



Convenience Advertising

A. 20

Report on the Research Project
to
Evaluate AIDS-Related Advertising
in
Further Education Colleges/Universities
in
Scotland

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Summary

This report covers a questionnaire and focus group study of 545 students studying at two educational establishments in Scotland. Between 29 and 34 safer sex adverts were displayed in small posters in the toilet areas of both campuses. Two to three months later students across a range of courses were given a self completion questionnaire and a focus group discussion was convened in each college.

The main findings were:

- 68% of respondents claimed to have seen at least one of the adverts.
- 45 % of respondents reported some kind of interaction about the adverts, ranging from overhearing a joke (21 %) to being involved in a serious discussion (13%).
- The response to placing the poster in toilets was generally positive: 43% of respondents volunteered at least one advantage to this strategy compared to 29% who volunteered at least one disadvantage. The main advantages cited by respondents were that placing the advert in toilets meant that everyone would see them and have the time and privacy to read them. Such a strategy was seen as particularly appropriate in relation to safer sex information because of embarrassment about reading such adverts in public and the potential proximity of condom machines. The main disadvantage cited was that the adverts should not only be displayed in toilets.

- Reactions to the adverts themselves indicated that most respondents found them easy to understand (90%-96%) and considered them to be an effective way of getting across the safer sex message (67%-75%). However, there was some scepticism about the ability of the advert to influence young people to practice safer sex and a substantial minority of respondents considered that the adverts were 'boring'.
- Very few respondents (2%-4%) found any of the adverts offensive and a minority (6%-9%) considered them 'too permissive in tone'.
- Reactions to the campaign were mediated by factors such as what respondents had heard about AIDS via the mass media, how they located themselves in relation to risk and 'risk groups' and their experiences of the practical and cultural obstacles to safer sexual practice. Group discussion revealed that some respondents felt very alienated from drug users, lesbians, gay men and anyone who might have HIV and that a lack of faith in the 'safety' of safer sex undermined their willingness to change their actual sexual practices.

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1. Brief summary of research methods and profile of respondents

1.1 *Background to the survey*

In October 1992 the Health Education Board of Scotland, in conjunction with Convenience Advertising (UK) Ltd, launched a new advertising initiative against AIDS. The aim was to raise awareness of the risks of HIV among college and university students in Scotland and to increase awareness of the ways of preventing the spread of HIV. Convenience Advertising (UK) Ltd, which specialises in advertising in 'public conveniences', provided over 800 panels on toilet doors and public areas of toilets in 50 further and higher education establishments throughout Scotland. These panels were used for the display of six different adverts (see Appendix 6.2).

A: 'Make Safer Sex A Habit.'

B: 'Play Safe by...'

C: 'A Guide to Condom Use...'

D: 'Some Men Say...'

E: 'What is Safer Sex...'

F: 'Am I at Risk of HIV infection?'

[Throughout the following discussion these adverts will be referred to as Message or Advert A, B, C, D, E, F.]

The research was designed to evaluate the Convenience Advertising [C.A.] strategy of placing adverts about safer sex in toilets and to monitor reactions to the six adverts. The study was in three stages, involving:

1. A preliminary group discussion piloting the draft questionnaires;
2. A questionnaire survey of 545 respondents in two different educational institutions in Scotland;
3. Two post-survey focus groups.

The preliminary group discussion was conducted with Glasgow University students. The survey and post-survey focus groups were conducted at Coatbridge college and Napier University (Edinburgh). [Throughout this report data from each of the three focus groups is identified in the following way: 'Group 1' (Glasgow students), 'Group 2' (Napier students) and 'Group 3' (Coatbridge students). Where more than one speaker is quoted at a time then the gender of each speaker is identified by 'M' for male and 'F' for female.]

Coatbridge College offers Higher National Certificate courses, SCOTVEC National Certificate courses and other courses to about 670 full-time students, as well as providing the same programme of education to students studying on a day-release, part-time or evening basis. Napier University (Napier Polytechnic until June 1992) is one of the largest universities in Scotland, with 9,100 students of whom 5,600 are engaged in full-time study. Fifty-five degree courses and fifteen Higher National Diploma courses are currently offered.

Coatbridge college accepted two of the adverts: Message A: 'Make Safer Sex a Habit and Message E: 'What is Safer Sex?'. Ten copies of Message A and nineteen copies of Message E were put up in campus toilets on 9 September 1992 (and a further four copies of these messages were added subsequently). Napier accepted all six adverts; thirty four copies (5 or 6 copies of each one) were displayed from 8 October 1992.

The questionnaires survey was conducted two months later, during the second week in December 1992. Questionnaires were handed out in a variety of lectures in order to achieve a representative sample of students in each college. Nobody refused to complete the questionnaire. (The questionnaire is available on request from the Health Education Board for Scotland)

1.2 *Profile of sample*

1.2.1 *Overview of the entire sample*

The final sample consisted of 545 respondents, 350 (64%) from Napier and 195 (36%) from Coatbridge. Overall, the respondents were predominantly full-time students (93%) who were doing their first degree (78%) or a module (19%). The sample included students in their first year of study (44%), second year (18%) and third or subsequent year (38%). The survey was targeted to cover a range of disciplines ranging from beauty therapy to welding but the subjects most commonly studied were BA commerce (14%), BSc computing (13%); BSc electronics/engineering (10%) and general education (10%).

The composition of the entire sample was 54% male and 46% female, and most of the respondents were aged 25 or under (84%). The majority defined themselves as heterosexual (99%) and were unmarried (89%). The sample covered a range of religions: 45% of respondents defined themselves as Protestant, 38% as Roman Catholic and 19% as having no religion. There were seven respondents of the Muslim or Islamic faith, three Buddhists, and two Sikhs.

1.2.2 *Differences between college samples*

Respondents from Napier and Coatbridge differed on a number of characteristics. Napier had a higher proportion of males as well as more respondents who were full-time and doing their first degree. By contrast the Coatbridge respondents were more likely to be female students doing a part-time module. The Coatbridge students included a higher proportion of both younger and older students (although the mean age, 22 years, was similar at both institutions) and they were also more likely to be in their first rather than subsequent years of study. Napier students were more likely to be unmarried and less likely to be Catholic (13% as opposed to Coatbridge's 55%).

As might be expected, the subjects studied by respondents differed in line with the specialities in each college. For example, all the respondents studying nursing and hairdressing were at Coatbridge, while all those doing commerce were at Napier.

2. The medium: summary of questionnaire and group discussion data about the Convenience Advertising strategy.

The research was designed to assess both the effectiveness of the medium and the impact of the specific messages. This first section focuses on evaluating the medium.

In assessing the Convenience Advertising strategy there were four main questions:

- a. Exposure: Would people see the adverts located in toilets?
- b. Conversation: Would the placement of the adverts in the 'private space' of toilets make people reluctant to discuss them?
- c. Other consequences: might there be any other particularly positive or negative consequences of such a location. For example, might such a strategy reinforce the idea that AIDS is 'dirty'?
- d. Vandalism: Would locating adverts in toilets make them particularly vulnerable to theft, graffiti and vandalism?

2.1 Exposure

By the time of the survey 68% of the sample reported having seen at least one of the adverts. The reliability of this figure can be examined by further exploring associated questions such as: Did they correctly identify when and where they could have seen the adverts? Did their reported exposure to the messages correspond to the actual differential placement of the adverts in each college?

Most reported that they had seen the adverts concerned in the last week or month and 'correctly' identified it as having been displayed on campus or 'on a wall' rather than in a magazine or in a club. (On average 83% of those who claimed to have seen each advert reported that they had seen it 'on campus' or 'on a wall').

Not surprisingly, students were most likely to say they had already seen the adverts which had in fact been displayed on their campus. Message A ('Make Safer Sex a Habit') which had been displayed on both campuses, attracted the highest recognition (53%). There was no significant difference between the colleges in reported exposure to this advert (50% at Napier versus 57% at Coatbridge). Message E, which was also displayed on both campuses, was recognised by 39% of the sample. In this case, however, students at Coatbridge (49%) were significantly more likely to report having seen the advert than those at Napier (32%), a finding which perhaps reflects the fact that Message E was one of only two adverts displayed at Coatbridge and a greater number of copies of this advert were displayed at Coatbridge than at Napier.

Some Coatbridge students claimed to have seen some of the other adverts even though they had not been displayed on their campus: 27% reported seeing Advert B, 16% Advert C, 5% Advert D and 20% Advert F. Students may have seen the adverts when visiting other campuses but one might still expect Coatbridge students to be less likely to have seen those particular adverts. There was indeed a significant difference between reported exposure to adverts C and D (more among Napier students). However, students at Napier and Coatbridge were equally likely to report having seen advert B and advert F and there was no difference between the two colleges in the number of different advert respondents claimed to have seen overall (1.7 at both Napier and Coatbridge).

These figures seem to suggest a certain degree of misreporting, i.e. respondents claiming to have seen adverts when they might not in fact have done so. This may be explained in part by the similarity between the adverts, which all have the same image, colouring and basic layout. This interpretation is supported by data from the group discussions. When shown the adverts two participants in one group responded with comments to the effect that *'I honestly can't tell whether or not I've seen that particular one, I know I've seen some of them, but they all look so alike'* [Group 3].

Similar comments were made on some of the questionnaires: *'They all look very similar, so you can't tell which is which.'* [1206]. This suggests that if respondents had seen one or two of the adverts they might incorrectly report having seen others in the set. The statistics on how many respondents have seen each advert might then over-represent actual exposure. Nevertheless, the overall recall statistic (68% of the sample recalled having seen at least one of the advert) is likely to be accurate.

2.2. *Conversation*

It is important for any health education strategy that the message is taken up by the target group and its peers, getting people to talk about a campaign is usually considered a benefit. This is especially true for any health problem which is 'infectious'. In respect of AIDS education, a major focus is upon the need to communicate about key issues, such as safe drug use (e.g. not sharing needle) and safe sex (e.g. condom use).

In preliminary debate about the C.A. strategy there was some concern that the private and gender-segregated location of the C.A. adverts, combined with certain taboos against talking to people in toilets, might mitigate against open discussion of the campaign (especially in the context of heterosexual sex). Seven of the respondents to the survey had similar reservations about locating the adverts in toilets:

'does not perhaps encourage conversation between the sexes on the subject.' [1330]

'leaves subject in the dark i.e. not being talked about enough' [1217].

One respondent specifically pointed out that, as he had not known whether or not similar adverts were located in the female toilets, he had felt unable to raise the issue with his female partner. By contrast, when respondents knew that the adverts were placed in both male and female toilets (and this was clearly stated in the last question on the survey questionnaire), they were very positive about this fact. Eleven respondents identified this as one of the advantages of placing the advert in toilets because then *'both males and females have access to knowledge about safer sex i.e. not just left up to one sex, whether or not to practice safer sex'* [2501].

Some also approved of the gender-segregated nature of this form of communication because: *'the message can be conveyed to each sex individually'* [1338] and *'males can discuss the problem without females hearing and vice versa.'* [1173].

Certainly the advertising campaign did seem to have resulted in some discussion, with 45% of respondents reporting some type of interaction about the adverts (even if it was only overhearing a joke) and 13% claiming to have been involved in a serious discussion about the adverts. (See Table 1).

Table 1: Interaction about the adverts

Type of interaction	Percentage of respondents who said yes - they could remember an occasion when this had occurred*
You or someone else made a passing comment about any of these adverts?	27%
You or someone else made a few jokes about any of these adverts	23%
You were involved in a serious discussion about any of these adverts?	13%
Any of these adverts sparked off a conversation about the topic of safer sex?	21%
You overheard other people talking/joking about any of these adverts?	21%

* Percentages for each type of interaction are not mutually exclusive.

The focus group discussions suggested that conversation had been triggered by the very fact that the use of toilets for such a campaign was relatively unusual. *'We commented when it first went up just because it was new [...] "Have you seen this?", that sort of comment'* [Group 2]. In addition there were particular phrases in the adverts that provoked comment such as the statement (repeated on all the adverts) that *'drugs, including alcohol, may reduce your ability to make safer decisions'*.

M: 'All the comments I heard were always about the alcohol. That was the most significant factor, about how true it is.'

M: 'People would laugh because everyone's aware of it.' [Group 2]

2.3 Other consequences

Respondents were directly asked to comment on the C.A. strategy. The question read: 'The only locations on campus where these adverts are being displayed is in male and female toilets. Can you think of any advantages or disadvantages with this policy?' In general responses were positive with 43% noting at least one advantage compared to 29% noting at least one disadvantage. Many students were concerned that toilets should not be the only place in which such adverts were located.

2.3.1 Advantages

One hundred and twelve respondents said that placing adverts in toilets was a good idea because of accessibility ('everybody sees them'):

'... everyone visits the toilets at sometime' [1225]

'Everyone goes there - biggest publicity!' [1233]

'Somewhere you can be guaranteed a lot of people will go.' [1235]

Thirty respondents thought that this was a particularly good strategy because of the privacy in a toilet:

'The shy/naive/inexperienced can read them privately.' [1154]

'Less people can see you reading them.' [1197]

Twenty-nine mentioned that the toilet was one place where people had time to stop and read an advert.

'When waiting in a queue you tend to read information on the walls.' [2511]

'People using the toilets can use the toilet and read the notice at the same time.' [2492]

Twenty-seven commented that one advantage was the potential proximity of a condom machine.

'As condom machines are available in the toilets, it makes you take notice and persuades you to buy condoms and have safe sex.' [2529]

Eleven commented that toilets offered a 'captive audience' who had nothing else to read:

'You can't walk away from them.' [2439]

'Putting them at eye level over urinals means that you can hardly avoid them.' [1225]

A further 11 (as already discussed above) commented that having adverts in both male and female toilets was an advantage. Seven commented that placing adverts in toilets resulted in repeated exposure.

'You are getting reminded every day about the risks of AIDS.' [2530]

'Every time I use the toilet I read this message it sinks in deeper and deeper, and I use the information wisely.' [2396]

Five people (all male) suggested that, for men, the fact that they might be physically holding their penis while reading the advert might have a particular impact: *'People will be looking at their cock and the poster at the same time'* [2413]. *'You are standing there holding the 'product' therefore it is a good idea'* [1004].

Nineteen people made other comments about the advantages which did not fit into any of the above categories. Examples are: *'It covers the need for hygiene for today's people in today's world'* [2517]. *'Keeps the walls elsewhere free!'* [1202]

Table 2 summarises these findings.

Table 2: Respondents' assessment of the advantages of siting the adverts in toilets

Advantage of placing these adverts in toilets	No. of respondents who identified this advantage*
Everyone sees them	112
Privacy in which to read them	30
Time to read them	29
Condom machines nearby	27
Captive audience	11
Targeted at both genders individually	11
Repeated exposure	7
Men touch penis while reading advert	5
Miscellaneous	19

*Numbers for each type of advantage are not mutually exclusive.

2.3.2 Disadvantages

The main disadvantage identified by respondents was that the adverts should not be confined to toilets but should be displayed in more public places to reach a wider audience.

'If this is the message you want to spread then you should be more open about it.' [1167]

'They should be everywhere! Not just the toilets. Wake up society. The only way you'll defeat it, is if you stamp the message on their faces.' [2468]

Very few people identified particular disadvantages to the location itself. Only eight respondents wondered if placing adverts in toilets might reinforce sordid association.

'Toilets are seedy places. Putting the ads in toilets may lessen the impact.' [1284]

'The adverts are hidden away in toilets, which can be dirty or thought of as dirty, causing sex to be united with these thoughts.' [2534]

Another eight felt that toilets were not a good place in which to hang about.

'Toilets smell, making it uninviting to read anything.' [1034]

'I am sure that males and females don't like hanging around the toilets reading adverts. Other toilet users may find this worrying or disturbing if there are others standing around especially in relation to where the posters are placed within the toilets.' [1314]

'The toilets are used for smoking and non smokers avoid them.' [2408]

Seven, as already mentioned, felt that such a location might mitigate against discussion and another seven were concerned that the adverts might cause offence.

'Some people may feel offended and annoyed.' [2493]

'Some people might get embarrassed.' [1184]

'You get fed up seeing it so often.' [2492]

Two of these seven respondents had clearly taken personal offence: *I felt bombarded by them every time I went to the toilet.'* [1095]

Three people complained about the lack of condom availability in campus toilets and another 13 commented on the adverts themselves saying they were 'uninspired': *'They are remarkably boring, people may not take the time to read them, even if they did see them.'* [1245]

The 31 comments coded as miscellaneous included:

'Some of them may laugh it away saying it will not happen to them.' [2361]

'It will piss people off if they already have the disease. It will make them feel bad because they never took notice in the past.' [2413]

Table 3 summarises these findings

Table 3: Respondents' assessment of the disadvantages of siting the adverts in toilets

Disadvantage of placing these adverts in toilets	No. of respondents who identified this disadvantage*
They should not <u>only</u> be displayed in toilets	93
Sordid associations	8
Not a comfortable place to read/no time	8
unlikely to generate discussion	7
offensive/thrust on a captive audience	7
No condom machine	3
Adverts too long/boring	13
Miscellaneous	31

*Numbers for each type of disadvantage are not mutually exclusive.

In summary, data from the survey suggested a generally positive response to the siting of the adverts and this was confirmed by the data from the group discussions. Locating adverts in toilets was identified as particularly appropriate for AIDS advertising because of the stigma surrounding the issue which made some people reluctant to be seen reading this type of material in public. The potential proximity to condom machines was also identified as a positive benefit. In the group discussion it also became clear that participants thought that, given the location of the advert, more risks could have been taken. Confining the adverts to student campuses and locating them in the privacy of the toilets permitted the use of a more explicit and challenging format.

2.4 Vandalism

To the end of April 1993, the cumulative total of damages to adverts was 417, with some variation noted between individual messages (A: 86 damaged; B: 75; C: 64; D: 59; E: 67; F: 66). The cumulative totals of damages recorded in Napier and Coatbridge were 23 and 9, respectively. The crude damage rate (N damages/N adverts) was about 49% overall; in Napier the damage rate was considerably higher than average (68%) whereas in Coatbridge it was considerably lower (27%).

Although students talked about the danger of adverts being stolen as 'student swag' it should be noted that theft of adverts does not necessarily take them entirely out of the public domain. In one of the focus groups one young man admitted to having taken two of the adverts to put up in the bathroom of his own home - as 'a hint' to a flatmate who was not practising safer sex.

3. The Message: summary of questionnaire and group discussion data about the adverts

3.1 Basic responses to the adverts: the closed question

Respondents were asked to look at each of the six adverts in turn and indicate how strongly they agreed or disagreed with six statements:

- 'easy to understand'
- 'offensive to me'
- 'an effective way of getting across the safer sex message'
- 'too permissive in tone'
- 'unimaginative and boring'
- 'likely to influence young people to practice safer sex'

Table 4 indicates the percentage of the respondents who agreed or strongly agreed with each statement about each advert. The overwhelming majority of respondents (90%-96%) felt that each of the adverts were easy to understand and most (67%-75%) considered that they were an effective way of getting across the safer sex message. However, only about half (43% - 61%) of respondents agreed that the adverts were 'likely to influence young people to practice safer sex'. This assessment was probably influenced by general scepticism about the willingness of young people to change their behaviour, as evidenced by responses both in the groups and on some of the questionnaires: *'Most of these posters won't stop anyone because they don't give a toss about it; they are going to snuff it anyway'*. [2413]

A substantial minority of respondents (25%-35%) agreed with the statement that the adverts were 'unimaginative and boring', while only a very small percentage (2%- 4%) found them offensive.

Between 6% and 9% of respondents considered each advert to be 'too permissive in tone'. In group discussion the few complaints about the 'permissiveness' or 'offensiveness' of the adverts seemed to focus on the idea that they did not mention celibacy as an option and that, according to two participants, they gave the impression *'that all students are promiscuous'* and that everybody *'must be doing it all the time!'* [Group 3]. Such comments were, however, unusual and most group participants seemed to feel that placing the advert in campus toilets minimised any chance of the adverts causing offence or being seen as excessively 'permissive'.

M: 'I don't think at Universities they would be labelled too permissive [...] seeing as everybody here's over 17....'

M: 'We're all very open minded. And most people at University if they've not had sex they certainly want to ... '

F: 'or at least aren't scared to talk about it.'

M: 'I think we should keep any morals out of it to be perfectly honest because that's more likely to cause offence. People don't want to be preached to about their morals.'

F: 'People have morals and they are going to stick to their own morals so there's no point preaching someone else's morals onto them.' [Group 2]

Two of the older participants in another group also commented that times were changing and what might have been considered 'too permissive' several years ago, could no longer be seen in that way - a change of which both women approved.

F: 'Not [too permissive] in this day and age. Maybe if you'd put them up 5 years ago maybe there would have been a different attitude - they'd have been ready to lynch you' [Group 3].

Table 4. Percentage of respondents who agreed, or strongly agreed with different statements about each advertisement.

	A: Make Safer Sex a Habit	B: Play Safe by ...	C: A Guide to Condom Use	D: s: Some Men Say ...	E: What is Safer Sex ...	F: Am I at risk of HIV infection?
'easy to understand'	96%	90%	93%	90%	94%	92%
'offensive to me'	2%	3%	4%	4%	3%	3%
'an effective way of getting across the safer sex message'	69%	71%	72%	67%	75%	71%
'too permissive in tone'	9%	7%	8%	8%	7%	6%
'unimaginative and boring'	35%	28%	29%	28%	26%	25%
'likely to influence young people to practice safer sex'	43%	54%	54%	53%	61%	61%

Another way of representing this data is to look at the mean score given to each advert on each of these criteria, where a score of 1 would mean that everyone strongly agreed with the statement while a score of 5 would mean that everyone strongly disagreed. Table 5 shows this information.

Table 5: Showing the mean score of each advert on each of the six criteria

	A: Make Safer Sex A Habit	B: Play Safe by..	C: A Guide to Condom Use...	D: Some Men Say...	E: What is Safer Sex...	F: Am I at Risk of HIV infection?
'easy to understand'	1.68	1.85	1.80	1.88	1.74	1.85
'offensive to me'	4.19	4.14	4.06	4.02	4.08	4.09
'an effective way of getting across the safer sex message'	2.33	2.31	2.33	2.42	2.21	2.31
'too permissive in tone'	3.58	3.61	3.65	3.65	3.71	3.70
'unimaginative and boring'	2.98	3.16	3.17	3.18	3.28	3.25
'likely to influence young people to practice safer sex'	2.91	2.68	2.67	2.68	2.54	2.50

There is little difference across adverts in respect of mean scores for each evaluation statement. This statistical information confirms comments on questionnaires and in group discussions that the adverts are perceived to be very similar (*'Most of them are mostly saying the same thing', 'They all look alike.'* [Group 3]). It therefore makes sense to talk about the reaction to the adverts in general rather than to focus on specific adverts when discussing the survey data. Detailed feedback on individual adverts obtained in the discussion groups will be addressed in section 5.1 below).

3.2 Basic responses to the adverts: open-ended question

In addition to the closed question about the adverts (analysed above) respondents were also asked 'Do you have any comments about these adverts that you wish to add? If you do, please write them in below'.

In general responses to this open ended question were fairly negative. Only 12 people volunteered positive comments about the adverts. These included comments such as:

'I think these adverts hold a lot of information and putting them on the back of toilet doors was a good idea since people notice them and I personally started to read them and found what they had to say very interesting.' [1095]

'I believe these adverts get across a serious problem in a positive way.' [2396]

'They are very straight forward and to the point, while they discreetly remind people of safe sex.' [1288]

By contrast 125 respondents made negative comments, most of which concerned the image and style of the adverts: 'boring', 'not eye catching', 'weak', 'insipid'.

F: 'I mean that just looks like the Napier prospectus. There are pictures of folk's faces all over it'

M: '[It's] Just a yellow blur - I didn't even know that they were meant to be faces' . [Group 2]

The adverts were also criticised for being 'too wordy' and some of the group participants compared them unfavourably to others they had seen:

M: 'An example of a good advert is the one where you've got the guy and the girl and the guy says 'how many people have you slept with' and she says 'two' and there's like this big family tree [...]. That is a great advert. It's funny, it gets the message through, it's very true [...] and it's something to talk about really. These are just words. That was a nice picture, it made you look at it even more.'

F: *'You'd be more like, if you went to the toilet and then went back to the refectory with your mates you'd be more likely to be going 'have you seen that tree?'. You'd describe it to them instead of going back to them and there were 10 or more sentences on that page in that toilet.'*

M: *'That one with the tree advert brought things home much better'. [Group 2]*

Such criticism (made by 89 respondents), along with the high percentage of respondents who rated the adverts as 'boring' on the closed question, should, however, be taken in context. The fact that many respondents agreed that each of the adverts was 'unimaginative and boring' need not be seen as totally undermining the value of the adverts. People expect adverts to be dramatic and 'eye-catching' but this may not always be appropriate or even necessary when adverts are located in toilets. We know that while these adverts were criticised as 'not eye-catching', they did, in fact, 'catch the eye' of a high proportion of respondents very quickly. It should also be noted that some of the recommendations from students in response to the open ended question or in group discussions about how to 'strengthen' the adverts drew on discredited assumptions about how to educate people or suggested images which other research has shown to be counter-productive.

'People dying of Aids would probably be more effective'. [1284]

'The headings on the posters should give a more shocking title as with smoking adverts, i.e. 'smoking kills'. ' 1174]

Other negative comments (made by seven respondents) were that all the adverts looked the same and that this might stop people bothering to read the text of the different adverts:

'All look the same, so no one will bother to read more than one of them.' [1165]

'After seeing one you may feel the rest say exactly the same whereas they do hold different information.' [1206]

Three people objected to 'the tone' of the adverts, making comments such as '*I think that these adverts are too strict to influence young people*' [1011] or '*The adverts are too rules and regulations, people don't like that*' [2468]. Such comments were equalled by positive statements such as: '*Better than first attempts a few years ago - new adverts do not 'preach' as the original ads did. They advise, which means the message is more likely to get through to more young people.*' [1287]

There were also 31 other 'miscellaneous' negative responses.

Table 6 summarises these findings.

Table 6: Respondents' comments on the adverts in response to an open-ended question

	Number of respondents who volunteered such comments
Boring/weak	89
All look the same	7
Bad tone	3
Miscellaneous	31
Total number of respondents who made negative comments about the adverts	125
Total number of respondents who made positive comments about the adverts	12

3.3 *Socio-demographic differences in respondents' reactions to the adverts*

3.3.1 *Gender:* Women's responses to the adverts were generally more positive than the men's. Women were significantly more likely to agree that the adverts were 'easy to understand' and were less likely to find them offensive than the men. Women were also significantly less likely to describe the adverts as boring and more likely to think that the adverts were effective and might influence young people's behaviour.

3.3.2 *Age:* The only significant finding by age was that those in the youngest age group (16-18 years) tended to disagree with the statement that the adverts were 'too permissive in tone' slightly less strongly than the older students.

3.3.3 *Religion:* The only difference between Catholic and Protestant respondents in their attitude towards the adverts was that the Catholics were significantly less likely to consider them 'boring'. In response to the open invitation to comment on the adverts Catholics were also significantly less likely to volunteer that the adverts 'all looked the same' - in fact not one of the 7 people who made such a comment was Catholic. The assumptions that Catholics in particular might object to such adverts (because, for example, they encourage condom use) is not borne out by these data.

3.4 *Differences in reactions to the adverts at the two institutions.*

Students at Coatbridge were significantly less likely to disagree that the adverts were offensive. (This is in spite of the fact that there were more female respondents at Coatbridge and women in general seemed to find the adverts less offensive than men). At the same time, students at Coatbridge were also significantly more likely to rate the adverts as 'effective' and likely to influence the behaviour of young people. They were significantly less likely than students at Napier to find the adverts 'boring and unimaginative'. The adverts also seemed to have caused more discussion in Coatbridge in most ways (ranging from passing comments or jokes through to serious discussion).

Such findings are interesting in light of the fact that, compared to Napier University, Coatbridge College authorities showed somewhat less enthusiasm about the project, accepting only two of the six adverts on offer. However most students at Coatbridge, when shown all six adverts, did not find them offensive. Even though students at Napier were more likely to disagree that the adverts were offensive, it must be remembered that their counterparts at Coatbridge still gave each advert a mean score of 4 for 'offensiveness' (i.e. disagreement). It should also be noted that the students at Coatbridge were generally more positive about the adverts in other ways.

4. The general social context: a brief summary of the attitudes revealed in focus group discussion

Reactions to the campaign were mediated by respondents' attitudes towards those with HIV, the perceived necessity to practise safer sex, understandings of what that involved and assessment of the costs and benefits of taking such precautions. Obstacles to changing behaviour in response to the campaign can be summarised in two broad areas: firstly, how respondents locate themselves in relation to risk and 'risk groups', and, secondly, specific feelings/choices/options about safer sex.

4.1 *Locating self in relation to risk and risk groups*

Most participants in the group discussions were quite clear that they could be at risk and that the whole issue of AIDS was relevant to their lives *'You'd have to think it was relevant to you unless you'd been sitting in your fridge for the last five years!'* [Group 1]. However, a minority felt that HIV did not really have anything to do with them either because of the nature of their relationships (e.g. *'I'm married'*), or because they did not think HIV was a problem in Scotland (*'they've just hyped it up'*). A few had a residual feeling that heterosexual sex was not a very risky activity. Some linked this to the early media coverage. Two women said that they had primarily had an idea of HIV as a blood-borne disease linked to 'the violence' of anal sex. For both of them, focusing on the idea that HIV is in semen seemed to have alerted them to the risks of heterosexual transmission. However, AIDS is still strongly associated with gay men rather than heterosexuals. As one woman commented: *'If a man on the telly says 'I've got AIDS'. I'd think 'Oh, you big poofier.'* [Group 3]

Group participants also made comments which implied a gap between their intellectual knowledge about risk and their emotional/ intuitive reactions. . For example, most people seemed to 'know' that people with HIV do not look any different from anyone else, or that, in the words of one respondent, they '*look normal*' [Group 2]. However, one man commented '*I think people's perceptions is that as soon as they hear someone's got HIV [...] no matter what their appearance is people still perceive them as not looking great.*' [Group 2], and another woman was clear that she wouldn't ask a man to use a condom if he '*looked all right*' and was '*well-dressed, looking presentable*' [Group 3].

Some participants clearly also associated AIDS with dirt. Asked what image came to mind when they heard the word AIDS people talked not only of the traditional image of '*somebody sick and dying*' but added comments such as: '*Homosexual and maybe a bit dirty. Not nice. I don't know why. Just not clean*' or as another woman added '*AIDS - you think 'dirt.'*' [Group 3] In another group, discussing why lesbian sex must be a high risk activity, one man concluded that he thought it must be because '*You just think "that's dirty so therefore it's risky"*'. [Group 2]

None of the group participants came out as gay in the group and, indeed, most seemed keen to distance themselves from any such associations (e.g. laughing and exclaiming '*I've no idea*' when asked if there was an active gay or lesbian society in their colleges). Some participants seemed to perceive gay sexuality as predatory and in one group this led to a lengthy exchange about their fears of being approached by gay men or lesbians.

Although many people with HIV are seen as 'other', group participants also commented that certain celebrities had 'brought home' the issue to them, especially where these were celebrities with whom respondents had identified or whom they had admired or 'fancied'.

F: '*When Rock Hudson died, that's when it really started to figure[...]*'

F: '*I remember he was a big hulk and I was dead disappointed*'

F: 'That's what I thought too - what a waste!' [laughter] [it was frightening] because of the fact that he was a big handsome hunk' [Group 3]

F: 'What hit me was Nureyev. I do dancing and I've danced all my life and like Rudolph Nureyev is one of the heroes of dancing and stuff and after he died they had the long programme on him on one night and I sat and watched that and I cried buckets at the end because he wasted so much. And that really hit it home to me...'

M: 'It was Freddie Mercury hit it home for me. Because I've been a major Queen's Fan ever since I was in primary 7 [...]'.

M: 'It increases awareness that it does happen to people that you know because everyone's heard of these sports men, film star or whatever'

F: 'The portrayal is that they are always so perfect [..]. They must be so perfect so they wouldn't do anything like that and then they turn out to be HIV positive and they die of AIDS and you just think 'Wow! If it can happen to them then it certainly can happen to me'. '[Group 2]

4.2 The meanings and practicalities of safer sex

4.2.1 Definition of safer sex

Safer sex was seen entirely in terms of condom use or being careful with whom one had sex and how many sexual partners one had. 'Asking your partner about their sexual history' was also recognised as a health education message but one which people did not always feel comfortable with.

JK: 'What is safer sex?'

M: 'Wearing a condom'

M: 'or not having sex [..]'

JK: 'Wearing a condom or not having sex, anything else?'

M: 'Well, you read all the stuff in the adverts about having one sexual partner finding out about them before you sleep with them and that, but that's not particularly practical. If you meet a girl down the club one night you're not going to sit down and say 'so, tell me your sexual history then'

F: 'It's not the greatest chat up line on earth.' [Group 2]

Women were also judged unlikely to be honest in response to such questions.

F: 'whereas I think the guys are perhaps more open about how many sexual partners they actually have had, women definitely are not [...] generally women aren't so keen to give a history of themselves because then they'll be labelled a tart...'

M: 'They might be labelled slag.'

F: 'Yeah. Because it's still the hip, cool, trendy guy who's slept with so many girls - 'Whooh, I've had twenty'. But if a girl goes: 'I've had twenty, I've had twenty', 'Huh, what a tart you are' [Group 2].

4.2.2 Reaction to the non-penetrative sex message

No one spontaneously mentioned that safer sex could mean having sex without penetration. There seemed to be a general feeling that this wasn't 'real' sex: 'To me sex is having sexual intercourse. Not really just fondling' [Group 3]. The 'non-penetrative sex' message was assumed to be directed at younger people 'who are not yet having sex' [Group 1]. These students seemed to see the graduation to 'real sex' as a one-way street beyond which there was no turning back.

When probed some respondents said that they could recognise 'non-penetrative sex' as a vague possibility in a long term relationship but it was out of the question for a one-night-stand for two reasons.

Firstly, because during a one-night-stand men are less concerned about female pleasure and will therefore not be only content with 'foreplay': *'If you are in a relationship then you're more likely to want the other person to enjoy it whereas if it's a one night stand then [...] I would take less time'* [Group 2]. Secondly, men felt that half of the pleasure of a one night stand is in a sense of achievement. This sense of achievement will be denied to the man if he doesn't penetrate the woman and he wouldn't know what to tell his friends.

M: *'you couldn't go back to them and they say 'did you have sex?' and you say 'oh yeah, but in fact'*

F: *'I think that would be classed more as a knock-back, if you'd gone away and ended up not getting sex..'*

M: *'The boys'll buy a round to cheer you up with beer.'* [Group 2]

Male participants said that if the woman tried to insist on non-penetrative sex during a one-night stand they would think that she was *'a tease'* or *'frigid'*. This was in spite of the fact that one man commented that he thought *'just fondling'* could be more pleasurable than penetrative sex. One of the women also welcomed the non-penetrative messages reaffirming activities she enjoys. However, on the whole such advice was not seen as *'realistic'* in most circumstances.

4.2.3 *Thoughts about buying or carrying condoms and problems with requesting their use.*

Although some (male) participants reported that they routinely carried and used condoms the subject was still surrounded with embarrassment and inhibitions for some (especially female) participants.

M: *'Giving condoms out is a really good idea. Because no matter how confident you are it's a real hassle trying to buy them at a chemist. Especially as nowadays a lot of them aren't displayed on the counter so you can't just go [here]. [..]'*

F: *'Our student shop sells them - but I've never see anyone buying them.'*

M: *'No, neither have I.'*

M: *'Especially since I always chat to the woman in our shop [laughter] You know it would be really bad if I went up and took a packet.'* [Group 2]

F: *'I don't know that I'd actually have the courage to say 'wear a condom [...]'*

JK: *'What's the courage it needs to say that?'*

F: *'I would feel that you had been promiscuous - like 'Oh, God, this is this loose woman'.*

F: *'I think if you brought it up they would think that.'*

F: *'Aye, 'This is someone who does this all the time' [laughter]'.*

F: *'You're loose. [...]'*

F: *'I've never bought them, I'd be too embarrassed.'*

F: *'I'd have to be in a position to carry them [...] [i.e. in a long-term relationship] I'd be too embarrassed to get them, I would expect him to get them [...]'*

F: *'Asking a woman to carry condoms is like trying to change the sky from blue to green.'*

[Group 3]

(Note the one male member of group 3 protested that he wouldn't mind a woman carrying, producing or demanding the use of condoms as *'you'd be quite pleased because you'd know you were going to get your stuff.'*)

One of difficulties about asking a steady partner or spouse to use condoms was the potential threat to mutual trust. Asking a partner to use a condom was seen to be antithetical to *'trusting him'*.

'I wouldn't do that [ask my husband to use a condom] because I trust him. I think if I started to go home to my husband and said 'excuse me, but I think there might be a chance that you're sleeping around' then you start to put distrust in a relationship that isn't there [...]. I think you'd start to put the seed of doubt in your relationship if you started to ask him to wear condoms' [Group 3].

4.2.4 Distrust of Safer Sex

Ultimately one reason for not practising safer sex, relying on partner selection instead, was a general distrust of the safety of condoms or indeed, just kissing and fondling with someone who was HIV anti-body positive. One man, for instance, said that he thought condoms nowadays were too thin, and the virus would be able to pass through the rubber. Several participants made it clear that, if they thought someone had the AIDS virus 'you wouldn't get intimate at all' - partly because of associations with dirt and stigma and partly because of the feeling that 'safer sex' might not be that safe anyway.

F: 'You wouldn't think about doing it' [fondling and body kissing with someone who was seropositive].

JK: 'Why not?'

F: 'In case you got AIDS.'

F: 'Just in case the message isn't true.'

F: 'You'd be scared to trust it [...]. That doctor died last week and [...] everyone's panicked because he had AIDS [...] If these people are all frightened and he's only been their doctor then how can you ask people to get into bed with someone that you might think's got AIDS'. [Group 3]

Two women swapped tales illustrating their distrust of condoms and discussed the story that used to go about: *'Don't use them [condoms] because they pierce them with holes. The young guys that work in the factory deliberately puncture them. We were terrified [...] to be honest I don't think they're safe. I don't know why not - maybe it's the stories you hear.'* [Group 3]

5. Recommendations

5.1 Locating adverts in toilets seems to be a successful strategy for reaching particular populations and could usefully be continued in institution of higher and further education. This strategy could also be expanded to cover schools, clubs and bars.

5.2 It may be important that the adverts are not confined to toilets. Placing copies of the adverts in other public places may help to avoid the idea that the topic is not suitable for public display and is 'dirty' or should be 'kept in the closet'.

5.3 Safer sex advertising could usefully be supplemented by organising discussions or video shows to permit more in-depth exploration of the issues.

5.4 The effectiveness of safer sex adverts in toilets might be increased if condom-vendor machines were available nearby.

5.5 Information and access to condoms alone is not enough; it is important to challenge people's broader attitudes and models of thinking if they are to take on the safer sex message. This would need to include challenging attitudes towards sex in general; fear of and alienation from drug users, lesbians and gay men; and the common view that people with HIV or AIDS are 'dirty'. This might be partly achieved through intervention at the level of sex education in schools as well as acting to protect and ensure the 'full citizenship' of those mentioned above (e.g. through public awareness/anti-discrimination campaigns, recognising their rights to equal legal protection and developing specific strategies such as employing people with HIV to give talks in schools).

5.6 The relative power and ubiquity of mass media messages means that it is important to complement any advertising campaign with on-going efforts to influence press, radio and television coverage of AIDS.

6. Appendix

6.1 Detailed feedback about words and phrases in the adverts

6.1.1 'And remember that drugs, including alcohol may reduce your ability to make safer decisions'.

There was a generally positive response toward this slogan which appeared on all the adverts. This message was approved of and recalled sometimes almost verbatim. The men in particular 'recognised' this sentiment and told tales of occasions when they had made inadvisable decisions while under the influence. *'Someone came up to me and I thought "what a dog" and I knew I was getting pissed because as the evening went on she got visibly better looking.'* [Group 2]. Discussion of the slogan led to animated discussion. The men swapped tales of drunken nights, spoke about *'ten-pinters'* - women *'so ugly that you wouldn't do it when you were sober'* [Group 2] and made jokes about *'brewer's droop'*.

On one level this message would seem to have been particularly successful. However, on listening to the tapes again a doubt has been raised in my mind. Does this statement have the unintended effect of reinforcing the idea that alcohol makes you 'out of control' and not responsible for your actions? There was a certain amount of macho posturing around these tales of drunkenness which did not seem very compatible with 'healthy sexuality'.

6.1.2 'Play Safe by ..'taking the initiative' [Advert B]

Two of the women responded very positively to the message about 'taking the initiative'. This was seen as a generally positive attitude (at least outside the sexual context) and this phrasing seemed to carry over some of those positive associations even into the sexual context. Some time after discussing this advert one of the women, when asked how she would react if she found condoms in a girlfriend's bag, commented: *'I would think she was taking the initiative and that's good'* [Group 3].

However, 'taking the initiative' by carrying condoms was seen to carry its own risk. It could '*ruin a girl's reputation.*' [Group 2] [see section 4.2.3.]

6.1.3 'Practising: it makes perfect' [Advert B].

This was applauded as good advice for those who had never used condoms before. The male research participants responded quite positively to my suggestion about masturbating with a condom 'to try it out'. The women at Coatbridge, however, reacted strongly: '*downright disgusting*', '*disgraceful*'.

6.1.4 A guide to condom use....[Advert C].

Some group participants commented that all the information available on this poster was also on the back of a condom packet and was therefore unnecessary. However one man said he thought it was still a good idea to have this information reproduced on a poster as by the time you were pulling out a packet to use a condom it may be too late to take in the information and you had other things on your mind.

One female participant responded particularly positively to the information about jewellery puncturing condoms. She felt she would never have thought of that '*and know I forget it's there. When I wear it every day*' [Group 2]. The statement in this advert about using water-based lubricant with condoms provoked some debate about whether lubricant of any kind were really necessary with condoms.

6.1.5 'Some men say' [Advert D].

Both male and female participants found the headline 'Some men say' attention grabbing, they wanted to read on. '*It has a personal note*', '*It's directed at you not just men in general*' [Group 1]. Both men and women in the groups agreed that men were 'worried about the pause' however the second sentence ('but even if you feel embarrassed at the thought of discussing ...') was not seen adequately to reassure men or challenge such attitudes. Some of the women would have liked to see much more discussion of male attitudes and attempts to challenge them.

F: *'I don't think there's enough in that. Men aren't going to say 'Oh yeah, that's right.'*

F3m: *'I don't think that's strong enough.'*

F3c: *'There needs to be more about it.'* [Group 3]

Discussion of this advert also revealed a general distrust of condoms [see section 4.2.4].

6.1.6 Language such as 'body kissing' and 'non-penetrative sex' was 'alien' to most of the group participants. *'We talk about screwing and fucking',* commented one man, *'well actually we don't because you don't talk about sex, you just do it'* [Group 1].

The clear problem was that none of the participants could think of a precise and universally accepted language for talking about sex.

6.1.7 Students don't escape the risk [Advert F].

This phrasing, which apparently avoids the idea that students are at particular risk, led to debate between participants over whether or not students (or at least 'young people') are at higher risk than older people.

M: *'The only difference is students have more time. They don't have to get up in the morning!'*

M: *'They are one of the high risk groups. I don't like to generalise but a lot of students don't have what one could call 'steady relationships'* [Group 2].

6.1.8 Advice to use a condom during oral sex [Adverts E and F] was confusing. In some ways this seems to undermine the message that oral sex may be safer than vaginal sex. There seemed to be some belief that it might be OK as long as you did not swallow the semen. None of the participants could imagine themselves following such advice largely because to use a condom for fellatio would clearly signal that one was concerned about infection rather than pregnancy. When asked if they might use condoms for fellatio the reaction was unanimous from the women in Group 3:

F: 'My god, no!' [laughter]

JK: 'Why not?'

F: 'I just wouldn't, oh God!'

F: 'I don't think anybody would think about using a condom for oral sex [...] maybe because people think 'you can't get pregnant so what's the point.' [Group 3]

6.1.9 No matter where you live in Scotland ...[Advert F].

This statement produced debate between those who thought HIV was not really a problem in Scotland and those (most participants) who saw Scotland as having a high risk especially for drug users.

Appendix 6.2 *The Messages*

MAKE SAFER SEX A HABIT

And remember that drugs, including alcohol may reduce your ability to make safer decisions.

HIV, the virus that leads to AIDS, can be passed on by unprotected sex, sharing needles or syringes, and other blood-to-blood contact. For information and help about HIV, AIDS or other matters to do with sex, contact the NATIONAL AIDS HELPLINE 0800-567-123 or the following local advisory centers/clinics:

A



Play Safe By

- **Always using a condom.**
Value your health even if your partner doesn't.
- **Taking the initiative.**
Carrying your own condoms means you don't have to rely on the other person. Better for both of you to be prepared than neither.
- **Putting sexual health first.**
Protecting one another's health needn't interfere with sexual enjoyment.
- **Practising: it makes perfect.**
If you haven't used a condom before, try handling one and carefully reading the instructions.

And remember that drugs, including alcohol may reduce your ability to make safer decisions.

HIV, the virus that leads to AIDS, can be passed on by unprotected sex, sharing needles or syringes, and other blood-to-blood contact. For information and help about HIV, AIDS or other matters to do with sex, contact the **NATIONAL AIDS HELPLINE 0800-567-123** or the following local advisory centres/clinics:

B



A GUIDE TO CONDOM USE

GETTING CONDOMS

Condoms are easily obtainable from family planning clinics (free), chemists, vending machines and many supermarkets.

USING CONDOMS

Condoms are a reliable protection against HIV, sexually transmitted diseases and unplanned pregnancy. But you need to use them properly:

- always follow the instructions on the packet;
- beware of sharp fingernails and jewellery puncturing condoms;
- be careful not to damage the condom while opening the foil wrapper;
- make sure that the air is squeezed out of its tip before rolling the condom on; and
- only use water-based lubricants, such as KY jelly: oil-based lubricants will damage the rubber within minutes.

And remember that drugs, including alcohol may reduce your ability to make safer decisions.

HIV, the virus that leads to AIDS, can be passed on by unprotected sex, sharing needles or syringes, and other blood-to-blood contact. For information and help about HIV, AIDS or other matters to do with sex, contact the **NATIONAL AIDS HELPLINE 0800-567-123** or the following local advisory centres/clinics:



Some men say

they don't like condoms. It's likely that if you're a man you're worried about the pause when you have to put the condom on.

But even if you feel embarrassed at the thought of discussing or using condoms, isn't that better than being worried about HIV?

Condom hints:

- beware of jewellery and sharp fingernails puncturing condoms;
- make sure the air is squeezed out of its tip before you roll the condom on; and
- be sure to use a water-based lubricant such as KY jelly; oil-based lubricants may damage the rubber within minutes.



Always look for the BSI
Kitemark on condoms

And remember that drugs, including alcohol may reduce your ability to make safer decisions.

HIV, the virus that leads to AIDS, can be passed on by unprotected sex, sharing needles or syringes, and other blood-to-blood contact. For information and help about HIV, AIDS or other matters to do with sex, contact the NATIONAL AIDS HELPLINE 0800-567-123 or the following local advisory centres/clinics:

D



Health Education Board
for Scotland

WHAT IS SAFER SEX?

Safer sex means having sex in a way that reduces the risk to you and your partner of HIV infection and other sexually transmitted diseases:

Safer sex includes:

- non-penetrative sex such as stroking, fondling, body kissing and masturbation;
- using condoms for penetrative sex; and
- reducing the risk of HIV infection from oral sex by using condoms.

And remember that drugs, including alcohol may reduce your ability to make safer decisions.

HIV, the virus that leads to AIDS, can be passed on by unprotected sex, sharing needles or syringes, and other blood-to-blood contact. For information and help about HIV, AIDS or other matters to do with sex, contact the NATIONAL AIDS HELPLINE 0800-567-123 or the following local advisory centres/clinics:

E



Am I at risk of HIV infection?

No matter where you live in Scotland, there are risks of getting HIV infection if you have unprotected penetrative sex.

Students don't escape the risk. Anyone having sex should consider how to avoid HIV, other sexually transmitted diseases and unplanned pregnancy.

Making sex safer is not difficult and need not be dull.

Protect yourself and your partner by:

- using condoms for penetrative sex;
- reducing the risk of HIV infection from oral sex by using condoms;
- having non-penetrative sex such as stroking, fondling, body kissing and masturbation.

Most importantly, talk to your partner and discuss safer sex.

And remember that drugs, including alcohol may reduce your ability to make safer decisions.

HIV, the virus that leads to AIDS, can be passed on by unprotected sex, sharing needles or syringes, and other blood-to-blood contact. For information and help about HIV, AIDS or other matters to do with sex, contact the **NATIONAL AIDS HELPLINE 0800-567-123** or the following local advisory centres/clinics:

F

