



Convenience Advertising

HIV / AIDS TOILET POSTER INITIATIVE

Draft Summary Findings

Valerie Will and Douglas Eadie

July 1992

CONTENTS

	<u>Page No.</u>
INTRODUCTION	1
Method and Sample	1
1.0 BACKGROUND	2
1.1 Knowledge	2
1.2 Attitudes	3
1.3 Behaviour	4
2.0 RESPONSE TO THE CONCEPT	5
2.1 Overall Response	5
2.2 Detailed Response	6
3.0 RESPONSE TO THE MATERIAL	7
3.1 Overall Response	7
3.1.1 Comprehension	7
3.1.2 Target	7
3.1.3 Tone and Language	8
3.1.4 Layout	8
3.1.5 Visual	8
3.2 Detailed Response	8
(1) Make Safer Sex A Habit	9
(2) What is AIDS?	9
(3) Protect Yourself Against AIDS	9
(4) Condoms Make Sex Safer	10
(5) Make Safer Sex A Habit (with text)	11
(6) Some Men Say	11
(7) Student Life	12

INTRODUCTION

The Health Education Board for Scotland (HEBS), in conjunction with Convenience Advertising of UK Ltd. Has developed an advertising initiative which involves placing posters about HIV/AIDS on toilet doors in educational establishments such as universities and colleges.

The objectives of this initiative are as follows:

- to promote safer sex amongst the target group
- to promote condom use
- to provide information on local services, where applicable

The Advertising Research Unit (ARU) was asked to conduct research which would explore the posters' potential to communicate effectively.

The document summarises the findings of the research.

Method and Sample

A qualitative focus group method was used because this allow respondents, who are interviewed in groups of six to seven in an informal setting, to discuss and explore issues related to the material which are important to them. This takes place under the guidance of a group moderator who introduces topics initially and facilitates discussion.

Six focus groups were conducted with the target group. In detail, the sample is:

Group	Age	Sex	Student Status
1	16 – 21	Female	Currently at College
2	16 – 21	Female	Currently at University
3	16 – 21	Male	Currently at College
4	16 – 21	Male	Currently at College/University
5	16 – 18	Male	Will start College this Autumn
6	16 – 21	Female	Will start College/University this Autumn

1.0 BACKGROUND

This section considers respondents’:

- Knowledge (1.1)
- Attitudes (1.2)
- Behaviour (1.3)

With respect to HIV, AIDS and condom use.

1.1 Knowledge

Respondents were knowledgeable about HIV and AIDS. They knew that methods of transmission were through unprotected contact with bodily fluids such as blood and semen, but that saliva was unlikely to transmit the virus.

“You’d have to drink ten pints or something – yuck!”
(Female, College Student)

Respondents were also aware that in order to prevent the virus spreading, condoms should be used during sexual intercourse and that, when dealing with blood, gloves should be worn. In addition, they knew that transmission of the virus was possible if drug misusers shared needles and syringes.

They also knew that HIV and AIDS could not be transmitted through normal social contact, such as shaking hands, kissing, sitting on toilet seats or sharing cutlery and crockery.

In general, respondents felt that they knew quite a lot about HIV and AIDS.

Their knowledge had been gained from a number of sources including school, although often the message there was ‘It’s wrong to have sex outside marriage, so don’t do it’ rather than ‘If you are going to have sex, use a condom because that is safer,’ magazines (a feature in *Mizz* was mentioned), and television. Respondents had seen soap operas like *Brookside* and most recently *EastEnders* where the subject of HIV infection had been tackled. They had also watched factual programmes about routes of transmission and methods of protection and, finally, they had seen programmes where condom use had been demonstrated in a ‘relaxed’ setting. This included a woman demonstrating, by using a cucumber, how to put a condom on for a man without the man realising what was happening.

The vast majority, especially of male respondent, claimed to know how to use condoms. This knowledge was gained through reading the instruction leaflet and “fumbling about until you got it right.”

Female respondents tended to feel that condom use was the male's responsibility. None openly admitted putting the condom on for their partner and some felt embarrassed waiting for their partner to put the condom on. The level of knowledge about the 'mechanics' of condom use was lower amongst females, simply because they relied on the male to know what to do.

"You just assume he knows what he's doing."

(Female, University Student)

1.2 Attitudes

While all respondents were aware that condoms could make having sex safer, their attitudes towards them varied. Some used condoms every time they had sex, no matter whether it was in a 'one night stand' situation or with a long-term partner, and they were happy to do this.

Some others had negative attitudes towards using condoms. Both males and females found the pause when putting the condom on rather embarrassing. Females also tended to dislike condoms because of the unpleasant 'rubbery' smell emanating from them, while a minority of males had experienced a loss of erection when trying to put the condom on. This clearly influenced their decision to endeavour to avoid using condoms in the future.

Males also mentioned that the sensation experienced were not as pleasurable when using condoms. Other males disagreed with this, arguing that today's condoms are so fine that they do not reduce pleasure.

Attitudes towards obtaining and carrying condoms also varied. Many claimed to obtain and carry condoms with few, if any, feelings of embarrassment, although this applied more to males than females.

Some respondents were reluctant to buy condoms in a town or shop where they were known because they felt they might be branded as a 'slut'. They thought 'other people', especially older people, believed that condoms were used at best for casual sex and at worst by prostitutes.

This attitude was clearly exhibited by some male respondents who said that if they met a girl in a pub or a disco and accidentally discovered that she was carrying condoms – they fell out of her bag, for example – they would simply assume that she was 'the kind of woman who slept around,' and consequently would want to have little to do with her.

There was a minority of respondents who were highly embarrassed when they admitted that they had obtained condoms.

1.3 Behaviour

As mentioned above, condoms were obtained, carried and were used in both long-term and 'once only' situations.

Respondents felt that their main reason for using condoms was not to reduce the risk of contracting HIV, but to avoid pregnancy. They believed that pregnancy was much more likely than becoming infected with HIV and that condoms were an effective guard against pregnancy. Certainly, they felt reassured to think that they were protected from sexually transmitted diseases including HIV and AIDS but that was not their prime motivator.

2.0 RESPONSE TO THE CONCEPT

This is divided into two sections

- Overall Response (2.1)
- Detailed Response (2.2)

2.1 Overall Response

Overall, respondents were enthusiastic about having information concerning personal subjects such as HIV and AIDS displayed in toilet cubicles. A minority even spontaneously suggested that putting such material in toilets, where there is a captive audience, would be a good idea.

Respondents felt that they would be unlikely to go up to a poster giving information about AIDS in a public place because

“... people might say ‘what sort of problem has he got?’”
(Male, About to start College)

However, in a toilet cubicle, they could easily read the material. Some said that they usually read the graffiti adorning the walls and doors and so a poster would be an interesting addition.

Siting

The majority of respondents assumed that the posters would be sited in bar, nightclub or disco toilets. They felt that this would be most appropriate because they would be in a potentially more vulnerable situation on a Saturday night at a disco than they would be when between lectures or tutorials.

“If you’re just after a lecture on a Wednesday morning, you’re not thinking about AIDS or sex or anything. At a disco you might be.”
(Female, University Student)

In addition, it was felt that the information could be displayed beside mirrors where females spend time putting on make-up or brushing their hair. For males, respondents thought that the posters should not be sited only in the cubicles but also at the urinals.

2.2 Detailed Response

There were a number of pros and cons as far as the respondents were concerned:

Pros

- It was a new idea. Although (as will be mentioned in Response to the Material) the material was not new in itself, the siting of it was, and so that led to positive attitudes amongst respondents.
- When in the cubicle, the audience would be captive, with little else to occupy their minds. Consequently, information could be presented in some depth.
- Privacy is clearly a key element. In cubicles, no one could see anyone reading the poster and telephone numbers could be copied without embarrassment.
- The posters benefited from having no real competition. Some respondents had seen stickers in toilets and on the back of toilet doors giving telephone numbers for organisations such as National AIDS Helpline, Niteline and the Samaritans. These stickers tackled similarly personal subject matter, and so the concept of finding information in the toilet was relatively familiar to the respondents.

Cons

- Graffiti. Respondents were certain that within a very short time of being affixed to the toilet doors, the posters would be subjected to serious graffiti attacks. They felt that some people would write in 'smart comments' in felt pen or would black out pieces of information so that the copy gave a different message. Graffiti, respondents said, was a serious problem, especially in colleges.
- Removal. Respondents believed that it would be a relatively easy task to remove the poster holders from their position. They suggested making removal more difficult so that it would be a challenge to steal posters to take home.

"... and sit alongside your traffic cone."

(Male, University Student)

3.0 RESPONSE TO THE MATERIAL

There are two areas to be considered:

- Overall Response (3.1)
- Detailed Response (3.2)

3.1 Overall Response

Several issues will be discussed:

- Comprehension (3.1.1)
- Target (3.1.2)
- Tone and Language (3.1.3)
- Layout (3.1.4)
- Visual (3.1.5)

3.1.1 Comprehension

Generally, all respondents understood the messages of the posters. The vast majority of the material was familiar to them. One element, however, was new: they were not aware that sharing toothbrushes could involve some risk of HIV transmission.

3.1.2 Target

Most of the posters were imagined to be aimed at both males and females aged between 16 and 30. The respondents recognised that ‘Some men say ...’ was aimed at males, but some females said they would be particularly interested to find out what ‘some men say.’ The targeting of the poster aimed specifically at women – “Make Safer Sex a Habit” (with text) – was less immediately obvious.

Respondents felt that it would be valuable to widen the target to include not just students but also those who are already working or who are unemployed. However, the focus on safer sex was considered appropriate as it was thought to be the most likely transmission route amongst students.

In addition, it was felt that some of the material could be used effectively in schools (especially ‘What is AIDS?’)

3.1.3 Tone and Language

The posters were felt to be authoritarian in tone because of the complicated language used. For example, few people would use the term ‘unprotected sexual intercourse.’ They might be more likely to say ‘sex without a condom.’

Respondents felt that often the posters were unimaginative, boring and bland.

“ ... like they’ve been written by a really senior civil servant.”

(Female, University Student)

3.1.4 Layout

The posters were thought to be very wordy, even with the visual and the large headline, compared to other posters which respondents had seen. Some felt that the posters resembled newspaper text, and although this might be acceptable in the toilet setting, it would be important to avoid making the text too small. A number of respondents preferred the posters with bullet points to those with continuous prose because they felt they were clearer and easier to read.

3.1.5 Visual

Response to the visual was limited within the constraints of the test material. It was recognised that the people were perhaps meant to be students. However, some of them looked as if they might be famous people (most notably showing someone from ‘Beverly Hills 90210’) and they thought there was a child’s face in the picture too. All of the people seemed to look sad and depressed.

When respondents saw the Australian example with the different condoms apparently falling out of a bad, some said that they preferred this.

*“ ... because you’d like to have a nose at
what’s in other people’s bags.”*

(Male, University Student)

3.2 Detailed Response

It is important to note that there were no clear ‘winners and losers’ amongst the posters but this section focuses on the strengths and weaknesses of each poster individually.

(1) Make Safer Sex a Habit

- perceived as a 'walk by' poster
- quick to read and easy to understand
- sensible but unimaginative
- preferred to use of humour as illustrated by 'If it's not on, it's not on'

(2) What is AIDS?

- thought to be a factual poster aimed at people in their early teenage years as all respondents this age group said they already knew the facts
- frightening to be reminded that there is no cure. This could reinforce the 'I'll not get it anyway' syndrome
- paragraph 4:
 - "... safer sex, such as ..." – many missed the subtle suggestion that there are other options open to them. This could be elaborated upon
 - "... injecting equipment ..." – wordy – possibly use a 'needle' or 'a syringe'

(3) Protect Yourself Against HIV

- perceived as a poster aimed at 'everyone', with sensible advice
- however, the advice given in paragraphs 1 and 2 contained a perceived contradiction. Respondents felt that if they were not having unprotected sex then there was no need to ask about their partner's history
- paragraph 1:
 - "Sexually active" – "having sex" would be better
 - "British Standards kitemark" – respondents said they bought a 'well known make' such as Durex or Mates but did not consider the British Standards kitemark. Many did not know what it was or what it looked like

- “Sexual intercourse” – change to “sex”
- paragraph 2:
 - “bill of health” – old-fashioned term
 - “ ... does not have to be an insult ...” – highly contentious. Many disputed this

*“You’d get a slap on the jaw (for asking).”
(Female, College Student)*

- paragraph 3:
 - “injection ... use” – too wordy – possibly used “needles”
 - “This ... toothbrushes” – new information, aroused interest, especially the mention of toothbrushes

(4) Condoms Make Sex Safer

- broad target audience
- good slogan: mentions condoms; practical information, honest. Also wordplay on the phrase ‘safer sex’ aroused interest
- paragraph 1:
 - “no cure and no vaccine” – heavy warning message; frightening
- paragraph 3:
 - include supermarkets in the list of places to obtain condoms, although for many the most appealing option was vending machines
- paragraph 4:
 - “Safer sex is healthier sex” – was felt to introduce a moral question, and to impose a set of moral values. For some people, the ‘healthiest’ sex might be without using condoms and with the greatest number of partners

(5) Make Safer Sex a Habit (with text)

- perceived to be targeted at women
- paragraph 1:
 - has an element of truth, but difficult to put into practice
- paragraph 2:
 - include sensible advice but negative attitudes surround women who carry condoms. Men, especially, regard them as 'sluts'
- paragraph 3:
 - "priority" – clinical; inappropriate language
 - "This ... enjoyment." Mainly an issue for men, and many felt condoms do interfere with sexual enjoyment
- paragraph 4:
 - "... practising on your own ..." – widely rejected. Unacceptable and even offensive to say this. Men often questioned the need to practise
- paragraph 5:
 - clear and true to life. Many had been in the situation where they had had sex without a condom because they were drunk

(6) Some Men Say

- normally presumed to be aimed at men but women found it interesting
- better type size than other posters
- paragraph 1:
 - contains an element of truth but negatives such as "spoils the sensation," "afraid of the pause" and "lose the passion" may turn the male reader off

- paragraph 2:
 - “easier just to go the whole way” – widely acknowledged as true
 - “other ways you could enjoy yourself” and “discussing or using condoms” – seems not to address the possibility that “using condoms could be another way to enjoy yourself.” Also, for some, having penetrative sex was ‘the goal’ and ‘other ways they could enjoy themselves’ would only be considered after they had had sexual intercourse.
- paragraph 3:
 - offensive, stupid and conjures up images of masturbation through innuendo

(7) Student Life

- perceived to be aimed at students. Probably the least appealing of all the posters as it painted an unrealistic, stereotypical image of the student, especially in paragraph 1
- many students felt that school life had been more carefree, as college or university involved more studying and more pressure
- paragraph 2:
 - “However ... worries” – patronising
- paragraph 3:
 - “Practising” – replace with “having”
- paragraph 4:
 - “ ... priority ...” – technical language
- this poster was thought to assume that most students leave home when they go to higher or further education. However, traditionally Scottish students go to the university or college nearest to them and so do not leave home

Note: Final paragraph on all posters

“HIV ... clinics”

- a useful paragraph giving all the necessary information in a clear and concise way
- unfortunately, because it was in smaller print, many assumed it would be either more complicated or unimportant and, in most cases, ignored it