,005 (0.44%) adults (15–49 years) HIV Prevalence.

Figure 1 shows that in Malaysia, new HIV cases increased from 3 cases (1986) to 6,978 (2002); which was 28.5 per 100,000 inhabitants. Since 2003 the trend started to decrease and the number decreased to 3,393 in 2013 which was 11.4 per 100,000 inhabitants. Based on these data it is obvious that new HIV cases faced a steady decline over the past decade.

Male patients accounted for 90% of the total HIV cases, but the gap between males and females narrowed down from 10:1 in 2002 to 4:1 in 2013 (see Fig. 2). The number of female patients with new HIV cases was 629 in 2002 which reached 875 in 2013. Based on data from the Ministry of Health Malaysia, the majority (22.1%) of male HIV patients were affected by injecting drug users (IDU), whereas, with regard to female HIV patients, approximately 70% was through sexually transmitted infection (STI).

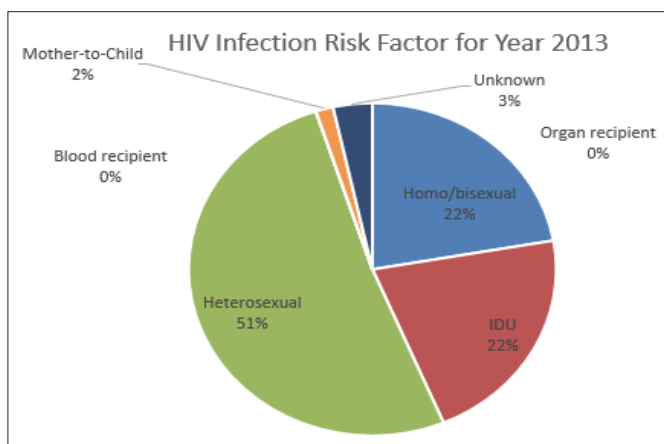


Source: Ministry of Health Malaysia (2014).

Fig. 2. New HIV cases in Malaysia (2002 to 2013) (by gender).

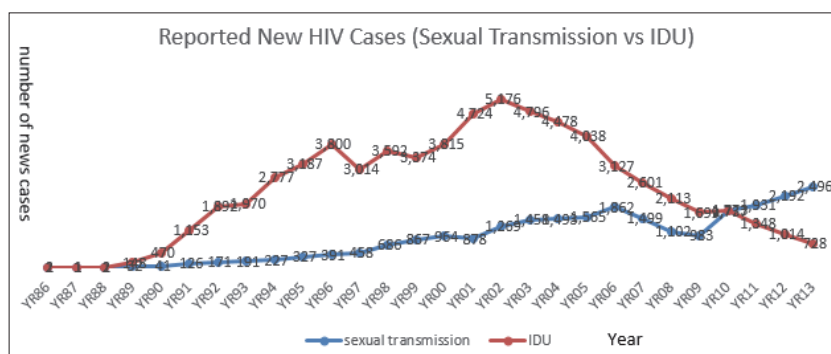
The Ministry targeted four categories of Most At Risk Populations (MARPs) in order to prevent widespread HIV epidemic to fulfill the objective of NSP 2011–2015 to reduce new HIV cases to 11/100,000 by 2015. The four categories of MARPs include: (1) Injecting Drug Users (IDU), (2) female commercial sex workers, (3) men who have sex with men (MSM), and (4) transgender. In certain circumstances, one risk group also overlapped with other risk groups such as female commercial sex workers who were also drug users. Eventually HIV epidemic spread to non-high risk group of people such as housewives. Those housewives were victims whose husbands were infected with HIV from sex-workers and injections used by other HIV affected drug users. The worst situation was vertical spread of the HIV epidemic from housewives or commercial sex workers to their children. Figure 3 depicts HIV transmission by risk factor in 2013.

Figure 3 shows HIV transmission through sexual transmission (heterosexual, homo or bisexual) accounted for 73% and Injecting Drug Users (IDU) for 22% in 2013. However, from 1986 to 2009, IDU was the major risk that contributed to HIV new cases (see Fig. 4). Starting from 2009 till 2013, sexually transmitted infection (STI) was higher than IDU which



Source: Ministry of Health Malaysia (2014).

Fig. 3. HIV transmission by risk factor in 2013.



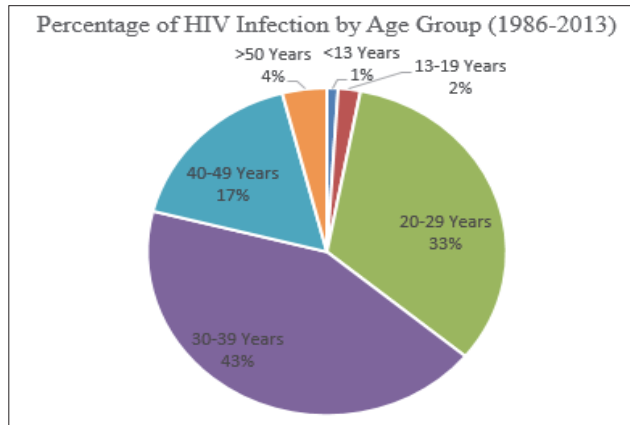
Source: Ministry of Health Malaysia (2014).

Fig. 4. Reported new HIV cases in Malaysia, 1986–2013 (sexual transmission vs. IDU).

was increasing every year. Other risk factors for HIV transmission were vertical transmission (mother to child), blood donation and organ transplantation.

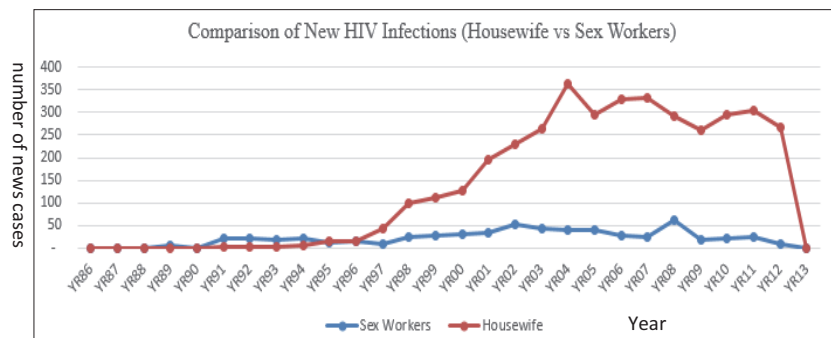
Mostly, individuals who were 30 to 39 years old were the victims of HIV new cases (43%) followed by the second largest age group between 20 to 29 years (see Fig. 5). This showed that young adults were the new cases in Malaysia infected by HIV.





Source: Ministry of Health Malaysia (2014).

Fig. 5. Percentage of HIV infection by age group (1986–2013).



Source: Ministry of Health Malaysia (2014).

Fig. 6. Comparison of new HIV infection between housewife and sex workers (1986–2013).

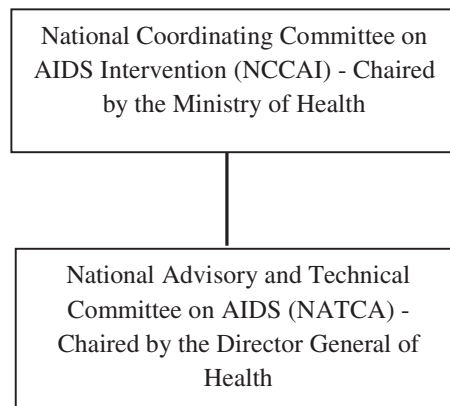
There was a total of 3,857 housewives infected by HIV from 1986 to 2013 as compared to sex workers (only 621 were infected by HIV) (see Fig. 6). This data indicates that housewives were the most vulnerable group of people who had high chance for HIV infection. Unfortunately, this group was always ignored to be considered for HIV intervention programs, whereas, sex workers had been the main focus as they were considered as Most-at-Risk Populations (MARPs).



In Malaysia, due to the cultural factor, housewives were hardly protected by condom policy. They had little power to negotiate with their husbands for condom use. Conversely, the sex workers were in more advantageous position to negotiate for condom use as compared to housewives. By looking at these facts published by the Ministry of Health Malaysia (2014), Dr. Suzi realized that majority of the housewives who were infected by HIV were actually victim of their partners who were Injecting Drug Users (IDU) or had sex with commercial sex workers. Dr. Suzi felt very sad by knowing these facts and felt the urge to work for this cause even more than before.

### Malaysian HIV/AIDS Policy Framework

The Ministry of Health Malaysia was responsible for HIV response and intervention within Malaysia. In order to commit to international Millennium Development Goal (MDG) and "Getting to Zero", the Ministry of Health Malaysia issued National Strategic Plan (NSP) 2011–2015 as a guideline for all stakeholders including government department, civil society, and private sectors who were dealing with HIV/AIDS issues in Malaysia. In addition, the Ministry of



Source: Ministry of Health Malaysia (2011).

Fig. 7. National HIV and AIDS policy framework.

Health Malaysia had established National Coordinating Committee on AIDS Intervention (NCCAI) as the main decision maker for development of the HIV/AIDS policies. National Advisory and Technical Committee on AIDS (NATCA) acted as the top advisory body to NCCAI. NCCAI membership comprised of all secretarial general in government departments, and civil societies including MAC. The framework of HIV/AIDS policy structure is depicted in Fig. 7.

### **Stakeholders for HIV/AIDS Response in Malaysia**

In order to reduce the HIV/AIDS risk, HIV intervention programs were needed to have collaboration among various stakeholders ranging from government sectors to civil societies. National Coordinating Committee on AIDS Intervention (NCCAI) worked as the primary decision maker for overall HIV/AIDS policy in order to provide guidelines to all organizations who were dealing with HIV issues. Entities that worked in support of NCCAI were National Advisory and Technical Committee on AIDS (NATCA), taskforce on women, girls and HIV, and Country Coordinating Mechanism (CCM).

#### *Taskforce on Women, Girls and HIV*

The number of women infected by HIV increased significantly from 1986 to 2013. And thus, the taskforce on women, girls and HIV was responsible for handling the HIV infection by females and sexually transmitted infection (STI).

#### *Country Coordinating Mechanism (CCM)*

This committee was mainly in charge of funding for AIDS, Tuberculosis, and Malaria causes and responses in Malaysia. National AIDS Program (NAP) Secretarial was the primary stakeholder to coordinate HIV/AIDS response in Malaysia. Government Ministries who played the role for AIDS/HIV response include Ministry of Health, State AIDS Officers, Ministry of Women, Family and Community Development, National Anti-Drug Agency, Police, JAKIM, Ministry of

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Education, Ministry of Higher Education, Ministry of Human Resources, and Ministry of Home Affairs.

*National AIDS Program (NAP) Secretariat*

NAP secretariat used to interact with all the government agencies and civil societies regarding HIV/AIDS response and its intervention programs. NAP secretariat was also in-charge of allocating resources and capacity to National Strategic Plan (NSP). NAP secretariat strengthened the linkage within HIV/AIDS officers within government agencies and civil societies. Besides, NAP shared information between entities who responded to AIDS/HIV related issues and supported HIV officers who were in charge of coordinating, reporting, implementation, and evaluation HIV response.

The Malaysian AIDS Council (MAC) was established by the Ministry of Health Malaysia and served as Non-Government Organization (NGO) to deal with HIV issues within Malaysia. MAC was in collaboration with 49 partner organizations including religious organizations, professional bodies, health organizations, and charity societies in order for effective dealing and response to HIV issues. MAC cooperated with all civil societies to combat with HIV risk and launched various intervention programs including needle and syringe exchange program (NSEP). MAC worked together with community based organization (CBO), faith based organization (FBO), NGO, People Living with HIV (PLHIV), Most-at-risk populations (MARPs), private clinics and hospitals, academicians, private laboratories, universities, international organizations, the United Nations, international organizations, religious community networks, and local community networks to effectively control HIV epidemic within Malaysia.

**Malaysia's National Strategic Plan (NSP) on HIV and AIDS, 2011–2015**

National strategy plan (NSP) worked as the guideline for all government departments and civil societies including MAC

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to control HIV epidemic in Malaysia. The Ministry of Health developed NSP 2011–2015 in accordance with the Millennium Development Goal (MDG), UNGASS and Universal Access (UA) as well as United Nations' pledge for 'Getting to Zero' which referred to zero new HIV infection, zero discrimination, and zero AIDS related death.

NSP 2011–2015 aimed to achieve the target to reach out to 80% of Most-at-Risk Populations (MARPs). In order to obtain effective response to HIV epidemic, NSP 2011–2015 set five specific goals including: (1) to strengthen the prevention of HIV intervention to further reduce by 50% of incurring new infections, (2) to increase coverage and quality for treatment, and support for people living with HIV (PLHIV) and those who were affected, (3) to reduce negative HIV impact in term of socioeconomic and human aspect, (4) to collaborate between government departments and civil societies to decrease discrimination and stigma towards PLHIV and those who are affected, and (5) to increase public awareness about HIV and reducing high risk behavior especially for MARPs and vulnerable groups.

The Ministry of Health Malaysia realized that prevention would be the first step to reduce the transmission of HIV/AIDS epidemic. Considering this, NSP 2011–2015 targeted three sub strategies to improve the quality of prevention program for most at risk population (MARPs) and vulnerable group as follows:

*Prevention strategy for injecting drug users (IDU)*

This strategy was considered to reduce harm caused by HIV infection through sharing needle and syringe among injecting drug users (IDU). NSP 2011–2015 increased the scale for needle and syringe exchange program and methadone maintenance therapy for IDU. NSP 2011–2015 also intended to enable conducive environment for IDU and their partners for them to participate harm reduction program via collaboration between different stakeholders including civil societies, community network, and health care providers.

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*Prevention strategy for high risk sex behaviors*

The purpose of this program was to promote practicing safe sexual behavior in order to prevent sexually transmitted infections (STI). In order to control the HIV transmission through unprotected sex, it was important to increase awareness among most-at-risk populations (MARPs) and vulnerable groups to share information and enhance knowledge for practicing safe sex behavior. In addition, other intervention programs include; increasing awareness for behavior change and male's responsibility for positive health, youths' moral and religious awareness, and the like. In doing so, MAC collaborated with various stakeholders to strengthen religious faiths and moral values, to provide counseling and support especially to MARPs and vulnerable group (i.e., refugees, migrant workers).

*Prevention strategy for vertical transmission from mother to child*

Programs for Mother to Child Transmission (PMTCT) were conducted through public and private healthcare centers to provide antenatal test for pregnant women especially most-at-risk populations (MARPs). Not only this, PMTCT programs provided other services such as family planning, sexual health productive program, voluntary testing and counseling services.

The Ministry of Health targeted that by 2015, the number of HIV new infection cases need to be reduced by 50% through implementation of HIV prevention as well as intervention programs. The most important element to prevent HIV epidemic was through practicing safe sex behavior. It was expected that marketing and educating HIV/AIDS related information to most at risk populations (MARPs) would be an effective way to reduce new HIV infection cases. The targeted desired behavior for prevention of HIV epidemic were as follows: (1) HIV prevention programs reaching the coverage of 80% of most-at-risk population (MARP), (2) 60% of MARP practicing condom use, (3) 60% of injecting drug

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users practicing clean injecting needle and syringe, (4) HIV infected pregnant mothers received ARV prophylaxis treatment to reduce harm for vertical infection of HIV to their children, and (5) 80% of people living with HIV (PLHIV) received ARV treatment. Summary of the response and intervention for HIV prevention programs carried by NSP 2011–2015 is as follows:

- Improving national commitment for HIV response — Ministry of Women, Family and Community Development (MWFCD) chair the taskforce of Women, Girls and HIV/AIDS in order to combat increasing number of new HIV cases of women.
- Collaboration of various sector for HIV response — In order to fulfill prevention goal of NSP 2011–2015, collaboration between multi-sectors were necessary to mitigate the harm caused by HIV epidemic and to overcome HIV challenge of youth. Government sector, i.e. Ministry of Women, Family and Community Development, National Anti-Drug Agency, Department of Islamic Development (JAKIM), Information Ministry, and Prison's Development sector were key stakeholders to play vital role in the prevention and intervention programs.
- Implementation program for harm reduction — Injecting drug users (IDU) were one of the target groups of NSP 2011–2015. The harm reduction programs include needle and syringe exchange program, and methadone maintenance therapy (MMT).
- Prevention of vertical HIV transmission program — Malaysia had implemented prevention of mother-to-child transmission (PMTCT) program in 1998. Health care centers were the key stakeholders for providing antenatal care and HIV screening for pregnant women. This service was provided in government health care sector for the women who were under antenatal care. 70% of pregnant women were using government facilities for antenatal care. Beside, HIV infected mothers were encouraged to receive ARV prophylaxis treatment, breastfeeding education and safe delivery to reduce fatal effect of vertical HIV transmission.

- Involving most-at-risk populations (MARPs) — National Coordinating Committee elected MARPs. More clearly, these groups include commercial sex workers, people living with HIV (PLHIV), and transgender to participate in HIV/AIDS intervention programs.
- Participation of religious organizations — NSP engaged religious organizations to involve in the HIV prevention programs, in order to provide care and support for people living with HIV (PLHIV) and those who were affected.
- Improving HIV related information for strategy planning — Non-government organizations (NGO) and other research institutions conducted survey and research for the prevention of HIV on MARPs and other vulnerable groups. NGOs who had participated in such activities include, MAC, PT foundation (PTF), Federation of reproductive Health Associations Malaysia (FRHAM), and Centre for Excellence on Research in AIDS.

### SOCIO-CULTURAL AND DEMOGRAPHIC ASPECTS

In Malaysia, open discussion on sexual health and promoting condom use were not acceptable and was regarded as unmentionable message. As such, Malaysian culture was not in favor of promoting intervention programs to target audiences openly. Nevertheless, in order to effectively control HIV, harm reduction program such as promoting condom use was necessary. Dr. Suzi realized that, in promoting so-called unmentionable products and/or messages, MAC must take caution by considering the socio-cultural sensitivity. Otherwise, it might affect the effectiveness of the harm reduction programs or even would cause early termination of the program.

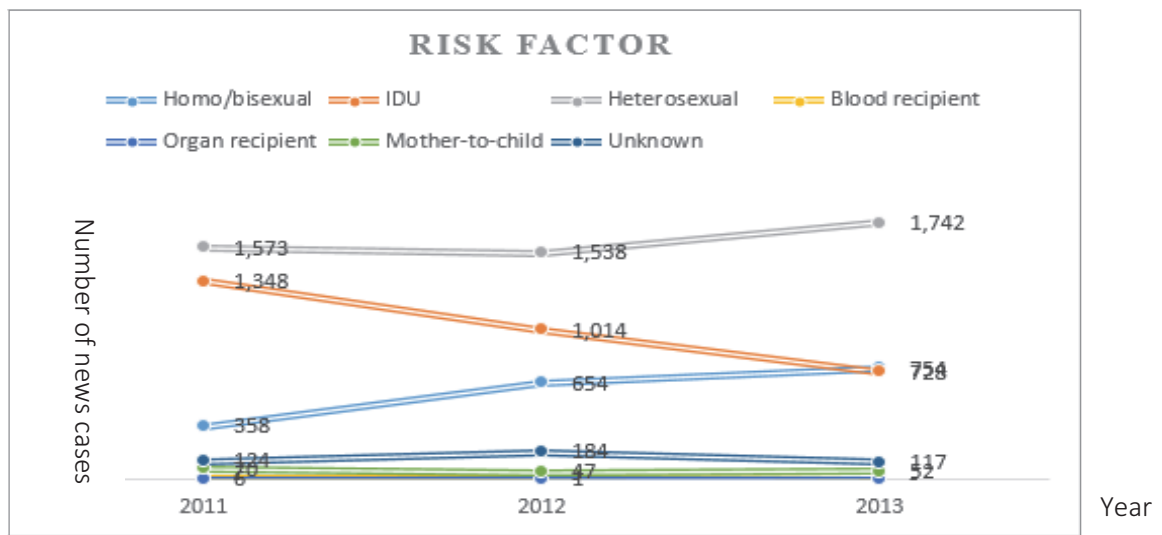
People living with HIV (PLHIV) and people surrounding them were subject to discrimination and stigmatization in the society. This issue was one of the barriers of effective harm reduction programs. For instances, PLHIV and those who were affected by HIV used to get little job opportunities, faced discrimination in health care services, and received less



education opportunities. In general, peoples' perception was that PLHIV had practiced something immoral, unethical, or even evil since most of the HIV cases were subject to injecting drugs, unprotected sex activities by injecting drug users (IDU) or commercial sex workers. National strategy plan 2011–2015 (NSP) and civil organization including MAC were trying to reduce stigma and discrimination toward PLHIV and those who were affected in order to receive fair treatment, care and support.

The research from Ministry of Health Malaysia found that unprotected sex accounted for 74% of new HIV infection cases in Malaysia in 2013. Unfortunately, housewives were in the disadvantageous situation compared to commercial sex workers to negotiate condom use. And most of the women were either infected by HIV via coercive sexual intercourse or they were submissive to their partners in term of the decision of condom use. Even, some of them had perception that condom should be used only by commercial sex workers.

Division of Disease Control, Ministry of Health stated that many experts assumed that HIV epidemic will be continued to increase risk of transmitted through sexual behavior



Source: Ministry of Health Malaysia (2014).

Fig. 8. New HIV cases in Malaysia, 2011 to 2013 (risk factor).

in Malaysia. The new HIV cases through heterosexual transmission was 1,573 in 2011, 1,538 cases in 2012, and 1,742 in 2013. The highest number of HIV cases among all other risk factors includes injection drug users (IDU), homo/bisexual, blood recipients, organ recipients, and mother-to child vertical integration (see Fig. 8). The number of new cases of HIV infections for homo/bisexual individuals was 358 in 2011, which increased dramatically to 654 cases in 2012, and 754 in 2013.

The three main vulnerable groups who were subjected to HIV/AIDS were: people living with HIV (PLHIV), commercial sex workers, men who had sex with men (MSM) and injecting drug users (IDU). All these three groups are discussed in brief below.

### **People Living with HIV (PLHIV)**

There were 85,332 people living with HIV (PLHIV) in Malaysia in 2013 (Ministry of Health Malaysia, 2014). People living with HIV were in need to receive treatment which was known as Highly Active Anti-Retroviral Therapy to improve body immune system in order to prevent PLHIV from reaching to AIDS stage. Unfortunately, PLHIV was subject to discrimination and stigma by their family, friend, and surrounding society. MAC worked together with media and journalists in Malaysia in order to increase awareness among general public to reduce this stigma.

### **Commercial Sex Workers**

In Malaysia, commercial sex workers who exchanged sex for money or goods include women, transgender and men. However, most of the commercial sex workers were women. HIV sexually transmitted infection (STI) was increasing and experts estimated that the trend of sexual transmission would be the highest risk factor for HIV infection in future.

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### **Injecting Drug Users (IDU)**

Injecting Drug Users (IDU) were those who were infected by HIV through sharing the same injecting needle and syringe used by another HIV patient. The majority of the injecting drug users were male with the age ranged between 20 to 29 years. Female injecting drug users remained less in number (about 2% of total number of IDU). As a response to MAC's harm reduction strategies which started in 2006, within 7 years (by 2013), 17,159 number of IDU were registered, 1984 number of IDU were under Methadone Maintenance Therapy (MMT) program, total number of 4,303,633 clean needles were distributed to IDU, 61% of recovery rates of needles, and total of 71,827 cumulative number of IDU were under needle and syringe exchange program (NSEP).

### **Men Who Had Sex with Men (MSM)**

Men who had sex with men (MSM) were either homosexual or bisexual. MAC was facing difficulty to identify sexual orientation of people as this was undisclosed data and most of the time they used to hide their sexual orientation. MAC intended to work in larger scale to reach out or instill HIV related information to men who had sex with men.

## **TRADITIONAL AND SOCIAL MEDIA IN MALAYSIA**

### **Traditional Media**

Malaysia's mainstream media comprised of television, radio broadcasting, newspapers and magazines which were available to the general public for information, advertisement and entertainment purposes. Many public media were owned by the Malaysian government or government related parties. Malaysian mass media was easily accessible by the general public with free or nominal charge except some paid television channels which charged a monthly fee. Conventional

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media served as the platform for most Malaysians for entertainment, information communication and advertisement.

Public television broadcasting was mainly owned by RTM and Media Prima that were available to the public via analog or digital format. RTM operated TV1, TV2 and one digital channel, TVi. On the other hand, Media Prima owned TV3, ntv7, 8TV and TV9. In addition, Astro was one of the paid satellite networks for television provider with more than 200 channels. The language of television broadcasting is primarily Bahasa Malaysia, English, Mandarin and Tamil due to diverse ethnic culture in Malaysia. Statistics showed that 97.7% of household accessed to television during 2014 (MCMC, 2015).

RTM operated 34 radio channels, whereas, Media Prima owned 3 channels. The other 24 radio broadcasting channels were operated by private broadcasting companies. The popular radio channel included Hitz FM, one FM, National FM, Sinar FM, 988 FM and My FM. There were more than 30 newspapers available in different languages. *The Star*, *Berita Harian*, *Utusan Malaysia*, *Sin Chew Jit Poh* and *Nanyang Siang Pau* were some of the popular daily newspapers. Most of these newspapers were available online.

The conventional mass media were governed by Malaysian Communications and Multimedia Commission (MCMC). There were regulations to control mass media such as Printing Presses and Publications Act and the Communications and Multimedia Act. In fact, promotion of condom use and discussing sexual health in general mass media were restricted under media regulation rule in Malaysia. Thus, promoting condom use as prevention tool for practicing safe sex behavior was under stake.

## Social Media

With the advancement of information technology and increased coverage of internet connection in Malaysia, social media served as one of the powerful tools for communication. People were free to access any information via internet

without any restriction. Social media required little or no investment, with more interactive way of communication and public participation. With this scenario, social media gained more popularity and acceptance among the general public.

Social networking sites (SNS) such as Facebook and Twitter were driven by micro blogging technology which enabled blogging activity for the individuals. Besides, the *Malaysiakini* and *The Malaysian Insider* served as additional online portal as an alternative to conventional newspaper in Malaysia. Based on Malaysia social media statistics 2014, Facebook was dominant in terms of number of users in Malaysia. There were more than 10.4 million Facebook users which comprised 3.5 million users. Most of the youngsters preferred social media compared to conventional media. The high popularity of mobile devices and user friendly social media application software design encouraged baby boomer generation to participate in social media. The statistics from MCMC revealed that male SNS users were 59.4% whereas female SNS users were 40.6% in 2015.

Dr. Suzi felt that social media could serve as an alternative way to promote condom use and practicing safe sex behavior as an alternative to use the conventional mass media. She thought that using social media, individuals would get more freedom to discuss so-called "sensitive" issues in online platform. However, socio-cultural issue was still one of the concerns in promoting condom using online platform.

### **MALAYSIAN AIDS COUNCIL (MAC)**

Malaysian AIDS Council (MAC) was established in 1992. MAC's office was located at a three-storied shop lot at Kuala Lumpur, Malaysia (see Exhibit 1). The official logo of MAC is presented in Exhibit 2. MAC worked as the primary stakeholder representing civil organizations to deal with HIV/AIDS related issues. MAC was in collaboration with government departments especially the Ministry of Health Malaysia, private sectors, and international organizations for this

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purpose. The primary objective of MAC was to function as an umbrella organization to support and coordinate the efforts of non-government organizations (NGOs) working with HIV/AIDS issues in Malaysia (Malaysian AIDS Council, 2014).

In 2007, the Malaysian government suggested MAC to assist in promoting the condom use cause and to increase awareness about it. By observing the increasing number of young girls and women who were infected by HIV, the Ministry of Health Malaysia became concerned regarding this issue. However, considering the socio-cultural aspect, the government did not want to publicly advocate condom use, and thus the government delegated the task to MAC (Malaysian AIDS Council, 2014).

MAC worked as the secretariat and dealt with various nationwide community based programs with NGOs in order to effectively respond to HIV/AIDS issues in Malaysia. MAC also provided funding, training, and other resources to NGOs to effectively implement programs related to HIV. MAC secretariat worked with its partner organizations with regard to the following issues:

- Coordinating HIV/AIDS related programs — MAC planned for a whole year program to respond to HIV/AIDS related issues for partner organizations.
- Capability building — MAC provided necessary training, funding, and resources to partner organizations in order to facilitate implementation of HIV related programs.
- Advocacy — MAC worked with international organizations, partner organizations, and government agencies to create the sense of urgency about HIV epidemic and to enable conducive environment for effective response to HIV issues.

MAC was committed to the United Nation’s pledge of “Getting to Zero” campaign which referred to zero new HIV infections, zero discrimination, and zero AIDS-related deaths. MAC was also committed to achieve the objective of the Ministry of Health Malaysia to decrease Malaysia’s HIV notification rate to 11/100,000 by 2015. The vision statement, mission statement, and primary objectives of MAC are as follows:

### *Vision Statement*

A society, free from the negative impact of HIV and AIDS where the AIDS epidemic is under control through comprehensive prevention, treatment, care, support and impact alleviation services particularly for the most vulnerable and marginalized populations (Malaysian AIDS Council, 2015).

### *Mission Statement*

MAC worked as a coordinator for civil society to unify the effort of non-government organizations (NGO) to prevent the spread of HIV epidemic, care and support to people living with HIV (PLHIV) and those who were affected. MAC also ensured the commitment of partner organizations to engage in nationwide or local programs and events. Furthermore, MAC worked closely with international organizations, government agencies, private sectors, and PLHIV to ensure effective collaboration to reduce the harm caused by HIV.

### *Primary objectives*

The primary objectives of MAC were: (1) to increase awareness of the public especially most at risk populations and vulnerable group regarding HIV related information, (2) to curb the transmission of HIV/AIDS epidemic through various campaigns, programs, and events, (3) elimination of discrimination, stigma, and prejudice of public toward people living with HIV (PLHIV) and those who were affected. Advocacy fair treatment for PLHIV in term of education, job opportunities, and medication, (4) protection of the right for those who were affected by HIV, (5) improving the quality of life for PLHIV, and (6) providing care and support for PLHIV.

MAC's slogan was, "*HIV concerns all, a shared responsibility*". This was an open call for getting collaboration from all individuals in the society in order to create effective response and to combat HIV epidemic in Malaysia. MAC knew that, preventing HIV was not possible to accomplish by only one organization, rather it required the cooperation from all stakeholders of the nation.

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## Historical Background of MAC

MAC was established in 1992 with the purpose of eliminating the negative impact of HIV/AIDS epidemic and to provide collective support to NGOs to maximize the effort pertaining to the response pertaining to HIV issues in Malaysia. At the beginning, MAC was working with political leaders as well as community leaders in order to increase awareness of HIV epidemic and to gain their support for strengthening the HIV prevention activities, and also to care for people living with HIV (PLHIV) in Malaysia. Later, due to the increased number of new HIV cases, MAC strived for intervention and harm reduction program especially towards most-at-risk populations (MARPs), care and support for PLHIV and those who were affected. There were many intervention and harm reduction programs launched to curb HIV epidemic such as needle and syringe exchange program (launched in 2006), education on sexual and reproductive health, condom policy and so on.

Since 2007, Ministry of Health Malaysia launched National Strategic Plan (NSP) for HIV epidemic for every five years which worked as guideline for organizations who dealt with HIV related work to respond to increased number of new HIV cases. MAC also took part in the planning process and initiated strategic planning for NGOs in order to have common effort with NSP initiated by the Ministry.

## Partner Organization of MAC

In the initial stage, MAC only had 18 partner organizations to work together for the HIV cause. However, this number increased to 49 by 2015. The list of these 49 partner organizations are as follows: (1) AIDS Action and Research Group; (2) Buddhist Missionary Society Malaysia; (3) Catholic Welfare Services; (4) Community AIDS Service Penang; (5) Drugs Intervention Community Malaysia (DiC MALAYSIA); (6) Family Health Development Association; (7) Federation of Reproductive Health Associations, Malaysia

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(FRHAM); (8) Harapan Kominity Bhd; (9) He Intends Victory; (10) Kelab Rakan Pendokong Bekas Penagih Dadah, Melaka (RAKAN); (11) Kelab Sahabat META; (12) Kuala Lumpur AIDS Support Servis Society; (13) Majlis Belia Malaysia; (14) Majlis Kebajikan Kanak-Kanak Malaysia; (15) Majlis Peguam (Bar Council Malaysia); (16) Malaysian Christian Association for Relief; (17) Malaysian Consultative Committee of Buddhism, Christianity, Hinduism, Sikhism and Taoism (MCCBCHST); (18) Malaysian Dental Association (MDA); (19) Malaysian Indian Youth Council (MIYC); (20) Malaysian Medical Association (MMA); (21) Malaysian Red Crescent Society (MRCS); (22) National Council of Women's Organizations Malaysia (NCWO); (23) Natural Therapy Centre (NTC); (24) Obstetrical & Gynecological Society of Malaysia (O&G); (25) Persatuan Insaf Murni; (26) Persatuan Pembantu Perubatan Malaysia (PPPM) d/a Bhg Pembangunan Kesihatan Keluarga Kementerian Kesihatan Malaysia; (27) Persatuan Pengamal Perubatan Alami, Malaysia; (28) Persatuan Perantaraan Pesakit Kelatan (Sahabat); (29) Islamic Medical Association of Malaysia (PPIM); (30) Pertubuhan Advokasi Masyarakat Terpinggir Kuala Lumpur dan Selangor; (31) Pertubuhan Cahaya Harapan Negeri Kedah; (32) Pertubuhan Harapan Kasih; (33) Pertubuhan Kebajikan Intan Zon Kehidupan Johor Bahru (INTAN LIFEZNE); (34) Pertubuhan Komuniti Cakna Terengganu; (35) Intan Dropin Society; (36) Women & Health Association of Kuala Lumpur; (37) PT foundation; (38) Sabah AIDS Support Service Association; (39) Safe Clinic; (40) Sandakan AIDS Support Group Association; (41) Sandakan AIDS Support Group Association; (42) Sarawak AIDS Concern Society (SACS); (43) Selangor and Federal Territory FPA; (44) St. John Ambulan of Malaysia (SJAM); (45) Tenaganita Sdn Bhd (Tenaganita); (46) The Buddies Society of Ipoh; (47) The Estates Hospital Assistants Association, Peninsular Malaysia (EHAA); (48) Women's Aid Organization (WAO); and (49) Youth with a Mission Malaysia (YWAM).

The registered NGOs who were interested to work for HIV related issues registered and applied to be MAC's partner organization in order to participate in HIV related

programs. During the early years, most of the partner organizations were community leaders and leader of religious organizations in urban areas which was expanded slowly to rural areas.

### **Organizational Structure**

The organizational structure of MAC is presented in Exhibit 3. This structure was developed based on functional departments and program divisions. Program division comprised of community action on harm reduction alliance; most at risk population 1; most at risk population 2; treatment, care, and support; program audit and evaluation division; program development and sustainability division; global fund program management unit; female sex worker program; injecting drug user program; and monitoring and evaluation unit. Whereas, functional department comprised of monitoring and evaluation department; resource center department; media and communication department; training and capability enhancement department; advocacy and policy department; and finance department. All program division and functional department worked together to increase awareness of the target audience. The main functions remained the same such as, coordinating the effort of partner organization and provided necessary resources, fund, and training to them for reach common objective for HIV related works.

### **Malaysian AIDS Foundation (MAF): The Sister Organization**

The Malaysian AIDS Foundation (MAF) was the sister organization of MAC. MAF was established in 1992 with the aim to raising fund for MAC and MAC's partner organizations in order to support the activities and program for HIV/AIDS related works such as preventing and controlling HIV epidemic in Malaysia, increasing awareness among Malaysians pertaining HIV issues, supporting and caring people living with HIV (PLHIV) and those who affected especially women

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and children, and improving the right of PLHIV to receive fair treatment in term of workplace and health care services. MAF received several donations and was involved in fund-raising from different corporations to support the projects and programs pertaining to HIV issues which was not possible to support solely using public funds. The chairman of MAF was also one of the executive members of MAC.

### **HARM REDUCTION CAMPAIGN AND INTERVENTION PROGRAM OF MAC**

MAC collaborated with the partner organizations in order to implement various harm reduction programs such as, HIV intervention program, campaign to increase awareness pertaining HIV epidemic, prevention of HIV, and providing care and support for people living with HIV (PLHIV) in order to effective response to HIV issues in Malaysia. These programs were to reduce the negative impact of HIV epidemic and to encourage the public for practicing safe sex behavior, especially most-at-risk populations (MARPs) which were in line with NSP. In order to reach out 80% of MRRPs by 60% of those who were practicing safe behaviors, MAC was running various kinds of harm reduction and intervention programs and campaigns as follows:

#### **Needle and Syringe Exchange Program (NSEP), and Methadone Maintenance Therapy (MMT)**

Needle and syringe exchange program (NSEP), and Methadone Maintenance Therapy (MMT) was designed for injecting drug users (IDU) in order to decrease the risk of HIV transmission through sharing needle and injecting tools. MAC and partner organizations set up distribution center for IDU to exchange clean needle and syringe with contaminated needle and syringe. There were approximately 4,303,633 clean needles distributed to IDU and more than 70,000 IDUs were registered under NSEP. Under NSEP and MMT, IDU also

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were trained for safe injecting method, or methadone for opiate substitution.

NSEP and MMT were both harm reduction programs to decrease the risk for HIV transmission through injecting drug. In order to reduce harm from HIV infection through share injecting kits, NSEP and MMT worked together to reducing the number of new HIV cases for IDU. The findings from IBBS/VDTS 2009 and IBBS 2012 are shown in Table 1.

Table 1 shows that HIV prevalence for injecting drug users (IDU) had decreased from 22.10% (2009) to 18.90% (2012). This might be due to the effective implementation of needle and syringe exchange program (NSEP) and Methadone Maintenance Therapy (MMT) that was successfully reached out to IDU for practicing use of sterile injecting equipments. In total, 86.5% of IDU were reached out by intervention programs in 2012 as compare to 27% in 2009. The data provided by HIV/STI section, Division of Disease Control, Ministry of Health Malaysia (2014) demonstrated that 74% of the new HIV cases were infected by IDU in 2002 which was decreased to 22% in 2013. However, it seemed that, intervention of condom use still remained low as only 25% to 72% of IDU practiced condom use with their partners.

Table 1. Finding from IBBS/VDTS 2009 and IBBS 2012 (Injecting Drug Users)

Injecting Drug Users	IBBS 2009 (n = 630)	IBBS 2012 (n = 1906)
HIV prevalence	22.10%	18.90%
Tested and knew results	60.80%	64.50%
Used sterile injecting equipment last injection	83.50%	97.50%
Sexually active	49.70%	45.70%
Condom use with most recent partner	19.1–57.9%	25–72%
Paid for sex	15.10%	20.20%
Knowledge of HIV transmission	49.70%	53.80%
Reached out by intervention program	27.00%	86.50%

Source: Ministry of Health Malaysia (May 2014).

## **Sex Workers/Men Who Had Sex with Men (MSM)/ Transgender Program**

The statistics provided by HIV/STI section, Division of Disease Control, Ministry of Health Malaysia (2014) demonstrated that starting from 2010, sexually transmitted infection (STI) as the risk factor for HIV surpassed IDU and became the highest risk factor for new HIV cases. HIV — STI included heterosexual, homosexual and bisexual, with the new cases was found highest among heterosexual group.

MAC hired peer educators from their own categories to reach out to them by using their own language and culture in order to know the place of their peers and the way to reach out and educate them for practicing protected sex behavior. In 2013, there were 20 HIV prevention programs related to prevention of sexual transmission of HIV, 151 outreach points, reached out 6,507 sexual workers, transgender, and men who had sex with men, and 3,177,389 condoms were distributed to them to encourage practicing safe sex behavior. Table 2 shows the findings from Integrated Bio-Behavioral Surveillance (IBBS). It highlights that around 84% of sex workers were practicing safe sex behavior with the intervention of 'condom use' program as compared to men who had sex with men with 42% to 77% and transgender with 37% in 2012.

Transgender community was generally in the grey area. Especially in Asian culture, it was difficult for the society to accept them, thus, they used to hide their identities to avoid social stigma and discrimination.

## **PutItOn: Getting to Zero Sexually Transmitted HIV Infections**

In December 2014, MAC and MAF collaborated with The Body Shop and ESP condom to launch PutItOn campaign for a year in order to respond to increasing number of new HIV cases. The campaign was launched in the social media to increase awareness of female with the slogan of "with (great)

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Table 2. Finding from IBBS/VDTS 2009 and IBBS 2012 (Female Sex Workers, MSM, Transgender)

Female Sex Workers	IBBS 2009 ( <i>n</i> = 551)	IBBS 2012 ( <i>n</i> = 864)
HIV prevalence	10.50%	4.20%
Tested and knew results	46.10%	32.40%
Condom use with most recent partner	60.90%	83.90%
Injecting drugs	5.60%	4.20%
Had sexual partners who inject drugs	20.00%	7.70%
Used recreational drugs before sex	38.50%	20.80%
Consumed alcohol before sex	35.90%	39.90%
Knowledge of HIV transmission	38.50%	35.40%
Reached out by intervention programs	36.10%	57.80%
Men Who Have Sex with Men (MSM)	VDTS 2009 ( <i>n</i> = 529)	IBBS 2012 ( <i>n</i> = 414)
HIV prevalence	3.90%	12.60%
Tested and knew results	41.00%	51.20%
Condom use with most recent partner	55-62.9%	42-77%
Injecting drugs	6.00%	5.30%
Used recreational drugs before sex	23.80%	24.60%
Consumed alcohol before sex	23.20%	33.80%
More than 6 male partners in the past 6 months	25.70%	8.60%
Sex with female partners	16.10%	13.90%
Knowledge of HIV transmission (UNGASS 5Qs)	NA	40.40%
Reached out by intervention programs	NA	56.80%
Transgender (TG)	IBBS 2009 ( <i>n</i> = 540)	IBBS 2012 ( <i>n</i> = 929)
HIV prevalence	9.30%	5.70%
Tested and knew results	48.60%	43.00%
Sold sex	83.70%	84.90%
Condom use with most recent partner	66.8-95.3%	69-83%
Injecting drugs	3.10%	2.50%
Used recreational drugs before sex	32.80%	22.60%
Consumed alcohol before sex	35.90%	37.00%
Had sexual partners who inject drugs	11.70%	7.70%
Knowledge of HIV transmission	37.20%	40.20%
Reached out by intervention programs	43.70%	79.10%

Source: Ministry of Health Malaysia (2014).



sex comes great responsibility: The responsibility to protect yourself and your partner from HIV and other sexually transmitted infections” (Brochure of PutItOn campaign, Dec 2014). The box of condom was designed with three zero rings which represented ‘Getting to Zero’ and included important information regarding safe sex behavior and HIV related information inside the leaflet of the box.

The purpose of this campaign was not only to increase the awareness about practicing safe behavior, but also to symbolize gender equality and advancement of women right. ESP condom was supplying free condom to The Body Shop outlets across Malaysia to sell with the price of RM5.30 (including GST). The revenue generated by the condom sales was contributed to MAF to facilitate HIV prevention programs.

### **Publication Research Report for Women Who Used Drugs**

Based on the Ministry of Health Malaysia (2014) report, in 2013, nearly 2% women consumed drugs in Malaysia. Women who used drugs often received double stigma and discrimination in the society compared to their men counterparts who used drugs. They were also marginal group of people who received little help from healthcare service centers and received less social support. MAC identified that, women who used drugs required gender specific support such as childcare, domestic violence, and sexual and reproductive health.

This group was more vulnerable group for HIV infection through injecting drugs (ID) and sexually transmitted infections (STI). MAC collaborated with two popular public universities in Malaysia to conduct interviews with women who used drugs. The interviews revealed that one of the fifth women who used drugs encountered domestic violence. In addition, majority of them were injecting drugs by their intimate partners by using same injecting needles. They were always facing domestic abuse even by their intimate partners. Generally, people in society was not knowing what kind

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of difficulties they encountered that forced them to become addicted, what kind of life they were living, and what kind of stigma they received. In order to increase the awareness among general public especially policy makers, non-government organizations (NGOs) and healthcare centers to provide gender inclusive and gender specific support to women who used drugs, MAC published research report with Universiti Sains Malaysia to address the issue.

### **Red Ribbon Celebrity Supporters**

MAC engaged celebrities as supporters on a voluntary basis in order to reach out widely to the public in general for HIV-related issues. Red Ribbon celebrity supporters pledged voluntarily to support the program launched by MAC. In 2014, MAC had 15 celebrity supporters including Najwa Latif, Hafiz Hamidun, Dee, Aqron Aziz, Anantha, Bob Yusof, Dayang Nurfaizah, Faizal Tahir, Fahrin Ahmad, Joey G, Owen Yap, Dato' Siti Nurhaliza, Shah Shamshiri, Uthaya, and Winnie K. There were 3 newly joined red ribbon celebrities, they were Najwa Latif, Hafiz Hamidun, and Dee.

### **CHALLENGES TO PROMOTE PutItOn CAMPAIGN**

The Communications and Multimedia Act (1998) prohibited MAC to openly advertise PutItOn campaign using mass media. It made Dr. Suzi anxious about the promotion of PutItOn campaign. She thought if the campaign could be launched successfully, it would create awareness among women regarding safe sex practice and their right regarding condom use. She was worried about the restriction of mainstream mass media to promote PutItOn campaign. Dr. Suzi regarded condom as a medical instrument that could enable to reduce risk of sexually transmitted HIV but at the same time, condom might encourage promiscuity.

The PutItOn campaign was sponsored by ESP condom which provided free condoms to The Body Shop to sell the

condoms with the price of RM5.30/box within Malaysia. Each box contained three pieces of condom with a leaflet to educate safe sex practice. The majority of the customers of The Body Shop outlets were female college students, female working adults, or housewives who were interested to purchase beauty products from The Body Shop outlets. Thus, they were the target audience for this campaign.

Unfortunately, most of them were unaware about this campaign. Even, many of them did not notice that they were able to buy condoms from the Body Shop outlets. Dr. Suzi, the communication manager of MAC was aware of the fact that MAC was not able to openly advertise or promote "PutItOn" campaign through mainstream mass media in Malaysia. MAC was also prohibited to openly disseminate the information of condom use or educate safe sex practice using mainstream mass media such as newspapers, TV programs or radio broadcast. Eventually, it limited the coverage of the target audience who were in need to receive information regarding practicing safe sex behaviors for this campaign.

It was a sensitive issue in Malaysia. Thus, the Malaysian Government delegated this task to MAC. Dr. Suzi was the key person for the "PutItOn" campaign. She was feeling anxious since she had only eight months to review the effectiveness for this campaign. This campaign had two basic objectives: (i) to sell at least 50,000 boxes of condoms by the end of this campaign which would be November 2015 and (ii) at least 5% decrease in new HIV cases for sexually transmitted infections (STI) for females at the end of 2015. Dr. Suzi knew that there was a huge gap between the current response of women toward "PutItOn" campaign and the objectives that needed to be achieved.

Social media opened a door for MAC to promote "PutItOn" campaign. There was no rigid regulation to prohibit disseminating or promoting any information regarding condom use and educate safe sex practice through social media. The audience could share the "PutItOn" brochure themselves through email, Facebook, and Twitter. It was a kind of word-of-mouth marketing. They were able to share the "PutItOn" information via electronic form. She felt that,

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the electronic word-of-mouth could be an effective and low cost strategy to promote the campaign. However, the result seemed less effective in terms of the coverage of target audiences. MAC's Facebook had received a total of 14,358 likes, 1909 Tweets, 780 followers for myAIDScouncil, and 1,450 followers for Tweeter. Additionally, the post of 'PutItOn' to promote condom use had received only 29 likes and 3 shares on Facebook on 14 April 2015.

From social media supporting index such as followers, likes, or share, it seemed that MAC did not get wider responses and thus it was important to work further towards social media marketing. Since condom use was perceived as a taboo in Malaysian culture, the audiences did not take any initiative to spread the information because they were worried about their peers' negative perception.

### **LOOKING FORWARD TO THE NEXT STEPS...**

Dr. Suzi was in the process to prepare a marketing strategy to increase awareness of target audience about PutItOn campaign. She had only one month to prepare the strategy before the next meeting. She was under stress with the tight deadline and difficulty in promoting the PutItOn campaign. The major issue was socio-cultural factors. She wondered how to promote condom use under such constraints. She knew that the failure to come up with an effective promotional strategy might put a full stop to the PutItOn campaign.

Dr. Suzi remembered the report by The UNICEF (2014) which stated that for every sex worker who was infected by HIV, at the same time, 13 housewives were also infected. The major risk factor for women who were infected by HIV was through sexual transmission. By considering the restriction of traditional mass media, she thought to consider online distribution channel to reach to housewives to promote condom use. She was concerned about how to implement it to reach the target audience without triggering public resentment. Several questions came to her mind:

How to promote the PutItOn campaign when it is not possible to promote condom use openly? How to position the condom as prevention tool for sexually transmitted infection without encouraging promiscuity? How to convince the young women to use it even though their partners might not agree? The campaign was launched for four months already and with eight months remaining. But it seems that not many people know about this campaign.

Dr. Suzi was under stress by seeing the difficulty to make this happen. She had only one month in her hand to come up with an effective marketing strategy for this campaign. Prof. Dr. Roselina wanted her to solve the problem by April 2015. She was determined not to accept the defeat, "*We must make it happen...but how?*" She questioned herself.

### ACKNOWLEDGMENTS

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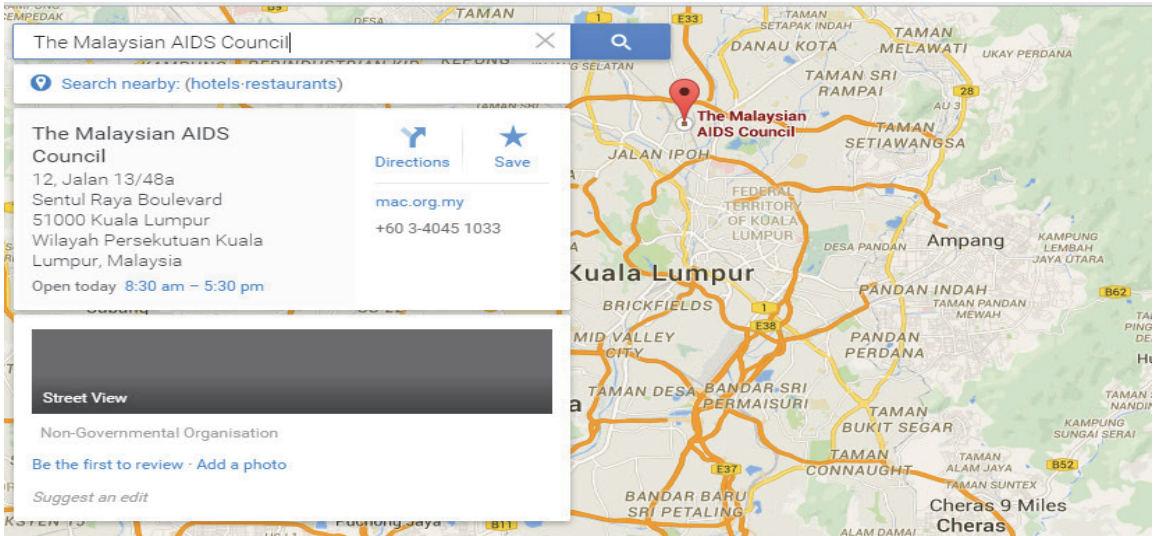
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Exhibit 1

Location of Malaysian AIDS Council (MAC)



Source: Google Map.

Exhibit 2

Logo of Malaysian AIDS Council (MAC)

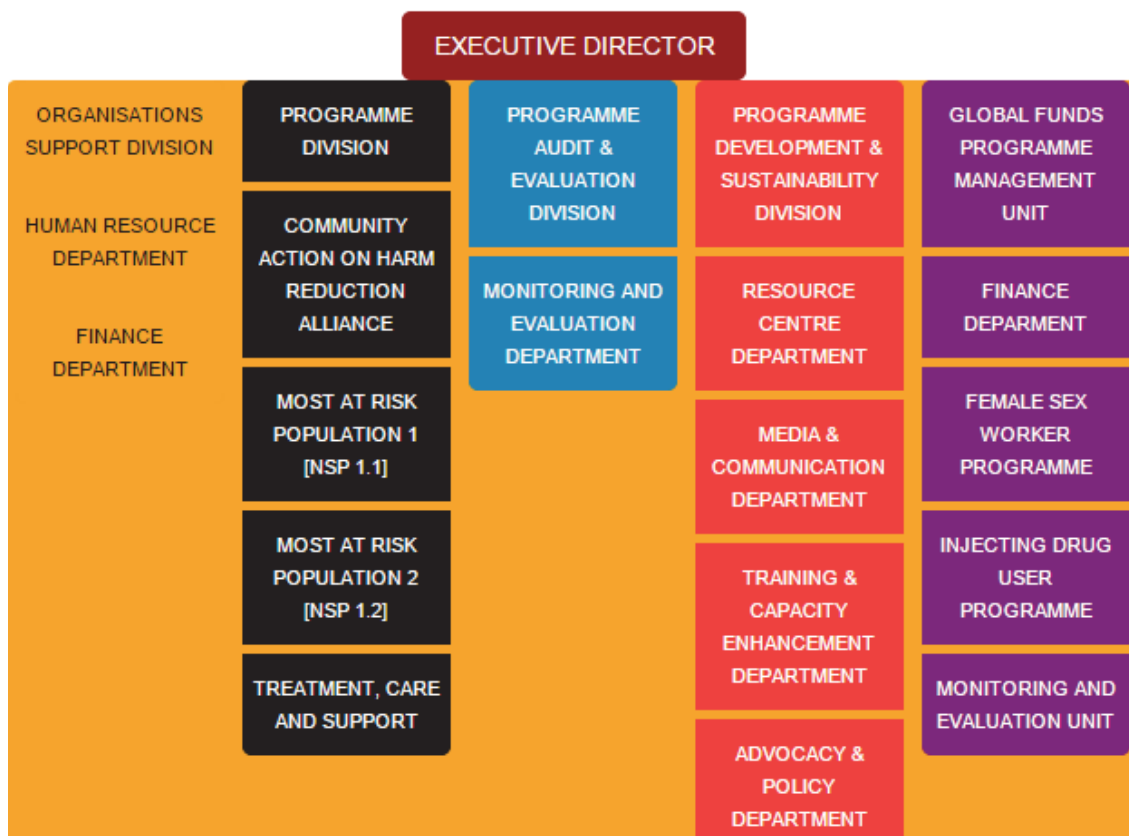


Source: Official Website of Malaysian AIDS Council (MAC).



## Exhibit 3

## Organization Structure of Malaysian AIDS Council (MAC)



Source: Official website of Malaysian AIDS Council.