



Convenience Advertising



Evaluation of
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N a t i o n a l
Gay/Bisexual
C a m p a i g n



COMMONWEALTH DEPARTMENT OF
HEALTH, HOUSING AND COMMUNITY SERVICES

**Evaluation of the National
Gay and Bisexual HIV/AIDS Education
Campaign 1991**

Final Report

Prepared by

ALUN C JACKSON

and

JO LINDSAY

**HIV/AIDS Sociobehavioural Research Unit
School of Social Work
University of Melbourne**

for the

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CAMPAIGN OVERVIEW

The purpose of the Department of Health, Housing and Community Services' Gay and Bisexual Education Campaign which ran between February and July 1991, was to address specific information issues about HIV/AIDS preventive behaviours, relating to specific sexual practices as identified in a number of research studies. This was to be done in a manner which strongly acknowledged the emotional contexts in which men have unsafe sex.

The campaign placed a strong emphasis on contexts in which elements of 'desire' are dominant: intimacy, relationships, love, trust, and closeness. The sexual practices information in the campaign was designed, for some men, to sustain safe sex practices, and for others to challenge incorrect perceptions about risky behaviours. The campaign aimed to clarify information about specific sexual practices, including the contexts in which those behaviours occurred, and also address inconsistencies between knowledge and behaviours.

The campaign comprised five print ads distributed in both gay venues and the gay press, three radio ads played on FM and public broadcasting radio stations, a pamphlet, and a small number of regionally-based supplementary activities carried out by State / Territory AIDS Councils.

The campaign used the theme '*That Feeling Doesn't Stop HIV - Safe Sex Does*'.

The 'parent' print ad, 'Hand over heart', established the theme of '*that feeling*' in such a way that the feeling could be interpreted as desire, lust, intimacy, or relationship. The other ads continued this theme and in addition addressed specific practices. Ad two, 'Taking it', addressed the risks associated with receptive anal intercourse. Ad three, 'Giving it', addressed the risks for insertive partners in unprotected anal intercourse. Ad four, 'Oral', sought to clarify the circumstances under which oral sex was a safe practice. Ad five, 'Positive', addressed the issue of safe sex for men who are HIV positive. (See Appendix One for copies of the print ads used in the campaign)

The three radio ads were played between February and July 1991. Ad one was directed towards gay men, ad two was directed towards bisexual men and ad three targeted relationships in general (See Appendix Two for the text of the radio ads used in the campaign).

Evaluation was built into the campaign throughout its' design and implementation. For this reason, a substantial amount of the evaluation process involved assessing relevant aspects of design, such as research utilisation, design theory and process, and the operationalising of campaign philosophy and objectives in the production of educational materials. Evaluation findings were then incorporated in subsequent design activities.

Evaluation of the conceptualisation and design phase of the campaign resulted in the preparation of a number of reports. The major reports included:

- . O'Donnell, M. and Jackson, A.C. *Campaign Design Assumptions: Discussion Paper*, July 1990, 7pp
- . O'Donnell, M. and Jackson, A.C. *Target Group Focus Testing of Draft Materials*, Sept. 1990, 67pp
- . O'Donnell, M. and Jackson, A.C. *Campaign Pre-testing Research Method*, Oct 1990, 20pp
- . O'Donnell, M. and Jackson, A.C. *Target Group Confirmation Focus Testing of Draft Materials*, Oct 1990, 14pp
- . O'Donnell, M. and Jackson, A.C. *General Community Focus Testing of Draft Materials: Preliminary Conclusions*, Oct 1990, 16pp
- . O'Donnell, M. and Jackson, A.C. *Young People Reaction Testing of Draft Materials: Preliminary Conclusions*, Oct 1990, 16pp
- . O'Donnell, M. and Jackson, A.C. *National Gay and Bisexual Media Campaign Communications and Marketing Strategy*, Oct 1990, 10pp

In addition to these reports prepared by the evaluation team, a number of other reports were prepared following studies commissioned by the evaluators. These included:

- . Quantum Market Research *Evaluation of Gay Safe Sex Campaign Amongst Wider Community: Quantitative and Qualitative Report*, Oct 1990, 52pp
- . Quantum Market Research *Evaluation of Safe Sex Radio Ads*, January 1991, 23pp

Chapter Three of this Report summarises the design process, but does not seek to duplicate all of the material contained in these reports.

Evaluation of the impact of the Campaign resulted in the production of a number of further reports. These included:

O'Donnell, M. and Jackson, A.C. *Impact Report No.1: Post Campaign Target Group Focus Testing of Materials*, August 1991, 9pp

Jackson, A.C. and Lindsay, J. *Impact Report No.2: Gay Venue Survey*, Nov 1991, 25pp

Jackson, A.C. and Brewer, G. *Impact Report No.3:Key Informant Study*, Dec 1991, 9pp

Jackson A.C. and Lindsay, J. *Impact Report No.4: National Press Survey for Men Who Have Sex With Men*, Feb 1992, 48pp

Again, the detail of these is not duplicated in full in the present Report. A number of aspects of impact are addressed in this report including the immediate impact of the campaign, reach, recognition and recall of the campaign, and comprehensibility of the campaign materials.

Also included in Chapters 6 and 8 of this Report are discussions of knowledge, attitudes and behaviours of the target group, arising from the two major impact studies: a Gay Venue Study and a National Press Survey which combined, involved over 3000 respondents.

The evaluation of this *prevention* education campaign was complex. The campaign contained distinct elements applicable to different target groups within the larger targeted population of gay and bisexual men. For some men, the campaign was reinforcing behavioural changes already made, and was a *maintenance* campaign; for others, it was clarifying information or highlighting contexts which may have prevented the adoption of safe sex practices, and was thus aimed at *initiating* behavioural changes.

The difficulties associated with evaluating prevention campaigns have been widely documented in the general literature on program planning and evaluation (eg Donovan and Jackson 1991). They are detailed in the general literature on health education (eg Altman 1986; Ross and Mico 1980), in the literature on campaigns dealing with tobacco and alcohol (eg Hill and Robinson 1986; Hamilton et al 1991) and in the literature on the evaluation of AIDS education programs (eg Office of Technology Assessment 1988; Leviton and Valdiserri 1990; Rugg et al 1990; Jackson and O'Donnell 1989, 1990a, 1990b).

In their introduction to the evaluation of the QUIT Campaign on smoking, Hill and Robinson (1986) observed that the effects of social interventions, especially educational interventions, are rarely easy to specify or to measure. They particularly point to the difficulty of attempting to establish a causal connection between education campaigns and behaviour, and suggest that evaluation may be used as a method of accounting (or determining the ratio of program efforts to program effects or outputs) and as a means of understanding processes and immediate effects. These effects may be either behavioural effects or attitudinal / knowledge effects which may predict to subsequent behavioural effects.

The evaluation of the present campaign may be characterised as both a *process* evaluation and an *outcome* evaluation.

Process evaluation

The process evaluation sought to do two things. Firstly, to make a contribution to the form and content of the campaign by undertaking systematic analysis of a number of campaign design elements and feeding the results of this analysis into the design process. These elements included:

- the 'substantive theory' used to inform the campaign design. This is the research and/or theory or suppositions which provided the rationale for this particular AIDS education intervention;
- the translation of this research into campaign materials;
- the 'implementation theory' which informed decisions on targeting, message framing, and media placement.

This process evaluation included a range of activities contributing to campaign development through:

- participation in campaign Steering Committee meetings;
- progressive focus group testing of draft materials at a number of sites to reflect the national character of the campaign;
- advice to campaign designers on print media research;
- analysis of campaign documentation;
- interviews with relevant personnel;
- appropriate literature reviews;
- collection of data on dissemination through liaison with media placement agency and campaign planners.

The second part of the process evaluation assessed campaign implementation, particularly as related to distribution of campaign materials.

Outcome evaluation

The outcome evaluation component was an evaluation of *initial impact*.

An analysis of the impact of the campaign in the shorter term, was undertaken by examining factors such as campaign awareness, recall, recognition and message comprehension. This outcome evaluation also sought to establish whether there existed a correlation between exposure to the campaign and knowledge of, and practice of, safe sex, as a preliminary assessment of the intermediate impact of the campaign.

This outcome evaluation included a number of activities including:

- Focus group testing in Sydney and Melbourne as a measure of the immediate impact of the campaign;
- A Gay Venue Survey which involved interviewing a sample of 481 men in gay venues in all states and territories, with the exception of the Northern Territory. The interview sites ranged from gay bars and clubs; saunas, including sex on premises establishments; and gay nights at straight discos. (See Appendix Three for a copy of the questionnaire.)

A key informant survey of personnel from AIDS Councils, State Health Departments and community -based organisations.

Analysis of the impact of the campaign on the use of telephone information services;

Secondary analysis of the response to ads placed in venues and/or public conveniences, based on data supplied by the convenience advertising company.

Analysis of the process of placement of the print and radio ads.

A National Gay Press Survey which was a self administered questionnaire distributed through gay publications across Australia. A sample of 2768 responses that arrived before January 1, 1992 were coded and analysed. The survey was comprised of questions on demographic information, sexual practices, safe sex knowledge, and specific questions on campaign recall. (See Appendix Four for a copy of the questionnaire). It was designed to test the assumptions about knowledge and practice made in framing the campaign messages, and to update the information available to prevention education program designers in particular.

Because the size of the gay population is unknown it is impossible to assess the representativeness of our self-selecting sample. The large size of the sample and the fact that the questionnaire was answered by men from both country and city areas of Australia, in all states and territories, by men of different ages, by men of different ethnic background, and men in different sections of the workforce, encourages some confidence in the results of the gay Press Survey. At the time it was conducted, it represented the largest survey of gay identified men in Australia. Since that time, the Macquarie University Unit of the National Centre for HIV Social Research has conducted a national telephone survey, *Male Call*, which interviewed 2,600 men.

A more complete picture of outcome could be achieved by a survey of those exposed to the campaign, on whether behavioural changes had been made and the extent to which those changes were attributable to the campaign. In the longer term, outcome information could be provided by changes in seroconversion rates in the targeted population and how they could be attributed to this campaign. Methodologically this would be extremely difficult.

ORIGINS OF THE CAMPAIGN

In September 1989 initial negotiations were held between the AIDS Council of New South Wales and the AIDS Policy and Programs Branch, Commonwealth Department of Health, Housing and Community Services (at that time, the Department of Community Services and Health), about the possibility of the Federal Government conducting a national gay and bisexual AIDS prevention education campaign.

A submission was prepared by the advertising agency handling the ACON Summer campaign and approved by the ANCA Education Committee in October 1989. Following a revision of the proposal in March 1990, approval was granted by the Minister on 17 May 1990, for the campaign.

The campaign was significant for a number of reasons:

- It was the first time that the Federal Government would be responsible for the *direct* running of a gay and/or bisexual media campaign. Previously, these had been conducted at State / Territory or regional level by AIDS Councils, with the Federal Government concentrating on community-wide campaigns.

- Although not part of the original proposal, the campaign was undertaken in the context of it being seen as the first part of a two-part campaign for 'men who have sex with men', and therefore represented both an 'experiment' in campaign auspice, and a commitment to a longer term strategy for reaching beyond gay-identified men to those men who had sex with other men but who were not gay identified.

A Steering Committee was formed to oversee the development of the campaign. This was comprised of representatives of the Australian Federation of AIDS Organisations and the Macquarie University Social Aspects of the Prevention of AIDS research team; Hi Society! Creative Communications; the DCSH AIDS Education Section; the Education Program Managers of ACON and the Victorian AIDS Council; and the Office of Government Information and Advertising. These meetings were attended by the evaluation team.

In August 1990, following clarification of target audience, primary aims, campaign structure and campaign content at a two day workshop of the Steering Committee in late July, a consultative meeting was held at AFAO in Canberra, with staff from the DCSH AIDS Education Section the Steering Committee, and representatives of all of the State and Territory AIDS Councils.

At this meeting, the campaign rationale, background and content was outlined, along with an indication of the role to be played by the AIDS Councils in generating supportive local campaigns or materials.

A number of reservations about the process of consultation and the campaign itself were expressed. These included the following issues:

- That the consultative meeting was occurring at too late a stage, and that there should have been consultation over the conceptualisation of the campaign, or a debate over its' rationale and the respective roles of the Commonwealth Department and the AIDS Councils who had previously undertaken the education of gay and bisexual men.

- The Department would not have the same degree of legitimacy or 'source credibility' as the State and Territory Councils and would either alienate, or fail to engage the target audience.

- Those who were not supportive of the design aspects of ACON's summer campaign were resistant to being presented with a *fait accompli* in design terms, with some participants indicating resistance to what was perceived as a 'design driven' campaign.

There appears to have been some confusion at the consultative meeting about the nature of the 'consultation' involved. It was clearly an information sharing meeting seeking consultation on implementation rather than consultation on campaign strategy, design, targeting etc.

The resultant lack of some AIDS Councils to actively engage with the campaign as revealed in the key informant interviews indicates that there was:

- Some failure to appreciate the nature of the consultative exercise leading to a subsequent resistance to participation.

- Some failure to resolve the tension around 'ownership' of gay/bisexual prevention education campaigns.

- Failure on the part of some State / Territory AIDS Councils to support a major initiative originating from a particular State AIDS Council due to pre-existing tensions around AIDS prevention education philosophy.

CAMPAIGN OBJECTIVES

The campaign sought to satisfy a range of complex and interacting objectives.

The overall *target group* was those men who have sex with men who identify with, and who have some form of 'attachment' to the gay community. Some 'flow on' effect was expected to other men who have sex with men who were not so identified or attached.

The *purpose* of the campaign was to address specific informational issues about AIDS preventive behaviours, relating to specific sexual practices, in a manner which strongly acknowledged the emotional contexts in which men had unsafe sex. The campaign was to place a strong emphasis on contexts in which elements of 'desire' were dominant: intimacy, relationships, love, trust, and closeness. The sexual practices information in the campaign was designed, for some men, to sustain safe sex practices, and for others to clarify doubts about particular behaviours or to challenge incorrect perceptions about risky behaviours. The campaign aimed to also address inconsistencies between knowledge and behaviours.

The *central components* of the campaign were five print ads distributed in both gay venues and the gay press. The impact of the ads was to be reinforced by three radio ads played on FM and public broadcasting radio stations and a number of regionally - based supplementary activities carried out by State AIDS Councils.

'Parent' ad

The 'parent' print ad was to establish the theme of the 'desire context' for unsafe sex: desire, lust, intimacy, or relationship. This was to be reinforced in the other 'practice' focused ads but not at the expense of enabling readers to identify with the 'desire' component in a manner which enabled them to reject the personal relevance of the practices messages.

The specific aim of the 'parent' ad was to make clear the distinction between the physical transmission of HIV and the emotional contexts in which that virus may be transmitted, and to draw attention to the fact that the contexts of 'desire' do not affect the risk factors involved in unsafe sexual practices.

Sexual Practices ads

Ad two was to address the risks for receptive partners in anal intercourse without condoms. It was to convey the following messages:

- . As a receptive partner in anal intercourse, you should not take this risk, ever.
- . Even if you think he will withdraw before ejaculating, this may not happen.
- . Precum may transmit HIV even if the insertive partner does withdraw before ejaculation.

Ad three was to address the risks for insertive partners in unprotected anal intercourse. It was to convey the following messages:

- . As an insertive partner in anal intercourse, you should not take this risk, ever.
- . You are at risk because HIV can be transmitted to the insertive partner, probably through mucous from the rectum entering the urethra through the opening at the tip of the penis.
- . Even if you plan to withdraw before ejaculating this may not happen, and you therefore place your partner unwillingly at risk.

Ad four was to clarify the circumstances under which oral sex was a safe practice. It was to convey the following messages:

- . If there is a risk of transmitting HIV through oral sex, it is very minimal.
- . Any risk will be reduced if you avoid semen in the mouth, and avoid oral sex if there are cuts or sores in the mouth.
- . There are many ways to have oral sex with no risk at all: these include avoiding contact between the mouth and the tip of the penis, or using condoms.

STDs other than HIV can be transmitted through oral sex.

Ad five was to address the issue of sex between men who are HIV positive. It was to convey the following messages:

Unprotected sex between men who are both/all have HIV may allow transmission of other STDs, or reinfection with the same or different strains of HIV: either of these possibilities may further damage the immune system of participants.

Sex which is 'safe' for HIV transmission may still allow transmission of other diseases, which may be harmful to a depressed immune system.

As the effects of reinfection and other STDs on the immune system and the way in which this in turn affects progression to AIDS or AIDS related conditions are not known with certainty, it is unwise for men with HIV to take risks with unsafe sex.

It should be noted that due to uncertainty about the proposition that unprotected sex between men who are both/all have HIV may allow reinfection with the same or different strains of HIV, this message was dropped from the sixth tested version of the ad, which was the final published version.

There were two clear objectives of the campaign: to sustain safe sex behaviours and prevent relapses to unsafe practices; and to provide clarifying information on the basis that people continue a range of unsafe practices alongside a range of safe practices due to inaccurate information. The messages could be seen to also be applicable to men who have never made a commitment to safe practices.

The purpose of this next section is to outline some issues relating to *initial* assumptions surrounding campaign and message design based on analysis of campaign documentation provided by the DCSH and rough art of the first versions of the print ads developed by the agency.

CAMPAIGN ASSUMPTIONS

In designing any complex communication campaign, designers and planners make many assumptions about their audience and about what works and what does not. Part of the evaluators' role is to trace this process of decision making and assess why a certain range of choices were made against others and what the underlying assumptions were that guided such decisions.

From a preliminary analysis of campaign documentation and rough art we identified a number of assumptions which seemed to have been made for the campaign. These included the following:

That there is a connection between research which shows that continued risk taking is occurring through withdrawal, insertive anal and possibly oral practices and research which shows that unsafe sex is occurring within relationships.

That humour may be an appropriate vehicle for AIDS prevention messages, an assumption which was later modified on the basis of an analysis of appropriate research and focus group testing.

- That the campaign was providing clarification on the safety or otherwise of particular practices.
- That the combination of print advertising, radio and convenience advertising represented the most effective marketing mix for this target group achievable within the available budget.

These issues are addressed below. The first section examines the extent to which the campaign content was informed by research and/or theory and, if so, the extent to which this research and theory was both appropriate and applied effectively in campaign design.

There are four areas of research/theory to be covered, relating to the *content* oriented theory/research, or what informed the campaign intentions in relation to content, and the *implementation* theory which enabled this content to be translated into the ads, and the means of dissemination of the ads.

OPERATIONALISATION OF RESEARCH IN THE CAMPAIGN: CONTENT INPUT

There are clearly, two distinct areas of content - oriented research which informed the campaign:

- that dealing with the sexual behaviours of gay and bisexual men;
- that dealing with modes of transmission. This research was used, although specific studies were not identified in campaign planning documents.

The research on knowledge and practices of gay men came from a number of sources. There was a concern that because it was a national campaign, the informational issues being addressed were in fact not idiosyncratic to a particular gay population or locality.

Research on samples drawn from various parts of Australia showed that the vast majority of gay men have made substantial changes in their sexual behaviour to prevent the spread of HIV to others (Connell et al. 1989, Burcham et al. 1989 in Sydney; Campbell et al. 1988 in Melbourne; Frazer et al. 1988 in Brisbane).

DCSH noted that it was the effort of the gay communities themselves which have made the largest contributions to achieving this change in sexual behaviour (Kippax et al. 1990a in Sydney; Sinnott and Todd 1988, in Melbourne; Ross et al. 1989, in Adelaide), producing a range of innovative efforts at HIV/AIDS education which had been demonstrably successful (Dowsett 1990).

The campaign was also informed by research indicating that gay men's sexual behaviour is quite diverse and many homosexual activities do not pass on the virus (Connell and Kippax 1990), but that some confusion still existed about certain sexual practices such as oral-genital sex (Kippax et al. 1990b) and use of withdrawal in anal sex (Burgess et al. 1990).

Research also indicated that it was clear that men in relationships are less certain about the need for safe sex (Connell et al. 1990). There is evidence that while knowledge of safe sex practices is quite high in the gay community, it is often overlooked in contexts where feelings of desire, intimacy and trust may militate against the continuation of safe sex practices (Gold et al 1991).

The campaign design was clearly informed by research relevant to its target group as the majority of the respondents in the studies noted above were gay identified men.

It is also worth noting however that much of the data presented in these studies was collected up to five years earlier and that there has been a high level of community education on safe sex since that time.¹

OPERATIONALISATION OF RESEARCH IN THE CAMPAIGN: IMPLEMENTATION THEORY

In addition to 'content' based research the campaign needed to also draw on a more or less explicit 'implementation' theory which was to inform decision making on two issues:

- the best way to translate the research material into messages that would work, based on knowledge of the target group, and more particularly, knowledge of an acceptable genre or range of genres for safe sex advertising;
- the efficacy of placement of the materials in the gay press and on radio, and the degree to which ancillary campaign components conducted at State or Territory level would contribute to achievement of campaign aims.

Although neither of these areas were explicitly addressed in documents relating to the design of the campaign it is possible to infer from the *program activity* what the implicit conceptual / theoretical assumptions were, and to make a judgement as to the appropriateness of these.

Effective Messages and Program Design

Redman, Spencer and Sanson-Fisher (1989) in their review of the role of mass media in health education, note five principles which they suggest may enhance health education messages, if incorporated into program design. These principles are outlined below. They go on to suggest that,

Many of these strategies are difficult to incorporate into a brief presentation (e.g. behavioural strategies and maintenance procedures). Others such as tailoring and contracting necessitate a more targeted approach to the groups of interest and may therefore demand a series of different campaigns rather than one accessing the entire community. While these types of changes may make mass media interventions more costly to implement, they may point the way to effective use of this strategy to directly alter health related behaviour. (p.18)

¹ Data collection methods (focus groups, Gay Venue Survey, National Press Survey) used for this evaluation study provide an update on this earlier research on gay mens' knowledge, practices and attitudes using a sample of over 3,000 men from around Australia. This is the first time that a sample of this size has been used in a national survey able to provide directly comparable data from all states.

This campaign clearly addressed the first two of these campaign design principles, while inferring a message as to commitment to change or commitment to maintenance.

Principles for Mass Media Message Design

- Messages should be tailored to existing knowledge and attitudes of the recipients.
 - The program should emphasise behavioural strategies rather than presenting information or attitude change material alone.
 - The program should aim to get a commitment or contract for behaviour change from the individual.
 - The program should allow the recipient to shape outcome behaviour gradually.
 - The program must include maintenance procedures to ensure that changes in behaviour are maintained over time.
-

Humour in advertising and attitude/behaviour change programs

The first version of the print ads used humour in their imagery. We were concerned to know the extent to which use of humour, as an *implementation* decision was justified by research, and conducted a review of relevant research from which we concluded that the use of humour was probably not appropriate in this campaign (See Appendix Five for a summary of this research). Subsequent print ad designs did not rely on humour in their text or graphics.

New Information

It is important to clarify the notion of 'new information' as used in this campaign. A major purpose of the campaign was to clarify information about specific sexual practices and address inconsistencies between knowledge of safe sex practices and actual behaviour. The sexual practices information in the campaign was intended for some men to have the effect of reinforcing behaviours already practised, for others clarify doubts about particular behaviours, and for others again it was to challenge incorrect perceptions about risky behaviours.

'Information' in the campaign was primarily information about the contexts in which risky behaviour occurs rather than information about risky behaviours per se, which have been substantially addressed in other campaigns such as Safe '88, Safe '89 and Play Safe.

We would expect therefore that for many of the people targeted by the campaign, the ads would act predominantly as reinforcers rather than as vehicles for the acquisition of entirely new information.

The Marketing Mix

The marketing mix for the campaign combined radio, print media advertising convenience advertising in gay venues, primarily with a secondary emphasis on community-based activities.

The research literature on health promotion campaigns indicated that media materials work best when combined with community activities and promotions. Previous campaigns in the gay community had acknowledged this by combining printed information with community involvement activities, as had previous Department campaigns.

One difference between this campaign and previous gay and bisexual campaigns, was that it required different organisations (the State and Territory Councils) to produce the community activities from the organisation producing or directing the production of radio and print materials.

Mass Media and Health Education Campaigns

Numerous studies have been conducted which seek to describe the effect of mass media in health education campaigns. In a recent review of previous research Flora and Wallack (1990) conclude that most studies recognise that mass media effects are mediated by:

- the audience's attention to the message, existing knowledge and attitudes and behavioural experience;
- the extent to which media messages capitalise on the audiences perceived needs;
- the campaigners' ability to limit counter messages in the media environment;
- the extent of interpersonal communication about media program content; and
- supplementation of the media program.

Referring specifically to likely behavioural effects they argue that there are few studies which indicate a likelihood of meaningful behaviour change and that the significance of attitude change is questionable. They suggest that there is increasing evidence, however, that mass media can stimulate intermediate behaviour change such as calling for additional information, and that there is some evidence that well designed mass media smoking cessation programs, for example, supplemented with interpersonal communication can be effective.

Numerous studies (eg Budd, Gray and McCron 1982; Wallack 1984; Lefebvre, Lasater, Carleton, and Peterson 1987) have concluded that mass media is most effective when supplemented by a range of community based activities, such as group meetings, workplace and locality-based events, and the option of face to face counselling. This is, of course, consistent with the principles of social marketing such as the need to establish an appropriate marketing mix.

In describing the Pawtucket Heart Health Program Lefebvre et al (1987:85) argue strongly for the effectiveness of a multifaceted model of intervention:

'The PHHP intervention is predicated on the idea that simultaneous concerted use of multiple change strategies directed across risk factors, phases of the change process and focus levels (individual, group, organisation, community) will bring about the most effective and lasting changes in the community health risk status.'

All of the above indicate caution in expecting too much from a primarily media based intervention, as in the present campaign.

This also draws our attention to the fact that irrespective of design intent, any AIDS media campaign takes place in a context of existing education programs (both community based and national media campaigns) and attention has to be paid to both the positive and negative effects of such interaction.

It is clear that the campaign design process overall conforms to guidelines suggested by the literature on media based preventive programs.

COMMUNICATIONS / MARKETING STRATEGY ADOPTED

In October 1990, the evaluation team, as part of the process consultation, proposed the adoption of a revised communication / marketing strategy following:

- . Focus group research with the target audience.
- . Consideration of the likely political sensitivity of the campaign.

The changes proposed were:

- . The clear distinction between information *products* and marketing *strategies*;
- . Greater emphasis to be given to a proposed *pamphlet* carrying more detailed information, which was to have five main effects:
 - . decreasing the burden on the press ads to communicate all aspects of the campaign simultaneously;
 - . allowing for the emotional context of desire and unsafe sex to be dealt with more comprehensively;
 - . allowing for the provision of supplementary information on points that remain confusing in the ads such as the issue of other STDs in the oral sex ad;
 - . satisfying the demand from one section of the target group for more detailed information;
 - . allowing primary messages of the campaign to be dispersed further than readers of gay magazines and newspapers.

The aims and target audience remained largely unchanged and a variety of communication strategies were to be used to reach the target audience.

It was noted that the campaign would have two basic *information products* and would use two main *marketing strategies*.

The information products were the five ads to be placed in gay publications and the pamphlet, to be produced for widespread distribution through known target group networks and AIDS telephone counselling services.

Information pamphlets had been used extensively with this target audience as a major way of providing AIDS information. Studies such as the CEEP Study (Sinott and Todd 1988) and the *Safe '89* Evaluation (Jackson and O'Donnell 1989) in Melbourne, had shown high levels of readership of AIDS information pamphlets and the ability of such material to carry detailed messages.

The pamphlet would aim to:

- . Communicate the main messages about the emotional context of desire and unsafe sex;
- . Provide more detailed information about the sexual practice issues.

As the target population participated in a range of specific sub-cultural institutions as well as being members of the broader community, two marketing strategies would be adopted: radio advertising and community based marketing.

Radio Advertising

Radio was to be used to highlight the existence of the campaign and reinforce its basic message about the link between the emotional context of desire and safe sex. It would be designed to *speak* to gay men in the normal context of their lives and would not deal specifically with sexual practices.

Although the use of radio had been extensive in other Department campaigns (eg IVDU campaign), the importance of radio as a communication medium for this target group was reinforced by data from the SAPA study which reported that 86% of the sample listen regularly to one of the five major FM networks.

The primary aim of the radio advertisements would be to:

- . increase awareness of the campaign;
- . direct people to sources of further information;
- . thus reinforce the general messages of the other material.

Gay Community Based Marketing

The campaign was to be reinforced through a range of community based activities sponsored by local AIDS Councils and gay organisations.

AIDS Councils, gay organisations and gay entertainment venues as the major providers of gay community education to date, were seen as providing a ready and experienced infrastructure for the effective marketing of the campaign.

The aim of the community based activities was to:

- reinforce basic campaign materials;
- ensure widespread distribution of materials;
- highlight locally relevant messages.

TESTING OF MATERIALS

A number of variations of materials were extensively tested, and the results of this testing was presented in the reports:

- *Target Group Focus Testing of Draft Materials*
- *Campaign Pre-testing Research Method*
- *Target Group Confirmation Focus Testing of Draft Materials*
- *General Community Focus Testing of Draft Materials: Preliminary Conclusions*
- *Evaluation of Gay Safe Sex Campaign Amongst Wider Community: Quantitative and Qualitative Report*
- *Young People Reaction Testing of Draft Materials: Preliminary Conclusions*
- *Evaluation of Safe Sex Radio Ads.*

The detailed findings will not be reiterated here, however, Appendix Six illustrates the way that the ads changed, by presenting all of the versions considered, of ad 4 'Oral'.

Detailed pre-testing of draft campaign materials highlighted key guidelines for production of materials for this target audience. These guidelines included:

- human iconography should be included which is intimate, erotic and sensual;
- the design style of materials should be graphically very contemporary;
- print ads should communicate directly and avoid subtlety;
- the main message of each print ad should be summarised in the heading;
- internal consistency needs to be achieved between the heading, image and text;

the radio ads could rely to some extent on subtle cultural references and 'gay sensibility', however some indication that they were addressing gay men was seen as important.

An important point is noted here for the benefit of the audience who will have access to this document and not the earlier 'planning' documents which arose out of the process consultation. This relates to the acceptability of AIDS education materials explicitly targeted to gay and bisexual men, to the general public, if the materials were to appear on general radio, or in non gay - specific publications.

Two focus group discussions of general community members were held in Sydney with one group of females and one group of males. The focus groups aimed to assess reactions to a range of AIDS education material and specifically reactions to the second round of draft print and radio material of the campaign.

The groups were recruited by a market research firm from market research lists in order to produce demographically varied groups representative of general community members aged 25 - 40 years old. Although attempts were made to ensure a demographic variety of participants, because of the small sample size and the nature of the research method the findings from these groups represent an indication only of likely community opinion on the issues canvassed. Nine females participated in the first group and ten males in the second group.

The groups were designed to test participants' responses to a range of different AIDS prevention education material. We were interested in:

- participants opinion on different styles of education (eg fear based versus humorous);
- levels of acceptance of different degrees of sexual explicitness;
- participants' understanding of the need to target different groups differently.

Participants were shown a range of television, poster and radio material. however, only findings relating to gay/bisexual targeting is reported here.

Radio Ads

The female group and the male group reacted very differently to the radio ads.

The ads were widely liked by the women. One respondent described them as 'a great new direction in AIDS education'. The group was evenly divided between those who thought the ads were directed at gay men and those who thought they were directed at everyone.

The theme ad was thought to be especially broadly applicable.

The men reacted more negatively, with nearly all male respondents immediately identifying that the ads had a gay target audience. This made them immediately 'turn off'.

Some participants in both groups wondered why ads for the gay community were needed now: 'haven't we got past that stage'; 'these should have been on the radio five years ago'. It was generally thought that it was now heterosexuals that required most education.

One participant thought that the ads gave the impression that 'if you're heterosexual you don't have to worry'.

Overall, in spite of the varied emotional reactions, a message about 'love being no protection' was interpreted accurately by most participants.

In spite of the varied reaction no one expressed objections to the ads going to air. A couple of participants thought that certain times would be more appropriate than others.

Gay/Bisexual Print Ads

The print ads were well received by both groups. Many participants thought that the 'Theme' ad and the 'Oral Sex' ad was aimed at everyone or at women. Some even interpreted the 'Trust' ad as being directed at a wider audience.

It was clear that people interpreted the ads according to what they expected to find in an ad and according to their personal experience. Thus even references to anal sex were interpreted by some within the framework of their heterosexual experience: 'lots of heterosexual couples do that too'.

Images that were not explicitly male or female such as the nipple in the theme ad and the mouth in the oral ad were also interpreted to match participants own heterosexual world view (although it should be noted that the testing of sketched rather than photographic images could have contributed to the acceptability of the image as not being explicitly male or female).

Personal perceptions of what is and isn't safe (or is and isn't 'desirable') also influenced interpretation of the messages of the ads. The 'Oral Sex' ad for instance, in spite of its reassuring heading, was most often interpreted as being a warning against oral sex. This ad was thought by a number in the women's group to be especially applicable to young people.

Overall even those who disliked the ads were not readily offended by them and expressed no objection to their widespread distribution.

The data from these groups would indicate that:

- The general community is tolerant of a range of different approaches to AIDS Prevention advertising.
- Ads which portray intimacy between heterosexual couples are found to be particularly appealing.
- Ads which portrayed genitals or homosexual intimacy were thought to be appropriate for limited distribution.
- Many people interpret AIDS information and related images from their own perspective, assuming that they are directed at heterosexuals which often leads to them ignoring or reinterpreting dissonant homosexual references.
- The Gay/Bisexual Campaign materials were shocking to some but generally not offensive and there was acceptance that they are needed.

The Gay/Bisexual Campaign Materials also demonstrated a potential to reach many women with their messages quite successfully.

The Gay/Bisexual Campaign print ads had the potential to reach a number of different audiences with their messages.

One issue raised, namely that an explicitly gay focused campaign may leave heterosexuals thinking that they are not at risk, is not as concerning as it might first seem, given the broad general context of AIDS education to which the general public is exposed and which will not 'let people off the hook'.

Information on community attitudes gained from the general public in intercept interviews conducted with 159 respondents, confirmed the acceptability of explicit language in AIDS prevention education campaign materials, and the acceptability of gay/bisexual targeted material being seen or heard by the general public.

Five different print ads were placed in gay venues and in the national and local gay press. In total 1607 ads were placed in 34 venues around Australia and 116 ads were placed in 9 publications. Three different radio ads were played on FM radio, public radio (and 2 additional AM stations) across Australia. In total 3717 radio ads were played on 27 stations.

The 5 print ads were not distributed evenly or according to the media plan. Ad 1 'Hand Over Heart' and Ad 2 'Taking It' make up 70% of the convenience ads and 62% of the press ads.

Eighty three percent of the NP sample regularly read at least one Australian gay publication chosen for the campaign. There is considerable cross-readership; 48% read two or more of the publications.

The radio stations chosen for the campaign cover 29% of the radio stations most listened to by the NP sample.

The overall distribution plan for the print ads was that in the press the theme ad, Ad 1 'Hand over heart', would appear each month, on its own at the launch of the campaign, and in conjunction with the other ads as they appeared sequentially through the campaign. Print advertising in venues was to follow a similar plan, with rotation of the ads. In addition non fixed copies of the ads and the pamphlet were to be made available in the venues to be taken away by patrons.

The only exception to the presumed even rotation of the ads in venues was a direction by the Department to place extra emphasis on Ad 5 'Positive' in Sydney.

DISTRIBUTION: PRINT ADS IN THE GAY PRESS

In total 116 ads were placed in the Gay press across Australia between February and July, 1991. The two national publications that ran the ads were *Campaign* and *Outrage*. The New South Wales based publications were *Gay*, the *Sydney Star Observer* and *Ribald* which is a heterosexual magazine which includes a section on male to male contact. It was anticipated that this magazine would provide access to a bisexual target group. The Victorian based publication was the *Melbourne Star Observer*. The *Westside Observer* in Western Australia also ran the series of ads.

In Tasmania three ads were run in *Pink Thylacines*, with two ads being run in *Queensland Pride*. The publications vary widely in quality, with *Outrage* for example having the high production values consistent with a glossy monthly and *Pink Thylacines* being a photocopied news letter.

Thus, by including more localised free publications those men participating actively in the inner cities' gay 'scene' would be reached. Including national publications with extensive subscription lists, it was anticipated, would extend the reach of the campaign beyond the inner city 'scene'. It was also recognised that radio placement would greatly extend the reach of the campaign.

Table 1: Placement of Advertisements in the Gay Press

Advertisement	Number of ads placed in gay press
Ad 1 'Hand Over Heart'	47
Ad 2 'Taking It'	25
Ad 3 'Giving It'	15
Ad 4 'Oral'	15
Ad 5 'Positive'	14
Total	116

As the media placement plan intended, the ad with the most exposure was Ad 1 'Hand Over Heart'. This was followed by Ad 2 'Taking It'. See table above.

Table 2: Distribution of Ads in the Gay Press

Publication	Advertisement	Number Placed
Gay	Ad 1 'Hand Over Heart'	6
	Ad 2 'Taking It'	3
	Ad 3 'Giving It'	2
	Ad 4 'Oral'	2
	Ad 5 'Positive'	2
Campaign	Ad 1 'Hand Over Heart'	7
	Ad 2 'Taking It'	4
	Ad 3 'Giving It'	2
	Ad 4 'Oral'	2
	Ad 5 'Positive'	2
Ribald	Ad 1 'Hand Over Heart'	6
	Ad 2 'Taking It'	3
	Ad 3 'Giving It'	2
	Ad 4 'Oral'	2
	Ad 5 'Positive'	2

Sydney Star Observer	Ad 1 'Hand Over Heart'	6
	Ad 2 'Taking It'	3
	Ad 3 'Giving It'	2
	Ad 4 'Oral'	2
	Ad 5 'Positive'	2
Outrage	Ad 1 'Hand Over Heart'	7
	Ad 2 'Taking It'	4
	Ad 3 'Giving It'	2
	Ad 4 'Oral'	2
	Ad 5 'Positive'	2
Melbourne Star Observer	Ad 1 'Hand Over Heart'	6
	Ad 2 'Taking It'	3
	Ad 3 'Giving It'	2
	Ad 4 'Oral'	2
	Ad 5 'Positive'	2
Queensland Pride	Ad 1 'Hand Over Heart'	1
	Ad 2 'Taking It'	0
	Ad 3 'Giving It'	0
	Ad 4 'Oral'	1
	Ad 5 'Positive'	0
Westside Observer	Ad 1 'Hand Over Heart'	7
	Ad 2 'Taking It'	4
	Ad 3 'Giving It'	2
	Ad 4 'Oral'	2
	Ad 5 'Positive'	2
Pink Thylacines	Ad 1 'Hand Over Heart'	1
	Ad 2 'Taking It'	1
	Ad 3 'Giving It'	1
	Ad 4 'Oral'	0
	Ad 5 'Positive'	0
	Total	116

In the National Press Survey we asked respondents to name three magazines or newspapers that they regularly read. If more than three were mentioned only the first three were coded.

Table 3: Readership of Targeted Publications

Targeted Publication	Percentage nominating publication in top three
Campaign	41%
Outrage	66%
Melbourne Star Observer	17%
Sydney Star Observer	47%
Westside Observer	5%
Queensland Pride	6%
Pink Thylacines	0.2%
Gay	3%
Ribald	1%

* 7% missing data is excluded

Overall, eighty three percent of the sample mentioned at least one of the Australian gay publications targeted by the campaign; 35% read one regularly, 29% read two and 19% read three gay publications regularly. It should be noted that as the survey was distributed through the gay press all of the respondents must have had access to one of the publications used in the campaign, even if they chose not to nominate it in their three publications read most regularly.

Sixty three percent of the sample read at least one of the popular national gay publications Campaign or Outrage.

Forty percent read at least one Australian daily newspaper regularly and 11% read other magazines regularly.

For the national press sample the placement strategy was effective in achieving a high level of reach. The bisexual group (10% of the sample) were not accessed via Ribald to the extent that had been anticipated in the media plan.

DISTRIBUTION: PRINT ADS IN VENUES

In total 1607 ads were placed in venues around Australia.² The figures represent messages distributed between February and July. 3.2% of the data was missing and therefore excluded.

The data cited in this section is derived from the report by the convenience advertising company to the Commonwealth Department of Health, Housing and Community Services' AIDS Education Section, July 1991 and subsequent personal communications with the evaluation team.

The print ads were displayed in 34 venues with a predominantly gay/bisexual patronage throughout Australia in line with the advertisement placement plan. The choice of these venues was determined by the desire to cover a comprehensive range of venues in all states/territories. These venues were bars and nightclubs, saunas and spas and adult bookshops.

In New South Wales 11 venues were utilised. Seven of these were nightclubs/bars, 3 were bookshops and there was one sauna.

In Victoria 11 venues were used. Six were nightclubs/bars, 3 were saunas and 2 were bookshops.

In Queensland and in South Australia three nightclubs/bars were used.

In Western Australia three nightclubs/bars and one sauna were used.

In Tasmania and in the ACT one nightclub/bar was used.

Table 4: Placement of Advertisements in Venues

Advertisement	Number Placed	Percentage of Ads Placed
Ad 1 'Hand Over Heart'	602	38%
Ad 2 'Taking It'	549	34%
Ad 3 'Giving It'	80	5%
Ad 4 'Oral'	275	17%
Ad 5 'Positive'	101	6%
Total	1607	100%

Table 5: Placement of Ads by State and Territory

State and territory	Advertisement	Number Placed	Percentage Placed in Each State and territory
A.C.T	Ad 1 'Hand Over Heart'	4	67%
	Ad 2 'Taking It'	1	17%
	Ad 3 'Giving It'	0	0
	Ad 4 'Oral'	0	0
	Ad 5 'Positive'	1	17%

New South Wales	Ad 1 'Hand Over Heart'	302	44%
	Ad 2 'Taking It'	308	45%
	Ad 3 'Giving It'	17	2%
	Ad 4 'Oral'	36	5%
	Ad 5 'Positive'	26	4%
Queensland	Ad 1 'Hand Over Heart'	57	35%
	Ad 2 'Taking It'	52	32%
	Ad 3 'Giving It'	20	12%
	Ad 4 'Oral'	20	12%
	Ad 5 'Positive'	14	9%
South Australia	Ad 1 'Hand Over Heart'	52	53%
	Ad 2 'Taking It'	32	33%
	Ad 3 'Giving It'	10	10%
	Ad 4 'Oral'	0	0
	Ad 5 'Positive'	4	4%
Tasmania	Ad 1 'Hand Over Heart'	7	44%
	Ad 2 'Taking It'	4	25%
	Ad 3 'Giving It'	0	0
	Ad 4 'Oral'	0	0
	Ad 5 'Positive'	5	31%
Victoria	Ad 1 'Hand Over Heart'	130	24%
	Ad 2 'Taking It'	128	24%
	Ad 3 'Giving It'	33	6%
	Ad 4 'Oral'	204	38%
	Ad 5 'Positive'	46	9%
Western Australia	Ad 1 'Hand Over Heart'	50	53%
	Ad 2 'Taking It'	24	26%
	Ad 3 'Giving It'	0	0
	Ad 4 'Oral'	15	16%
	Ad 5 'Positive'	5	5%

As we would expect, the relative exposure of each ad makes an enormous difference to the impact that each ad will have. Ad 1 'Hand Over Heart' and Ad 2 'Taking It' make up 70% of the distribution of ads and we would expect therefore that these ads would have an impact in proportion to such high exposure.

In addition to this, the placement of ads match the numbers of venues in different states and territories. NSW received 43% of total ads placed, Victoria received 34% and Queensland received 10%. South Australia and Western Australia received 6% each which is less than 100 of the 1600 placed. Tasmania and the ACT received less than 1% of the total, ie 16 and 6 ads respectively. New South Wales and

Victoria account for over three quarters of the total distribution of ads and accordingly we would expect impact levels to be significantly higher there than in the other states and territories.

Taking both placement location and numbers into consideration, the ad with the most exposure in NSW was Ad 2 'Taking It' with 45% of the 689 ads distributed in that State closely followed by Ad 1 'Hand Over Heart' with 44%.

In Victoria the ad with the most exposure was Ad 4 'Oral Sex' with 38% of the 541 distributed, followed by Ad 1 with 24% and Ad 2 with 24%.

In Queensland the ads with the most exposure were Ad 1 with 35% and Ad 2 with 32%.

In South Australia over half of the 98 ads distributed were Ad 1 followed by Ad 2 which comprised 33%.

In Western Australia Ad 1 made up more than half of the 94 distributed followed by Ad 2 with 26%.

In Tasmania of the 16 distributed in the state, 7 were Ad 1, 5 were Ad 5 and 4 were Ad 2. Ad 3 and Ad 4 were not distributed in Tasmania. Similarly in the ACT of the 6 distributed 4 were Ad 1 and there was one Ad 2 and one Ad 5. Ad 3 and Ad 4 were not distributed.

Response to the ads: damage rates and graffiti

Of the 1607 ads distributed around the country 25% or 397 of these were ripped down or souvenired. The company distributing the print ads does not make a distinction between these categories when they gather data. In the two states and territories with the highest distribution of ads there was a significant difference in the numbers of ads ripped down/souvenired. Forty percent of the 541 ads placed in Victoria were ripped down/souvenired in comparison with only 11% of the 689 ads distributed in New South Wales despite the availability of copies of the ads to take away at each venue.

Of the 34 sites where ads were placed there was no graffiti on any ads at 24 of the sites. There was no information available on whether graffiti existed for the other 10 sites. The low or non-existent rates of graffiti may indicate two things, firstly that Safe Sex Education campaigns are taken seriously by the gay community and are seen as somehow sacred or that men graffiti things at a much lower rate than women do. The convenience advertising company report that damage rates (messages ripped down/souvenired) are generally higher in female toilets than in male toilets.

DISTRIBUTION: RADIO ADS

There were 3 different radio ads played between February and July 1991 on major FM stations (and 2 AM stations) and public broadcasting stations in the capital cities and regional centres.

The choice of radio stations was based on market research profiles which aimed to identify men who most closely approximated the target group. Characteristics included in the profiles were single men in middle to upper income brackets in households comprised of unrelated males etc.

Ad 1 was directed towards gay men, Ad 2 was directed towards bisexual men and Ad 3 targeted relationships in general. These ads were to be rotated evenly over the duration of the campaign. See table below.

The use of the ABC was limited by their willingness to accept these ads as non-paid community service announcements. This was seen as a significant disadvantage as it had been suggested in a paper prepared for a ministerial briefing in October 1990 that the SAPA study showed that at least in New South Wales over 85% listened to one or more of the five major radio stations which included Radio National, 2JJJ and ABC FM.

In the light of information produced by this survey on listening patterns, the failure to engage the ABC has seriously affected the effectiveness of the use of radio in this campaign (see table 7).

The method of purchase of radio time did not allow for specification of which ads should appear at particular times. We must therefore assume that the ads were rotated equally as intended. The exception to this was Tasmania where only Ad 3, the relationships ad, was used.

Table 6: Distribution of Radio Ads

State and Territory	Radio Station	Number of Ads Placed Feb 3 to July 27, 1991
New South Wales	2MMM-FM Sydney	140
	2DAY-FM Sydney	165
	NEW-FM Newcastle	231
	* 2SER Sydney	158
	* 2RSR Sydney	44
	* 2NUR Newcastle	34
Victoria	3MMM-FM Melbourne	146
	3FOX-FM Melbourne	151
	* 3RRR Melbourne	158
	* 3CCC Bendigo	22
Queensland	B105-FM Brisbane	132
	4MMM-FM Brisbane	104
	SEA-FM Gold Coast	220
	* 4ZZZ Brisbane	158
South Australia	SA-FM Adelaide	241
	* 5MMM Adelaide	158
	* 5GTR Mt Gambier	22
Western Australia	96-FM Perth	230
	* 6UVS Perth	158
	* 6NR Perth	22
A.C.T	FM104.7 Canberra	242
	* 2XX Canberra	33

Tasmania	7TTT-FM Hobart	242
	7LA Launceston	220
	* 7THE Hobart	22
Northern Territory	8DN Darwin	220
	* 8KIN Alice Springs	44
Total	27 Stations	3717

* Radio stations marked with an asterisk are public broadcasting stations

The National Press Survey provided information that had previously not been available on a large scale, of radio listening patterns of gay identified men.

The radio stations chosen for the campaign covered 29% of the radio stations most listened to by the sample. The inclusion of JJJ and the ABC AM radio stations in particular, would have dramatically increased the reach of the radio advertisements.

In order to reach the under 25 age group by radio it should be noted that JJJ is listened to by one third of this group. In this age group twice as many people listen to JJJ than any other single station.

Table 7: Radio Stations Listened To Most Often

Radio station listened to most often	Number	Percent
<i>Stations used for campaign</i>		
2MMM Sydney	145	5.9%
2DAY Sydney	171	6.9%
3MMM Melbourne	50	2.0%
3FOX Melbourne	92	3.7%
B105 Brisbane	69	2.8%
4MMM Brisbane	8	0.3%
FM Adelaide	8	0.3%
96FM Perth	25	1.0%
FM104.7 Canberra	6	0.2%
7TTT Hobart	2	0.1%
NEW FM Newcastle	5	0.2%
SEA FM Gold Coast	2	0.1%
7LA Launceston	1	0.0%
Public Broadcasting Station	129	5.2%
<i>Stations not used in campaign</i>		
ABC FM	269	10.9%
ABC AM	427	17.3%
JJJ	477	19.3%
Other FM Station	254	10.3%
Other AM Station	333	13.5%

The over representation of Sydney residents in the sample is evident in the distribution shown in the table above. 10.7% missing data is excluded

The implications of radio listening patterns for impact are discussed in the next section.

The population surveyed in both the Gay Venue Survey and the National Press Survey is comprised of mainly Australian born men with high levels of education.

Most of the National Press sample were employed with over half being managers, administrators or professionals. This contrasts with the younger Gay Venue sample, where the largest occupational category was clerical, sales or service. The Gay Venue sample showed a higher than expected level of unemployment (18% cf 7% NPs).

Eight out of ten men in the National Press sample had been HIV antibody tested. Thirteen percent of those tested were HIV positive.

As outlined in Chapter 2 the evaluation of the Gay and Bisexual Education Campaign consisted of three stages:

Analysis of the design of the campaign including the operationalising of research findings in materials production.

Process focused assessment using a continuation of the program design analysis with an emphasis on *implementation* in contrast to the phase one emphasis on *design*. The major emphasis of this stage was the immediate impact of the campaign. The primary method of data collection was the Gay Venue Survey (GVS). This survey was designed to measure primarily campaign *recognition* and also reach. The advertisements were shown in interviews with a sample of 481 men conducted in venues which were a principal site of print materials placement. Other components included key informant interviews; analysis of the placement of print ads in the press and venues and radio advertising; and impact focus group testing.

Assessment of the intermediate effects of the campaign. The primary method of data collection was the National Press Survey (NPS). This survey was a self administered questionnaire which was distributed through the gay publications across Australia that ran the campaign ads. A sample of 2768 that arrived before January 1, 1992 were analysed. The survey was comprised of questions on demographic information, sexual practices, safe sex knowledge, and specific questions to measure the impact of the campaign. The survey was designed to measure primarily campaign *reach* and *recall*

with a broader sample drawn from the other major site of print materials placement.

Both surveys were also designed to measure reach and recall of radio ads.

A copy of the questionnaires are included as Appendix Three and Four.

The samples selected to gauge the impact of the campaign were as close as possible to the target group. The two major sources of materials distribution were gay venues and the press. Face to face interviews were conducted with patrons of a range of venues, while as noted above, self-administered questionnaires were distributed in gay publications in which the print ads appeared.

Of the 2768 men in the National Press sample, three quarters are from New South Wales and Victoria and the majority of the sample reside in the major cities in each state and territory (See tables 8 and 9).

Table 8: NP Sample- State and Territory of Residence

State and Territory of Residence	Number	Percentage
New South Wales	1349	48.7%
Victoria	701	25.9%
Queensland	367	13.3%
South Australia	93	3.4%
Western Australia	158	5.7%
Tasmania	27	1.0%
Northern Territory	16	0.6%

2.1% missing data is excluded

Table 9: NPS Place of Residence

Place of Residence	Number	Percentage
Sydney Metropolitan Area	1145	42.4%
Regional NSW	130	4.8%
Canberra	66	2.4%
Melbourne Metropolitan Area	650	24.1%
Regional Victoria	51	1.9%
Brisbane	249	9.2%
Gold Coast	36	1.3%
Regional Queensland	81	3.0%
Adelaide Metropolitan Area	90	3.3%
Regional South Australia	3	0.1%
Darwin	12	0.4%
Regional Northern Territory	4	0.1%
Perth	152	5.6%
Regional WA	6	0.2%
Hobart	21	0.8%
Launceston	6	0.2%

2.4% missing data is excluded

The Gay Venue Survey was conducted in the capital cities in Australia, except the Northern Territory.

Of the 481 people interviewed, 27% were from New South Wales and the A.C.T, 21% were from Victoria, 14% were from Western Australia and 14% were from Queensland, 12% were from South Australia and 11% were from Tasmania. (1% missing data is excluded).

The Gay Venue sample gives a greater representation to the smaller states/territories.

Overall the large majority of both samples were born in English speaking countries. The GV sample has double the proportion of people born in non-English speaking countries than the NP sample (NP 95%, GV 87%). Eighty percent of the NP sample and 74% of the GV sample were born in Australia. Other places of birth include Asia and the Pacific (NP 2.4%, GV 7%), Europe (NP 2.8%, GV 4%) and elsewhere (NP 0.4%, GV 2%).

Generally the NP sample is older than the GV sample with larger numbers of men in the over 35 age group being represented. This confirms a campaign targeting assumption that the population who read gay publications is broader than the population attending gay venues such as discos. See table 10 below.

Table 10: The Age Distribution of the Samples

Age	Number of people in age group NP	NP Percent	Number of people in age group GV	GV Percent
Under 20	97	3.5%	54	11.4%
20-25	546	19.9%	127	26.7%
26-35	1074	39.1%	197	41.5%
36-45	650	23.6%	68	14.3%
46-55	261	9.5%	20	4.2%
56-65	98	3.6%	9	1.9%
Over 65	24	.9%	0	0

* Missing data excluded

In general the men in both samples had a high levels of education, with 61% of the NP sample and 75% of the GV sample having completed year 12 or higher. A large proportion of each sample had completed a tertiary degree or diploma (NP 49%, GV 32%).

Sixty percent of the NP sample and 55% of the GV sample were employed full-time, 13% of the NP and 2.5% of the GV sample were self-employed and 7% of the NP sample and 13.3% of the GV sample were employed part-time.

Seven percent of the NP and 10% of the GV sample were students and 6% of the NP sample and 2% of the GV sample were not in the workforce. The rate of unemployment was significantly lower in the press sample than the venue sample: 7.2% compared with 17.5%.

Table 11: Types of Employment

ABS Employment Categories	Percent of National Press Sample	Percent of Gay Venue Sample
Professional	25.7%	27.9%
Management and Administration	32.4%	6.7%
Clerical, Sales and Service	26.2%	41.7%
Artistic, Literary or Sport	8.9%	9.2%
Manufacturing and Construction	2.3%	7.4%
Primary Production	1.6%	3.1%
Transport & Materials Handling	2.1%	2.5%
Basic Manual	0.8%	1.5%

* Missing data excluded

The high levels of education and over representation in professional and service occupational categories in both the NP and GV samples is also a feature of other Australian samples of gay and bisexual men (Connell et al 1987; Campbell et al 1988).

The demographics of the Gay Venue sample strongly correlate with the Victorian AIDS Council's *Community Education Evaluation Project* (Sinnott and Todd 1988) venue-based sample on age, country of origin and level of education. However, there are some variations. The main one is that the GV sample has 18% unemployment compared with 9% in the 1988 sample.

Additional information was collected in the NP survey. The majority of the NP sample had had an HIV antibody test (78.5%) with 12.9% of those tested returning an HIV positive result.

Six percent of the NP sample, or 155 people, had injected drugs at least once in the last 12 months with an additional 2% injecting drugs regularly. One in eight of those injecting drugs had shared a needle or syringe.

The majority of both the National Press and Gay Venue samples are gay identifiers and are active participants in the gay community. Sexual partners are sought at gay clubs and discos, bars and saunas. Half of the men in both samples often spent time socialising with gay friends and over one third were members of a Gay group or organisation.

Forty four percent of the NP sample and a third of the GV sample were in an ongoing gay relationship. Fifty seven percent of men in relationships in the NP sample and 45% in the GV sample had sex outside that relationship.

Data from the NP survey revealed that safe sex practices including kissing and mutual masturbation and low risk practices such as receptive and insertive oral sex without cumming are almost universal.

Three quarters of the NP sample had practised anal sex in some form in the last 6 months. Just over half of these men (52%) have practised unprotected anal sex. Unprotected anal sex occurs to a significantly larger extent in relationships and with regular partners.

The National Press Survey and the Gay Venue Survey produced samples which conformed in a number of ways with the group targeted by the campaign, particularly with regard to gay identification, types of relationships and sexual practices.

DEGREE OF IDENTIFICATION AND AFFILIATION

The large majority of men in both samples identified themselves as gay (NP 91%, GV 85%) and 9% of the NP sample and 13% of the GV sample identified themselves as bisexual. Less than 1% of the NP sample identified themselves as heterosexual. Two percent of the GV sample and less than 1% of the NP sample did not answer the question.

A number of respondents noted in the NP survey that they prefer the term 'homosexual' to 'gay' while some individuals preferred terms such as 'queer' and 'poof'.

Fifty percent of the National Press sample reported that they seek sexual partners at gay clubs or discos, 42% seek sexual partners at bars, 34% seek sexual partners at saunas and 34% seek sexual partners at beats. One quarter of the sample mentioned a variety of additional sources of sexual partners. This included the personal ads in magazines, introductions by friends, parties, the beach, sporting clubs, male prostitutes, sex shops and a proportion who said that they 'looked everywhere'.

Twenty three percent of the GV sample stated that they often go to gay venues to seek sexual partners and 54% said they did this sometimes. These percentages are similar to those reported for the SAPA sample which found that only 20% had little sexual engagement in the gay community (Kippax et al 1990b).

Men in both samples reported that they spent time socialising with gay friends, 56% of the NP and 49% of the GV sample often spent time socialising with gay friends while 38% of the NP sample and 44% of the GV sample report doing so sometimes. Six percent of the NP sample and 8% of the GV sample did not socialise with gay friends at all.

Over one third of the people interviewed in both surveys were a members of a Gay group or organisation (NP GV 35%).

Bisexual Respondents

The bisexual group who participated in the surveys may not be representative of that group of men having sex with both men and women in the general population. The bisexual group in the NP study has a very similar profile to the total sample:

- . Sexual practices engaged in are almost the same;
- . Eighty one percent socialise with gay friends sometimes or often compared with 94% in the total sample;
- . The places in which sexual partners are sought are broadly similar although the bisexual group is less likely to use bars and clubs. Interestingly, they are no more likely than the total sample to seek sexual partners at beats.

ONGOING RELATIONSHIPS

Forty four percent of the NP sample and 36% of the GV sample were in an ongoing gay relationship. Three percent of the National Press sample were in a heterosexual relationship.

The gay relationships reported vary in duration although more men in the NP sample had been long term relationships. In the NP sample half of those in relationships had been with their partners for over two years and over one third of those in relationships had been with their partners for less than a year.

This contrasts with the GV sample where one third had been with their partners for over two years and over half (54%) had been with their partners for less than a year.

Of the people in relationships, 57% of the NP sample and 45% of the GV sample had sex with people other than their partner.

Thirty four percent in the NP survey and 30% of the GV sample believed their partner had sex with others. Twenty three percent of the NP sample and 22% of the GV sample said that they didn't know whether their partner had sex with others.

Of the men in relationships 26% in the NP sample and 43% in the GV sample are in a monogamous relationship where neither partner has sex outside. Thirty percent in the NP sample and 26% in the GV sample are in a relationship where both partners have sex outside.

In the SAPA sample a larger proportion were in relationships than in the National Press Sample (51% compared with 44%). The Gay Venue sample had an even smaller proportion in relationships although we would expect that a venue based sample would over represent people not in ongoing relationships.

The proportion of people in relationships having sex outside their primary relationship was very similar for both the SAPA and NPS samples but having sex outside was less common for the Gay Venue sample (58% SAPA, 57% NPS, 45% GV) (Connell et al 1988). The lower rates of sex outside relationships for the GV sample may be due to the fact that the relationships reported by this group were newer.

A comparison with a recent U.S. study yields broadly similar results to the Australian samples reported above with 47% being in relationships and 51% of these having sex outside that relationship (Bromberg 1991).

SEXUAL PRACTICES

Data on sexual practices was collected in the National Press Survey. This section discusses data from the NP sample only. There are a number of interesting features about sexual practices to note:

• Almost 95% of the sample engage in specific safe sex practices such as kissing and mutual masturbation or low risk practices, as identified in this campaign, such as oral sex without cumming.

• Just over 76% of the sample had practised anal sex in some form in the last 6 months. Condom usage was extensive with eight out of ten men who have practised anal sex in the last 6 months reporting some level of condom use. The survey does not provide data on frequency of condom use, however. From this sample we can conclude that condom use is an established part of the sexual repertoire of most gay men who practice anal sex. However, we need further information on the circumstances in which condoms are not used as just over half of the men who have practised anal sex (52%) have practised unprotected anal sex. This includes men who have practised both protected and unprotected anal sex.

This means that condom use is inconsistent. Nearly half of those having anal sex use condoms every time; 34% have both used condoms, and practised unprotected anal sex over the last 6 months and 18% have practiced *only* unprotected anal sex.³

One in four men had practised unprotected anal sex with casual partners in the last six months.

³

The 76% is an overall count of the 8 categories of anal sex shown in Table 5.

Table 12 represents the percentage who have engaged in each specific practice and type of partner, whether regular or casual.

We should be aware that gay and bisexual men have a number of potential contexts for sexual engagement. For some this is exclusively within monogamous relationships, for others it is within casual encounters only, and for a significant proportion it is within the context of a primary relationship with casual encounters.

These men may have had a number of partners over the previous 6 months and different sexual practices may have occurred with each partner.

Some practices may have been engaged in with a regular partner only, or a casual partner only or with both a regular and a casual partner. Moreover the phrase 'in the last 6 months' covers a time span in which relationships may have begun, ended, or changed in nature.

Some patterns of sexual practice emerge from Table 12:

- The sexual practices engaged in by most of those having sex with casual partners and both casual and regular partners are the safer practices, of oral sex without cumming, mutual masturbation, kissing and to a lesser extent anal sex with condoms.

- With regular partners unprotected anal sex is a more common practice than anal sex with condoms. This is not necessarily 'unsafe' sex if both partners are HIV negative and if they practice protected anal intercourse with partners outside that relationship. As this survey did not elicit data on peoples' knowledge of their partner's HIV antibody status we are unable to be more conclusive on the issue of what is safe and unsafe for this sample.

- Withdrawal is a strategy used with casual partners more often than with regular partners.

- The rate of condom use for anal sex with casual partners is two to three times higher than for regular partners.

This data reveals very similar patterns of sexual practice to those that were found in the SAPA survey conducted in 1986/1987.

However, there are two significant differences. The amount of anal sex being self reported has increased - 76% of the National Press Sample compared with 50% of the SAPA sample.(Dowsett 1991:15) At the same time the amount of unprotected anal sex has decreased. Forty percent of the National Press sample report practising unprotected anal sex within the last 6 months compared with 48% of the SAPA sample (Connell and Kippax 1990).

This may be an indication of positive results of education programs conducted in the last few years.

Table 12: Sexual Practices

Practice	Total Number	With a Regular Partner	With a Casual Partner	Regular and Casual
Oral receptive	94.6%	29.5%	52.7%	12.4%
Oral receptive/cum	34.8%	13.2%	19.9%	1.7%
Oral insertive	94.3%	28.5%	53.5%	12.3%
Oral insertive/cum	39.1%	12.6%	24.4%	2.1%
Anal receptive no condom	25.9%	14.0%	11.3%	0.6%
Anal insertive no condom	28.3%	13.9%	13.4%	1.0%
Anal receptive no condom withdrew	19.0%	8.2%	10.4%	0.4%
Anal insertive no condom withdrew	20.3%	8.2%	11.4%	0.7%
Anal receptive no condom cum	18.2%	11.0%	6.9%	0.3%
Anal insertive no condom cum	20.4%	11.4%	8.7%	0.3%
Anal receptive condom	46.5%	13.2%	30.6%	2.7%
Anal insertive condom	54.2%	12.8%	37.7%	3.7%
Mutual masturbation	94.2%	30.3%	50.3%	13.6%
Kissed	93.0%	33.2%	47%	12.8%

* 2.2% missing data is excluded

Being in a relationship, knowledge of HIV status and being a member of a gay organisation have differential effects on the likelihood of practising unprotected anal sex. Age, identifying as bisexual and socialising with gay friends did not have an effect.

In the National Press sample whether respondents identified themselves as gay, bisexual or heterosexual did not have a significant effect on the likelihood of practising unprotected anal sex. Forty percent of those who identified themselves as gay had practised unprotected anal sex compared with 38% of those who identified as bisexual and 33% of those who identified as heterosexual (note only 12 people identified as heterosexual) (not sig).

Age did not have a significant effect on the likelihood of practising unprotected anal sex. Slight differences revealed were that the under 20 age group practised the most unprotected anal sex (44% cf 40% total sample) and the over 65 age group practised the least unprotected anal sex (13% cf 40% total sample) followed by the 36-45 age group (37% cf 40% total sample) (not sig).

Socialising with gay friends whether often, sometimes or never, did not have an effect on practising unprotected anal sex but being a member of a gay group or organisation did have a small effect. Thirty six percent of people in a gay organisation had practised unprotected anal sex compared with forty two percent of those who were not members of a gay group or organisation (corr .06).

Being in a gay relationship had the strongest effect on practising unprotected anal sex.

Those in a relationship are more likely to practise unprotected anal sex (54%) than those not in a relationship (29%) (corr .25). Of people in relationships, 36% had practised unprotected anal sex with a regular partner only and 18% had practised unprotected anal sex with a casual partner or with both a regular and casual partner.

The high proportion of men in relationships practising unprotected anal sex confirms one of the major targeting decisions made during the design of the campaign. Relationships can provide a context of intimacy, love, trust or closeness. The subtleties of sexual expression in relationships need greater exploration than this survey was able to do in order to assess the basis on which decisions about sexual practices are made, eg is unprotected anal sex practised in full knowledge of partners' HIV status and whether sexual engagement outside the relationship is protected or is unprotected anal sex practised because people trust or take a gamble with their regular partner.

There is a relationship between testing, HIV status and safe sex practices.

The group that were practising the most unprotected anal sex were the HIV positive group (50%) in comparison with 41% of the HIV negative group. People who had *not* been tested practised the least unprotected anal sex (32%) (corr .11). Forty percent of the HIV positive group had practised unprotected anal sex with a casual partner or with a casual and a regular partner while only 10% had practised unprotected anal sex with a regular partner only. ⁴

⁴ With the questions on sexual practices we found some cases that seemed inconsistent but for each of these cases there may be a legitimate explanation. For example, of the people not in relationships 170 answered that they had had receptive oral sex with a regular partner. These men may have been in a relationship in the last 6 months which has ended OR they may have a regular sexual partner but do not define this as a 'relationship' OR they may have misinterpreted the question to be about frequency of practice instead of type of partner.

Another example is where men in relationships who do not have sex outside answered that they have had casual sex in the last six months. These men may have had sex outside their relationship previously but do not now OR they may have misinterpreted the

Again because this survey did not elicit information on partners' status there are no grounds for assuming that the HIV positive group are having unprotected anal sex with HIV negative partners. However, even if all unprotected anal sex is occurring with other HIV positive men then this fact, combined with the low level of knowledge about transmission between HIV positive men (see section 8) justifies the decision made to target unprotected anal sex between HIV positive men with Ad 5.

question to be about frequency of practice instead of type of partner. Because valid explanations for these inconsistencies could be found it was decided that the data should not be modified, however, it is likely that some people were confused by the question. This confusion may have been lessened if we had specified that regular partner meant in an ongoing relationship with and if the boxes to be ticked in question 17 had been labelled regular partner and casual partner rather than reg and casual.

The campaign had good *reach*. Eighty five percent of the National Press sample had either seen a print advertisement or heard a radio advertisement (semi-prompted). *Recognition* or prompted recall rates were high in the Gay Venue sample. When the ads were shown in the interview 85% had seen at least one ad. Sixty percent of the GV sample had seen three or more ads.

The rates of recognition and to a lesser extent recall of the ads appear to be broadly determined by their distribution for both samples.

Twenty seven percent of the National Press sample heard an ad from the campaign on the radio. This is an excellent result when we consider that distribution was via radio stations that were listened to most regularly by only 29% of the sample. Twenty seven percent of the Gay Venue sample remembered a 'safe sex' message on radio.

Eighty six percent of the National Press sample who answered the question understood 'That Feeling' in ways consistent with its conceptualisation in campaign design.

The gay venue sample revealed that readership and comprehension rates for the ads were high. For ads 1 to 4, 75% to 80% of those who saw the ads read them. Over 90% of the Gay Venue sample who had seen the ads comprehended the central campaign message.

REACH: PRINT ADVERTISEMENTS

The campaign had good reach. Eighty two percent of the National Press Sample, or 84% of those who answered the question, had seen at least one ad from the campaign, (semi-prompted) and 85% of the Gay Venue sample had seen an ad (prompted). Responses in the National Press Survey were semi-prompted in that the ads were described in the questionnaire. Responses in the Gay Venue Survey were prompted in that the ads were shown in the interview.

RECOGNITION: PRINT ADVERTISEMENTS

Using interviews to collect data with the Gay Venue sample enabled us to assess which ads were seen the most (recognition rates) instead of recalled the most (recall rates) as with the National Press

Sample. The ads were shown in the interview and these prompted recognition rates were high. See table below.

Table 13: Gay Venue Sample - Percentage of People Who Had Seen Ads

Advertisement	Percentage
Ad 1 'Hand over heart'	81%
Ad 2 'Taking it'	65%
Ad 3 'Giving it'	50%
Ad 4 'Oral'	53%
Ad 5 'Positive'	44%
Pamphlet	31%

Overall, 85% of the GV sample recognised at least one ad. Sixty percent of the sample had seen three or more ads.

Table 14: GV Sample - Number of Advertisements Seen by Those Who Had Seen at Least One Ad

Number of Ads seen	Frequency	Percent
One ad seen	41	10%
Two ads seen	80	19.6%
Three ads seen	73	17.9%
Four ads seen	83	20.3%
Five ads seen	131	32.1%
Total	408	100%

The high recognition rates for this sample indicate that the campaign reached a major component of the target audience, specifically gay identified men attending a range of venues.

These high recognition rates compare favourably with recognition rates from other campaigns such as the Victorian AIDS Councils' *Alcohol and Drugs- NO EXCUSE* campaign which achieved 60% recognition rates of print materials (McLeod 1991).

Table 15: GV Sample- State by Have You Seen This Ad

State	Advertisement	Number Who Had Seen Ad	Percentage Who Had Seen Ad
New South Wales and A.C.T	Ad 1 'Hand over heart'	115	87.1%
	Ad 2 'Taking it'	102	77.3%
	Ad 3 'Giving it'	71	53.8%
	Ad 4 'Oral'	72	55.8%
	Ad 5 'Positive'	69	52.7%
	Pamphlet	32	24.4%
Queensland	Ad 1 'Hand over heart'	61	95.3%
	Ad 2 'Taking it'	51	78.5%
	Ad 3 'Giving it'	43	66.2%
	Ad 4 'Oral'	42	65.6%
	Ad 5 'Positive'	32	50.0%
	Pamphlet	16	24.6%
South Australia	Ad 1 'Hand over heart'	35	72.9%
	Ad 2 'Taking it'	28	58.3%
	Ad 3 'Giving it'	20	42.6%
	Ad 4 'Oral'	19	40.4%
	Ad 5 'Positive'	15	31.9%
	Pamphlet	30	60.0%
Tasmania	Ad 1 'Hand over heart'	33	70.2%
	Ad 2 'Taking it'	18	38.3%
	Ad 3 'Giving it'	15	31.3%
	Ad 4 'Oral'	21	43.8%
	Ad 5 'Positive'	19	40.4%
	Pamphlet	12	26.7%
Victoria	Ad 1 'Hand over heart'	88	87.1%
	Ad 2 'Taking it'	66	65.3%
	Ad 3 'Giving it'	60	60.0%
	Ad 4 'Oral'	66	66.0%
	Ad 5 'Positive'	44	44.0%
	Pamphlet	29	29.3%
Western Australia	Ad 1 'Hand over heart'	54	78.3%
	Ad 2 'Taking it'	43	63.2%
	Ad 3 'Giving it'	30	46.9%
	Ad 4 'Oral'	32	48.5%
	Ad 5 'Positive'	29	45.3%
	Pamphlet	29	43.3%

* Missing data excluded from table

The rates of recognition of the ads appear to be broadly determined by their distribution in the press and through convenience advertising. Higher exposure rates lead to higher levels of recognition.

As a factor affecting recognition rates distribution operates independently of design aspects of the ads. Design aspects are discussed later in the section 'which ads did respondents think had the most impact and why'.

Attention to the ads

Seeing the ads is only part of the process of taking in the message of the ad. In the Gay Venue sample, for ads 1 to 4, 75% to 80% of those who saw the ads read them. Ad 5 'Positive' and the pamphlet had the highest rate of non-readership.

People who were HIV negative or of unknown status would have perceived the 'Positive' ad as being not relevant to them, and indeed, the ad was specifically targeted at HIV positive men. Focus group testing suggests that in the case of the pamphlet, because of the similarity in appearance of the pamphlet to the print ads, some readers assumed that the written text was also the same as in the separate ads and therefore saw no need to 're-read' the material.

Table 16: GV Sample- Readership of Advertisements

Advertisement	Number who saw ad	Percent who saw ad	Number who read ad	Percent who read ad*
Ad 1 'Hand over heart'	383	81	297	77.5
Ad 2 'Taking it'	306	65	226	73.9
Ad 3 'Giving it'	226	50	167	73.9
Ad 4 'Oral'	244	53	181	74.2
Ad 5 'Positive'	195	44	128	65.6
Pamphlet	143	31	78	54.5

* This percentage is based on the number who saw the ad only and not the whole sample. Missing data were excluded

Imparting new information

As discussed in the introduction, a major purpose of the campaign was to clarify information about specific sexual practices and address inconsistencies between knowledge of safe sex practices and actual behaviour. The sexual practices information in the campaign was intended for some men to have the effect of reinforcing behaviours already practised, for others clarify doubts about particular behaviours, and for others again it was to challenge incorrect perceptions about risky behaviours.

As noted earlier in this Report, it is important to clarify the nature of 'information' as conceptualised in this campaign - as primarily information about the contexts in which risky behaviour occurs rather than information about risky behaviours per se. As such, **we would expect that for this venue-based sample the ads would act predominantly as reinforcers rather than as vehicles for the acquisition of entirely new information.** This expectation was confirmed in the Gay Venue Survey results.

We asked the questions 'Did the ad tell you anything new' and 'If so what new things did it tell' for each of the ads and the pamphlet. As expected very few people acquired new information from ads 1, 2 and 3.

Fifteen percent of the people who had seen Ad 4 'Oral' or Ad 5 'Positive' did report learning something new. In all cases what was learned was a specific message from the ad.

For Ad 4 the majority of people that learned something new (18 people) learned that HIV can be passed on through broken skin in the mouth; 9 learned that you should use a condom for oral sex; 8 learned that oral sex is low risk and 4 learned that other STDs can be passed on with oral sex.

For Ad 5 most learned that HIV positive people should practice safe sex and a small number learned that other STDs could also be passed on.

A number of people commented that the pamphlet was useful in providing the telephone numbers and addresses of organisations printed on the back.

Discussion of campaign within the community

Twenty nine percent of the people who saw at least one ad in the Gay Venue sample talked about an ad with others. The ad most talked about was Ad 1 'Hand over heart'. Twenty three percent of people who had seen it talked about it with friends. Seventeen percent of people who had seen Ad 2, 'Taking it' talked about the ad with friends. Eighteen percent of those who had seen Ad 3 'Giving it' and 19% of those who had seen Ad 4 'Oral' talked about the ads. Eighteen percent of those who had seen Ad 5 'Positive' talked about the ad with friends.

Unprompted recall of AIDS education materials

Eighty eight percent of the Gay Venue sample stated that they had seen AIDS education posters or advertisements in the last few months. Half of the people interviewed mentioned an advertisement from outside the campaign while 27% recalled an ad from this campaign before the ads were shown in the interview. (See table below)

Table 17: GV Sample - Types of Ads Seen in Last Few Months

Type of Ad Seen	Frequency	Percent
'That Feeling' ad or slogan	75	15.6
Other campaign ad or slogan	183	38.0
Both 'that feeling' and other	54	11.2
Something but can't recall	103	21.4
Saw no ads	59	12.3
No answer	7	1.5
Total	481	100%

There was a large range of other campaigns mentioned. For a third of responses, some sort of safe sex message was remembered but this could not be identified as belonging to any particular campaign (2 people remembered a safe drugs ad). Phrases such as 'wear a condom' or 'safe sex' could be from a number of campaigns. Sometimes snippets of ads were remembered but the campaign could not be identified. Peoples awareness of other campaign materials is also discussed for the National Press sample later in this section.

RECALL: PRINT ADVERTISEMENTS

In order to identify the reach and awareness of the campaign respondents were *semi prompted* in the National Press Survey in the sense that section E of the questionnaire described the ads in the following way:

Over the past few months there has been a number of print ads in the gay press, which all featured photographs with people's faces or bodies in them, with dark backgrounds, a heart or hearts in all of the pictures and usually the words 'That feeling doesn't stop HIV. Safe sex does' somewhere in the ad.

The majority of people who were aware of the campaign had a clear idea of who the ad(s) were aimed at.

Fifty six percent believed that the ads were aimed at gay and bisexual men and 23% believed that the ads were aimed at all sexually active men. Only 0.3% or 7 people believed the ads were aimed at heterosexuals. Not one person commented that they did not know who the ads were aimed at. (18% did not answer the question).

In the next section of the survey we were asking for a high degree of specificity in which respondents were asked to specify which ads they could recall. Twenty seven percent of the sample (740 people) could recall specific details from at least one ad. This is one third of the people who were aware of the campaign.

The high levels of knowledge demonstrated by this sample as discussed in the next section, as well as the high rates of correct interpretation of the concept 'That Feeling' and the high level of understanding as to the intended target group would indicate that *comprehension* of the ads was not a reason for the low response rate to this question. Comprehension of the separate ads was measured in the gay venue survey by the more appropriate method of interview rather than self administered questionnaire (see *Impact Report Number 2*).

Other explanations, derived from other forms of impact measurement such as the post campaign focus group testing and the gay venue survey, could concern *design issues*, namely that:

- . the ads were perceived to be the same ad being repeated rather than a set of different ads;
- . the ads were not arresting, in being both too detailed and too dark and requiring too much effort from readers, especially in venues.

Table 18: Which Ads Were Recalled by Those who Could Recall Details From at Least One Ad

Advertisement	Percentage
Ad 1 'Hand Over Heart'	56.5%
Ad 2 'Taking It'	44.6%
Ad 3 'Giving It'	40.4%
Ad 4 'Oral'	33.1%
Ad 5 'Positive'	33.9%

The ads were recalled in the order that they were distributed. The early ads seem to have had the largest impact. Ad 1 'Hand Over Heart' was the ad recalled by the largest number of people. This ad was the first ad in the campaign to be distributed and was also the ad most placed both in the gay press and in venues. The amount of distribution of each separate ad does not appear to have had as strong an effect on ability to recall specific ads as we would have expected.

Table 19: Number of Advertisements Recalled by Those who Could Recall Specific Details of an Ad

Number of Specific Ads Recalled	Frequency	Percent
One ad recalled	283	38.2%
Two ads recalled	230	31.1%
Three ads recalled	141	19.1%
Four ads recalled	53	7.2%
Five ads recalled	33	4.5%
Total	740	100%

Over thirty percent of people who could recall specific detail about the ads indicated that they had paid close attention to the campaign and could recall detail from three or more ads.

There is a marked contrast between recall rates when questions about the ads are semi-prompted, as in the National Press Survey, or prompted, as in the National Gay Venue Survey. It does seem that a few months after the campaign finished (without showing the ads to jog memories) that the majority of people remember the series of ads but not the specific details.

Table 20: State/Territory by Ability to Recall Specific Advertisements

State/ Territory	Advertisement	Number Who Could Recall Ad	Percentage Who Could Recall Ad
New South Wales and A.C.T	Ad 1 'Hand Over Heart'	212	58.9%
	Ad 2 'Taking It'	155	43.1%
	Ad 3 'Giving It'	135	37.5%
	Ad 4 'Oral'	95	26.4%
	Ad 5 'Positive'	105	29.2%
Queensland	Ad 1 'Hand Over Heart'	54	56.8%
	Ad 2 'Taking It'	47	49.5%
	Ad 3 'Giving It'	40	42.1%
	Ad 4 'Oral'	33	34.7%
	Ad 5 'Positive'	36	37.9%
South Australia	Ad 1 'Hand Over Heart'	13	61.9%
	Ad 2 'Taking It'	10	47.6%
	Ad 3 'Giving It'	6	28.6%
	Ad 4 'Oral'	11	52.4%
	Ad 5 'Positive'	8	38.1%
Tasmania	Ad 1 'Hand Over Heart'	6	75%
	Ad 2 'Taking It'	3	37.5%
	Ad 3 'Giving It'	3	37.5%
	Ad 4 'Oral'	5	62.5%
	Ad 5 'Positive'	3	37.5%
Victoria	Ad 1 'Hand Over Heart'	111	54.1%
	Ad 2 'Taking It'	91	44.4%
	Ad 3 'Giving It'	95	46.3%
	Ad 4 'Oral'	80	39.0%
	Ad 5 'Positive'	77	37.6%
Northern Territory	Ad 1 'Hand Over Heart'	0	0
	Ad 2 'Taking It'	1	50.0%
	Ad 3 'Giving It'	1	50.0%
	Ad 4 'Oral'	1	50.0%
	Ad 5 'Positive'	0	0

Western Australia	Ad 1 'Hand Over Heart'	17	39.5%
	Ad 2 'Taking It'	20	46.5%
	Ad 3 'Giving It'	18	41.9%
	Ad 4 'Oral'	17	39.5%
	Ad 5 'Positive'	19	44.2%

* Missing data excluded from table

As noted earlier there is not an exact match between the distribution of print ads and their recall. Caution should be exercised in interpreting the relationship between distribution and recall as outlined in table 20 due to the small numbers in some of the States/Territories.

In South Australia and in Tasmania the second most recalled ad is Ad 4 'Oral'. This ad was distributed less than Ad 2 'Taking It' in the press and not at in venues in these two states. For this sample (gained through the press) venue advertising seems to have had less of an effect on recall than the press advertising.

Western Australia provides an interesting contrast to the general pattern of recognition being related to level of distribution. There is a more even distribution of recall of ads, even though ads 1 and 2 account for 79% of the venue advertising and 65% of the print ads appearing in the Westside Observer.

Where were the ads seen?

Of the people in the National Press sample who had seen the ads, 31% indicated that they had seen the ads in places other than the gay press. The major places were gay clubs (9.8%), bars and pubs (5.8%), saunas and spas (3.2%), beats (2%) and AIDS Councils (1.2%).

It should be noted that this question was not answered by one third of people in the NP sample who had seen the ads. Therefore the percentages of people who saw the ads in venues may be considerably higher.

For the Gay Venue sample, as we would expect, the ads were seen predominantly in gay venues or in the gay press with a significant proportion of the sample seeing them in both venues and the press.

More people saw Ad 1 'Hand over heart' and Ad 2 'Taking it' in venues rather than the press but for Ad 3 'Giving it', Ad 4 'Oral' and Ad 5 'Positive' more people saw the ads in the press. The pamphlet was seen firstly in venues, secondly in AIDS Councils and thirdly at beats.

Table 21: GV Sample - Where the Ads Were Seen

Advertisement	Venues	Gay Press	Venues & Press	Other*
1 'Hand over heart'	43%	32%	12%	11%
2 'Taking it'	39%	33%	12%	12%
3 'Giving it'	31%	40%	14%	10%
4 'Oral'	35%	39%	13%	8%
5 'Positive'	27%	46%	10%	10%

* This category includes AIDS councils, sex shops, beats and health and welfare services. Please note that respondents not able to identify where they saw the ads were excluded so row percentages do not add to 100%

Of the 146 (30% of the GV sample) people who saw the pamphlet, 41% saw it in venues, 19% saw it in AIDS Councils, 10% saw it at health and welfare services and 10% saw it at beats.

The issue of who saw what ads, and where, is a complex one. It is determined by a number of factors related to distribution including:

- The number and range of venues in which ads were placed.
- The relative distribution of each of the five ads on a state by state basis.
- The availability of non-subscription copies of gay magazines/newspapers.

Taken singly, convenience advertising placement rates and press placement rates for each ad, do not predict as strongly to recognition rates in the GV sample as does considering both together. Placement of ads in venues and the gay press interact.

The results suggest that the dual distribution strategy (convenience and press) should be maintained.

To some extent these results confirm that people have access to multiple print sources, which was demonstrated strongly in the National Press Survey. Access to multiple print sources is reflected in the GV sample in recognition rates, as for example in Tasmania, where ad 4 'Oral' did not appear in any venue or in the Tasmanian based publication yet 43.8% of Tasmanian respondents reported seeing this ad.

Which ads did respondents think had the most impact and why?

Questions were asked in both the NP and the GV surveys in order to measure the extent to which the ads gained the attention of the respondents and the reasons for this. In both surveys the ad that respondents saw as having the most impact was Ad 1 'Hand over heart'. The major reasons why particular ads had an impact were to do with visual aspects of the ads, the design, graphics and photo, than the text.

The respondents in the NP sample who could recall a specific advertisement were asked which had the most effect on them, and why. The results are displayed in the table below.

Table 22: NP Sample- Which Ads Had the Most Effect on Respondents

Ads which had most effect	Number	Percentage
Ad 1 'Hand Over Heart'	215	29.1%
Ad 2 'Taking It'	112	15.1%
Ad 3 'Giving It'	93	12.6%
Ad 4 'Oral'	111	15.0%
Ad 5 'Positive'	74	10.0%

Five options for answering the question on why specific ads had an effect were given in the questionnaire:

- . the overall look;
- . the photograph;
- . new information about safe sex;
- . the words;
- . special personal relevance.

Respondents were also given the opportunity to give other reasons.

The major reasons given for each of the ads having an impact were generally the *visual* aspects of the ad more than the *text*. The categories which had the least effect were 'new information about safe sex' and 'special personal relevance'. This result does not represent a failure of the advertisements. For some people the advertisements would have contained absolutely new information. For most of the sample, however, the ads would reinforce already existing knowledge.

The major reasons why Ad 1 'Hand Over Heart' had an effect were the overall look (21%) the photo (17%) and the combination of look, the photo and the words (17%).

The reasons given for why Ad 2 'Taking It' had an effect were the overall look (28%), the combination of the overall look, the photo and the words (21%) and the photo (14%).

Reasons given for why Ad 3 'Giving It' had an effect were the overall look (29%), the overall look, photo and words combined (12%) and the overall look and the words combined (9%).

Reasons given for why Ad 4 'Oral' had an effect were the overall look (21%), the combination overall look, photo and words (17%) and the photo (8%).

Reasons given for why Ad 5 'Positive' had an effect include the overall look (24%), the overall look, photo and words combined (16%) and the photo and words combined (10%).

Only 7.6% of people who had seen any of the ads from the campaign commented that none of the ads had an impact.

Respondents in the Gay Venue Survey were also asked to nominate the ads which had the most effect on them, and why. Unlike the National Press survey the GV sample were asked to give one main reason why the ads had an effect on them.

As with the NP sample the reasons given for a particular ad having an impact were the general design or the graphics rather than the text or the fact that it offered new information. Ad 4 is the only exception, where new information was given as a major reason for its' impact alongside general design.

According to people in the GV sample who had seen one ad or more, Ad 1 'Hand over heart' had the most impact (50.8% chose it). Nearly half of these people gave the photo as the major reason for it having the most impact while half of this group made an additional comment on the erotic nature of the photo.

Ad 4, 'Oral' was nominated as having the most impact by 16% of the GV sample who had seen at least one ad. A larger range of reasons were reported for this ad having the most impact, with one quarter citing new information and another quarter citing the photo as the reasons why the ad had an impact. One fifth reported general design and another fifth reported special personal relevance as the reasons why the ad had an impact.

Thirteen percent of the GV sample who had seen at least one ad nominated Ad 2 'Taking it' as the ad having the most impact. Forty two percent of these gave general design and 30% gave the photo as the reason why the ad had an impact.

Twelve percent of people who had seen at least one ad nominated Ad 5 'Positive' as the ad that had the greatest impact. Fifty seven percent of these gave the general design as the reason why the ad had an impact.

Finally the ad that the least impact in comparison with the others was Ad 3, 'Giving it'. Eight percent nominated it as having the most impact. Forty two percent gave general design and 38% gave the photo as the reason why the ad had an impact.

Only twenty nine people said that none of the ads had an impact.

A number of respondents made additional comments on design issues related to the campaign. These ranged from overwhelming support to comments about the lack of explicitness and subsequent ambiguity in some of the messages.

The whole thing is super, all the ads are great; they impart the message clearly

The ads are generally good although I thought some of the visuals were too esoteric and could be more closely related to the topic

Production quality was very good but the ads lacked punch. Had to look at them for too long to ascertain the meaning - good for the back of toilet doors but not anywhere else

An example of the diversity of opinion is illustrated by the following comments on Ad 5 'Positive'.

I feel that this ad deals with this serious issue in a relatable and light hearted way while still getting the message home

This ad is terrible and offensive. For many HIV positive people, body image is important and to have a battery with 'heavy beauty' on it is in poor taste

In addition to comments on design, some people made comments on changing the focus of any relationship-based campaign from one of concern about one's own behaviour to also include concern for one's partner.

The campaign should include positives or affirmations of gay lifestyles. Safe sex within a relationship - choose safe sex because you care for your partner enough not to put him in any situation of risk ... respect him and his safety and health

RECALL RATES: RADIO ADVERTISEMENTS

Twenty seven percent of the National Press sample had heard an advertisement on the radio from the campaign.

These recall rates were *semi-prompted* in the sense that section E of the questionnaire described the radio ads in the following way:

Over the past few months there has been a number of ads on the radio. These ads talked about safe sex and 'That feeling'.

Interviewees in the Gay Venue Survey were asked:

Have you heard any AIDS education advertisements on radio in the last few months? If so can you remember the message or the slogan?

These *unprompted* recall rates were good. Twenty seven percent of the sample remembered an AIDS education advertisement on the radio. Six percent of the sample were able to identify a slogan or other text from the campaign ads.

In a tracking study conducted for the Department of Health, Housing and Community Services' recent IVDU campaign, some questions were included which sought to measure the level of general community exposure to the 'That Feeling' radio ads. The tracking study, undertaken in July 1991, used a sample of 1447 people. Interviewers approached homes from randomly selected starting points and conducted face to face interviews.

The tracking study found that 17.5% of the general population had heard the advertisements with those aged 16 to 24 being twice as likely to have heard them than those over 25 (30% cf 14%). Among males the overall exposure was 18.6% with 20 to 24 year olds being the most likely to have heard them (34%).

Results from the National Press Survey compare very favourably with the radio recall rates for the IVDU campaign itself, where 13% of the general community could recall hearing an ad from the IVDU campaign, with this figure rising to 24% of the 16-24 age group.

Moreover, the National Press sample were almost 10% more likely to have heard the radio ads from the 'That Feeling' campaign than was the general population as indicated by the tracking study, and 8% more likely to have heard the ads than the males surveyed in the tracking study.

Given that the radio stations used for the campaign cover only 29% of the stations most listened to by the sample, the figure of 27% who recall hearing an advertisement is an excellent result.

For people who had heard, in the National Press sample, an ad on the radio the major reasons given for why the radio ad(s) had an effect on them were 'just the fact that it was something about gay men on the radio' (38%) and 'the sound of the voice' (12%). New information and special personal relevance were mentioned by fewer people as reasons why the ads had an effect on them - 4% and 7% respectively.

Overall, the National Press sample had a clear idea about who the ads were aimed at. One third of the people who had heard a radio advertisement believed that the ads were aimed at gay and bisexual men, 38% believed they were aimed at all sexually active men and 6% believed that the ads were aimed at men who have sex with men sometimes. Almost 2% of people who had heard the ads believed the ads were aimed at heterosexuals. Only 1 person indicated that he did not know who the ads were aimed at.

Over one third (35%) of the NP sample who had heard the ads felt that the radio ads were gay enough, 21% were unsure and 23% answered that the radio ads were not gay enough.

COMPREHENSION OF THE CAMPAIGN MESSAGES

Comprehension of the campaign messages was measured in two ways. In the National Press Survey respondents were asked the following question:

Both the radio and the print ads talked about 'That Feeling'. What do you think this phrase meant?

Meanings mentioned which are consistent with the conceptualisation of 'That Feeling' which informed the design of the campaign materials were provided by 86% of people who answered the question. These items are marked in Table 23.

Comprehension was measured differently in the Gay Venue Survey. Respondents were shown each ad and asked a series of questions including:

Describe in one sentence the meaning for you of the ad.

Comprehension rates were high. Over 90% of people who had seen the ads understood the central campaign message.

The concept 'That Feeling' was interpreted in a large variety of ways by respondents in the National Press Survey, as it had been in the focus group testing of the concept (See *Target Group Focus Testing of Draft Materials*). The NPS results are summarised in the table below. We should note that a large proportion of people who had seen the print ads and/or heard the radio ads did not answer the question (56%). There are at least three possible reasons for the large number of non-responses to this question. Firstly, as the question appeared toward the end of the questionnaire, non-response may have been due to respondent fatigue; secondly, people who were unsure about the answer may not have responded and thirdly it was an open question with no prompted answers in the form of a scale. The table below shows the range of responses generated by those who answered the question.

Table 23: NP Sample- How Respondents Perceive 'That Feeling'

What does 'That Feeling' mean	Frequency	Percent
*Controlled physical	116	11.3%
*Less controlled physical	224	21.8%
*Romantic	264	25.7%
*Emotional	48	4.7%
*Trust	72	7.0%
*Romantic and physical	157	15.3%
The feeling of safe sex	45	4.4%
The feeling of unsafe sex	23	2.2%
*The feeling of being gay	11	1.1%
Cumming/orgasm	28	2.7%
Many meanings	5	0.5%
The meaning is vague	13	1.3%
Don't know	23	2.2%

* 56% missing data is excluded from the table

At first glance, 'the feeling of safe sex' and 'cumming/orgasm' may appear to be consistent with the intended meaning. We have chosen not to include them because they deal with consequential feelings rather than the motivating feelings that were targeted by the campaign ie they do not relate to the period *before* sexual engagement in which decisions about safe sex can be made.

When we consider each individual print ad, over 90% of the Gay Venue sample who had seen the ads comprehended the central campaign message.

Ad 1 'Hand over heart' and Ad 4 'Oral' were the ads where a larger proportion perceived a more specific meaning than a general 'safe sex' message.

Ninety six percent of people who saw Ad 1 'Hand over heart' commented that the meaning was 'practise safe sex'. Half of the people who had seen the ad said that its meaning was 'Practise safe sex even when you have that feeling (love/lust/etc)' and 41% perceived the general 'safe sex' meaning. The 32 people who had not seen the ad prior to the interview but volunteered an answer, followed a similar distribution.

For Ad 2 'Taking it', 92.6% of those who had seen it perceived a safe sex message. More specific answers included 16% who described the meaning in terms of risk or gambling and 12% who perceived that the receptive partner should ensure that their partner uses a condom. Forty nine percent perceived the ad as a generalised safe sex message. A large proportion (31%) of the 58 people who saw the ad in the interview perceived the meaning to be safe sex and 24% said the meaning was 'wear a condom'.

Ad 3 'Giving it' follows a similar pattern. Ninety percent of those who had seen the ad perceived a safe sex message. Thirty percent perceived the meaning to be that the insertive partner should use a condom. Almost half (46%) perceived a generalised safe sex message. The 99 people who saw the ad at the interview only, follow a similar distribution.

With Ad 4 'Oral', 91% of those who had seen the ad perceived a safe sex message. A number of different specific meanings were perceived. Thirty two percent perceived the meaning as being 'oral sex is low risk' whereas 18% perceived the meaning 'oral sex is risky'. Again a large proportion (26%) gave a general safe sex answer and 11% perceived the meaning to be 'use a condom with oral sex'. The 87 people who saw the ad only in the interview, followed a similar distribution although a higher proportion than the major sample gave the 'oral is risky' answer rather than the more general 'safe sex' response.

Ninety two percent of those who had seen Ad 5 'Positive', perceived a safe sex message. Thirty seven percent perceived correctly that the message was 'when both people are HIV positive still practice safe sex'. Nine percent interestingly read the ad as meaning 'safe sex is positive'. Forty percent gave the more general 'safe sex' meaning. Forty percent of the 105 who had not seen the ad before the interview, perceived the meaning 'practice safe sex when both HIV positive' and 20% perceived a general 'safe sex' meaning.

RECALL OF OTHER CAMPAIGNS

Materials from other campaigns were seen by the National Press sample in a wide range of places, detailed in the table below.

Fifty eight percent of the NP sample had seen safe sex messages other than the 'That Feeling' ads in the previous few months and 18% were unsure. This confirms our belief that any single AIDS prevention education campaign occurs within the context of an educationally rich environment.

The majority of the people in the NP sample who had seen other safe sex messages did not indicate which campaigns they had seen (78%). Twelve percent of people who had seen other safe sex messages had seen a state/territory campaign, such as 'Keep it up' and 'Two boys kissing'; 9% had seen a national campaign such as 'Bed of needles' and 'If it's not on it's not on' and 1% indicated knowledge of a range of different campaigns.

Table 24: NP Sample- Where Other Safe Sex Messages Were Seen

Where other messages were seen	Number	Percent
Gay clubs or discos	876	55%
Mardi Gras	288	18%
Sex cinemas	74	5%
AIDS Council	538	34%
Health/Welfare Service	461	29%
Saunas	481	30%
Dance Party	348	22%
Bars	733	46%
Mid Summa	58	4%
Sex Shops/Bookshops	370	23%
Political Rally	121	8%
Local Fair	60	4%
Beats	418	26%
Additional items specified		
Magazines	161	10%
Television	36	2%
Friends House	23	1%
University	65	4%
Billboards	9	0.6%
On transport etc	39	2%
Beginning of pom film	34	2%

Eight

Impact of the Campaign: Use of the 008 Number

The print advertisements carried both the ANCA and the (at the time) Department of Community Services and Health AIDS Unit logos and the tag:

For more information, please call 008 011 180.

The radio advertisements carried the tag:

Endorsed by the Australian National Council on AIDS. For more information please call 008 011 180.

It was intended that where possible these calls would be diverted to existing AIDS Telephone Counselling Services. This was the case in Victoria and New South Wales, although in smaller States/Territories, the calls went direct to the AIDS Councils.

During the period of the campaign, 346 calls were received on the 008 number (Data supplied by Telecom). Most calls were received in Victoria and New South Wales (84% of the total) with no calls recorded in South Australia and the Northern Territory (See table 25).

Table 25: State/Territory by Number of Calls on 008 Number

State/Territory	Number of Calls
New South Wales (inc ACT)	190
Victoria	102
Western Australia	27
Queensland	26
Tasmania	1

These calls varied in duration from 2 seconds to nearly 45 minutes.

As the radio stations do not compile data on which particular ads were played at which particular time we are unable to determine the effect of individual ads in generating calls.

However, there appears to be some correlation between ads being played on some stations and calls being received. This is particularly so in New South Wales where in those weeks when ads were not appearing on 2DAY FM there was a slight drop in calls received. 2DAY FM was listened to most by the target population, out of all of the stations used in the campaign.

New South Wales and Victoria accounted for 84% of all calls received on the 008 number. The distribution of calls varied between these states. In New South Wales 38% of the calls were received in February when the campaign began; approximately 20% of calls were received in each of the months March, April and May; 1% of calls were received in June and none were received in July.

In contrast to this, calls in Victoria were distributed more evenly, with between 15% and 21% of calls being received in each of the months February to May and 28% of calls being received in June with none recorded for July.

This difference is not a function of placement patterns for the ads in Victoria and New South Wales, as the placement patterns were similar.

As part of the evaluation of the Gay/Bi campaign it was intended to undertake a detailed analysis of calls received by AIDSLINE in Victoria where record sheets are completed on each caller, as a case study of the use of the 008 number. It would have been possible to identify factors such as the reason for the call and the stated sexual orientation of the caller.

Unfortunately the detailed data for this case study was not supplied by AIDSLINE, whose management committee decided in the end to release:

- . only aggregate data for the first 6 months of 1991 on sexual orientation and length of calls for all male callers who discussed a same sex behaviour risk;
- . aggregate data for the 12 months preceeding October 1991 on sexual orientation and reasons for calling for all callers.

The time frames of data provided are not directly comparable with the time frame of the campaign. However, in the period January to June 1991 AIDSLINE received 438 calls from men wishing to discuss a same sex behaviour risk and in the period February to June Telecom recorded 102 calls on the number provided in the advertisements.

Therefore, if we assume that the bulk of calls made on the campaign 008 number were from gay and bisexual men, then at least 23% of the calls received by AIDSLINE from men discussing a same sex behaviour risk were a result of the campaign.

There is, however, no evidence to suggest that the proportion of gay and bisexual callers in the period January to June 1991 had increased in comparison with the yearly average (AIDSLINE Annual Report 1990-1991 pp 14-15).

In conclusion, we are unable to assess the efficacy of the inclusion of a 008 number as part of the strategy of an AIDS prevention education campaign. There are two types of data that we lack and which should be made available in any future campaign:

- . Detailed placement data from radio stations.
- . Detailed data on callers sexual identification and the reason for calling.

The first category of data is not available as a matter of course, but ought to be made available as part of an accountability process. The second category of data is available and could be accessed through early and detailed consultation with the AIDS telephone counselling services.

- People in the NP sample who had seen an ad had higher knowledge levels than those who had not seen an ad. Sixty three percent of those who had seen the ads answered all four knowledge questions correctly compared with 45% of those who had not seen an ad from the campaign.
- The ability to recall specific ads was even more strongly related to levels of knowledge of the issues addressed in those ads for the NP sample.
- There is a positive, although weaker relationship between having seen the ads and safer sex practices for the NP sample.
- Overall both the NP and GV samples were very well informed on what sexual practices were safe.
- Eighty two percent of the NP sample answered 3 out of 4 knowledge questions correctly. Seventy four percent of the GV sample answered 4 out of 5 knowledge questions correctly.
- Identifying as gay, socialising with gay friends and being a member of a gay organisation increased the likelihood of higher knowledge levels for both samples.
- Respondents demonstrated a high level of support for AIDS education and research.

LEVELS OF KNOWLEDGE

Overall the sample was very well informed on the safe sex practices targeted in the campaign. The issue of practising safe sex if both partners are HIV positive was the issue that resulted in the most indecision.

In the questionnaire, a series of four statements which picked up on information provided in the ads were made, and people were asked whether these were true or false.

"If a guy pulls out before he cums, then he won't be passing on HIV."

This issue was addressed in Ad 2 'Taking it' and Ad 3 'Giving it'. Eighty eight percent of the NP sample believed this was false (the correct answer) and 7% were unsure. A similar question in the GV sample was answered correctly by 89% of the sample with only 1% being unsure.

"In unprotected anal sex it is only the receptive partner (the guy being fucked) who is at risk of HIV"

This issue was addressed in Ad 3 'Giving it'. Ninety two percent of the NP sample, and of the GV sample believed this to be false (the correct answer). Five percent of the NP and 1% of the GV sample were unsure.

"Oral sex is low risk but HIV may enter through broken skin such as cuts or bleeding gums"

This issue was addressed in Ad 4 'Oral'. Ninety five percent of the sample believed this was true (the correct answer) and 3% were unsure.

In the GV Survey the statement given was 'Oral sex is safe when neither partner has cuts or sores in the mouth or on the penis'. It would seem that the use of the term 'safe' rather than 'low risk' led to confusion. Ad 4 'Oral' used the term 'low risk' whereas other campaigns eg VAC's *Safe '89* brochure 'Oral Sex and Other Delights', suggested that 'oral sex is safe'. In the GV sample only 60% believed that this was true, 34% believed this was false and 7% were unsure. Disagreement with the statement in the GV Survey that oral sex is safe, may have been caused by respondents believing that it was low risk rather than safe.

"If both guys are HIV positive they do not have to practise safe sex with each other"

This issue was addressed in Ad 5 'Positive' and generated the most indecision in the NP sample. Sixty nine percent of the NP sample believed this was false while 21% of the sample were unsure. A similar question was asked in the GV Survey. Eighty eight percent gave the correct answer, while 5% were unsure.

As this is an issue about which there is debate an 'incorrect' response may in fact reflect respondents making sophisticated judgements rather than answering out of ignorance.

When we take all statements into consideration, 60% of the NP sample were correct on all items. The remaining 40% includes those who did not answer a question, those who were unsure or who did not know, and those who answered incorrectly.

If we exclude the HIV positive statement where there was considerable indecision, then 82% of the NP sample answered all statements correctly. Thirteen percent got one statement wrong, 4% got two wrong and 1% of the sample answered all items incorrectly.

In the Gay Venue sample taking all statements into consideration, 43% were correct on all items. When we exclude the statement on oral sex then 74% were correct on all items. Four percent of the GV sample answered all items incorrectly. All subsequent analyses of levels of knowledge in the Gay Venue sample exclude the oral sex item.

Identifying as gay, socialising with gay friends and being a member of a gay organisation increased the likelihood of higher knowledge levels in both the NP and the GV samples.

In the NP sample men who identified themselves as gay had higher knowledge levels than those who identified as bisexual or heterosexual. Sixty two percent of those who identified as gay got all knowledge statements correct compared with 47% of those who identified as bisexual and 25% of those who identified as heterosexual (correlation coefficient=.09⁵).

Gay identification had an even stronger impact on knowledge in the GV sample. In this group 78% of men who identified themselves as gay answered the four statements correctly compared with 50% of those who identified as bisexual. (corr=.33)

Socialising with gay friends was also related to knowledge. Sixty five percent of men in the NP sample who socialised with gay friends often answered the four knowledge items correctly compared with 55% of men who socialise with gay friends sometimes and 46% who never socialise with gay friends (corr=.09).

The relationship between socialising with gay friends was stronger for the GV sample. Eighty percent of men who socialised with gay friends often answered all knowledge items correctly compared with 72% who socialised sometimes and 58% who never socialise with gay friends (corr=.19)

Being a member of a gay political, religious or social organisation also had a positive effect on knowledge levels. In the NP sample sixty six percent of people in a gay organisation answered all four knowledge items correctly compared with 57% of those who were not involved in a gay organisation (corr=.10)

This relationship was also present in the GV sample. Eighty percent of people in an organisation answered all knowledge items correctly compared with 71% of those not in an organisation (corr=.14, sig=.05)

Being in a gay relationship had no effect on knowledge levels for either sample.

Age has little effect on knowledge levels for the NP sample, however, the youngest group in the sample (under 20) and the oldest group in the sample (over 55) were slightly less well informed than the rest of the sample (corr=.06)

These differences between groups were more marked in the GV sample where age had more of an effect. Only 63% of those in the 16-20 age group answered all items correctly. The best informed group were those aged 30-39 where 81% answered all knowledge items correctly.

SAFE SEX ATTITUDES OF THE GAY VENUE SAMPLE

A series of statements on attitudes to sexual practice targeted by the campaign were made in the GV survey and respondents were asked to state to what extent they agreed or disagreed with them. We should note, however, that not only is it difficult to measure the extent of any attitude change due specifically to the campaign, but that it is also hard to predict the extent to which attitudes will translate to behaviours.

All correlations reported are statistically significant to the .01 level unless otherwise stated.

In this section the 'agree' and 'strongly agree' categories are combined and the 'disagree' and 'strongly disagree' categories are combined.

"If we really love each other then safe sex is not important"

Ninety one percent of the GV sample disagreed with this and 7% neither agreed or disagreed.

"I can tell if my partner's been having sex with other men"

This may or may not have any bearing on sexual practice, in that it is unclear to what extent this view forms part of the decision process for these respondents on whether to engage in unprotected sex with regular partners. Twenty one percent of the GV sample agreed, 38% disagreed and 22% neither agreed or disagreed.

"Safe sex is the only way to protect me and my partner"

Ninety four percent of the GV sample agreed with this and 6% neither agreed nor disagreed.

"When I really feel special about the guy I'm with its harder to practice only safe sex"

Thirty nine percent of the GV sample agreed, 51% disagreed and 10% neither agreed nor disagreed. This attitude justifies the 'That feeling' orientation of the campaign but the question, as framed above, is not necessarily a measure of behaviour- many men may state that practising safe sex is harder but they still do nevertheless.

"Having sex without a condom is a way of showing how much you trust your partner"

Eighty six percent of the sample disagreed and 9% neither agreed nor disagreed.

"You only have to worry about safe sex with casual partners"

Eighty eight percent disagreed with this and 5% neither agreed nor disagreed.

We were interested in knowing whether there was a subgroup who were consistently revealing attitudes which were not conducive to practising safe sex. The statement 'I can tell if my partner's been having sex with other men' was excluded from this calculation due to the fact that it may have been measuring something different from the other attitude statements, as was the statement 'When I really feel special...' for the reason noted above.

Sixty two percent of the GV sample had attitudes conducive to practising safe sex on all of the statements. Eighteen percent displayed an 'unsafe' attitude on one statement; 8% did so on two statements; 11% did so on three or more statements.

SAFE SEX KNOWLEDGE AND PRACTICE

The National Press Survey was able to look at the relationship between respondents' knowledge levels and sexual practices. It is clear that knowledge about transmission of the virus does affect sexual practice. Higher levels of knowledge are correlated with safe sex practices. However, for a significant proportion of the NP sample this knowledge is not put into practice.

Thirty seven percent of the NP sample who answered correctly on all four of the knowledge questions had practised unprotected anal sex in the last 6 months.

Unfortunately, an elaboration of this issue, and an exploration of reasons why this occurs, is outside the scope of this evaluation study.

THE RELATIONSHIP BETWEEN CAMPAIGN AWARENESS AND KNOWLEDGE IN THE NATIONAL PRESS SAMPLE

By comparing people in the NP sample who had seen at least one ad from the campaign (84%) with those who had not seen any (16%), we can explore the extent to which seeing the ads is related to knowledge and safe sex practices in a period 3-6 months after the campaign ended.

People who had seen an ad had higher knowledge levels than those who had not seen an ad.

It is important to recognise that the group who saw an ad may have had high knowledge levels before the campaign and were more attuned to safe sex advertising. In addition there may be a number of other intervening factors that affect knowledge and practice along with this campaign. A better way to assess impact would have been to compare peoples' knowledge levels before and after the campaign.

As has been noted in other health education campaign evaluations (eg. Hill and Robinson 1988; Hamilton 1991; Jackson and O'Donnell 1989) it is extremely difficult to establish a cause and effect relationship between specific educational interventions and changes to knowledge, attitudes and/or practices. This is primarily because people are exposed to multiple sources of information including general and specific media campaigns, networks, peer groups, partners etc. Attributing change to one source is difficult.

Nevertheless we are able to demonstrate a correlation between a respondents' awareness of the campaign, their recall of specific advertisements and their level of safe sex knowledge.

Those who saw at least one ad were 18% more likely to answer all knowledge statements correctly than those who had not seen any ads.

Sixty three percent of those who had seen the ads answered all four knowledge questions correctly compared with 45% of those who had not seen an ad from the campaign. (corr=.16)

The following section examines the relationship between knowledge items and campaign awareness and recall of specific ads.

Withdrawal

People who had seen at least one ad from the campaign were 10% more likely to correctly answer the statement on withdrawal than those who had not seen an ad from a campaign (91% compared with 81%, corr=.14).

People who recalled Ad 2 'Taking It' which addressed the issue of withdrawal were 14% more likely to answer the statement correctly than people who had not seen any ad (95% compared with 81%, $\text{corr}=.21$).

People who recalled Ad 3 'Giving It' which also addressed the issue of withdrawal were 15% more likely to answer the statement correctly than people who had not seen any ad (96% compared with 81%, $\text{corr}=.22$).

Insertive Unprotected Anal Sex

People who had seen at least one ad from the campaign were 6% more likely to answer the question on receptive unprotected anal sex correctly than those who had not seen an ad (93% compared with 87%, $\text{corr}=.10$).

People who could recall Ad 3 'Giving It' were 9% more likely to answer correctly than people who had not seen an ad from the campaign (95% compared with 86%, $\text{corr}=.16$).

Oral Sex

People who had seen at least one ad from the campaign were 5% more likely to answer correctly the question on oral sex than those who had not seen an ad (91% compared with 96%, $\text{corr}=.10$).

People who recalled Ad 4 'Oral' were 5% more likely to answer the statement correctly than people who had not seen an ad from the campaign (97% compared with 92%, $\text{corr}=.10$ sig=.03).

Safe Sex When Both Partners are HIV Positive

People who had seen at least one ad from the campaign were 14% more likely to answer correctly the question on practising safe sex if both partners are positive than those who had not seen an ad (72% compared with 58%, $\text{corr}=.13$).

People who could recall Ad 5 'Positive' which addressed this issue were 23% more likely to answer the statement correctly than people who had not seen one ad (82% compared with 59%, $\text{corr}=.25$).

For each specific knowledge item, the relationship between knowledge of an issue and recalling the specific ad(s) dealing with that issue, is stronger than the relationship between each knowledge item and awareness of the campaign as a whole.

THE RELATIONSHIP BETWEEN CAMPAIGN AWARENESS AND SAFE SEX PRACTICE IN THE NATIONAL PRESS SAMPLE

We are able to discern a relationship, albeit a weak one, between having seen the ads and sexual practices.

People who had not seen an ad from the campaign were more likely to have practised unprotected anal sex within the last 6 months (46% compared with 39%, $\text{corr}=.05$)

More specifically, people who could recall the ads that focused on unprotected anal sex, ie Ad 2 'Taking It' and Ad 3 'Giving It', were less likely to practice unprotected anal sex and were more likely to use condoms with casual partners than people who had not seen any ads.

Thirty five percent of people who saw Ad 2 'Taking It' had practiced unprotected anal sex in the last 6 months compared with 44% of people who had not seen any ads (corr=.10).

Thirty four percent of people who could recall Ad 3 'Giving It', practiced unprotected anal sex in the last 6 months compared with 44% of people who had not seen any ads (corr=.11).

NATIONAL PRESS SURVEY RESPONDENTS' COMMENTS ON SAFE SEX EDUCATION

Respondents demonstrated a high level of support for AIDS education. Over half of the sample took the opportunity to make additional comments about this particular campaign or safe sex education in general. These comments ranged from a few words in the space provided to enclosures of some pages including art work for suggested campaigns. In addition, 99% of the NP sample indicated that they would be prepared to complete a survey such as the NP Survey in 12 months time. A number of respondents were very keen to participate in AIDS education activities or research and included their names and addresses even though it was an anonymous questionnaire.

Many of the comments made were on the issue of targeting safe sex education messages. Four percent of people who made comments said that the 'That Feeling' campaign was vague. The table below outlines some of the suggestions for specific targeting.

Table 26: NP Sample- Respondents Suggestions for Targeting

Area of targeting	Number	Percentage of those who made a comment
School students	112	8.2%
Heterosexuals	100	7.4%
Young guys	54	4.0%
Non gay identified/closeted	44	3.2%
Community attitudes	31	2.3%
Bisexual Men	27	2.0%
Specific groups eg ethnic	26	1.9%

Numerous other suggestions were made on targeting, including people in rural areas, men using saunas, HIV positive men, older men, 'plainer' men; and particular behaviours such as oral sex and injecting drug use.

In addition to the targeting suggestions, respondents also made comments such as 'keep it up' (16.7%) and 'saturate the media' (10.2%). Only 1.6% of those who answered this question, made an unfavourable comment on the campaign, such as 'it did not work', while another small number made comments such as: it should have been more explicit or less explicit; that it should have eroticised safe sex; and that it should have been designed by an advertising agency and not academics!

The purpose of the Gay and Bisexual Education Campaign which ran between February and July 1991, was to address specific information issues about HIV/AIDS preventive behaviours. This was to be done in a manner which strongly acknowledged the emotional contexts in which men have unsafe sex. These contexts were those in which elements of 'desire' were dominant: intimacy, relationships, love, trust, and closeness.

The campaign aimed to clarify information about specific sexual practices, including the contexts in which those behaviours occurred, and also address inconsistencies between knowledge and behaviours. The sexual practices information in the campaign was designed, for some men, to sustain safer sex practices, and for others to challenge incorrect perceptions about risky behaviours.

The campaign used the theme '*That Feeling Doesn't Stop HIV - Safe Sex Does*'.

The campaign comprised five print ads distributed in both gay venues and the gay press, three radio ads played on FM and public broadcasting radio stations, a pamphlet, and a small number of regionally based supplementary activities carried out by State AIDS Councils.

DESIGN

The campaign was designed with reference to a number of research studies which had examined the relationship between gay mens' knowledge and practices and the relationship between unsafe sex and the emotional contexts in which this occurred.

Research knowledge shaped the campaign design appropriately. Encompassing the variety of emotional contexts for unsafe sex within the concept 'That Feeling' was an ambitious message framing task, which worked to the extent that most people exposed to the campaign understood the central campaign message of 'practise safe sex'.

DISTRIBUTION AND TARGETING

A total 1607 print ads were placed in 34 venues around Australia and 116 print ads were placed in 9 publications. Three different radio ads were played on FM radio (and 2 additional AM stations) across Australia. In total 3717 radio ads were played on 27 stations.

The 5 print ads were not distributed evenly or according to the media plan. Ad 1 'Hand Over Heart' and Ad 2 'Taking It' make up 70% of the convenience ads and 62% of the press ads.

Eighty three percent of the NP sample regularly read at least one Australian gay publication chosen for the campaign. There is considerable cross-readership; 48% read two or more of the publications.

The radio stations chosen for the campaign covered only 29% of the radio stations most listened to by the NP sample and as 27% of the NP sample recall hearing an advertisement, advertisement placement on these stations was successful. The inclusion of JJJ and the ABC AM radio stations in particular would have dramatically increased the reach of the radio ads.

We are unable to assess whether the media plan for radio was followed because data on which ads were played when is not routinely made available. We cannot be sure that the ads were evenly rotated as requested in the media plan. We suggest that this lack of accountability by radio stations be addressed by the Department.

The characteristics of respondents in the NP Survey and the GV Survey conform to those of the group which the campaign aimed to target.

The demographic information provided by the NP and GV surveys extend our knowledge of the target group of this campaign ie. Gay identified and gay community attached men who have sex with men.

The majority of both the National Press and Gay Venue samples are gay identifiers and are active participants in the gay community. Sexual partners are sought at gay clubs and discos, bars and saunas. Half of the men in both samples often spent time socialising with gay friends and over one third were members of a Gay group or organisation.

Eight out of ten men in the National Press sample had been HIV antibody tested. Thirteen percent of those tested were HIV positive.

Forty four percent of the NP sample and a third of the GV sample were in an ongoing gay relationship. Fifty seven percent of men in relationships in the NP sample and 45% in the GV sample had sex outside that relationship.

Data from the NP survey revealed that safe sex practices including kissing and mutual masturbation and low risk practices such as receptive and insertive oral sex without cumming are almost universal.

Three quarters of the NP sample had practised anal sex in some form in the last 6 months. Condom usage is an extensive established practice (82% of those who had practised anal sex report some level of condom use in the last 6 months) although condom use is also inconsistent. Forty percent of the sample report practising unprotected anal sex; one in four men in the sample had practised unprotected anal sex with a casual partner.

The demographic information from both surveys confirms that a number of targeting decisions were correct.

- Men who have sex with men have a range of contexts for sexual engagement.

- Unprotected anal sex does occur more in relationships and being in a relationship may be considered to be a safe sex practice in its own right. Those in a relationship are more likely to practise unprotected anal sex (54%) than those not in a relationship (29%). Of people in relationships, 36% had practised unprotected anal sex with a regular partner only and 18% had practised unprotected anal sex with a casual partner or with both a regular and casual partner.

- Bisexual men and those with lower levels of attachment to the gay community have lower levels of knowledge.

There is still some confusion about the degree of safety of some practices such as oral sex and unprotected sex between HIV positive partners. This confusion reflects the continuing debate on these issues among researchers and educators.

Although the NP Survey picked up a bisexual group comprising 9% and the Gay Venue Survey picked up a bisexual group comprising 13% of their respective samples it is unclear to what extent these are 'representative' of bisexual men in the general population. The bisexual men in these surveys have some degree of attachment to the gay community through attending venues or reading gay publications and a similar profile of sexual practices and partner seeking to gay identified men. Other strategies such as radio advertising and advertisements in mainstream publications should be considered to reach more non gay community attached men who have sex with men.

IMPACT

The campaign had good *reach*. Eighty five percent of the National Press sample had either seen a print advertisement or heard a radio advertisement (semi-prompted). *Recognition* or prompted recall rates were high in the Gay Venue sample. When the ads were shown in the interview 85% had seen at least one ad. Sixty percent of the GV sample had seen three or more ads.

The rates of recognition and to a lesser extent recall of the ads appear to be broadly determined by their distribution for both samples.

Twenty seven percent of the National Press sample heard an ad from the campaign on the radio. This is an excellent result when we consider that distribution was via radio stations that were listened to most regularly by only 29% of the sample. Twenty seven percent of the Gay Venue sample remembered a 'safe sex' message on radio.

Eighty six percent of the National Press sample who answered the question understood 'That Feeling' in ways consistent with its conceptualisation in campaign design.

The GV sample revealed that readership and comprehension rates for the ads were high. For ads 1 to 4, 75% to 80% of those who saw the ads read them. Over 90% of the Gay Venue sample who had seen the ads comprehended the central campaign message.

Respondents demonstrated a high level of support for AIDS education and research. Over half of the National Press sample took the opportunity to make additional comments on the campaign or safe sex education in general. In addition, 99% of the sample indicated that they would be prepared to complete a survey such as the National Press Survey in 12 months time.

There was a demonstrated correlation between people's awareness and recall as measured by ability to identify specific campaign materials, and their levels of knowledge and levels of safe sex practice.

People in the NP sample who had seen an ad had higher knowledge levels than those who had not seen an ad. Sixty three percent of those who had seen the ads answered all four knowledge questions correctly compared with 45% of those who had not seen an ad from the campaign.

The ability to recall specific ads was even more strongly related to levels of knowledge of the issues addressed in those ads for the NP sample.

There is a positive, although weaker relationship between having seen the ads and safer sex practices for the NP sample.

Overall, the campaign was successful as measured by reach, recall, recognition and comprehension. Its effect may have been enhanced had there been a greater commitment by the State/Territory AIDS Councils to provision of community based campaign support activities.

Given the numbers who saw the ads either in the press or in venues but not in both, the dual placement strategy of print advertisements was successful and should be maintained in future campaigns.

Although the rate of anal sex has increased in the last five years, if we compare the NP sample with the SAPA sample, the rates of unprotected anal sex have fallen. The changes in behaviour made as a result of educational programs are significant.

The evidence from this evaluation is that there is a continuing need for basic and explicit information for some gay men. Other information on the emotional and relational contexts of sexual practices, such as that provided in this campaign, will also continue to be needed to meet the maintenance education needs of other gay men.

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