



# Convenience Advertising

A 8

**EVALUATION REPORT**

**HIV Prevention  
Narrowcasting Campaign  
Targeting Gay and Bisexual Men  
in Massachusetts**

**1995-1996**

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## Executive Summary

A synopsis of the key findings from the evaluation of the HIV prevention narrowcasting campaign produced by Educational Message Services for AIDS Action Committee of Massachusetts, Inc. is presented below.

### Highlights:

- The HIV prevention campaign began in July 1995 and consists of ten posters which were developed, installed, and maintained in 243 display points in 39 venues in greater Boston, outlying communities, Provincetown, Springfield, and Worcester, Massachusetts.<sup>1</sup>
- The campaign consists of three main themes, namely: 1) *Oral Sex is Safer Sex*, 2) *Stay Negative*, and 3) *Plan Ahead when Mixing Alcohol and Sex*.
- Intercept interviews were collected in 20 different venues in Boston, Worcester, and Springfield, Massachusetts including bars, dance clubs, restaurants, sex clubs, and social service office sites resulting in a diverse sample reflecting different segments of the gay and bisexual community.
- More than two-thirds of the sample (71%) could recall and describe one or more posters from the campaign without assistance (unprompted recall).
- More than three-fourths of the sample (91%) could recall, with visual prompting, having seen one or more posters from the campaign.

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<sup>1</sup>During the active summer months (high season), the campaign included participation of 9 additional Provincetown venues thereby adding 35 display points to the campaign. During low season, many of these establishments close for the winter.

**Among Those Who Saw The Campaign:**

- Two-thirds (67%) reported seeing the campaign one or more times each week.
- Respondents could identify, on average, four out of a series of ten posters from the campaign.
- More than two-thirds (71%) agreed that the campaign had increased their awareness of the link between alcohol and/or drug use and unsafe sexual behavior.
- More than three-fourths (80%) agreed that the campaign had positively influenced their attitudes towards using protection and sexual activity.
- More than two-thirds (71%) agreed that the campaign had influenced them to practice safer sex behaviors more often.
- The majority of respondents demonstrated a keen interest in the campaign. More than three-fourths of the sample (78.6%) offered specific comments about individual messages or the campaign, in general.

**Key Informant Responses:**

- The key informants uniformly supported conducting an HIV prevention campaign in the community and considered the campaign's messages important and worthwhile, particularly for the HIV negative community.
- In general, key informants supported the idea of delivering HIV prevention messages in bathrooms and other enclosed spaces and believed that this strategy effectively captures viewers' attention and serves as a timely reminder.

- Key informants concluded that the campaign should evolve and continue in the community.

**Implications:**

- The evaluation documents the level of effectiveness of the campaign at various junctures in the communication process. Examination of these results illuminates the strengths and weaknesses of the campaign messages and the delivery system.
- The evaluation collected feedback from key informants and survey respondents thereby providing insight on how the campaign was perceived and understood as well as the impact of messages on individuals' attitudes and behaviors.
- This report presents suggestions for future campaign direction and offers numerous concrete ideas on how to extend and expand the campaign.

## Introduction

### 2.1 Background

In the United States, AIDS is the leading cause of death among individuals 25 to 44 years old.<sup>2</sup> To date, the cumulative number of AIDS cases in Massachusetts has exceeded 10,000, the tenth highest AIDS caseload in the United States.<sup>3</sup> Among American metropolitan cities with populations of 500,000 or more, the Boston area ranks twelfth.<sup>3</sup> According to the Massachusetts Department of Public Health's AIDS Bureau, more than 500 individuals tested seropositive in the state during 1995.<sup>4</sup> Moreover, HIV surveillance data indicates that a disproportionate number of HIV seroconversions are occurring among African Americans and Latinos relative to their representation in the general population.

Without a known cure or vaccine, preventive campaigns remain one of the most important strategies for reducing HIV infection and motivating individuals to adopt safe behaviors. To a large extent, public awareness of how to minimize HIV infection has been achieved yet a waning vigilance threatens to thwart endeavors in HIV/AIDS prevention.<sup>5</sup> A sense of burn out, hopelessness, and frustration seem to characterize the prevailing attitudes towards the HIV/AIDS epidemic. In addition, members of the gay and bisexual community have observed that AIDS and HIV positive status have acquired some heroic and desirable qualities.<sup>6</sup>

The second decade of the AIDS epidemic has observed shifts in attitudes and concerns. Preventive campaigns, therefore, must evolve and adapt to meet these needs. For HIV/AIDS preventive efforts to serve as an effective bridge between epidemiological data, campaigns must act as a catalyst of change. Refining existing campaigns requires careful analysis of which messages and mediums are most effective. Evaluation, thus, represents a critical element of the research process by gauging effectiveness and providing data-based evidence for future campaign direction.

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<sup>2</sup>See Center for Disease Control's *MMWR Update* (1996).

<sup>3</sup>See Center for Disease Control's *HIV Surveillance Report* (1995).

<sup>4</sup>See Massachusetts Department of Public Health AIDS Bureau (1996).

<sup>5</sup>See Office of Technology Assessment (1988).

<sup>6</sup>See Simmons (1995) and Johnston (1995).

## 2.2 The Campaign

The AIDS Action Committee (AAC), in collaboration with Educational Message Services (EMS), developed and produced an HIV prevention campaign targeting gay and bisexual men using a narrowcast print media strategy. Launched in July 1995, the campaign consists of ten posters which were developed, installed, and maintained in venues in the Boston metropolitan area, outlying communities,<sup>7</sup> Provincetown, Worcester, and Springfield, Massachusetts.

During the peak summer months, the narrowcast campaign consisted of 278 display points in 48 venues located throughout Massachusetts while during the low season, there were 243 display points in 39 venues. The messages, placed in private areas such as bathrooms, changing rooms, and other appropriate enclosed areas, were disseminated in bars, dance clubs, restaurants, sex clubs, bathhouses, health clubs, theaters, bookstores, and social service organizations frequented by the target population. In particular, venues which facilitate alcohol consumption, drug use, and/or sexual activity given the "locus of risk" nature of these locations, were heavily targeted.

The campaign was designed to disseminate HIV/AIDS prevention information among gay and bisexual men at risk for HIV transmission. Broadly speaking, there were three principal themes of the campaign, namely: 1) *Oral Sex is Safer Sex*, 2) *Stay Negative*, and 3) *Plan Ahead when Mixing Alcohol and Sex*. The intent of these messages was to provide information, facilitate discussion, and encourage individuals to initiate safer sex behavior which would, in turn, reduce rates of HIV acquisition and transmission.

Based on information collected during the formative research stage, the messages reflect many prevailing attitudes and perceptions among the gay and bisexual community. All messages display the AAC hotline number. Nine of the ten messages are in English and one is in Spanish. [See **Appendix A** for replications of the ten campaign posters.]

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<sup>7</sup>The outlying communities include New Bedford, Randolph, Lynn, Chelsea, Hyannis, and North Dartmouth.

### **2.3 Formative Research**

Formative research for this campaign was conducted by EMS in April, 1995. A series of focus groups were organized and administered in the Boston area with members of the target population. The purpose of the focus groups was to copy test draft messages to determine which ones should be included in the campaign. Individual and group reactions were used to improve and refine concepts, images, and copy.

### **2.4 Process Evaluation**

Process evaluation of the campaign entails a bi-monthly monitoring and tracking system conducted by maintenance supervisors. This process serves to collect and record feedback in the form of graffiti and verbal comments from venue owners, managers, and patrons. Information is collected and summarized detailing the number of people frequenting each venue and their approximate age and gender as reported by the venue owners or managers.

Documenting reactions of the campaign ensures that messages are appropriately placed in venues and provides an update of how messages are perceived by the community. This process also facilitates replacement of missing and/or damaged posters.

### **2.5 Summative Evaluation**

The main purpose of the evaluation was to investigate the efficacy of the delivery system and the impact of the campaign on the target audience. In other words, the evaluation examines the integrity of campaign implementation as well as the efficacy of campaign messages. The evaluation findings document the short-term effects of the campaign and provide descriptive data on campaign placement, poster design, and message impact.

To assess the performance of the campaign since its inception, the evaluation concentrated primarily on impact measures. In particular, the discrete stages of information processing were examined in order to assess how the campaign functions.

From the perspective of the target audience, data gathered using an intercept interview method

provides detailed information on the following:

- campaign exposure, recall, and recognition rates;
- comprehension levels and affective responses;
- awareness, attitudinal, and/or behavioral changes;
- strengths and weaknesses of the campaign messages.

To complement information gathered from intercept interviews, guided interviews with key informants investigated opinions on the campaign's effectiveness, delivery system, and messages. Specifically, the key interviews focused on:

- attitudes and perceptions of the campaign among professional colleagues and clients;
- ways to improve the message themes, images, and text;
- views on the appropriateness of the message medium;
- beliefs on whether the campaign should continue, and;
- ideas for future campaign direction.

In sum, the evaluation of the HIV prevention campaign used two data collection methods to gather information on a variety of campaign components.



## Methodology

This section outlines the research methodology which guided the evaluation. The following topics are reviewed: the study design, data collection methods, and data processing procedures.

### 3.1 Study Design

The campaign evaluation involved both quantitative and qualitative components. To obtain quantitative measures from a "man on the street" perspective, surveys were administered to a sample of the target population using an intercept interview technique. To obtain qualitative data, depth interviews were conducted with key informants from the community. These two data collection methods use dissimilar sources, methods, and data collectors which, in turn, enhance the reliability and integrity of the evaluation findings. Specifically, the intercept interviews capture diversity and breadth while the structured interviews provide depth and detail.

### 3.2 Data Collection - Intercept Interview Protocol

A total of 164 surveys were administered by nine different interviewers at 20 venues in the greater Boston area, Worcester, and Springfield, Massachusetts during January, 1996. The venue selection process was designed to obtain interviews from a variety of venues to ensure a diverse sample. Although the majority of interviews took place in venues where the campaign was in place, a number of interviews were conducted at non-participating venue sites.

The rationale of conducting interviews at non-participating venue sites was to broaden the sampling frame and thereby extend the generalizability of study findings. Including interviews from non-participating venue sites, in essence, strengthens the conclusions pertaining to the campaign's reach. [Refer to **Appendix B** for a complete list of intercept interview venue sites.]

#### 3.2.1 Field Procedures

The intercept surveys were conducted by individuals hired and trained by EMS. The majority of interviewers had a background in public health, experience conducting interviews, and were familiar with the local venues.

Interviewers were briefed on survey administration procedures and instructed to follow an established interview protocol to foster precise, unbiased reporting. Particular attention was devoted to the needs and desires of venue owners and managers and to each respondent's privacy and dignity. Interviewers were instructed to verbally emphasize the confidential and anonymous nature of all survey contents. Due to the sensitive nature of some items in the survey, interviewer training stressed the importance of gauging respondents' personal comfort level.

### *3.2.2 Sampling Strategy*

The recruitment process of the intercept interviews entailed approaching (i.e. intercepting) respondents at highly trafficked locations frequented by the target audience. To obtain a broad cross-section, geographic location and type of venue were carefully considered in selecting intercept interview sites.

A purposive sampling strategy was utilized to obtain a sample reflective of the target population. Due to weather constraints, all interviews were conducted indoors in bars, dance clubs, sex clubs, bathhouses, and social service offices. All surveys were conducted in English. AAC staff were not eligible to participate.

### *3.2.3 Survey Instrument*

The intercept interview survey instrument is eight pages, includes 31 questions, and took from ten to twenty minutes to complete. The survey was pilot-tested in December 1995 and revised accordingly. The survey includes closed and open-ended questions. The closed-ended questions facilitate efficient data collection of quantitative measures while the open-ended questions record qualitative feedback expressed by the respondents.

Survey questions include items on demographics, HIV serostatus, alcohol consumption, drug use, sexual activity, and personal reactions to the campaign messages. Attitudes, awareness, behavior change, and affect towards the campaign were also documented in the survey instrument.

[Refer to **Appendix C** for the complete *Survey Instrument*.]

All questionnaires were completely anonymous and confidential -- no information was collected

which could link responses to a specific individual. Interviews were conducted under tacit consent and participation was strictly voluntary. No coercive language was used with individuals who declined to participate.

All participants were verbally informed that they could terminate the survey process at any time without any negative consequences. In addition, all participants had the option of declining to answer any question in the survey. All respondents were offered \$3.00 in appreciation of their time and participation.

### **3.3 Data Collection - Depth Interview Protocol**

The purpose of the depth interviews was to gather opinions and impressions of the impact and effectiveness of the campaign from select individuals in the gay and bisexual community in Massachusetts.

#### *3.3.1 Key Informant Selection*

The selection of key informant interviewees was arranged in consultation with AAC. A list of 28 informants was compiled and, subsequently, 24 individuals were contacted. Potential interviewees included community leaders, HIV/AIDS activists, HIV/AIDS prevention specialists, outreach and health workers, and local venue owners. Key informant selection was not strictly limited to professionals working in HIV/AIDS research.

Final selection of key informants was based on involvement with HIV prevention and community issues, familiarity with the campaign, and willingness and/or availability to be interviewed. Eleven interviews were scheduled and ten were conducted in Boston from January 16-19, 1996. [Please refer to **Appendix D** for the summary list of key informants.]

#### *3.3.2 Informed Consent*

All interviewees received a consent form which outlined the purpose and nature of the interview. In particular, the consent form stated that: 1) the interview would be audiotaped for purposes of data analysis and, 2) comments from the interview could become public information through internal reporting and/or published work. [A copy of the informed consent can be found in

## Appendix E.]

The consent form provided interviewees with the option of remaining completely anonymous, if desired. Accordingly, an informant's identity would not be linked with any comments expressed during the interview. Two interviewees selected anonymity but agreed to public disclosure on the condition that they approve all quotes attributed to them.

### *3.3.3 Interview Guide*

The depth interviews followed a structured interview guide. Each informant was asked a similar set of questions although question order varied. This type of structured format facilitates comparison and presentation. [See **Appendix F** for the complete interview guide.]

## **3.4 Data Processing**

### *3.4.1 Data Entry and Coding*

Based on a ten percent sample of the data, a coding scheme was devised. Data from the questionnaires were coded and entered in spreadsheet format using EXCEL, Version 4 by an independent data entry person. Interview notes and tapes from the depth interviews were reviewed and analyzed. These findings are summarized in the **Results - Depth Interviews** section.

### *3.4.2 Data Analysis*

Data analysis was conducted using PC SAS, Version 6.0<sup>8</sup>, a statistical software package. The analysis includes descriptive statistics including univariate analyses reporting measures of distribution and dispersion. Bivariate analyses examine subgroup comparisons and measures of association. Correlations between exposure, recall, comprehension, and affect with awareness, attitudes, and behaviors provide information suggestive of campaign impact and effectiveness.

All statistics are rounded to the nearest tenth, (i.e. one decimal point.) Most findings are presented as percentages of the total sample to facilitate interpretation. Descriptive statistics and other study findings are presented in the following **Results - Intercept Interviews** section.

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<sup>8</sup>SAS Procedures Guide for Personal Computers, Version 6.0, Third Edition. (1990).

## Results - Intercept Interviews

### 4.1 Demographic Profile of the Sample

The sample of intercept interviews includes a diverse collection of individuals reflecting different segments of the gay and bisexual community residing in Boston and the surrounding environs.

As presented in Table 4.1, the majority of respondents identified their sexual orientation as gay. Fourteen percent identified themselves as bisexual and nearly four percent selected the "men who have sex with men" (MSM) category. Individuals selecting the "other" category typically identified themselves as transgender, homosexual, or asexual. Few respondents chose to identify themselves as "queer."

Table 4.1: Sexual Orientation

Gay	Bisexual	Queer	MSM	Other	No Answer
77.4%	14%	0.6%	3.7%	3.7%	0.6%

The majority of respondents were residents of the Boston metropolitan area. The "out of state" category included individuals residing in Rhode Island, New York, New Hampshire, Virginia, and California.

Table 4.2: Residence

Greater Boston	63.4%
Springfield/Worcester	8.5%
Outside Boston (within MA)	22.0%
Out of State	6.1%

Table 4.3 presents a breakdown of the age distribution in the sample. The average age of the respondent was 32.8 years old (std. dev.<sup>9</sup> = 8.57 ); the median, 32 years old, and the mode,<sup>10</sup> 33 years old. As shown in Table 4.3, more than two-thirds of the sample were between the ages of 20 and 39.

Table 4.3: Age Distribution

Under 19 years	5.5%
20 - 29 years	29.3%
30 - 39 years	42.1%
40 - 49 years	20.7%
50, and older	2.4%

Table 4.4 provides a summary of educational attainment in the sample. Of note, more than 70% of the sample had some college education.

Table 4.4: Educational Background

No High School	1.2%
Some High School	6.1%
High School Degree	19.5%
Some College	27.4%
College Degree	27.4%
Some Postgraduate	5.5%
Postgraduate Degree	12.8%

<sup>9</sup>standard deviation.

<sup>10</sup>The mode refers to the most frequently reported response.

The racial/ethnic distribution of the sample approximates the racial/ethnic diversity of greater Boston although somewhat fewer African Americans were included in the sample relative to the local general population.<sup>11</sup> The "other" category includes individuals self-identified as American Indian, Portuguese, Cape Verdean, and Chinese/Indian.

Table 4.5: Race/Ethnicity\*

Caucasian	69.5%
African American	11.6%
Latino	9.8%
Asian	3.7%
Other	5.5%

\*The column total exceeds 100% due to rounding error.

## 4.2 Risk Behaviors

### 4.2.1 Alcohol Consumption

The average number of alcoholic beverages consumed on a typical week night out, where a drink is defined as one beer, one glass of wine, one shot, or one mixed drink, was 2.5 (std. dev.: 2.8). On a typical weekend night out, the average number of alcoholic beverages consumed was 4.0 (std. dev.: 4.9).<sup>12</sup>

The range of alcohol consumption on week nights was 0 to 20 drinks and on weekend nights, 0 to 40 drinks. It is possible that "40" drinks on a typical weekend night out represents an outlier value. Removing this value resulted in the following average number of drinks on a typical weekend night out: 3.57 (std. dev: 2.83).

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<sup>11</sup>Since the racial/ethnic diversity of the gay and bisexual community is not clearly enumerated, these figures were compared to 1990 U.S. Bureau of the Census statistics of the local population.

<sup>12</sup>It should be noted that self-reported measures of alcohol consumption have an implicit margin of error. It is not clear, however, whether these figures underreport or overreport actual consumption.

For purposes of analysis, the sample was classified into light and heavy drinkers, where light drinkers are defined as those consuming less than four drinks and heavy drinkers are defined as those consuming four or more drinks. On week nights out, 26 percent of the sample were heavy drinkers while on weekend nights out, 47 percent were heavy drinkers.

#### *4.2.2 Drug Use*

Overall, 19 percent of the respondents in the sample reported that they use drugs on a typical week night out. The drug of choice was marijuana for 16.5 percent, cocaine for 5.5 percent, and poppers for 4.8 percent. Few individuals reported using speed, ecstasy, special k, or other drugs.

On a typical weekend night out, 22 percent of the sample reported using one or more drugs. Among this subset, 17.7 percent reported using marijuana, 7.3 percent, cocaine, and 4.2 percent, poppers. Again, very few individuals reported using speed, ecstasy, special k, or other drugs.

#### *4.2.3 Sexually Transmitted Diseases*

Seventy-three percent of the sample reported no history of sexually transmitted diseases. The remaining 27 percent reported having had one or more sexually transmitted disease including syphilis, gonorrhea, or "other std" such as herpes. Given the social stigma of sexually transmitted diseases, it is possible that this figure underreports actual prevalence of sexually transmitted diseases in this population.

#### *4.2.4 Alcohol/Drug Use and Sexual Behavior*

Respondents were asked to estimate how often they have had sex during the past year while under the influence of alcohol and/or drugs. Research has shown that drugs, including alcohol, negatively affect judgment with regard to sexual behavior potentially increasing the risk of engaging in unprotected sex and consequently, HIV infection.

As shown in Table 4.6, a majority of the sample indicated that during the past year, they had "very rarely" or "never" had sex while under the influence of alcohol or drugs. Less than one third of the sample indicated having sex while under the influence of alcohol or drugs half, or more than half, of the time.



Table 4.6:

During the past year, how often have you had sex while under the influence of alcohol and/or drugs?

Always	Very Often	Half the Time	Very Rarely	Never
3.9%	5.8%	18.7%	41.9%	29.7%

\*Frequency missing = 9

Respondents 18 years of age or under were not asked any question regarding sexual activity. Thus, as noted in Table 4.6, nine surveys had missing values for this question.

#### 4.2.5 Condom Use

As presented in Table 4.7, approximately 60 percent of the sample reported that they use condoms and insist their partners use condoms. Between nine and 12 percent of the sample reported never using condoms or never insisting that their partner use a condom. The "not applicable" category was typically selected by individuals who do not engage in sexual activity requiring condom use.

Table 4.7: Condom Use

Frequency	Personal Condom Use <sup>a</sup>	Partner Condom Use <sup>b</sup>
Always	58.7%	59.6%
Usually	6.5%	6.4%
Sometimes	11.6%	6.4%
Never	9.0%	11.5%
Not Applicable	14.2%	16.0%

<sup>a</sup>Frequency missing = 9 <sup>b</sup>Frequency missing = 8

#### 4.2.6 Condom Failure

Nearly one fifth of the sample reported that they had experienced condom breakage during the past year. Similarly, 16.5 percent of the sample reported that they had experienced condom

slippage during the past year. Table 4.8 provides a breakdown of the condom breakage and slippage findings.

Table 4.8:  
Condom Breakage/Slippage

Frequency	Breakage <sup>a</sup>	Slippage <sup>b</sup>
No	73.7%	75.6%
Yes	19.2%	17.3%
Not applicable	7.1%	7.1%

<sup>a</sup>Frequency missing = 8; <sup>b</sup>Frequency missing = 8

#### 4.2.7 Unsafe Sexual Behavior

Respondents were asked whether they had unprotected anal sex as a receptive partner during the past year. Again, this question was not asked to individuals 18 years of age or under. As per Table 4.9, 16.9 percent of the sample reported having unprotected anal sex as a receptive partner during the past year.

Table 4.9:  
During the past year, have you had  
unprotected anal sex as a receptive partner?\*

No	83.1%
Yes	16.9%

\*Frequency missing = 10

As a follow-up to this question, respondents answering "yes" to this question were asked if their partner was a "steady" partner. Fifty-six percent of this subgroup (n=25) indicated that their partner was not a steady partner. Likewise, when asked if they knew the HIV serostatus of their partner, 40 percent indicated they had the same HIV serostatus; 44 percent did not know; and 16 percent indicated their partner's HIV serostatus was different from their own.

Lastly, this subgroup was asked how frequently they engaged in unprotected anal intercourse during the past year. These results are summarized in Table 4.10.

Table 4.10:

During the past year, how often have you had unprotected anal intercourse?\*

Always	Very Often	Half the Time	Rarely	1 Time Only
12%	12%	4.0%	52%	20%

\*n = 21

While these findings suggest that for many, engaging in unprotected anal intercourse was an infrequent occurrence, 24 percent indicated that they "always" or "very often" engaged in unprotected anal intercourse.

#### 4.2.8 Subgroup Differences

Comparisons of the demographics and habits of this subset (i.e. those having an unsafe sexual history during the past year) with the rest of the sample revealed little difference in terms of age, race/ethnicity, sexual orientation, and educational attainment. Drug use habits were comparable to the total sample although this subgroup reported slightly higher alcohol consumption (week night: 3.6 versus 2.3 drinks; weekend: 5.2 versus 3.6 drinks). History of sexually transmitted disease, as compared to the total sample, was also slightly higher (84% versus 73%).

Condom use among this subgroup was significantly lower compared to the total sample. Six times as many reported "never" using condoms compared to the total sample (24% versus 4%).

Although a contradiction, some members of this subgroup indicated that they "always" use condoms (12%). This discrepancy is a curiosity and may be attributable to a misunderstanding of the term "unprotected anal intercourse."

An alternative explanation may be due to the "social desirability" underlying questions on condom use. Individuals may feel pressure to respond that they "always" use condoms in order to avoid embarrassment or to please the interviewer. It is unclear, however, how to explain this apparent

contradiction.

When referring to a partner's condom use, comparable responses were noted. Thirty-one versus five percent of the total sample "never" insist their partner use a condom whereas one quarter of the subgroup versus 64 percent of the total sample "always" insist their partner use a condom.

Another notable difference between this subgroup and the total sample concerns personal risk perception of HIV. While a higher percentage of this subgroup identified themselves as "greatly at risk" of contracting HIV, interestingly, a higher percentage also felt they were "not at risk at all" (36% versus 27% in the total sample).

#### 4.3 HIV-Related Issues

##### 4.3.1 HIV Antibody Testing

Eighty percent of the sample reported that they had undergone HIV antibody testing. Among the 17 percent who had not been tested, 58 percent indicated that they planned to get tested in the future.

Table 4.11: HIV Antibody Testing

Tested	80%
Not tested	15.8%
No answer	4.2%

The most common reason respondents cited for not having been tested was no perceived need (38.5%). Typically, these individuals indicated that they practiced safe sex or were in long term or monogamous relationships and did not feel the need to be tested. Approximately 20 percent stated that there was no particular reason but rather, they simply had not gotten around to it. Fear, lack of a cure and/or effective treatment for AIDS were also reasons cited by respondents for not having been tested.

4.3.2 HIV Serostatus

Of those who had been tested for HIV, 90 percent tested negative, 8.5 percent tested positive, and 1.5 percent did not know their HIV serostatus. There was a slight trend between HIV status and age, i.e. a higher percentage of individuals in older age groups were HIV positive.

Table 4.12: HIV Serostatus

Positive	8.5%
Negative	90%
Don't know	1.5%

Among those who tested HIV negative, 94 percent indicated that they intended to get tested again in the future. The remaining six percent cited no perceived need and personal reasons for not planning to get tested again in the future.

4.3.3 Perceived Risk

All HIV negative respondents were asked to rate their perceived level of risk of contracting HIV in the future based on their present lifestyle. Very few respondents believed that they were "greatly at risk" of getting HIV in the future. As noted in Table 4.13, nearly half of the respondents fell into the "not very much at risk" category. Asians and Latinos were more likely to categorize themselves in low risk categories than African American and Caucasian respondents.

Table 4.13: With your present lifestyle, how at risk do you believe you are of getting HIV in the future?\*

Greatly at Risk	4.1%
Quite a lot at Risk	20.7%
Not very much at Risk	48.3%
Not at Risk at All	26.9%

\*n=123 -- all HIV negative respondents

#### 4.4 Campaign Reach

In ascertaining a campaign’s success, it is critical to determine whether the target audience was exposed to the campaign. Without sufficient exposure, a campaign will not have the opportunity to achieve its intended communication objectives. In greater Boston and western Massachusetts, the campaign had impressive reach. Among the sample, 91.5 percent indicated that they could recall seeing messages posted in bathrooms.

Table 4:14

Campaign Reach

Yes	91.5%
No	8.5%

#### 4.5 Campaign Recall

##### 4.5.1 Recall - (Unprompted)

Unprompted recall refers to the percentage of the sample able to freely recall and describe a minimum of one poster from the campaign. The proportion of a sample able to describe a poster, in some respects, is a proxy measure of the campaign’s overall impact. Given the tremendous amount of information directed at the public, remembering and recounting a message is a notable achievement of a campaign.

Accordingly, respondents were asked to describe any poster(s) they could recall seeing in a black frame in bathrooms or enclosed areas. Of those who indicated that they had seen messages posted in bathrooms (91.5%), eight out of ten were able to successfully recall and describe at least one poster from the campaign without assistance.

Overall, unprompted recall rate of the campaign was 70.7 percent. On average, respondents could recall 1.6 posters (std. dev.:1.5). Approximately 11 percent of the sample could describe four or more posters from the campaign. Table 4.15 presents a breakdown of the number of posters successfully recalled.

Table 4.15:  
Number of Posters Recalled - Unprompted\*

0 Posters	1 Poster	2 Posters	3 Posters	4 Posters	5 or more Posters
29.3%	22.6%	25.6%	11.0%	7.3%	4.2%

\*n = 116

#### 4.5.2 Recognition - (Prompted)

After requesting respondents to freely recall posters from the campaign, the interviewer displayed each poster to the respondent and inquired whether they recognized it (i.e. had seen it before). Using this technique of assisted (prompted) recall, 91.5 percent of the sample recognized at least one poster from the campaign. On average, respondents recognized three posters (std. dev.: 2.0) with a range of 0 to 9 posters.

#### 4.5.3 Recall, Recognition, and Distribution

Table 4.16 provides a summary of how often individual posters in the campaign were recalled and recognized by this sample. The first column refers to posters recalled without assistance. Percentages in this column were calculated using a denominator of 116, i.e. those who recalled at least one poster. As noted in the table, **M7 (Stay Negative)** and **M5 (Beach)** were remembered and recalled without assistance by the highest proportion of respondents in the sample.

The second column refers to posters recognized with visual prompting. Here, percentages were calculated using a denominator of 150, i.e. those able to recognize at least one poster. Thus, the most recognized posters of the campaign were **M6 (It's No Accident)** and **M5 (Beach)**. **M8 (Bottoms Up)** also had notable recall and recognition rates.

The third column of Table 4.16 indicates how often each poster was displayed at venue sites relative to the other posters in the campaign series. In other words, if poster distribution had been uniform, all cells would equal 10.0%. This column is included in this table to illustrate the relations between distribution, recall, and recognition. Thus, it is interesting to note that while **M8** and **M9** were the most widely distributed posters, **M6** and **M7** were the most memorable.

Table 4.16:  
Recall, Recognition, and Distribution

Poster # (Description)	Percent Recalling Poster - Unprompted (n=116)	Percent Recalling Poster - Prompted (n=150)	Display Point Breakdown (@ venues)
M1 (Lips)	7.7%	28.7%	7.4%
M2 (Oral Sex)	15.5%	32.0%	6.6%
M3 (Up All Night)	14.7%	30.7%	9.8%
M4 (Cum Shot)	21.6%	36.0%	8.6%
M5 (Beach)	29.3%	40.6%	7.4%
M6 (It's No Accident)	23.3%	48.0%	6.6%
M7(Stay Negative)	50.0%	33.3%	13.5%
M8 (Bottoms Up)	23.3%	36.6%	19.2%
M9 (Hand)	17.2%	28.6%	13.1%
M10 (Spanish)	25.0%	31.3%	7.8%



4.5.4 Recall and Recognition, Combined

On average, the total number of posters respondents identified, unassisted and visually prompted combined, was four posters (std. dev.: 2.6). The breakdown of the total number of posters positively identified is presented in Table 4.17.

Table 4.17:  
Total Number of Posters Identified

0 Posters	1 Poster	2 Posters	3 Posters	4 Posters	5 - 9 Posters
4.3%	7.3%	9.8%	14.0%	16.5%	48.1%

Total number of posters identified was negatively correlated with age. That is, older respondents could remember and recognize fewer posters.

The proportion of the total sample identifying each poster in the campaign through either recall or recognition is presented in Table 4.18. The second column of this table lists the percentage of individuals in the sample who positively identified each poster in either unprompted recall or unprompted recognition. Thus, the denominator for these figures was the total sample (n=164).

The posters more frequently identified were M7 (Stay Negative), M6 (It's No Accident), M5 (Beach), and M8 (Bottoms Up). The posters identified least often were M1 (Lips), M9 (Hand), and M3 (Up All Night).

Table 4.18:  
Recall and Recognition, Combined

Poster #/(Description)	Recall
M1(Lips)	31.7%
M2 (Oral Sex)	40.2%
M3 (Up All Night)	38.4%
M4 (Cum Shot)	48.2%
M5 (Beach)	57.9%
M6 (It's No Accident)	60.3%
M7(Stay Negative)	65.8%
M8 (Bottoms Up)	50.0%
M9 (Hand)	38.4%
M10 (Spanish)	46.3%

An analysis of who recognized the posters along racial/ethnic lines revealed interesting findings. **M4 (Cum Shot)** and **M8 (Bottoms Up)** were recognized by a higher proportion of Asians than other racial/ethnic subgroups; **M3 (Up all Night)** and **M5 (Beach)** were recognized by a higher proportion of Latinos than other racial/ethnic subgroups; and **M9 (Hand)** was recognized by a higher proportion of Caucasians than other racial/ethnic subgroups.

These differences may be attributable to distribution or to a selective perception process. It is theorized that individuals are more likely to process visual information when it is perceived to be specifically addressed to them.

4.5.5 Frequency of Exposure

Frequency of exposure, the number of times respondents reported seeing the campaign, was notable. As shown in Table 4.19, over half of the respondents saw the posters once or more each week. Frequency of exposure, however, is clearly associated with how often a person goes out to a bar, dance club, sex club, social service organization, etc.

Table 4.19:  
How often do you see these posters?\*

More than once a week	43.9%
About once a week	23.9%
Once every two weeks	8.4%
Once a month	8.4%
Once every 2 to 3 months	7.7%
Other	7.7%

\*Frequency missing = 9

Using a six point scale,<sup>13</sup> Asian and Latino respondents reported seeing the posters more frequently than African American or Caucasian respondents. In addition, an inverse relation between exposure frequency and age was noted.

Heavy week night drinkers were more likely to see the posters more than once a week as compared to light drinkers.<sup>14</sup> This relation may be attributable to the idea that individuals drinking more on week nights go out to bars and night clubs more frequently than light drinkers and, consequently, see the posters more often.

<sup>13</sup> A six point scale was devised based on the categories in Table 4.19 where 6 = "more than once a week" and 2 = "4 times/year." Thus, the mean for each racial/ethnic group was calculated as follows: Asian, 4.8, Latino, 4.75, Caucasian, 4.6, and African American, 4.4.

<sup>14</sup> Among heavy drinkers, 61% saw the posters more than once a week compared to 38% of the light drinkers. Using a two sample test of binomial proportions, this finding was statistically significant where  $p < 0.001$ .

Frequency of exposure to the campaign was positively correlated with the total number of posters recalled ( $r = .54$ ,  $p = 0.0001$ ). As one might expect, the more often the campaign was seen, on average, the more posters an individual was able to recognize from the campaign.

#### *4.5.6 Who Did Not See the Posters*

Equally important as assessing who noticed the campaign is to ascertain who did not notice the campaign. Relative to the total sample, few individuals did not recall seeing posters in the bathroom *and* did not recognize any of the messages when they were displayed before them.

In general, these individuals tended to be Caucasian, slightly older than the total sample and slightly less educated. Alcohol consumption habits were similar although drug use was slightly higher. Most individuals were Boston residents although one was from out of state and two resided outside the Boston metropolitan area.

Unfortunately, this subgroup is too small to draw reliable conclusions from the data regarding why this group did not notice the campaign. There does not appear to be striking differences between this subgroup and the total sample. There are many unmeasured factors which may explain why this group did not see the campaign.

One theory is that the individual perception process plays an influential role in determining what visual information receives attention. Images, symbols, and text, for example, used in messages may captivate certain segments of the population while leaving others unaffected.

#### 4.6 Comprehension

Assuming exposure has been achieved, comprehension is the next step of the communication process. Clearly, understanding the messages is an implicit objective of the campaign. Thus, measuring how well the target audience understands the messages is important.

Accurately assessing comprehension, however, was complicated by the open-ended format used in the survey. While this approach captures the true essence of what respondents perceive the message to be, verbatim responses are difficult to categorize. Coding responses into a reasonable number of meaningful categories was also challenging.

This problem was compounded by the fact that respondents often did not answer the question directly. When asked what the message of a poster was, respondents often described the poster contents (e.g. "cute model"), offered an opinion (e.g. "I think it's good") or simply alluded to the message (e.g. "The message is very clear").

##### 4.6.1 Comprehension by Poster

To ease interpretation, responses were categorized into four groups. This information was then categorized into four columns, as presented in Table 4.20.

The first column includes a tally of responses pertaining to the headline, tag line, or main copy of the poster. The second column includes a tally of responses pertaining to generic HIV prevention messages such as use condoms or practice safer sex. The third column includes responses pertaining to secondary prevention messages. In other words, some individuals received a prevention message which was not the main copy of the poster nor was it a generic prevention message as noted in the second column of the table. The fourth column is a catchall column which includes "don't know," "cannot remember," "don't understand Spanish," and other miscellaneous comments.

Table 4.20:  
Message Comprehension\*

Poster # (Description) [sample size]	Main Copy <sup>15</sup>	Generic Prevention <sup>16</sup>	Secondary Message <sup>17</sup>	Other <sup>18</sup>
M1(Lips) [n=42]	69.0%	2.4%	4.8%	23.8%
M2 (Oral Sex) [n=45]	63.8%	2.1%	6.4%	27.7%
M3 (Up All Night) [n=45]	64.4%	See column 1	N/A	35.6%
M4 (Cum Shot) [n=55]	9.1%	21.8%	18.2%	50.9%
M5 (Beach) [n=60]	38.3%	15.0%	N/A	46.7%
M6 (It's No Accident) [n=71]	42.3%	15.5%	N/A	42.2%
M7(Stay Negative) [n=49]	38.8%	8.2%	4.1%	48.9%
M8 (Bottoms Up) [n=56]	67.9%	12.5%	3.6%	16.0%
M9 (Hand) [n=42]	28.6%	2.4%	45.2%	23.8%
M10 (Spanish) [n=50]	60.0%	See column 1	N/A	40.0%

\*Row totals which do not sum to 100% are due to rounding error.

**M1 (Lips)** and **M2 (Oral Sex)** had high comprehension levels with more than 60 percent of those recognizing these posters understanding the *Oral Sex is Safer Sex* message. **M8 (Bottoms Up)** was also understood by a large portion of the sample to mean that you should plan ahead when mixing alcohol and sex. Conversely, **M4 (Cum Shot)** and **M5 (Beach)**, relative to the other messages in the campaign, did not achieve high comprehension levels. The main message of **M9 (Hand)** was more frequently interpreted to mean "masturbate." Thus, this message appears to have overridden the theme of the link between alcohol use and unsafe sexual behavior.

<sup>15</sup>M1 and M2: Oral sex is safer sex; M3: Use condoms, protect yourself; M4 and M5: Enjoy sex, trust yourself; M6: It's no accident I'm HIV negative; M7: Stay Negative; M8 and M9: Plan ahead when mixing alcohol & sex; M10: Use condoms; practice safer sex.

<sup>16</sup>Generic HIV Prevention message: 1) Use condoms or 2) Practice safer sex.

<sup>17</sup>M1 and M2: Use condoms during oral sex; M4: Don't swallow; M7: Regret; M8: Don't drink; M9: Masturbate.

<sup>18</sup>Aside from respondents' miscellaneous comments, this category includes the following: Don't know; Cannot remember; and Don't understand Spanish.

## **4.7 Affective Response**

### *4.7.1 Preference*

Respondents were asked to rank each poster in order of preference from most to least preferred. Only posters positively identified by the interviewee (in the unprompted and prompted sections) were ranked.

The poster nominated most often for first place was **M7 (Stay Negative)** followed by **M6 (It's No Accident)** and **M8 (Bottoms Up)**. Interestingly, the ranking of posters based on a cumulative tally of the first three votes resulted in the same order. Personal preference ratings did not manifest notable differences along age or racial/ethnic lines.

### *4.7.2 Relevance*

Each respondent was asked to assign each poster a ranking in terms of personal relevance. This measure attempted to capture how well messages resonate with the gay and bisexual community in Boston and western Massachusetts. In other words, were the messages perceived as important and applicable to personal concerns and issues?

As presented in Table 4.21, **M2 (Oral Sex)** was rated very or somewhat relevant by the highest percentage of respondents who reported seeing this poster. Of all individuals who reported seeing this poster, only four individuals considered the message irrelevant or neutral. The second highest relevance rating was accorded to **M1 (Lips)**, also concerning the oral sex safety issue.

**M7 (Stay Negative)** and **M6 (It's No Accident)**, both conveying a strong stay negative theme, received high ratings in terms of relevance. Similarly, the alcohol and sex theme also received high relevancy ratings. Interestingly, more heavy weekend drinkers rated **M8 (Bottoms Up)** and **M9 (Hand)** relevant than light weekend drinkers.

Overall, these ratings indicate that the campaign's orientation towards issues pertaining to oral sex, staying negative, and alcohol and sex, are considered personally relevant to this sample and likely, relevant to the gay and bisexual population in Boston and western Massachusetts as well.

Table 4.21: Personal Relevance\*

Poster # (Description) [n=# of respondents]	Very/Somewhat Relevant	Neutral	Very/Some- what Irrelevant
M1 (Lips) [n=51]	74.5%	13.7%	11.8%
M2 (Oral Sex) [n=59]	84.7%	8.5%	6.8%
M3 (Up All Night) [n=59]	55.9%	23.7%	20.3%
M4 (Cum Shot) [n=77]	71.4%	11.7%	16.9%
M5 (Beach) [n=89]	53.9%	23.6%	22.5%
M6 (It's No Accident)[n=93]	73.1%	10.8%	16.1%
M7 (Stay Negative) [n=105]	74.3%	12.4%	13.3%
M8 (Bottoms Up) [n=79]	68.4%	10.1%	21.5%
M9 (Hand) [n=58]	70.7%	13.8%	15.5%
M10 (Spanish) [n=91]	58.9%	23.3%	17.8%

\*Rows which do not sum to 100% are due to rounding error.

Relative to the other posters in the campaign, **M5 (Beach)**, **M3 (Up All Night)**, and **M10 (Spanish)** received lower relevancy ratings. Although each of these posters received positive relevancy ratings by more than half of the sample, relative to the other messages in the campaign, their relevancy rating was lower.

Attempts to ascertain the extent to which images, text, or the overall message of these posters contributed to the lower relevancy ratings is difficult. In the case of M10, however, the low relevancy ratings are likely due to the language barrier since many respondents indicated they do not speak or understand Spanish.

Cross-tabulation analysis by race and age revealed the following trends:

- **M1 and M2 (Oral Sex)** received positive ratings by Caucasians more often than



other racial/ethnic subgroups.

- **M3 (Up All Night)** was often considered irrelevant by young respondents (under 19 years) and was rated relevant more often by respondents in their 40s.

- **M4 (Cum Shot)** and **M6 (It's No Accident)** received positive ratings by African Americans more often than other racial/ethnic subgroups.

- **M7 (Stay Negative)** received the most positive ratings by respondents in their 30s.

#### *4.7.3 Offensiveness*

Although the majority of the sample did not find any of the posters in the campaign offensive, eight of the ten posters were considered offensive by a small percentage of respondents in this sample.

**M5 (Beach)** and **M4 (Cum Shot)** were considered offensive by the highest percentage of respondents, amounting to ten percent of the entire sample. Next, **M3 (Up All Night)** and **M6 (It's No Accident)** were rated offensive by approximately 4 percent of the sample.

Only a handful of individuals reported **M2 (Oral Sex)**, **M8 (Bottoms Up)**, and **M10 (Spanish)** offensive. **M7 (Stay Negative)** and **M1 (Lips)** were not rated offensive by anyone in the sample.

#### 4.8 Attitude Change

Respondents were asked to indicate whether the information in the campaign had positively affected their attitudes towards using protection and sexual activity. This question was recorded using a Likert scale, (i.e. a five point scale from Strongly Agree, Agree, Neutral, Disagree, to Strongly Disagree). Positive and negative responses were combined to facilitate analysis and interpretation.

As shown in Table 4.22, 80.5 percent of the sample indicated the campaign had positively affected their attitudes. Interestingly, a much lower proportion of the sample (58.9%) believed that the campaign had positively influenced other people's attitudes.

Table 4.22:  
The information in the campaign has positively affected  
"....." towards using protection and sexual activity.

	YOUR attitudes (n=149)	OTHER people's attitudes (n=151)
Strongly Agree/Agree	80.5%	58.9%
Neutral	14.1%	35.8%
Strongly Disagree/Disagree	5.4%	5.3%

#### 4.9 Awareness

Awareness of the link between alcohol and drug use with unsafe sexual activity was explored using the same type of scale. As shown in Table 4.23, 71.2 percent of the sample agreed with the statement that their awareness of the link between alcohol and/or drug use and unsafe sexual behaviors had increased. Again, respondents rated other people's awareness change lower than their own. Personal awareness was correlated with perceived awareness of others ( $r = .47$ ,  $p = 0.0001$ ).<sup>19</sup>

<sup>19</sup>Here, the measure of association is defined as  $r$ , the sample correlation coefficient, also referred to as Pearson's product-moment correlation which estimates true correlation.

Table 4.23:  
The information in the campaign increased "....." awareness  
of the link between alcohol/drug use and sexual activity.

	YOUR awareness* (n=153)	OTHER people's awareness (n=151)
Strongly Agree/Agree	71.2%	57.6%
Neutral	15.0%	33.1%
Strongly Disagree/Disagree	13.7%	9.3%

\*Columns which do not sum to 100% are due to rounding error.

#### 4.10 Behavior

As shown in Table 4.24, 70.6 percent of the sample agreed that the campaign had influenced them to practice safer sex behaviors more often. A similar percentage (65.6%) believed the campaign had influenced other people's behaviors.

Table 4.24:  
The information in the campaign influenced "....."  
to practice safer sex behaviors more often.

	YOU (n=153)	OTHER people (n=151)
Strongly Agree/Agree	70.6%	65.6%
Neutral	20.9%	31.1%
Strongly Disagree/Disagree	8.5%	3.3%

Personal behavior change was highly correlated with personal attitude and awareness changes ( $r = .34, p = 0.0001, r = .45, p = 0.0001$ , respectively.) Thus, those who believed that the campaign had influenced their attitudes and awareness, were more likely to report behavior change as well.

#### 4.11 Discussion

Aside from self-reported attitude and behavior change, another measure of campaign impact relates to whether the messages stimulated interpersonal discussion. Accordingly, respondents were asked if they had discussed the campaign or the messages with anyone or if anybody had initiated a conversation with them.

More than half of the respondents who saw the campaign reported that they had discussed it with someone. Caucasians were the most likely group to have discussed the campaign whereas Asians were the least likely to have discussed the campaign. There was an inverse association between talking about the campaign and age. Respondents under 29 years of age were more likely to have discussed the campaign.

The three most frequently discussed posters were **M5 (Beach)**, **M4 (Cum Shot)**, and **M7 (Stay Negative)**. The oral sex messages were next in line. Based on the descriptions in the surveys, there was a variety of conversation topics. Typically, the discussion topic concerned oral sex, safe sex, the images, and the message themes in the campaign.

*I talked about the oral sex posters with my father; about relationships and being aware of what I was doing at that moment [in terms of protection].*

[17 year old Latino gay man from Worcester]

The explicit nature of the images, style, and strategy were also frequent topics of discussion reported by respondents.

*We talked about whether it's right to even go this far [with the campaign]; whether it's a message we should get [oral sex]. If you give a green light to this, we may be giving a green light to more dangerous activity. It may not be prohibitory enough.*

[41 year old Caucasian gay man from Boston]

#### 4.12 Improvements

The last question of the survey provided respondents with the opportunity to offer suggestions on ways to improve individual messages. General comments and suggestions regarding the campaign were solicited and recorded at this time as well.

Interviewers were instructed to probe and encourage respondents to reply. All comments were recorded using the respondents' language in order to maintain the integrity of the original sentiment. This section summarizes the respondents' comments.

Towards the end of a survey, respondents are more likely to suffer from "respondent fatigue,"<sup>20</sup> thus, it is noteworthy that 78.6 percent of the sample provided some sort of verbal feedback. [See **Appendix G** for an unedited compilation of comments/suggestions noted in the surveys.]

##### 4.12.1 Reflections

Overall, the comments encompassed a wide range of reactions and highlight many different facets of the campaign. The most common response was "no improvements" which was expressed by seven percent of the sample who reported seeing the campaign.

The campaign received many verbal accolades for the photographic quality, design, and presentation. The campaign was also often praised for taking a direct and straightforward approach.

*Very straightforward. I wouldn't improve them.*

[31 year old African American gay man from Boston]

Constructive criticism regarding style and presentation generally pertained to making the posters bigger and using more conservative images. The sexually explicit nature of some images and language was criticized by a number of respondents. The erotic overtones, some argued, detract

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<sup>20</sup>Towards the end of a survey, respondents are typically anxious to finish and, consequently, may be less forthcoming with opinions and feedback.

from the message and do not facilitate people reading and/or processing the intended messages.

*Too titillating to be useful.*

[36 year old Caucasian gay man from Boston]

*Make them less sexually turning on. After all, a gay lifestyle isn't about just sex or who's hot or who's not. To me, that's not a way to make a message. Makes the rest of us feel like we're totally inadequate. I get really offended by that.*

[41 year old Caucasian gay man from Boston]

**M3 (Up All Night)**, in particular, received more negative than positive feedback. A number of respondents noted that the image commanded more attention than the message. Similarly, a number of respondents felt that **M4 (Cum Shot)** and **M5 (Beach)** should be removed from the campaign or should utilize less graphic images. In this vein, some respondents recommended using more negative tactics emphasizing statistics and consequences of engaging in unsafe sex.

*Cut the nudity. Show the hospital bed and the suffering.*

[28 year old Caucasian gay man from Boston]

In defense of the explicit nature of the campaign, however, the following respondents noted,

*Often it's the more graphic photos that catch people's eye. The depiction of sex acts stay with me more so than the subdued ones.*

[25 year old Caucasian gay man from Boston]

*Perfect. Could target the CK1 [Calvin Klein] crowd. It sends across a message of being careful even though it's in a friendly, playful way. Heavily circulate it. It's not gloom and doom.*

[26 year old Caucasian gay man from Boston]

The message themes in the campaign also prompted individuals to express their opinions and

concerns. In particular, the *Oral Sex is Safer Sex* message received a great deal of feedback. While some individuals praised the campaign (and AAC) for taking a stance on the lowered risk of oral sex, a number of individuals firmly stated that the text (i.e. message) should be changed to clearly reflect the risk associated with having oral sex.

*The message should read, "Oral sex is a risk too."*

[18 year old Latino gay man from Worcester]

The "stay negative" theme was generally well-received. Positive comments regarding M6 (It's No Accident) and M7 (Stay Negative) outnumbered critical comments two to one. Dissenting feedback on M6 concerned the color tinting, the model's look, and the tone of the text. Minor criticism of M7 concerned the nose ring and the lengthy text.

M10 (Spanish) was generally well-liked and received little negative feedback. M8 (Bottoms Up) and M9 (Hand) generated less controversial feedback and were believed to communicate an important, valuable message.

*This is a message you need to keep even though it doesn't stand out as much.*

[18 year old Caucasian gay man from Worcester]

Placing the messages in bathrooms evoked positive responses. Remarks on the appropriateness of the message delivery system indicate that placement in bathrooms and enclosed spaces provides a timely reminder which is not hindered by competing messages.

*I loved it. I thought it was great. They stood out from other things in the bathroom...well placed...the appeal, aside from the graphics is the headlines.*

[27 year old Caucasian gay man from Boston]

*Hard hitting, the wording, the subtext is on target. I like the campaign. It's good to see them in the bathroom. It's where the reminders are needed most.*

[33 year old Caucasian gay man from Boston]

The clarity of the messages and interest level in them is demonstrated by the following remark.

*I read them from top to bottom every time I see them. I don't think that they could be clearer.*

[33 year old Caucasian gay man from Taunton]

Wider distribution and use of more communication outlets was mentioned by a number of individuals. In general, many respondents commented that there should be more posters, distribution to more venues, and more non-English versions. In addition, one respondent noted that the posters should be changed or rotated at each venue point to maintain a high interest level by the regular clientele.

*They should put them everywhere for people to think better.*

[21 year old Latino gay man from Roxbury]

*Expand posters into other marketing avenues like matchbooks, cab companies, gay bookstores, posh hotel toilets, planned parenthood, public health departments, and AIDS education departments.*

[48 year old Black gay man from Connecticut]

Representation of different types of people in the messages was mentioned by a number of respondents. Comments mainly concerned broadening the campaign to portray greater diversity across ethnicity, age, and appearance lines, e.g. different body types, faces, etc.

Specifically, a number of individuals noted the lack of older male models and the lack of text specifically addressing an older gay male generation.

*This one bothers me [referring to M5]. It's "ageist." It says only if you're a certain category should you worry about HIV infection. [This is] not a good message.*

[40 year old Caucasian bisexual man from Massachusetts]



#### 4.12.2 Concluding Remarks

While the above comments were expressed by a small percentage of the sample, it is noteworthy that they are repeated by more than one individual in a sample of this size. Finally, the following comment suggests that, for some, the message themes did influence personal attitude and behavior change.

*I like them all. They've influenced me to the point that I think safe sex is the way to go anyway. I see other people being really risky but it makes me wonder why they don't pay attention to them or maybe they don't want to pay attention.*

[40 year old, Caucasian, gay man from Boston]

To appreciate the full extent of opinion expressed by respondents, refer to **Appendix G** for the complete, unabridged listing of comments and suggestions.

## **Results - Depth Interviews**

### **5.1 Key Informants**

Ten interviews were conducted with key informants during January, 1996. In selecting the ten informants, individuals representing different ethnicities, professional orientations, and viewpoints were sought. The key informants included Caucasian, African American, and Latino men. Two informants identified themselves as HIV positive gay men and two resided (and worked) in areas outside of greater Boston. Professionally, the informants were employed in AIDS organizations, the government, the medical field, and other private enterprises.

### **5.2 Interview Guide**

The interview guide included the following topics:

- general reactions noted by professional colleagues and clients;
- message themes, images, and copy (text);
- the message delivery system;
- praise and criticism;
- ideas for future themes;
- future of the campaign.

The impressions and ideas expressed during the interviews were analyzed and are distilled in this section. Overall, the scope and depth of the informants' opinions reflect a high level of interest in and attention to the campaign.

Direct quotes from the interviews are used to enhance the credibility of the findings and facilitate an understanding of the views expressed during the interviews. To ensure fair representation of all informants, a minimum of two quotes from each interview is presented. To protect individuals who requested anonymity, all quotes are reported anonymously.

### 5.3. Findings

#### 5.3.1 General Reactions

General impressions of the campaign emanated from personal reflection and dialogue with professional colleagues, friends, and clients. While many informants mentioned surprise regarding the oral sex message, the predominant response to the campaign was positive.

*When it first happened, I was extremely impressed. I think the graphics are wonderful. It's not amateurish. It looks very professional.*

The quality of production and appropriateness of message themes were noted by a number of informants.

*I was really surprised that the campaign was as good as it was...it was one of the first times I saw sex talked about in language that people are using but also at the level of debate that people were having in the community.*

#### 5.3.2 Presentation

Presentation, in terms of design, composition, and photographic style received high marks. Many informants stated that the effort and thought behind the campaign was evident. In particular, the reinforcing relationship between the images and text was praised.

*Altogether, I think there are a lot of really strong ads here. I would say from my point of view that the campaign, overall, is pretty powerful.*

Stylistically, the sexual overtones and explicitness of the messages received mixed reviews. While some informants praised the campaign for using strong sexual imagery, others preferred messages which did not use male models or sex to convey the message.

*I like those which are metaphorical, ...symbolic... I'm no prude but sometimes we think we have to be so explicit. Subtlety can work...I think we should be promoting an internal decision.*

### 5.3.3 Images

Overall, the images were perceived to be strong, unique, and provocative. The appropriateness of providing a variety of the images in the campaign was also noted.

*I like that you have created an assortment of posters so some posters are appropriate for gay bars and others are appropriate for straight clientele.*

The head shots in M6 and M7, the use of eye contact, and the dialogue in the text were generally well liked. M6, in particular, was viewed as a positive role model appropriately validating the HIV negative community. The credibility of M6's sexual behavior (i.e. I've used a condom since 1985), however, was questioned by some informants.

M2 (Oral Sex), M3 (Up All Night), M4 (Cum Shot), and M5 (Beach) received positive and negative reactions with typical emphasis on the graphic images. Concentrating on the negative consequences rather than sexual images was suggested by one informant.

*...a significant proportion of men who are out in gay bars or bathhouses are looking to be with someone which might lead to sex so I wonder if instead of using images with this shock value of beautiful bodies and buffed up boys, if you should show people wasting away with KP, showing the ravages of the disease instead.*

### 5.3.4 Text

Most informants remarked that the copy used in the campaign was direct and easy to read. The double entendres were appreciated by informants although there was dissenting opinion as to whether the general public would notice and/or understand these subtleties.

*...it uses a vernacular which sounds perfecting appealing...They are easy to read and given where they are, I suspect they are read.*

*They're very easy to read even if you're not intending to read them you might pick up something.*

### 5.3.5 Message Themes

Three themes dominated the discussion during the interviews, namely:

- 1) *Oral Sex is Safer Sex,*
- 2) *Protect Yourself. Stay Negative,* and
- 3) *Plan Ahead when Mixing Alcohol/Drugs and Sex.*

The *Oral Sex is Safer Sex* message, clearly, was considered the most controversial. One informant who strongly opposed the message pointed out that the tag line was easily misinterpreted, i.e. the "r" in "safer" could be overlooked. Moreover, he argued that since the risk of oral sex cannot be accurately extrapolated from epidemiological, medical, and/or clinical data, sending this message to the public was misleading and inappropriate.

*The message must be as ambiguous as the data. We need to provide information and have the individual make their own decision. A lot about oral sex is not in the posters.*

Another informant, although supportive of the message, pointed out the complexities involved in communicating this message to the general public.

*Part of the struggle we have is that the messages go across several subpopulations and while this message is perfectly appropriate for the majority of gay men, for gay people on the street, for prostitutes who have poor dental health, untreated stds, oral sex for them is clearly going to be in a different category of risk than for middle class, gay men.*

On a positive note, one informant supportive of disseminating this message to the public noted the positive repercussions of this campaign message.

*...as far as oral sex being so controversial, this is one of the best things that's happened as far as prevention goes because it keeps communication open. Yes, there are a lot of angry people and yes, there is a lot of confusion and*

*frustration...but I think that's good because we question it...it's one of the few things we talk about publicly [i.e. sex].*

The *Protect Yourself, Stay Negative* theme received mixed reactions as well. Many informants, however, strongly supported the focus on the HIV negative community. Communicating a "stay negative" message was considered innovative, appropriate, and necessary.

*For the longest time, we've concentrated on either the sexual acts or the people who are HIV positive. They've never really concentrated on those who are HIV negative. It doesn't mean that HIV negative is good and HIV positive is bad.*

*...there are things to stay uninfected for...AIDS has so decimated the community that it's often considered futile to try to survive. We need to be more life-focused.*

The debate surrounding this theme focused on the idea that this message effectively divided the gay community into positive and negative groups. An alternative perspective expressed by an HIV positive informant provides some insight on how HIV positive individuals may perceive the campaign.

*There's a greater sense of responsibility besides splitting people up into positive and negative. It's a very frustrating thing to have this line being drawn in the community... I understand the message about trying to keep people negative but I think there's another message of everybody trying to stay healthy, whether you're positive or negative. I guess that's what I feel is missing from the campaign.*

The theme stressing the importance of actively working at staying negative was endorsed by one HIV positive informant.

*The "It's No Accident" theme underscores that it's work; it's not just a one time thing. It's all part of a plan...I suspect that's really important and would help a lot of people...that might be a thing [theme] I don't see enough of.*

The *Plan Ahead when Mixing Alcohol/Drugs and Sex* theme was identified as an innovative and important message strategy for HIV prevention. Moreover, the effort of promoting this message in establishments that sell alcohol was applauded.

The tactic of advising individuals to plan ahead when drinking (or using drugs) rather than exhorting people to abstain was noted and approved of by a number of informants. Using a prohibitionist approach or trying to curb people's drinking habits was thought to be an inappropriate strategy.

*...it's good, it's clever, and it's gently sex positive.*

#### 5.3.6 Message Delivery System

The message delivery system strategy of posting messages in enclosed places such as bathrooms, above urinals, and other private spaces was considered creative and clever by the majority of informants.

*...if you can create opportunities to receive information as anonymously as possible, you maximize your impact...in a bathroom, in a stall, that's a really good place to catch people. And, I think it may be easier to place more explicit messages here since owners may be more reluctant to place these types of things out in public.*

Many key informants noted the efficacy of this medium from the standpoint that, in this environment, the target audience is captive for at least a few minutes. Moreover, since the attention span of the viewer is relatively uncontested due to the lack of other visual "competition," the likelihood that messages are viewed and read is enhanced.

Wider distribution, in terms of both more venues, more display points, and more mediums, was also mentioned by a number of informants.

### 5.3.7 Criticism

Each informant was encouraged to provide constructive criticism of the campaign as this was recognized as a potential driving force for improvement and refinement. Typically, criticism tended to revolve around diversity, message themes, and distribution.

A number of informants noted that the lack of older models in the posters and the fact that no messages were specifically directed at older gay and bisexual men. Lack of inclusion of transgender, leather, and S & M subpopulations was also mentioned.

Similarly, informants from outside of Boston commented that most images conveyed an urban look and did not necessarily appeal to men in non-urban environments. Working class images and messages targeting men who have sex with men were thought to be more appropriate for less urban, more conservative environments.

A number of informants also commented on the lack of inclusion of the HIV positive community.

*The one thing I don't love is the "Protect Yourself and End the Epidemic" ...it makes me think that all the people who are already positive or have AIDS are it's like, they're lost, they're gone, let's just take care of ourselves and end the epidemic. [There's] nothing here that really addresses them.*

While the sex positive tone of the message themes was appreciated by many informants, a few individuals suggested using a more negative approach.

*Are we giving young people a mixed message? Young people say, "It doesn't look so bad." Are we leaving the ugly part of the message out and conducting a poster boy campaign of HIV positive people.*

Lastly, in terms of delivery, rotating the posters on a regular basis to maintain people's interest and keep the campaign "fresh" was recommended. Continually seeing the same posters in the same location was believed to reduce the likelihood and effectiveness of message processing.



### 5.3.8 Ideas

Lastly, informants were asked if there were message themes, not addressed by this campaign, which deserve attention. Thus, ideas for future campaign message themes are presented below.

**"Try to tell the truth" campaign:** A few informants alluded to the notion of designing campaign messages concentrating on the importance of communication.

*Learning how to tell the truth about ourselves...our desires... so that we can learn how to trust each other. Clarify the communication process we hope happens when people who come together to have sex.*

As one informant noted, these are the overarching messages gay men need to hear at this time. Although difficult to distill in a poster, this theme was mentioned by a number of informants.

**The Person in Power:** One informant suggested focusing on the person in a relationship who is in the position of power -- i.e. the top since a bottom is less likely to initiate condom use. Addressing the older man involved with a younger partner or johns who have hustlers also represent appropriate targets.

The informant cited a German campaign which targeted johns and used the image of a hustler with the tag line: "You're paying me for sex but I shouldn't have to pay with my life." An underlying theme of the campaign was self-esteem with the notion that if people feel good about themselves, they will be more likely to take care of themselves.

**Latino Family:** In the Latino culture, family structure is a very strong force in the community which could be used effectively in campaign messages. Latino gay men and women often socialize together and form strong bonds. As a form of secondary prevention, this pseudo family structure could be used to exhort the Latino community to take care of their "brothers" and "sisters." Likewise, matriarchal characters are very important in the Latino culture so using Latina women in messages would be highly appropriate. Finally, since alcohol is an issue and concern in Latino culture, a Spanish version of the Bottoms Up message would be appropriate as well.

### 5.3.9 Continuation and Future Direction

The consensus among informants was that the campaign should continue in the community. While the campaign has made inroads in communicating a number of messages to the gay community, the general sentiment was that there is an ongoing need since the community continually changes.

*I definitely think the campaign should continue. The more we can present images that validate men's sexuality and give them a right to be sexual, and also giving them no-holds barred information on risk and how to protect themselves, I think that's a very valuable service.*

In continuing the campaign, a number of informants emphasized the importance of dealing with more sophisticated, emotional issues such as the conflict between desire and safety or self-preservation.

*I want campaigns not to lie, not to be unrealistic...People who say, "Sometimes, I screw up." ... messages need to be more complex, continuing, ...it's an ongoing process, a dialogue.*

Broadening the campaign to appeal to non-urban settings was also mentioned.

*It's a different sell out here. It [the campaign] has to continue. The infection rates continue but there's a whole new first step for us and it comes down to don't fuck without a rubber.*

Lastly, a number of informants emphasized the need to make the campaign more proactive by specifically linking the messages to street outreach, counselling, and workshops.

## Conclusions

### 6.1 Limitations

There are numerous methodological issues which complicate the interpretation of evaluative data pertaining to mass media campaigns. This section briefly describes issues which restrict the evaluation, namely the study design, sampling frame and size, and measurement issues.

#### 6.1.1 Study Design

The evaluation study design presents some limitations in drawing conclusions from the data. Since data was not collected prior to the campaign's introduction, there is no baseline data to use as a reference. Similarly, there are no control groups (i.e. data collected on communities not exposed to a campaign) that could serve as a comparison group. Consequently, attitude and behavior change are more difficult to assess since there are no measures of comparison.

#### 6.1.2 Sample Frame and Size

Since it was not possible to enumerate the target audience for random sampling, many factors may bias study findings. One cannot predict, for example, how the sample would differ if "refusers" - those who declined to complete the survey -- had agreed to participate. Since demographic data were not collected on this group (i.e. those who declined to participate), there is no way of knowing how the sample would be different if they had participated.

In addition, since the intercept interviews were conducted in public, social environments, individuals who infrequently patronize bars, night clubs, etc. are self-selected out of the sample range. Thus, it is possible that the sample favors outgoing, extroverted individuals. Similarly, non-English speakers comprise another group which is not included in this sample. Therefore, the generalizability of the study sample is limited.

In addition, the sample size is somewhat problematic for investigating subpopulations within the sample. Analysis of subgroups with sample sizes less than 10 (e.g. over 50 years old category) are unstable and vulnerable to small shifts which can dramatically alter results and interpretation.

### 6.1.3 Measurement

The fact that the evaluation relies entirely on self-reported information is another matter of concern. However, measures of behavior such as alcohol consumption, drug use, sexual practices, etc. are difficult, if not impossible, to gather and report in any other way.

In addition, underreporting of personal risk behaviors is a common issue encountered in AIDS research and has been documented at length in the literature.<sup>21</sup> It is also possible that the interview environment may have biased survey responses. Anecdotal evidence supplied by interviewers, for example, noted that lighting, timing, and atmosphere had a noticeable impact on survey respondents' attention and comfort levels.

As an example, interviews conducted in the late evening tended to suffer from respondents' shorter attention spans and disinterest. Since social activity tends to increase in the bars after midnight, respondents were less willing to spend 15 minutes completing a survey with a stranger. Alcohol and drugs also clearly affected respondents' concentration and interest levels.

## 6.2 Strengths

An explicit purpose of collecting data "on the street" and with professionals in the field is to cross-validate findings on the impressions and perceptions of various aspects of the campaign. In addition, the reliability and validity of the data is enhanced by the fact that both qualitative and quantitative components were incorporated in the evaluation strategy.

The fact that intercept interviews were conducted primarily in bars and "locus of risk" sites, the sample may be more representative of higher risk individuals as opposed to a population-based random sample. Thus, since the campaign was intended to target high risk individuals in the gay and bisexual community, this study sample may be appropriate. Moreover, while the intercept interviews used a purposive sampling strategy rather than random sampling, the resulting sample included a diverse cross-section of men from the gay and bisexual community.

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<sup>21</sup>See Bowser and Sieber (1993).

### **6.3 Concluding Remarks**

The data suggests that the campaign successfully reached a large proportion of the study sample. The campaign reach reflects, to a large extent, the efficacy of the message delivery system and the campaign's distribution. Thus, it appears that reaching this target audience through a narrowcast media strategy is effective.

The campaign also attained impressive recall and recognition rates. These rates are typically reflective of the strength of messages themes, images, and text. In particular, the unprompted recall rate indicates that the images (and/or copy) were processed by viewers and were memorable given that respondents were able to describe them without assistance.

The sexually explicit images and language received high and low marks. Relevancy of the messages received high ratings across the board. Comprehension levels varied from poster to poster. Some posters proved to be more effective in delivering a clear, direct message than others. The campaign generated a great deal of interpersonal dialogue and discussion.

Finally, a notable percentage of the sample reported changes in awareness, attitudes, and behaviors related to sexual activity. Although these self-reported items serve as proxy measures for actual change, the findings are encouraging and indicate that the campaign had a substantial impact on the study sample.

In conclusion, the comments from the intercept and depth interviews provide many avenues for refining existing messages and developing new ones. Clearly, there is great potential in extending interest and awareness of many HIV prevention issues. The difficulty of sustaining behavioral change prompts the need to continue prevention efforts for gay and bisexual men to avoid relapses of unsafe sexual behaviors. Thus, in the second decade of the HIV/AIDS epidemic, prevention campaigns, clearly, serve an important function.

# CÓJELO CON CUIDADO

Usa siempre un  
condón de látex.  
Solo usa un lubricante  
a base de agua. Usalo  
siempre que tengas  
sexo anal ó vaginal.

**Y CÓJELO SUAVE ...**

**... SI LO HACES:**

No te arrepentirás después. No con-  
traerás enfermedades de transmisión  
sexual como la del VIH, el virus que  
causa el SIDA.

**Usa Condones Cada Vez Que Tengas Sexo.**





# BOTTOMS UP



**PLAN AHEAD WHEN MIXING ALCOHOL & SEX.**

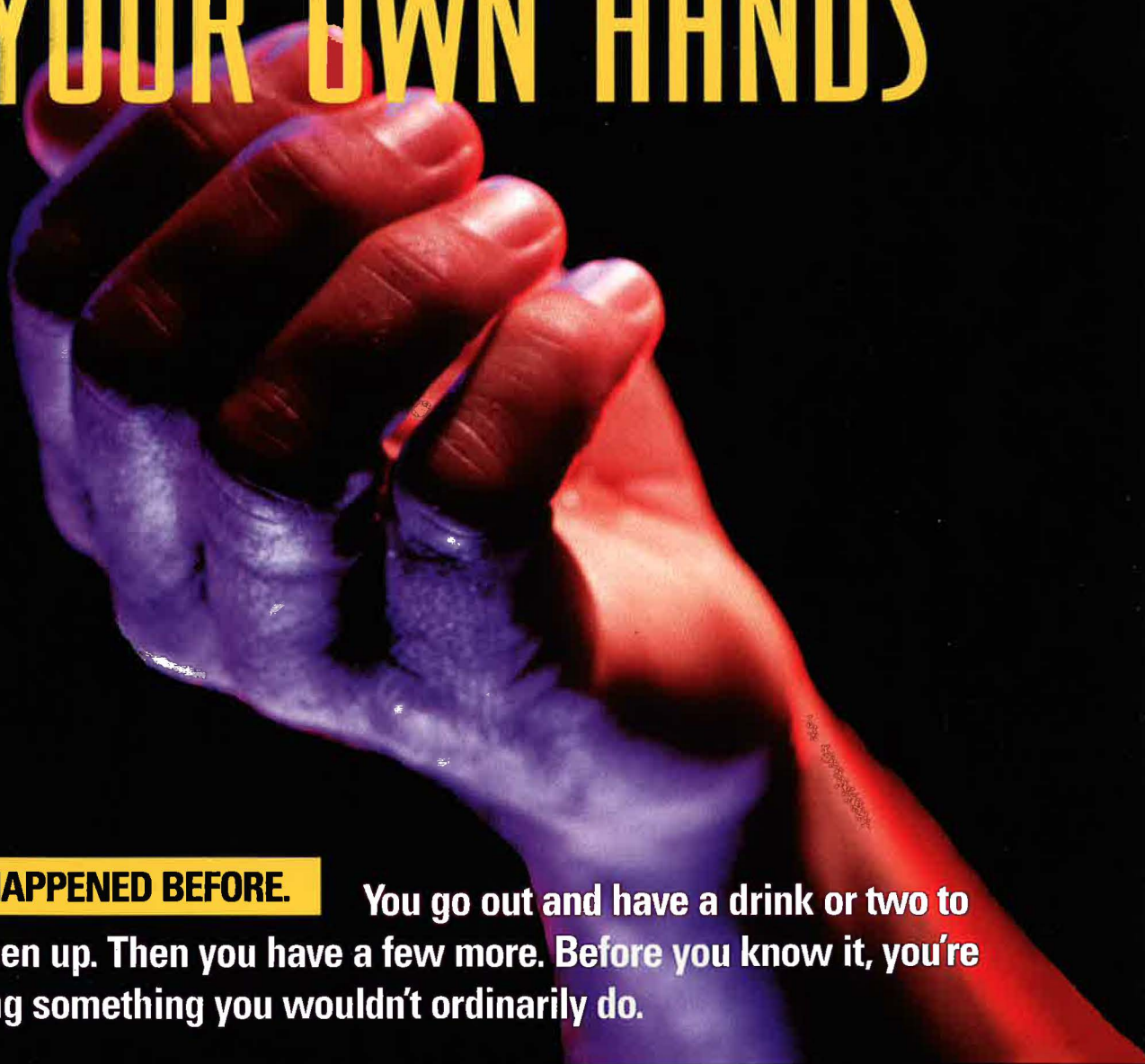
**Have latex condoms and water-based lube  
handy anywhere you may end up having sex.**

**AIDS  
ACTION**

**LINE  
'35.2331**



# TAKE MATTERS INTO YOUR OWN HANDS



## IT'S HAPPENED BEFORE.

You go out and have a drink or two to loosen up. Then you have a few more. Before you know it, you're doing something you wouldn't ordinarily do.

## TONIGHT CAN BE DIFFERENT.

If you're planning to hook up, don't drink as much. If you are drunk and horny, do yourself a favor – get home, slap in a video, and **take matters into your own hands.**

AIDS  
ACTION

LINE

35.2331



# STAY NEGATIVE

I'm HIV positive.  
I keep up my health.  
I have bad days and very  
good ones too.

**HONESTLY, I WISH I WERE NEGATIVE AGAIN.**

There's a million excuses for having unsafe sex. Believe me, I used a lot of them: "I was drunk . . . He hasn't said anything – he must be negative too . . . I didn't want to be alone . . . I was afraid he'd leave if I mentioned condoms . . . We were lovers (after two weeks) . . ."

**You can't think HIV away.**

**IF YOU ARE HIV NEGATIVE – STAY THAT WAY.**

**DON'T LET THIS VIRUS INTO YOUR BODY.**

**AIDS  
HOTLINE**

**1.877.455.2331**





# IT'S NO ACCIDENT

I know guys who gamble with their lives – they don't use condoms. Plenty of them are positive now.

**IT'S NO ACCIDENT THAT I'M HIV NEGATIVE.**

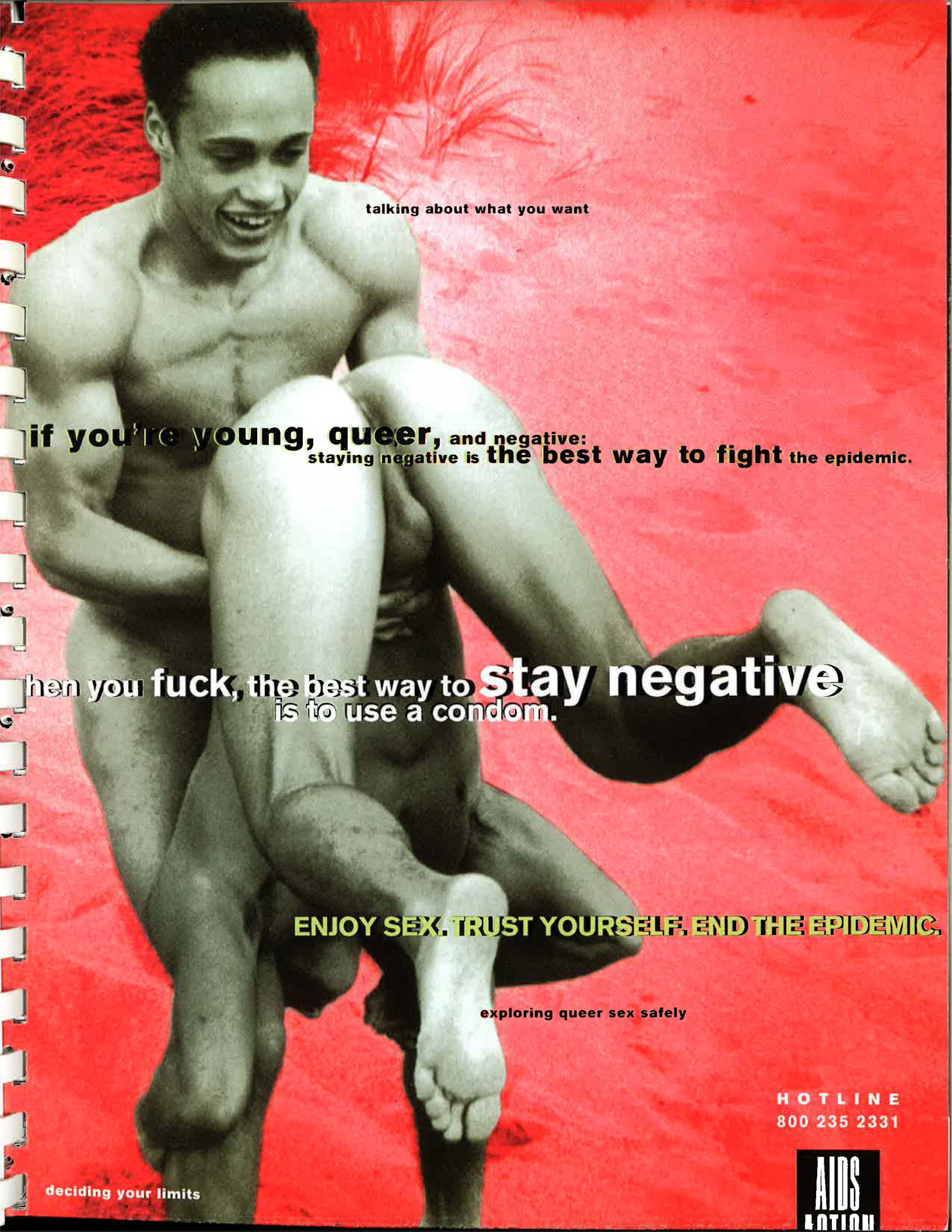
I like sex and I get my share. But I haven't fucked without a condom since '85. My life isn't perfect – but I'm working on it. I got plans. No matter what, I'm not gonna fuck without condoms. Period.

**Use Condoms Every Single Time You Have Anal Sex.**

**AIDS  
ACTION**

**LINE  
35.2331**





talking about what you want

**if you're young, queer, and negative:**  
staying negative is **the best way to fight** the epidemic.

when you **fuck**, the best way to **stay negative**  
is to use a condom.

**ENJOY SEX. TRUST YOURSELF. END THE EPIDEMIC.**

exploring queer sex safely

deciding your limits

HOTLINE  
800 235 2331

**AIDS  
ACTION**





listen to your heart

..... you know what you like, you always have, but sometimes you wonder, is this safe enough? can i talk about it with him? will i always have to worry after it's over? ..... everything around you says "sex equals death," but you know sex can still be a healthy thing, you know what feels good and you know how to make it safer. . (when you fuck, the best way to stay negative is to use a condom)

ENJOY SEX TRUST YOURSELF END THE EPIDEMIC

AIDS

Use a Condom Every Single Time You Have Anal Sex



# UP ALL NIGHT?

So where to next?

GOT CONDOMS ON YOU? GET 'EM. USE 'EM.

AIDS ACTION COMMITTEE OF MASSACHUSETTS - © 1995 EDUCATIONAL MESSAGE SERVICES, SF • DESIGN: GRAPHIC WORKS, SF • PHOTO COURTESY: HIS VIDEO

AIDS  
ACTION

LINE

35.2331

Use Condoms Every Single Time You Have Anal Sex





# ORAL SEX IS SAFER SEX

Oral sex is much less risky than anal sex. Unprotected anal sex is responsible for almost all HIV transmission between gay men. If we all agree to use condoms when we have anal sex, we could end this epidemic.

## HERE'S WHAT YOU CAN DO TO MAKE ORAL SEX EVEN SAFER:

- Don't let anyone cum in your mouth.
- Avoid brushing or flossing before oral sex.
- If you have cuts, sores, or bleeding gums, wait till they heal or use condoms.
- Learn how to avoid other STDs.

AIDS  
ACTION

LINE  
35.2331



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- Learn how to avoid other STDs.

Appendix B:  
Venues

Downtown Boston - Bars

Fritz  
Ramrod  
Eagle  
Playland  
Luxor  
Jacques

Downtown Boston - Dance Clubs

Axis/Avalon  
Club Cafe  
Quest  
Chaps

Downtown Boston - Sex Club

Safari Club

Outlying Communities

Randolph Country Club  
Fran's Place  
Club 9-11

Springfield/Worcester Area

Worcester SWAGLY (gay and lesbian youth organization)  
DNA  
David's  
Just Friends  
Other



**Appendix C:  
Survey Instrument**

**HIV Prevention Campaign Survey**

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

---

Introduction: I am conducting a survey on an HIV (advertising) campaign in the greater Boston area, Springfield, Worcester, and Provincetown locales which is directed at gay and bisexual men. Do you consider yourself one of these people? Do you have a few minutes?

This survey will take about 10-15 minutes and everyone who participates receives \$3.00 in appreciation of their time. The answers to this survey will be used to improve future HIV programs.

**YOUR IDENTITY IS STRICTLY CONFIDENTIAL AND ANONYMOUS. YOU CAN CHOOSE NOT TO ANSWER ANY QUESTION I ASK AND, AFTER WE START, IF YOU DECIDE AT ANY POINT THAT YOU DO NOT WANT TO COMPLETE THE SURVEY, JUST TELL ME AND WE CAN STOP.**

Please select the answer which best fits your response to the following questions.

---

1. How would you describe your sexual orientation?

- Gay       Bisexual       Queer       Not gay, but sometimes mess around with guys

2. Where do you live?

- Boston Area  
 Springfield/Worcester  
 Provincetown  
 Other (see list below) \_\_\_\_\_

(Other participating cities: Chelsea, Lynn, New Bedford, Hyannis, North Dartmouth, Randolph, Cambridge)

3. What is your age? \_\_ \_\_ years (or, What is your year of birth? 19 \_\_ \_\_.)

4. What is your educational background?

- No High School       Some HS       Completed HS       Some College  
 College Degree       Some Post-Graduate       Post-Graduate Degree

5. How would you define your race/ethnicity?

- Caucasian     African-American     Asian     Latino  
 Other \_\_\_\_\_

6. During the course of a typical week night out, how many drinks do you usually have?  
(One drink is equal to 1 beer = 1 glass of wine = one mixed drink = one shot.)

\_\_\_ drinks.

7. During the course of a typical weekend night out, how many drinks do you usually have?  
(One drink is equal to 1 beer = 1 glass of wine = one mixed drink = one shot.)

\_\_\_ drinks.

8. During the course of a typical week night out, do you use any of the following?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> cocaine     | <input type="checkbox"/> marijuana/hashish                        |
| <input type="checkbox"/> special k   | <input type="checkbox"/> poppers (nitrate inhalants, amyl, butyl) |
| <input type="checkbox"/> x (ecstasy) | <input type="checkbox"/> speed/crystal (amphetamines)             |
| <input type="checkbox"/> none        | <input type="checkbox"/> other                                    |

9. During the course of a typical weekend night out, do you use any of the following?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> cocaine     | <input type="checkbox"/> marijuana/hashish                        |
| <input type="checkbox"/> special k   | <input type="checkbox"/> poppers (nitrate inhalants, amyl, butyl) |
| <input type="checkbox"/> x (ecstasy) | <input type="checkbox"/> speed/crystal (amphetamines)             |
| <input type="checkbox"/> none        | <input type="checkbox"/> other                                    |

10. Have you had any of the following STDs (sexually transmitted diseases).....

- syphilis  
 gonorrhea  
 other STDs  
 none

PLEASE ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU CARE TO. REMEMBER,  
YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL AND ANONYMOUS.

11. Have you ever been tested for HIV?

- Yes [Go to #12.]       No [Go to # 11b,c.]

11b. If NO: Is there a *particular reason* (what?) \_\_\_\_\_.

11c. Do you think you might be tested in the future?

- Yes       No

12. If YES: What was the result?

- Negative [Go to #13.]       Positive [Go to #15.]       [Did not Care to Respond]

13a. If Negative: Do you plan to get tested again?

- Yes [Go to #14.]       No [Go to #13b.]

13b. If NO: Is there a *particular reason* (what?) \_\_\_\_\_.

14. With your present lifestyle, how at risk do you believe you are of getting HIV in the future?

- greatly at risk  
 somewhat at risk  
 not very much at risk  
 not at risk at all

15a. During the past year, have you had unprotected anal sex as a receptive partner?

- Yes [Go to #15b.]       No [Go to #17.]

15b. Was your partner a steady partner?

- Yes       No

15c. Was his HIV status the same as yours?

- Yes       No       Don't know

16. During the past year, how often did you engage in unprotected anal sex?

- always
- very often
- 50% of the time
- very rarely
- only that 1 time

17. During the past year, how often did you have sex while under the influence of alcohol and/or drugs?

- always
- very often
- 50% of the time
- very rarely
- never

18. How often do you use condoms during anal intercourse?

- always
- sometimes
- usually
- never
- not applicable

19. How often do you insist that your partner use condoms during anal intercourse?

- always
- sometimes
- usually
- never
- not applicable

20a. Have you experienced condom breakage during anal intercourse in the past year?

- Yes
- No
- Not Applicable

20b. Have you experienced a condom slipping off during anal intercourse in the past year?

- Yes
- No
- Not Applicable

[UNPROMPTED RECALL.]

21. Have you seen any posters in the bathroom(s) of this bar?

- Yes [GO TO #22.]
- No [GO TO #23.]

22. Please tell me which posters you recall seeing and what you believe was the message of each poster.

<u>Ad Code</u>	<u>Main Message [in respondents' own words]</u>
<input type="radio"/> M1 (Lips)	_____
<input type="radio"/> M2 (Oral Sex)	_____
<input type="radio"/> M3 (Up All Night)	_____
<input type="radio"/> M4 (Cum Shot)	_____
<input type="radio"/> M5 (Beach)	_____
<input type="radio"/> M6 (No Accident)	_____
<input type="radio"/> M7 (Stay Negative)	_____
<input type="radio"/> M8 (Bottoms Up)	_____
<input type="radio"/> M9 (Hand)	_____
<input type="radio"/> M10 (Spanish)	_____

**[PROMPTED RECALL.] SHOW SET OF POSTERS TO RESPONDENT AND ALLOW THEM TO IDENTIFY ALL POSTERS WHICH THEY HAVE SEEN.**

23. Please tell me what you think is the main message of each poster.  
[IF RESPONDENT CANNOT IDENTIFY ANY, END INTERVIEW.]

<u>Ad Code</u>	<u>Main Message [in respondents' own words]</u>
<input type="radio"/> M1 (Lips)	_____
<input type="radio"/> M2 (Oral Sex)	_____
<input type="radio"/> M3 (Up All Night)	_____
<input type="radio"/> M4 (Cum Shot)	_____
<input type="radio"/> M5 (Beach)	_____
<input type="radio"/> M6 (No Accident)	_____
<input type="radio"/> M7 (Stay Negative)	_____
<input type="radio"/> M8 (Bottoms Up)	_____
<input type="radio"/> M9 (Hand)	_____
<input type="radio"/> M10 (Spanish)	_____

24. In general, how often have you seen these posters?

- More than once a week
- About once a week
- Once every 2 weeks
- Once a month
- Once every 2 or 3 months
- Other [Do not read.]

[REFER ONLY TO SET OF POSTERS IDENTIFIED IN #22 AND #23.]

25. Please rate the *personal relevance* of each poster.

Ad #	Very Relevant	Somewhat Relevant	Neutral	Somewhat Irrelevant	Very Irrelevant
M1 (Lips)					
M2 (Oral Sex)					
M3 (Up All Night)					
M4 (Cum Shot)					
M5 (Beach)					
M6 (No Accident)					
M7 (Stay "-")					
M8 (Bottoms Up)					
M9 (Hand)					
M10 (Spanish)					

26. Of the posters which you saw, could you rank these posters in order of preference. [Write in 1, 2, 3, etc. from most "liked" to least "liked."]

\_\_\_ M1      \_\_\_ M2      \_\_\_ M3      \_\_\_ M4      \_\_\_ M5  
 \_\_\_ M6      \_\_\_ M7      \_\_\_ M8      \_\_\_ M9      \_\_\_ M10

27. Of the series of posters which you saw, was there any poster which you considered offensive?

M1  M2  M3  M4  M5

M6  M7  M8  M9  M10

None

28. Now, I would like you to rate the poster campaign on a number of different aspects where "1" means "Strongly Agree" and 5 means "Strongly Disagree."

The information in the campaign...	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
-positively affected YOUR attitudes towards using protection and sexual activity.	1	2	3	4	5
-positively affected OTHER people's attitudes towards using protection and sexual activity.	1	2	3	4	5
-increased YOUR awareness of the link between alcohol/drug use and unsafe sexual activity.	1	2	3	4	5
-increased OTHER people's awareness of the link between alcohol/drug use and unsafe sexual activity.	1	2	3	4	5
-influenced YOU to practice safer sex behaviors more often.	1	2	3	4	5
-influenced OTHERS to practice safer sex behaviors more often.	1	2	3	4	5

29a. Have you talked about these posters with other people?

Yes [Go to # 29b.]  No [GO TO #30.]

29b. Poster(s): \_\_\_\_\_  
 Where? \_\_\_\_\_  
 What was discussed? \_\_\_\_\_

30a. Has anyone spoken to *you* about these posters?

Yes [Go to # 30b.]  No [GO TO #31.]

30b. Poster(s): \_\_\_\_\_

Where? \_\_\_\_\_

What was discussed? \_\_\_\_\_

31. How would you improve these posters? - Be as specific as you can. [Prompt for answers.]

Ad:	Improvements:
M1 (Lips)	
M2 (Oral Sex)	
M3 (Up All Night)	
M4 (Cum Shot)	
M5 (Beach)	
M6 (No Accident)	
M7 (Stay Negative)	
M8 (Bottoms Up)	
M9 (Hand)	
M10 (Spanish)	

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONCLUSION:** Thank you very much for your time and input. Your responses will be helpful in improving HIV prevention campaigns. Here is \$3.00 as a small token of our appreciation for your time.



**Appendix D:**  
**Key Informants**

**AIDS Organizations**

Jerry Cheney  
Health Awareness Services  
Worcester, MA

Michael Cook  
NUVA  
Gloucester, MA

Edward Ruiz  
Latino Health Institute  
Boston, MA

Jonathan Scott  
Victory Programs  
Boston, MA

**Health Practitioner**

Dr. Frederico Erebia  
Fenway Community Health Center  
Boston, MA

**Community Leaders/Activists**

Bill Svetz  
Owner of Fritz  
Boston, MA

Craig Hickman  
Artist, HIV/AIDS educator  
Boston, MA

William Johnston  
Author  
Watertown, MA

French Wall  
Publisher of the *Gay Guide*  
Boston, MA

Adrian Saks  
Writer  
Boston, MA

**Appendix E:  
Informed Consent**

Date of Publication: January, 1996

Page 1 of 1

**CONSENT TO PARTICIPATE IN AN EVALUATION OF AN  
HIV ADVERTISING CAMPAIGN IN MASSACHUSETTS**

I have been asked to participate in an evaluation of an HIV prevention campaign in Boston and the immediate environs conducted under the direction of Educational Message Services (EMS) in conjunction with the AIDS Action Committee of Massachusetts, Inc. The purpose of this evaluation is to better understand the impact of this advertising campaign on the gay and bisexual community. As part of the project, I have been asked to participate in a 45 to 60 minute interview which will involve discussing my attitudes and opinions regarding this campaign.

I understand that this interview will be completed at my convenience and will not exceed 60 minutes. I understand that no question is meant to cause discomfort and that I have the right to refuse to answer any question that I may not wish to answer. The potential benefit of this evaluation is to further our understanding of HIV prevention message strategies. There are no known risks associated with participation in this interview. I understand that I may refuse to participate or may withdraw from the interview at any time without any consequences.

I understand that I will be audiotaped during this interview process. It has been explained to me that these tapes will be used for research purposes and data analysis only. In reporting this research, I understand that my comments may become part of the public domain through reports and/or published work. I have the option to retain complete anonymity, if I so desire, in which case my comments only, will be reported. In this case, no information which identifies me or links me to the interview will be disclosed. I also have the option of permitting my identity to be disclosed in which case my name could be used in connection with my comments from this interview. In signing below, I indicate my personal preference on this matter.

I understand that any questions I may have concerning the details of the evaluation procedures will be answered by the evaluation investigator/interviewer, Sonja Myhre, Ph.D [tel: (216) 221-2031] or by Brian Byrnes, Ph.D. at AIDS Action Committee of Massachusetts, Inc. [tel: (617) 437-6200]. In signing this consent form, I acknowledge receipt of a copy of this informed consent form.

In signing below, I acknowledge that my comments expressed during this interview may become public information. I acknowledge that my identity can be used in connection with this interview.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In signing below, I acknowledge that my comments expressed during this interview may become public information. By signing here, I indicating that my identity will remain strictly anonymous. I understand that my identity will not be used, in any way, in connection with my comments made during this interview.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Appendix F:**  
**Interview Guide**

I. Introduction

II. Informed Consent

III. Interviewee's Background

IV. General Campaign Questions:

1. What have you seen or heard about the campaign?
2. What have you heard about the campaign from your colleagues and/or on the street?

V. Message Delivery System:

1. What do you think of using this medium (i.e. utilizing small enclosed spaces) to communicate HIV prevention and education messages?
2. Do you think this is an effective strategy?

VI. Message Themes:

1. What do you think of the message themes?
2. Do you think the message themes address the needs of the gay/bisexual community in Boston/Massachusetts at this time?
3. Do you think there are important message themes that are missing from the campaign?

VII. Images/Copy/Presentation of Campaign Posters:

1. What do you think of the images used in the campaign's poster series?
2. Do you think the images complement or detract from the messages?
3. What do you think of the copy (or tone, style, presentation, etc.) used in the campaign?
4. Do you think the messages are understood by the targeted audience?

VIII. Suggestions for Improvement:

1. What specific praise and criticism do you have to offer?
2. In your opinion, should this campaign continue?
3. And if so, with what changes?

**Appendix G:**  
**Comments**

Legend: ID # followed by general comments on the campaign.
M1-10 - Comments on individual posters.

1. No comment.  
M3- Makes you think more about sex and not the message.  
M4 - Make it more conservative. We're from Boston and that's how we are. It might be different in San Francisco.
2. No comment.
3.  
M1-Looks like Eurotrash disco album cover. I don't like it. Looks like an Erasure advertisement. I don't see anything sexual about it.  
M2 - Pretty good.  
M4 - I think it needs a stronger catch line or something. The message isn't totally clear.  
M5 - Get rid of the boys.  
M6 - Fine.  
M7- I flip flop on this one. It flips you around. I wish it were more one way or the other -  
- but that's not how life is.  
M10 - Good. I like it.
- 4 - Pictures are good. Information listed is good for people that don't know it's there. Easy to read. Quick.
5.  
M4 - Get rid of it. Give it a headline and proper photo.  
M5 - Give it a headline...something to punch you.
6.  
M5 - This one bothers me. It's "ageist." It says only if you're a certain category should you worry about HIV infection. Not a good message.
7. No improvements. They send the message.
8. They can't be improved but there can be more of what there is.
9. Cut the nudity. Show the hospital bed and the suffering. More advertisements in the paper. Show what influences it like alcohol.
10. Show more condoms as a phallic symbol and how it's used so it gets more sexualized. These beat around the bush about the use of condoms.
11. Straightforward.

12. Should be straight couples, too. If the straight community saw these, it would make them think.
13.  
M7- I like it.
14. Hit [the] drug/alcohol issue harder. Transcend the AIDS issue. Show how there's life without alcohol/drugs. Show eroticism of life without alcohol/drugs, having sex totally sober.
15.  
M9- I have problems with this because it's like saying to people to go home and jerk off. Emphasize condom use is better than emphasizing jerking off and oral sex. We know that that's not where the risk is. The message should be "always take precautions." (The problems I have with some of them are personal.)
16. I'd like to see these posters everywhere but they could offend people. Use strong visuals and don't have people read as much.  
M7- I don't like the language. Get rid of the language.  
M8- I like it because I just have to look at it [to get the message.]
17. No improvements. I think the photography is effective.
18. Really, I don't think so. They capture everything you need. Some people you just won't change.
19. Often it's the more graphic photos that catch peoples' eye. The depiction of sex acts stay with me more so than the subdued ones. Typical of what I've seen in Europe.
20. I'm clueless. I really wouldn't know what to say.
21. No, I think everything is there!
22. In general, make the campaign broader. Not just good looking people. Put in older more typical body types.
23. I would target drugs and give out good solid information.
24. I like them all. They've influenced me to the point that I think safe sex is the way to go anyway. I see other people being really risky but it makes me wonder why they don't pay attention to them or maybe they don't want to pay attention.
25. I think they're all great. I think they could be changed more often. I've seen some for a long time. Great idea.
26. Distribution. I think they should be everywhere. Nice campaign. I hope the information you gather can help the campaign.
27. Put up more posters.
28. You have these dudes with bad attitudes who are assholes so maybe you could portray them as assholes. (Use this as the message strategy.)

29. No. They say what they need to say. Very to the point.

30. I guess I'm an extremist. The more extreme the better.

31. I noticed them. They're not boring, good color, quick notice with a glance. The subject will register for a few minutes. Make them bigger.

32.

M1 and M2 - I like the fact that it takes a stance on the lowered risk.

M8 - This is a message you need to keep even though it doesn't stand out as much.

33.

M1 - The headline should say "Oral Sex is also a Risk."

M3 - No porn.

M4 - No porn and get rid of language "fuck."

M10 - Say instead, "Amalo cuidadamente."

34.

M1 - Show full face.

M3 - Should be burned. Text is okay. Change the picture - like people walking out of a club.

M6 - Really good.

M7 - Good.

M8 - Perfect.

M9 - Good.

M10 - Good.

35.

M3 - Show only two people...looks weird like they are waiting in line.

36.

M3 - Doesn't make any sense because it could mean anything.

37.

M6 - Not a relevant image to me.

38. No comment.

39.

M2 - Don't have him going down to eat somebody. This is a false pretense.

M5 - Don't have him in this situation.

M6 - Have him pursue someone.

40. No comment.

41. No comment.

42. Deal more with bisexual issues. I've always been careful. I've only seen them in gay bars. They need to be more universal. The posters don't go to enough straight bars. They seem to be absent from African American bars.

43. You can say that shit to anybody but the reality is that if it feels good, you'll do anything.
44. No comment.
45. No comment.
46.  
M2- Be clearer.  
M6 - Fix the grammar.
47. No comment.
48.  
M4- Too wordy. Too titillating to be useful.  
M9 - Feels message at top doesn't match the text below. Text too long.
49. No comment.
50. No comment.
51. No comment.
52. All very well done.  
M4 - Too hot. Not sure I get the message. Most people aren't going to look at the words.  
M6 - Tinting doesn't work.  
M7 - Draws me into it - I look at message and read all the text.
53. In general, this type of form doesn't attract people who are comfortable, [it] might scare them.  
M4 and M5 - Reminds me of a sleazy bar.
54.  
M4 - To me it suggests that oral sex is safe fun. It's not saying what happens if he shoots in your mouth. A turn-on but maybe misses [the] message.
55. Very informative. No improvements.
56.  
M9 - Eliminate it from the campaign because it suggests abstinence which is too extreme and unrealistic.
57.  
M6 - Show the whole person's body. Make him look more realistic.
58.  
M4 - Print is lower and so it doesn't grab me.  
M5 - Message doesn't hit me immediately. Print too small.  
M6 - Really like it. No change.  
M7- Fine.  
M9 - Really like it. No change.  
M10 - Fine.

59. Hard hitting, the wording (the subtext is on target.) I like the campaign. It's good to see them in the bathroom. It's where the reminders are needed most.
60.  
M8 - Bottoms Up is wrong words. Means you can be passive not active.  
M9 - Language sounds like masturbation. Change [the] words.
61.  
M5 - Would change wording. Include "older, whatever" with young.  
M8 - Definite impact. Great photography.
62.  
M1 - Emphasize the yellow "Don't" text more since this information is actually the most important.  
M4 - Done in the right mindset. Get it OUT THERE. It has the best message.  
M5 - Perfect. Could target the CK1 crowd. Sends across message of being careful even though it's friendly, playful way. Heavily circulate it. It's not gloom and doom.  
M7 - Embellish the honesty. Give more scenarios so that more people can identify.
63.  
M4 - Too explicit for me.
64.  
M4 - Take it out. Shouldn't be out in public.  
M7 - Perfect.
65.  
M4 and M5 - Don't need to be so explicit or graphic.
66. I don't think they need any improvement. They're perfect, straightforward which they have to be today.
67.  
M10 - There's only one Spanish one. There should be more non-English ones.
68.  
M1 - Fine.  
M3 - Improve this one, but don't know how...something's amiss.  
M4 - This one should change; it may draw people to look at it but without reading the message.  
M6 - I like this one. This guy's got his face right there. I see his face and want to read it.  
M7 - Same reason. Someone's face, he's looking right at you.  
M9 - Like this one just the way it is; perfect.
69.  
M3 - Don't need to be that extreme to get attention.  
M5 - Don't need to be that extreme.  
M7 - Fine.
70. Very raw. Right to the point, not trying to be nice. Don't have any suggestions.



71. The marketing philosophy ploy should be: Make people think about what they've done and/or what they're about to do.

M2 - Maybe they should put a more risqué photo "is oral sex a safer sex?" "Are you doing this" Have you thought about what you've done today?

M3 - "Are you doing this?" "Have you used your condom today?" Make it a big question; make people think.

M5 - Get rid of all the queer stuff. Stuff at the bottom is fine "Be safe, have fun." Bottom line: Wear your condom, straightforward, no beating around the bush.

72. They're pretty good.

M4 - Looks like a computer thing; would look better if it was real.

73. I read them from top to bottom every time I see them. I don't think that they could be clearer.

74.

M1 - "It is still risky" - add this message.

M2 - Add: "It is still risky."

M8 - Add a line of cocaine and some pills.

75.

M4 - Put a condom on him.

M5 - Just wouldn't do this poster. Maybe add a dental dam.

76.

M4 - Better quality picture needed.

M5 - Larger lettering.

M10 - Maybe an English translation.

77.

M4 - Change picture. It currently suggests promiscuity.

78.

M1 - Words get you more than picture.

M5 - Wouldn't picture it on the beach. Too free. Doesn't show them protecting themselves.

79.

M4 - Too many words. I don't want to stop and read it.

M7 - Too many words. Graphically, words shouldn't go into head.

M8 - Liquid at bottom of the glass looks creepy.

M9 - Graphically, words shouldn't run over hand.

80.

M5 - Not a favorite of the orange color.

81.

M4 - Cover it up.

M8 - This one throws me off. Maybe put the condom off to the side.

82.

M3 - Clearer visual image.  
M5 - Bigger words - too busy looking at the picture.

83. Interracial poster needed.

84.

M5 - Take out "young, queer." Say instead, if you are sexually active and negative.  
M6 - Put a sweater on him. Take out line, "I get my share." Change to "I like sex and I'm as horny as the next guy but it's no accident that I'm HIV negative." I think the message is "I'm beautiful," you can be beautiful too if you workout too. And if you do, maybe, I'll talk to you." Maybe show older guys, more "regular" guys.

85.

M5 - Take out "young."  
M8 - More of a message about what alcohol can do to you.

86.

M4 - Ugly guy (the one with the teeth). More subtle depiction of what they are doing.  
M5 - Different arranging of wording. Bolder wording. Picture takes over whole poster.

87. No comment.

88. No comment.

89.

M10 - Make sure there's an English poster available too.

90. No comment.

91. No comment.

92. No comment.

93. No comment.

94. No comment.

95. Put it outside of bathrooms, subways.

96. No comment.

97. No comment.

98. No comment.

99.

M7 - Don't like earring in nose.

100. No comment.

101. No comment.

102. No comment.

103. Distribute them more. Why aren't there any here [Club Cafe] for example?

104. The posters did a good [job] of getting the point across.

M4 - Was a little blunt, racy.

105.

M1 - Okay, you got the mouth but a stronger image could be used.

M6 - Strengthen the image. It's depressing and seemed lecturing.

M9 - I think this is a good poster. Combine drinking and sex and masturbation.

106. I loved it. I thought it was great. They stood out from other things in the bathroom. Well placed. The appeal, aside from the graphics, is the headlines.

107.

108.

M6 - Use a different face.

109. No comment.

110. No, I think they're very straightforward.

111. I don't think using condoms alone will end the epidemic. It will help but it won't end it. The honesty between the people make a difference. People won't talk about it. Straight people do. On a one on one basis people don't stay honest with their communication. Posters that stress the point of honesty might help. People as a group know this information. But if they don't communicate it, it doesn't do any good.

112. Well said making the statement. The impact is there if the poster is read.

113. If you make the correlation stronger between alcohol and drugs and unprotected sex, that would be better, like bottoms up, only stronger. They may never find a cure but the cure is use your head. If you don't, you are going to die.

114. No comment.

115. Expand posters into other marketing avenues like matchbooks, cab companies, gay bookstores, posh hotel toilets, planned parenthood, public health departments, and AIDS education departments.

116. Keep developing creative posters to the high level that they are here.

117.

M4 - Too graphic.

M5 - My favorite.

M8 - Excellent.

118. I wish more people would be aware of HIV.

119.

M5 - Make the message bolder.

M8 - Too much like a drink and drive message which I've seen so often. I'd rather not look at it.

120.

M5 - Change the color to anything other than pink.

121.  
M2 - The two men should be standing sideways.  
M4 - Don't understand "listen to your heart." It doesn't always tell you what's right!"  
M10 - Same image but in English.
- 122 No comment.
123.  
M8 - Show somebody intoxicated along with the rest of the picture.  
M10 - Fine. Good macho image!
124. Posters should have the least amount of words possible. Strong words. Try to fit (M7) Stay negative into the Bottoms Up form.
125. All okay the way they are.
126.  
M4 - Less words.  
M5 - Should be thrown out. This one is just a little strong.  
M6 - Better looking man.  
M7 - First white paragraph too confusing. Should be simpler.  
M9 - This one's cute.  
M10 - English caption. Otherwise photo is great.
127. Overall, more statistics.  
M5 - Bigger letters. I really didn't read it.  
M8 - More appropriate slogan. Something more to the point. Bottoms up image implies a sexual position.
128.  
M3 - Picture doesn't seem to have anything to do with Up All Night. Should be set in a bar.  
M5 - Just don't like it. In general, seems so unreal. More fantasy than reality.  
M9 - Personally, it looks like a fisting movie. Open up hand.
129. No comment.
130.  
M2 - Box about anal sex too reminiscent of Surgeon's General warning on cigarettes.  
M5 - Make whole poster. Black and white message in color.  
M8 - Again, change anal sex box to be less like Surgeon General's warning.  
M10 - Good for targeted audience.
131.  
M1 - Stick to oral sex if topic is "oral sex is safer."  
M2 - Same as above.  
M3 - Needs more meaning behind it. What does up all night mean?  
M4 - Take out "Can I talk about it with him?" because nobody is honest.  
M5 - Get rid of the word "queer."  
M9 - Nobody's doing this. Takes too much time.

M10 - English translation on the same poster.

132. No comment.

133.

M3 - It's kinda degrading; don't like the picture.

M6 - Change the statement; if you don't read it, you don't know why he's standing that way.

M7 - Leave it that way.

M8 - Leave it that way.

M10 - I think that guy is gorgeous; leave it that way.

134. They should put them everywhere for people to think better. Don't think they should change them.

135.

M2 - It's sexy, a little demeaning, but not bad. It's cute because they don't show it.

M4 - Makes me think they don't have feelings for each other; doesn't portray a good lifestyle.

M5 - Cute; weird position but it's cute.

M6 - All right. I get the feeling that he's narcissistic; "I get my share" is a turnoff.

M7 - Good.

M8 - Seems to trivialize it. I don't feel it. They're trying to be sexy but it's not the point.

M9 - Didn't get the point; Didn't encourage me to read it.

M10 - Would be nice with English translation.

136. Very straightforward; wouldn't improve them.

137.

M1 - Pretty sufficient; gives a lot of information.

M4 - "when you fuck..." should be in bold; you want to emphasize "use a condom."

M7 - Should include something about dialogue before sex; "Don't be afraid to ask", "No question is too stupid."

M8 - I like this one as is. I think that's very clever.

138. Did a great job.

139.

M4 - No, didn't like this one.

M6 - Fine.

M7 - Fine.

M10 - Fine.

140. Change where they're placed and make them more visible. I've only seen them in clubs and bathrooms.

141.

M2 - Title should be a little more dramatic.

M8 - Pretty up front.

142. Make them less sexually turning on. After all, a gay lifestyle isn't about just sex or who's hot or who's

not. To me, that's not a way to make a message. Makes the rest of us feel like we're totally inadequate. I get really offended by that.

143. Depends on lighting where they're placed. Men's room is dark.

M1 - Very eye-catching; very kissable mouth. Too much here [text].

M4 - Caught my eye. "listen to your heart" is too small; The people in the background are too artsy fartsy.

M6 - Does nothing for me (sepia tone).

M7 - Hard to read - white and yellow hard to read.

144.

M1- Very well done; emphasizing lips.

M4 - Don't know; it's exciting.

145.

M3 - More text - not a lot.

M7 - Doesn't relate; Looks like a sports hero.

M9 - Very good. Doesn't like the shading.

146. No comment.

147.

M4 - Better than "Beach."

M5 - Get rid of.

M6 - Get rid of.

M10 - No comment.

148.

M5 - Don't understand what's going on. The message?

149.

M4 - Make guys more clear.

M5 - No improvements. Best poster.

M6 - Not his "look."

M9 - Says it all.

150. Since many people are illiterate, what about having videos in the bathroom.

M9 - Separate into a comic strip. Only relevant for the literate.

151.

M5 - Gray is not an attractive flesh tone. Pink background(?) No screen lettering.

M6 - Weird coloring - bland.

M8 - Extremely boring. Get rid of it.

M9 - Boring.

152.

M2 - Would appeal to a leather crowd.

M3 - It's as graphic as it gets.

M4 - Friends would like it more clear (photo).

M5 - Friends would like to see the other guy's face. Cute. Playful.

M6 - Almost don't know it's about HIV.

M7 - Some people will not like [the] nose-ring. Doesn't offend. Could put [it] up in a church.

M10- Gives message.

153.

M3 - Get rid of it. Unclear.

M6 - Judgmental - less na na na na na na (childish message.)

M10- Good photo.

154.

M5 - Spanish translation (small).

M6 - Spanish translation (small).

M10 - English translation on poster. Make sure [that it's] up in every bar. Very personal - find other personalized ads.

155.

M1 - Change message "Oral sex is safer sex" It's still a risk!

M3 - Message unclear. Follow through. More advice about remaining negative.

M4 - Remove ejaculate and genital shot. Large "Listen to your heart."

M5 - Less graphic.

M7 - Offensive to victims (no fault infection, i.e. rape victims).

156. In general, have less text.

M5 - Tacky.

157. Felt needed posters with teens. Felt needed posters with middle class couples who could be at risk too. Felt needed images of older gay men.

M1 - Doesn't like image because dehumanizing without eyes; good information.

M2 - Stereotype of African American gay male; good information

M3 - Straightforward.

M4 - Turned off because of genitalia; but real, very good.

M5 - Get rid of - too pornographic.

M6 - Contributes to stereotype of African American gay male - tattoo, nipple rings.

M7 - No improvement needed.

M8 - Very important for all sexual orientations. Smart.

M9 - Need better image; good message - have hand hold drink.

M10 - Good; likes face.

158.

M1 - Doesn't connect act and message.

M2 - No improvements.

M3 - Message slim - more information (text) needed.

M4 - Erotic - people won't read the message.

M5 - Unsure - confusing picture.

M6 - Genuine.

M7 - Genuine.

M8 - No improvements.

M9 - Good option - comfortable.

159. Like them the way they are.

160. Make them murals. Put them on the T.

161.

162. Overall, size should be bigger. Should be up in other places than just gay bars. Glad the posters come out to make people aware.

M1 - Colors should be brighter; not offensive to the general public

M2 - Colors should be brighter; don't put in anyplace but gay bar.

163. Good campaign.

M1 - None.

M2 - None.

M3 - None.

M4 - None.

M5 - None.

M6 - None.

M7 - None.

M8 - None. I like that one.

M9 - None.

M10 - None. I suppose I do the understand words. I get the message.

164. I like them all.



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