

**End-user evaluation of eleven
HIV health promotion interventions
for Gay men and Bisexual men**

This report presents the results of our end user evaluation which considered the acceptability and appropriateness of a range of health promotion adverts, magazines and booklets targeted at Gay men and Bisexual men. The majority of the materials were produced through the CHAPS partnership, but some produced by other agencies were included for comparison. The materials were: *Facts For Life; Exposed - issues 3,4 & 5; Below the Belt; The Bottom Line; Man Sex Man* (all CHAPS); *Relationships; Express Yourself; Just As Safe* (all GMFA); *Gay London* (Camden Primary Care Trust).

1.1 METHODS

Earlier findings for the CHAPS R&D Programme have identified eight demographic groups who benefited least from interventions. Our original aim was to recruit men in these specific demographic groups. Recruitment proved extremely difficult and in only four of these groups was the response sufficient to convene focus groups. These were: men with 4 or less sexual partners in the last year; men who have never tested for HIV; HIV positive men and migrants.

Between June and September 2004, 33 men resident in Greater London were recruited through a Gay internet site and the *Gay Men's Sex Survey* to take part in seven focus groups. Groups lasted 90 minutes on average and were audio tape-recorded. The tapes were subsequently annotated and a thematic content analysis was conducted. Participants were paid £20 expenses.

1.2 DEMOGRAPHIC DESCRIPTION

1.2.1 Age and highest educational qualifications

The overall median age was 31 with an age range of 20 to 48. There were 6 (19%) men in their twenties, 16 (50%) in their thirties and 10 (31%) in their 40s. It must be kept in mind that the target groups below are not mutually exclusive.

	Overall	* Migrants	Never tested	4 or less partners	diagnosed HIV+
Mean age	33	28	33	31	40
Median age	31	30	32	30	42
Age range	20-48	20-36	26-40	23-48	30-48
'O' levels / GCSEs	1 (3%)	0	1	0	0
A Levels	8 (21%)	1	2	2	3
Degree +	23 (70%)	6	2	7	8
Total	32 (100%)	7	5	9	11

* 1 man did not complete a screening form and is not included in this section.

1.2.2 Ethnicity and birthplace

The majority of respondents (29, 91%) were White, although there was one (3%) Black man, one (3%) mixed race and one (3%) White Hispanic man.

The majority of respondents (91%) were born in the UK. The remaining men (9%) were from a variety of countries, principally European.

Birthplace	No. (%)
UK	23 (72%)
Italy	2 (6%)
France	2 (6%)
Croatia	1 (3%)
Cuba	1 (3%)
Ireland	1 (3%)
Sweden	1 (3%)
Switzerland	1 (3%)

1.2.3 Sexuality, gender and number of sexual partners

The majority (28, 85%) of men identified as Gay. Of the remaining men, two identified as homosexual (2, 6%) and three (3, 9%) identified as Bisexual. In the last year 97% (32) had sex with only male sexual partners and one (3%) had sex with both men and women. In the last year, 50% had four or less male partners and 50% had five or more.

1.2.4 Length of current sexual relationships

Thirteen men (36%) were involved in a current sexual relationship with a man. The length of time together ranged from two months to 11 years with a median of 3 years.

Length of relationship	No. (%)
< 1 year	4 (31%)
1 to 3 years	3 (23%)
<3 to 6 years	3 (23%)
Over 6 years	3 (23%)

1.2.5 Most recent HIV test

Twenty-six men (81%) reported having had a HIV test while the remaining men had not tested for HIV. Fourteen men (44%) received HIV negative results and 12 (38%) received HIV positive results.

1.2.6 Use of settings

Men were asked if, over the last month, they had used a variety of Gay community and health settings. Overall, 28 men (78%) reported they had read or looked at the Gay press and had gone to a pub or club, 6 (18%) had attended a social group, 8 (24%) had

been to a cottage and / or cruising ground, 8 (24%) had used a sauna, one man used a telephone helpline.

In addition, seven (21%) reported having worked in HIV prevention in a voluntary or paid capacity.

2. DEMOGRAPHIC GROUPS

In this section, we examine the responses of the men in our four demographic groups. We look first at the issues they feel are relevant when targeting them and move on to deal with their responses to the various campaigns.

2.1 Gay migrants

There were seven migrants in the sample who made up two groups.

2.1.1 Relevant issues when targeting migrants

As the majority of men in the groups had come to London to live openly as Gay men, they tended to characterise the differences between London and their home country in terms of sexual and social freedom.

I don't know, you come from a small place with a non-existent Gay scene, and here it is just wow. Everything is in the open and great.

The most important initial concern as regards sexual health was knowing how to access sexual health services.

You come and get overloaded with sex and parties. Some of his friends have trouble with learning about sexual health clinics and how to use them.

This need was exacerbated by a lack of English-language skills.

I have met loads of Italians, whose standard of English is very bad and they still come here. I met this guy who asked me about information to get a test, because he didn't know where to ask about this information.

This was especially in relation to reading and writing English.

Lots might not be comfortable with reading or speaking English sometimes. So it might be difficult reading.

HIV health promotion advertising in the UK was compared favourably with that available at home. Significantly UK advertising was seen to targeted Gay men rather than the general population.

The level of information is different, in Cuba the information is geared to people who are not aware of HIV but most know the basic information.

In addition, it was seen to be more explicit and permissive.

The type of advertising here is different, more graphic. That is more enticing. I am disgusted to find the HIV charities in Italy are advertising faithfulness, abstinence and condoms. I am really disgusted with that. I demonstrated against that in Italy, it has not worked. It doesn't work with people who have dozens of partners, they will not choose that. I felt the harm reduction done here with GMFA was a bit too much, but now I feel it is right. It makes more sense.

2.1.2 Responses to health promotion materials

The migrants groups were shown three resources: *Facts for Life*, *Exposed* and a booklet called *Gay London*.

Migrant men appreciated the directness of *Facts for Life* both in terms of design and the language.

I was struck by the word 'fuck' [...] It has to be straightforward and prefer it that way.

I think it is quite stylish to be just text.

However, they perceived the messages to be either overwhelmingly general or too specialised. For some, the message was that they should be cautious or aware, but they could not articulate how or why.

They are telling you to have caution.

For others, the messages were too specialised or geared towards certain groups.

I don't think that many men know about viral load.

Only one man understood that the campaigns was about reducing risk.

It seems to go beyond the usual information that you get, about always using a condom. But it is not always clear cut about other issues like more partners and not using a condom. So it is acknowledging those other things, as a part of harm reduction. So it goes beyond that.

Likewise, in the case of *Exposed*, some saw it as too simplistic.

There is a big effort to make *Exposed* friendly - everything is rosy - born yesterday - This is a bit more intellectual. My flat mate reacted to the magazines - there were 3 stories about transmitting HIV if you don't use a condom. So he read all three and then said 'oh now I can get HIV through kissing'. He is an intelligent guy.

Others were simply disinterested in the Gay press.

I get so many papers and magazines, and half the time you can't be bothered with picking one up.

Others appreciated that it was a campaign disguised as a Gay scene magazine.

When I first saw one I thought it was a magazine. I thought the first thing was just an ad, and then as I went through, I slowly realised. I like it, it is very different from other things. Where I wouldn't read the others, I remember reading a whole lot of this one.

None of the men could identify that there was a theme to the magazines or that this theme tied up with a range of other campaigns in different formats.

You like the ad on the back, with the sponges. The campaigns that go with each one are linked to the same theme. Was that apparent to you?

No, I think the problem is, because it looks so much like a magazine, the ads have nothing to do with the content. So you don't think of them together [...] It might be a good idea, because there is so much information coming at you, if you have one simple message in a period of time, and it is repeated, it might get across.

Finally, the Booklet, *Gay London* was appreciated in terms of style and format. The idea of a booklet that gave general information about living as a Gay men in London in a range of languages was seen as being possibly the most valuable resource to migrants. However, many would have preferred it to be about more than just sexual health services. That is, it contained no information about areas such as benefits, housing or employment information. In addition, it was seen as a booklet for visitors to London rather than migrants.

Maybe more general. It depends who it is for, and where you get these. If it is put out internationally, for people before they travel. Explain how the scene works, where to find papers, tell them where to find information rather than giving them information.

2.2 GAY MEN WHO HAVE NEVER TESTED FOR HIV

5 men attended one group for men who have never tested for HIV.

2.2.1 Relevant issues when targeting men who have never tested for HIV

For the most part, men felt that there was little new they needed to know about HIV prevention.

It is difficult to generalise, I can only talk about me. I'm not sure why I am here because I have read a lot of ads and do attend to them.

Having been brought up in the 80's, it's been brainwashed into me through education and awareness by my school and university. I don't attend to things as I know that I'm not putting myself in risky situations. So I'm not sure there's anything more I need to know other than the location of a clinic or something.

They talked in general terms about choosing not to test for HIV. They distinguished between those who may incorrectly assume they are not infected and others who do not engage in sexual risk and therefore don't feel the need to test.

The issues are that if you believe you are safe but you are not so then the group of men who don't test are a problem as you may be passing things on.

Men discussed the issue of whether health promotion campaigns should be persuading them to test or undermining any assumptions they might have that they are not infected. Overall, men would be suspicious of campaigns which implicitly encouraged them to test for HIV

I would find it offensive, but I would tend to ignore it and it would undermine my confidence in relation to anything that THT says.

If I read something in the press that very explicitly tells me one thing, my immediate question is '*what's going on behind that*'? But for me, I intend to get tested, but I never get around to doing it.

2.2.2 Responses to health promotion materials

The men were shown *Facts for Life* and *Just as Safe*.

Like the men in the migrant groups, men who had never tested saw *Facts for Life* as either too simplistic on the one hand or very complex on the other.

There's a bit of a mix between the messages. Stuff that's bleedin' obvious and other stuff that's very complicated and specialist. I think 'why is this wasting my time in a page of a mag to tell me something I know', I find it patronising.

Men recognised that what mattered was the cumulative affect of the campaign.

On it's own, they won't do anything, but together, they will have an impact.

Facts for Life was seen to have limited relevance for men who assume themselves to be HIV negative.

I don't connect the message because I don't know about viral load. My assumption is that I am negative. I would have read the headline and thoughts 'this is not for me'. The only way I would go to the website is if I was having a crisis of confidence, then I would go.

In the case of *Just as Safe*, the group agreed that the message was to always use a condom and that men can use any of the range of condoms available. Overall, this message was appreciated as a new and useful message.

It's telling you that you can get the full range now.

However, others misinterpreted the main message of the campaign as simply to use a condom every time.

I'd just get the core thing of use a condom every time.

It seems to be saying 'remember condoms', you should always have them to hand.

2.3 MEN WITH FOUR (OR LESS) MALE SEXUAL PARTNERS IN THE LAST YEAR

9 men with four or less sexual partners made up two focus groups.

2.3.1 Relevant issues when targeting men with less male partners (4 or less)

The topic that emerged strongly in both groups was how to continue protecting oneself and one's partner in a relationship.

Protection is a big issue for me. I have been with my partner for three years and he is quite happy for me not to use protection but I won't do it. Having lost so many friends to HIV in the last 15 years. I am very aware of the fact I have to protect myself even if you are with someone you trust a lot because they can always slip up and may do something behind your back.

There is a lack of campaigns that promote partners to test together do so repeatedly so it becomes a routine thing to do. So if you have a one night stand and it carried on and then 5 years down the line problems start showing up.

In addition, managing serial monogamy emerged as an important theme.

I was in a relationship for a while and we had sex with a condom but we had unsafe oral sex. He then got a message from my ex telling him to get checked for STIs. He had to go to the clinic and get checked. This was his parting gift. So then I had to call the new man to tell him he needed to get checked which he was not happy about and it had a negative impact on my current boyfriend as we both had to get tested. This made me feel more wary of sexual partners and less trusting of them. Being in a relationship does not mean you can trust your partner.

Harm reduction messages were also mentioned.

You need to know how you can reduce risks if you have unsafe sex - here are some suggestions for having the safest sex. Harm minimisation. It is not all or nothing and they don't need to feel guilty about it.

Some people want to have unsafe sex and that will never change but it is important to make them aware of how to minimise the risk.

Men felt the need to refute the notion that they were at less risk because they had fewer partners.

I have an ex who the second person he slept with had lots of STDs.

2.3.2 Responses to health promotion materials

The men in this group were shown *Facts for Life*, *Exposed* and *The Bottom Line*.

Facts for Life was universally popular in terms of design and text.

It is very eye catching - the colour would attract my interest.
It is blunt to a point - designed to have impact.

However, like the men in the other groups, the campaign suffered from being seen to be either simplistic or complex and specialised.

I find them quite individual - as this one is about fucking long and hard and not everyone does that. Higher viral load [is] targeted at HIV positive people. I would look at this and think 'what is a viral load'.

Responses to *Exposed* were mixed. For those who read the Gay press (the majority), the fact that it was designed to look like (and was distributed in the same way as) a Gay magazine was positive. The design was striking. The interactive nature was appreciated as was the humour.

I love the little picture stories and they are realistic and appear to be decent honest kind of guys - just normal guys.

I find myself reading it and find myself getting pulled in. There is always a funny comment or queeny thing that makes you laugh.

Others saw these characteristics as indications that the advertisements were oriented to young Gay men or were in some ways infantile.

I wouldn't pick this up, it's too simplistic.

I think it depends on your age group - so this is geared to a younger Gay men.

In contrast, responses to *the Bottom Line* were more positive. Men were concerned that because of the nature of the subject, any booklet might be too explicit or refer to embarrassing subjects. Most felt that the use of "action men" was an excellent way of making the booklets explicit whilst avoiding them being pornographic.

I think it is good and easy to read and it is concise so I think it is good. The problem with things like this... the problem is when you are in a situation where you don't know much about this kind of thing you are embarrassed about it so having something with sex on the front it can be intimidating to pick up much less read it. So it can be nice to have a leaflet with all the facts you need with nothing sexual on the cover.

I would feel comfortable leaving it out on the coffee table and wouldn't care if my mother saw it. It does not look like porn and it is not in your face.

The booklet was appreciated for the comprehensive information it contained. It was therefore perceived to be a long-term resource. However, this impression was undermined by the fact that the pages fell out easily and the binding was weak.

I think that when you produce something like this it has to be better quality than usual and don't have pages falling out. I would put it with a bundle of others.

Finally, the responses to the *Relationships* campaign was overwhelmingly negative. Whereas the subject matter was appreciated and understood, the design was seen to let the campaign down.

It is awful and reminds me of the one Lambeth Council did that was badly done.

This was reinforced by the choice of models. The use of 'ordinary' looking men led many to conclude that men in relationships were somehow de-sexed or de-eroticised.

[It should be more] eye-catching with a horny bloke getting it on with another horny bloke - it looks horrible.

I want a release from my life. I want chests and biceps and porn with good-looking men.

2.4 MEN WITH DIAGNOSED HIV

Ten men with diagnosed HIV made up two groups.

2.4.1. Relevant issues when targeting men with diagnosed HIV

The majority of men spoke about how most of the health promotion adverts and booklets were targeted at untested and negative men. They found some of campaigns to be offensive to HIV positive men.

Most of the stuff being promoted is targeted to negative Gay men and so if you are positive it can come across as patronising to positive men. It makes me feel like even more of a leper than I think I am and it can make you feel guilty - collective guilt - there is a universal responsibility.

The question of disproportionate responsibility for infection was raised. They would like to see resources which engage with the notion that both partners are equally responsible.

I would like campaigns looking at both side of the sexual equation - both men have responsibility for the sex they have, not just one.

HIV is not a competition, but it is about getting a balance to living a reasonable life [...] There are issues of disclosure, responsibility for others, *bug chasers* to deal with, and somehow it is all our responsibility.

The question of disclosure was also raised.

I will always protect myself from my sexual partner but it gets boring to always be the one to take responsibility for someone else's behaviour.

Finally, a theme that ran through the groups was the lack of the use of fear in advertising to men who believed themselves to be HIV negative.

I think they should have ads that show men with Kaposi's Sarcoma and scabs.

2.4.2 Responses to health promotion materials

The men in these groups were shown *Facts for Life, Exposed, Express Yourself, Below the Belt* and *The Bottom Line*

Like men in other groups, the responses to *Facts for Life* were mixed. Those that were critical felt that the campaigns were giving out misleading or irresponsible messages.

I mean I think some people will remember the headline and not the actual facts. And to me the facts, the headlines rather are wrong and could actually convey the wrong message. It will do more damage. People will think "When I fuck I won't use a condom, when I get fucked I will make sure the other person uses one."

Some also felt that the campaign might be seen to be punitive towards positive men, especially the poster about viral load.

It's being targeted at a positive person isn't it so, saying 'You watch yourself you, spreading your diseases around, you dirty bugger.'

This point was interesting as although they did not feel that many campaigns were aimed at men with HIV, this one was seen as being not explicit enough in terms of making it plain that it was aimed at men with HIV.

If it's aimed at men with HIV, then fair enough but I think a lot of the adverts that are out at the moment it is a grey area who its actually aimed at. Its not very specific.

Those who liked the campaign mentioned the 'no nonsense' design and the fact that simple statements of 'fact' were made.

It is a minimal risk marker and very blunt and less pigeon holed. I prefer truth statement- based to produce respect or fear. It simply says the more men the more risks. I appreciate scientific facts over pictures. Infections rates are increasing across the board.

However, the majority felt that the campaign was not relevant to them because they had already been diagnosed. That is, they perceived it as primarily a campaign about risk aimed at men who believe they are negative.

Like the other groups, *Exposed* was seen to be targeted at younger men. This was because of its format and style.

To be on just one particular theme that is probably a good thing. I guess what I find is that I am a bit too old for it... If I was negative I would still be too old for it because it's Jackie ... am I showing my age now?

In spite of this, many appreciated the 'fun' aspects. That is, elements like the picture stories were seen to be appealing, interesting, informative and easy to read.

I actually like the fact that it looks like other magazines. You can have it lying around and it's not one of those that says "Information on HIV". You can pretend

you have got it because it comes with Boyz and keep it lying around because there are pictures in there ... and so I kept it.

Responses to *The Bottom Line* were on the whole positive. It was seen to be informative and comprehensive.

It's like a little guide, like an A to Z.

It's explaining things, rather than just not enough information to actually say what's going on. I mean explaining about what the arse is like.

The majority of men agreed that it would be a resource they would pick up when they attended their clinic and keep at home as a reference.

Because it explains a lot of the terms that doctors use and just throw around, it's like I should know what that means but I actually don't so its actually nice to have these terms explained.

Likewise, the men appreciated *Below the Belt*. Like men in other groups, the use of 'action man' models was seen as a clever way of presenting material which might otherwise be pornographic or distracting.

The use of action dolls is good and does not distract from the information.

With both *The Bottom Line* and *Below the Belt*, the size and format were appreciated most.

I like the use of colour and it attracts attention and [is] easy to read.

However, with both of these resources, men felt that sections should target men with HIV. For example:

It would be useful to have a section on the interaction of recreational drugs with HIV treatment.

Overall, the men liked *Express Yourself*. It was seen as promoting an innovative idea that the receptive partner could be powerful in many ways including having control over the use of a condom.

I think it works a lot better than some of them that I have seen. There's not too much information on it, you see it straight away, your not going to get bored reading it. There's 3 lines to read and you can understand what it's about.

Just because you are the one getting fucked does not mean you have no say whether a condom is used or not. There are two people involved and both have responsibility to take care of their own health.

Some men believed this campaign had no personal relevance for them as they are already diagnosed HIV positive. For them, it was perceived as being only targeted at negative or untested men.

3. DISCUSSION

3.1 Target Groups

The difficulties with recruitment make drawing conclusions about target groups hazardous. However, we can draw some tentative conclusions about why men in these groups might attend less to current health promotion.

Overwhelmingly, the issue that was of importance to the migrants were that materials be clear and concise. Language and cultural difficulties could act as a barrier to complete understanding of the materials currently available. Having said this, the migrants appreciated and felt they could relate to the materials presented to them. Printed materials that give more generalist information about life in London and where to access benefits, housing and employment information were mentioned as important.

It may be the case that men who have never tested for HIV do not attend to health promotion materials because they simply do not see themselves as at risk. They may also be likely to interpret straightforward messages as merely reinforcing the risk avoidance or risk reduction strategies they already have. Overall, the men in our group considered themselves to be negative and were mistrustful of campaigns which tried to undermine this belief or encouraged them to test for HIV.

Unlike men who have not been tested, men with lower numbers of partners were clear that there were specific areas in which they had to manage risk. This concerned safety within relationships and managing trust within a range of serially monogamous relationships. Overall, the men in our groups felt that they were not being targeted sufficiently in HIV prevention campaigns and that there was an assumption in such campaigns that HIV prevention was target at men with higher numbers of partners.

Men with diagnosed HIV had two concerns. First that campaigns were either not targeted specifically at them and that campaigns for men who believed they were negative did not stress mutual responsibility for exposure.

We can conclude that the barriers to attending to health promotion may be manifold. For one group it may be the perception that they are not targeted sufficiently, while for another it may be that they do not perceive themselves to be at risk.

3.2 Materials

We purposely tested a wide range of materials both in terms of content and format. All groups did receive *Facts for Life* and *Exposed* and all had similar equivocal responses. Both were appreciated for different reasons. *Facts for Life* was appreciated because it was simple and clear in design and considered straightforward and 'factual'. *Exposed* was appreciated for the opposite reasons: it was fun, interactive and simple. The negative responses to both were also for different reasons. In the case of *Facts for Life*, the range of messages was seen to be too broad, the series aspect was missed and the intellectual levels at which the messages were supposed to be pitched was too variable. In the case of *Exposed*, negative reactions centred around the notion that the materials were too

simplistic or juvenile. Similarly to *Facts for Life*, the themed aspects of *Exposed* were generally passed over by men in all groups.

A comparison of the *Relationships* campaign with the *Express Yourself* campaigns is informative. Both contain little covered topics (the first on relationships, the second on the receptive partner taking control of the sexual situation). The relationships advertisement was criticised because of the design and use of models which put men with low numbers of sexual partners off. *Express Yourself* was appreciated because it presented an innovative concept using attractive models.

What is most striking about the materials is that in all groups, the format that met with overall approval was the booklet. This was because it was perceived to contain useful and relevant information in a format that was durable and of some intrinsic value (that is, high production values and sufficient length and detail). It may be the case that men who do not attend to health promotion materials generally may attend to those which they perceive as providing useful longer- term information.

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16-12-2004

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