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Abstract

We qualitatively examined gay men's reactions to the national "Drama Downunder" (DDU) HIV/STI social marketing campaign targeting gay men in Australia to identify key campaign elements that underpinned the demonstrated effectiveness of the campaign. We present findings from six focus groups held with 49 participants as part of the evaluation of the DDU campaign over 2008–2009. Participants identified attention-grabbing images, a humorous approach, positive and simple messaging and the use of mainstream media as campaign features crucial in helping normalise sexual health testing, drive campaign engagement and ensure high message exposure. Balancing positive and negative campaign images and finding new ways to engage men with sexual health topics, particularly younger gay men, should be considered. We discuss the implications of these qualitative findings on campaign effectiveness for future campaign and message design.

Keywords: sexual health, qualitative analysis, health promotion, research evaluation, HIV/AIDS prevention

Like many developed countries, Australia has experienced substantial increases in rates of new HIV diagnoses among men who have sex with men (MSM) over the past decade (Grulich & Kaldor, 2008); this has occurred alongside increasing rates of other sexually transmitted infections (STIs) such as syphilis and gonorrhoea (Middleton et al., 2008). Recent local data also suggests a shift in the epidemiology of HIV within gay male populations, with younger gay men being diagnosed with HIV and other STIs at increasing annual rates (Author citation, 2010). Behavioral surveillance data (Lyons et al., 2012) also suggest that gay men initiating anal sex at a younger age are at greater risk of subsequent HIV infection. Australia has made a considerable investment in new HIV/STI prevention initiatives as part of its response to HIV and other STIs, including a suite of large-scale social marketing campaigns aimed at increasing health seeking behaviors.

Consumer-focused social marketing campaigns using traditional marketing techniques to promote behavior change have been widely adopted within the HIV/AIDS sector and more broadly within public health (Grier & Bryant, 2005; Myhre & Flora, 2000; Noar, Palmgreen, Chabot, Dobransky, & Zimmerman, 2009). However, despite the increasing adoption of social marketing campaigns aimed at reducing risk behaviors and increasing health seeking there is relatively limited information regarding which specific factors and campaign characteristics contribute to campaign success and why this is the case. Recent evaluations and reviews of mass media campaigns and broader behavior change interventions (Herbst et al., 2005; Johnson, Hedges, & Diaz, 2002; Johnson et al., 2002; Johnson et al., 2008; Noar, 2008; Noar, Chabot, & Zimmerman, 2008; Noar, Clark, Cole, & Lustria, 2006; Noar, Palmgreen, Zimmerman, Lustria, & Lu, 2010; Van Stee et al., 2012) have identified campaign design elements and message components associated with behavior change. These include rigorous market research (Walsh, Rudd, Moeykens, & Moloney, 1993) strong

theoretical frameworks incorporating behavior change (Fishbein & Yzer, 2003), message effect (Rimer & Kreuter, 2006) and information processing theories (Stephenson & Southwell, 2006), message framing and tailoring (Cappella, 2006; Rimer & Kreuter, 2006; Rothman, Bartels, Wlaschin & Salovey, 2006), emotional appeals (Green & Witte, 2006; Monahan, 1995; Witte & Allen, 2000) sensation-seeking targeting principles (Noar et al., 2010; Palmgreen & Donohew, 2010), and edutainment (Do & Kincaid, 2006; Glik, Nowak, Valente, Sapsis, & Martin, 2002; Singhal & Rogers, 1999). These components provide program planners with an understanding of how individuals' beliefs, attitudes, values and their surrounding environments can impact on behavior and influence how messages produce individual changes. In addition, attention-grabbing, realistic, and persuasive messages delivered through channels that drive high message exposure have been identified as important to campaign success (Van Stee et al., 2012).

Monitoring and ensuring the fidelity of the formative and process aspects of campaign development and delivery and continual evaluation of campaign effectiveness and impact are crucial. It is important to measure effectiveness but also to identify elements of campaigns that underpin effectiveness and barriers to campaign acceptability (Grier & Bryant, 2005; Nutbeam & Bauman, 2004). To continue to improve social marketing campaigns and build a stronger evidence base for the effectiveness of social marketing and mass media campaigns, we need to better understand which factors are important for campaign effectiveness within specific target audiences and try to understand why.

The "Drama Downunder" (DDU) social marketing campaign was launched in the state of Victoria, Australia in February 2008 as part of the rollout for the national campaign. DDU targeted gay men with messages designed to improve HIV and other STI testing. An evaluation of the campaign triangulated time-series quantitative survey data with HIV

surveillance data and provided strong evidence of the effectiveness of the campaign in achieving its aims of increasing health seeking behavior, STI testing and HIV/STI knowledge among gay men in Victoria (Author citation, 2012) . Here we present qualitative evaluation findings from focus groups designed to examine different characteristics of the social marketing campaign to identify key campaign elements that underpinned effectiveness.

Methods

Drama Downunder: Campaign Development and Implementation

In February 2008 the Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC) launched the DDU campaign, which aimed to increase access to diagnosis, treatment and care of STIs; improve HIV/STI awareness and knowledge; and, in the long term, minimise the transmission and morbidity of STIs in gay and other homosexually active men. Campaign development and implementation has been described previously (Author citation, 2012).

Using a social marketing approach (Kotler & Roberto, 1989), DDU was informed by local behavioral surveillance (Guy et al., 2009; Hull et al., 2006) which had identified that a significant proportion of gay men do not test regularly or undergo comprehensive HIV/STI testing and had poor knowledge regarding the asymptomatic nature of many STIs.

Furthermore discussions with local health clinicians also indicated levels of anxiety around STIs and STI testing together with misconceptions around STI testing and treatment for gay men. Gay men participating in formative focus groups (Spina, 2009) reported that previous sexual health campaigns had relied on traditional gay media (i.e., gay press, posters in gay venues) for too long and consequently had less traction and were increasingly discounted as "old information" (Guy et al., 2009). Consequently a campaign was developed addressing

these issues with a deliberate attempt to present sexual health information in new spaces and in a new style.

DDU involved a conscious move away from previous sexually explicit and anodyne or fear-based approaches (Guy & Hellard, 2004; Morlet, Guinan, Diefenthaler, & Gold, 1988) to more positive images and messages designed to be light-hearted in nature and “light-on” in terms of detailed information, the intention being to better capture the attention of the target audience (Figure 1a and 1b). The campaign was also designed to employ the tools of mainstream advertising media to reach beyond the gay community, an approach which had not been used in Australia since early HIV campaigns in the 1980s (Guy & Hellard, 2004).

[INSERT Figure 1a and 1b ABOUT HERE]

The campaign relied heavily on outdoor advertisements with more than 550 public display points utilised, including billboards, train stations and tram stops. These “mainstream” elements were combined with delivery through gay media and the distribution of more than 54,000 print resources through gay social events and venues. In addition, the campaign utilized innovative methods for engaging the target audience, including the use of novel campaign resources (refrigerator magnets, drink holders, bandanas, underwear) and specific events, such as the “Drama Down-underwear Show” and a “Drama Downunder Outdoor Cinema”, to encourage community engagement with the campaign. The accompanying DDU campaign website provided comprehensive information on STIs and service locations and featured interactive components including a free SMS reminder service for sexual health checks and an anonymous email or SMS partner notification service. Phase I of the campaign ran from February 2008 to February 2009, with the development and implementation budget for the campaign estimated at \$411,755, the majority spent on

advertising (\$339,145). The campaign used repeated images of a man standing in his underwear in various poses accompanied by the same tag line and coupled with different health messages, for example, “Stop the Drama Downunder! Get a sexual health check today!” and “There’s not always a smoking gun! You can have a sexually transmitted infection without symptoms” and “Sexual Health Checks, No Drama! Get a sexual health check today!” (Figure 1a & 1b). The DDU campaign used a model based on social marketing theory and comprised of three core components: engagement (impact, cultural relevance, the need to know more); information (knowledge, skills, action); and facilitation (identifying structural supports for better sexual health).

Campaign Evaluation

To assess campaign effectiveness, a quantitative study prospectively collected online survey data from 295 participants and routine HIV/STI surveillance data (see Author citation, 2012). We recruited a subset of participants from the quantitative study to participate in a series of qualitative focus group discussions.

Identification and Recruitment

Participants in the focus group were purposively recruited from those who participated in a quantitative online evaluation study (Author citation, 2012). At the end of each survey (we conducted three survey waves between September 2008- April 2009), participants were asked if they would be interested in participating in further evaluation of HIV prevention initiatives in Victoria via focus group discussions. We emailed a selection of those who indicated their interest and invited them to participate in the discussions. Participants were selected for inclusion in focus groups based on their survey responses to ensure a cross-section of MSM based on characteristics such as their gay community involvement, sexual activity, age, resident location and HIV status. Our purposive sampling aimed to ensure that the evaluation

was informed by detailed and in-depth responses from a range of gay community participants whilst taking into account emerging epidemiological data showing increasing HIV risk among younger gay men (Author citation, 2010). We chose focus groups as the method of qualitative data collection because they allowed us to measure the discussions and interactions between participants and allowed participants to compare and contrast their responses and reactions to the campaigns. The aim of the focus groups was to obtain in-depth contextual data on the acceptability and effectiveness of the campaign, identify campaign elements responsible for the effectiveness of the campaign and understand campaign impact.

Accepted Version

Data collection

We scheduled focus groups approximately six months after each quantitative survey round. They were held in central Melbourne (the capital of the state of Victoria) after work hours; all participants were reimbursed AUD \$40 for their time and travel costs and provided with refreshments. Focus groups discussions ran for approximately 90 minutes and participants received verbal explanation of what participation involved and they then signed participant information and consent forms prior to participation. Each focus group was facilitated by a moderator and a note-taker and the discussions were digitally recorded. One study researcher initially transcribed and reviewed transcripts multiple times before coding commenced. These data were reviewed by another researcher independently and coding inconsistencies were resolved at this stage. Following initial discussion about campaign awareness, we presented participants with campaign images and prompted for comment on content, format and style/language, broadcasting schedule and campaign delivery, and their perceptions of the intended target audience. We asked participants if the campaigns' messages were relevant to them and their peers, and if the messages affected their own sexual health knowledge, behavior and community dialogue.

Data Management and Analysis

Thematic analysis and open coding techniques were used to identify and label key themes emerging from discussions that related to social marketing theories or approaches. Data was then grouped into one or more themes or potential drivers of behaviours change.

We report findings from the focus groups below under the main themes that emerged from analysis and discuss them in relation to the campaign approach, broadcast schedule and campaign appeal. In addition, we discuss the potential links of the campaign to increasing knowledge, behavior change and community dialogue, demonstrated by the quantitative data results (Author citation, 2012). We obtained ethics approval for conducting focus groups

from the Victorian Department of Health Human Research Ethics Committee and the Monash University Standing Committee on Ethics in Research Involving Humans.

Results

Of the 99 participants invited to participate, 49 attended one of the six focus group discussions. Focus groups included from four to 10 participants and participant median age was 33 years (range 21–66 years). The main themes emerging from the analysis of the focus group data are presented in sections relating to the key campaign elements and campaign effectiveness.

Key Campaign Elements

Several key campaign elements relating to the campaign approach emerged from the focus groups, including the attention-grabbing nature of the images, humour and use of positive imagery, and the clarity and relevance of the messages. Participants reported varying responses to campaign messages, images and the delivery of the campaign, with some concern surrounding the overly positive style of the campaign. Overall, the majority of men agreed that the broad appeal of the campaign because of the use of mainstream media was a positive and encouraging step for a sexual health campaign.

Visually appealing, positive and humorous imagery. The majority of men commented on how the campaign images were visually appealing and ‘grabbed your attention’. They discussed how distinctive this campaign was from previous sexual health campaigns that utilised overtly sexual images to grab people’s attention. They focused on the humour and light-heartedness of the images and messaging, and described how it allowed them to engage with the campaign comfortably without guilt, obligation or coercion: “The image grabs your attention, it kind of jumped out and stayed in my mind,” “The actual

graphics and image are very good 'cause it catches your eye even if you don't read the caption," "The silliness of it is kind of fun, is more light-hearted and not so confronting," and "It kind of tells me not to take it too seriously, like don't sweat it, don't be nervous about a sexual health check, just do it and don't think twice about it." There was discussion among participants regarding the advantages and disadvantages of using (and over-using) sexual imagery to grab people's attention versus using a strong positive image of a largely naked man that was not sexualised, as in the case of DDU.

To me it's more like a case of hard selling versus soft selling. Graphic images may sink into some peoples mind a little bit easier than others, some people find graphic images too confronting and just shut off. So that's why you get campaigns like DDU – to me it's done tastefully. It gets the message across but it doesn't utilise graphic images.

Participants reported that the light-hearted and positive campaign imagery helped them to digest and recall the messages. A few participants claimed that such positive images help empower people to take action and change their behavior, unlike fear campaigns that aim to scare or shock people into changing behavior: "I think it's a good thing that they're positive 'cause it pulls you in comfortably without you being fearful... gives you those messages without you being afraid," and "Negative advertising doesn't work, you send a negative message and you don't empower people, you scare them but you won't influence."

Message clarity. Consistent with the diversity in preferences for a "hard" versus "soft" sell described above, a few participants suggested that the type of images used in the campaign, particularly the lack of overt sexual imagery, resulted in them thinking they were commercial 'lifestyle' advertisements. They reported that only after seeing the campaign a few times did they recognise it as a sexual health campaign: "All the bus stops adverts with

the guy in burning undies. I didn't quite understand and I thought it was an underwear ad at first..." and, "Campaigns these days are looking too much like everything else, like lifestyle advertising. The message gets lost, the image gets lost." This suggests that campaign designers need to find a balance between being visually appealing, distinctive enough to be recognised by target audience members, and being too overtly sexual.

While the previous comments indicated some ambiguity in the message clarity of campaign images, the simple and straightforward language used to accompany the images enhanced message clarity for the majority of participants, who could recall and clearly articulate key messages from the campaign. A few participants remarked on the simple language used in the campaigns that made the message easy to understand: "It's very simple, direct. Usually it's him in his underpants with a big word next to him, like syphilis or something. So it's pretty hard not to notice it as a sexual health campaign," and "The message is clear, get tested more often."

When I checked out the website, the language is really direct and targeted for the gay audience. That sort of language can be the advertising, its talking about the "swallowing cum" and stuff, it's really speaking in that language that gay guys talk about. It's really direct and informative.

Message relevance. Most participants agreed that the campaign messages were both personally relevant and relevant to other gay men: "Yeah – we've been in a stable relationship for 10 years and we still look at these things and think they still apply to us. If it doesn't affect us directly it still affects our peers and people around us." Some participants mentioned that they thought the choice of model for the campaign was an important factor in whom when relate to the campaign: "He's more generic, he doesn't look gay/straight. He's a regular-looking guy that has a bit of tone to him" and "This guy is middle range to me – so it

speaks to both younger and older guys.” Notably, older gay participants reported that the campaign messages were potentially less useful or relevant to themselves or other more ‘experienced’ gay men, perhaps as a result of message fatigue (Rowniak, 2009), but they also acknowledged that they might be more relevant to young gay men who might not have previously been exposed to these kinds of messages; “Maybe ‘cause we’re gay men that are relatively experienced in years, and we know ‘what the message is’ so perhaps we don’t read it with the same eye for detail as maybe someone newer on the scene might.”

Some younger participants agreed on this point, describing how social changes have meant they don’t necessarily identify with the gay community, either by reading gay press or frequently gay venues, which might result in them missing out on receiving health messages delivered through such traditional “gay media”: “I don’t identify with mainstream gay groups/events, so I don’t see a lot of the gay sexual health information” and, “I think that it’s good to target younger guys ‘cause lots of young guys I know are less informed and don’t have access to lots of information, we haven’t been around as long”

Message response. Although participants’ response to the campaign messaging and imagery was largely positive and encouraging, it was not universally so. Some participants, particularly older participants, expressed concern regarding the lack of realism of the situation depicted in the images, particularly around the lack of emphasis on the potential negative consequences and long-term effects of HIV/STIs: “There are no implications, like ‘here you are bed ridden with diarrhoea for days on end’, like this is what will happen” or “Even in the gay press I think that a lot of the images are really positive and that maybe they’re actually a little too positive at times.”

There is a lot of positive imagery, in the 80s there was a lot of negative advertising and that advertising seems to have died away. So now there is lots of positive imagery

that comes out and maybe that doesn't make you think so much about the negative consequences.

It doesn't portray that if you catch an STD you can have a big ulcer on your dick or things like that you know because you can't use that sort of imagery and I know you can't really put that on the train station wall.

Men suggested that this lack of realism regarding the portrayal of the consequences of HIV/STIs misrepresented the risks associated with getting infected. They felt that it was important that campaigns like DDU address or dispel misconceptions about HIV/STIs and educate men regarding the real and likely consequences of getting infected, particularly for younger gay men: "there is this myth that it's not a death sentence anymore with medication, but I had an HIV-positive housemate in the UK and he was a slave to his medication" and, "maybe there's a misconception out there, just because he's a 23-24, muscled, really beautiful, Greek statue doesn't mean that he can't be HIV-positive."

Several participants described how their own risk perceptions and perceptions of HIV were informed largely by knowing someone with HIV. They described how understanding what having HIV was really like had made them more vigilant about safe sex:

The sexy pictures are obviously getting all of our attention but it's not until you see the consequences or you know someone with HIV that it brings it home. When I was in my early twenties, I lived with a group of people who were in their mid-thirties.

They all had HIV and few of them died but that experience has stayed with me but to have been told that there is a HIV morning-after pill, I wonder what the message is for other people.

Broadcast Schedule. Participants often described how the high frequency of campaign exposure and the multiple locations in which they were exposed to the campaign helped maintain their attention and interest in the campaign over time. Several participants also noted that because of their high exposure to the campaign they were able to readily recall the campaign messages and recognise different versions of the campaign and the progression of the campaign messages over time. They commented that changes in campaign messages helped maintain their interest and kept the campaign messages fresh in their mind: “The Drama Down Under – it’s really common, I see it every day on the tram, train, billboards and at train stations,” “Because you basically see that ad like every day, if not 3-5 times a day... there are usually different ads, you’ve seen them before but they change” and “There is a new one where the bum is at the front and twisted and the body of the torso is facing outwards. It’s new in terms of I hadn’t seen it before and then I thought maybe it’s a series.”

Audience Segmentation. Discussion of campaign approach also included discussion of the campaign’s wide appeal to a broad target audience. Participants spoke about how the use of mainstream media, including very public locations (e.g., billboards, train stations, bus stops), represented a “mainstreaming” of sexual health campaigns in response to broader mainstreaming of the gay community.

I used to only see this kind of campaign in SOPVs [sex on premises venues], saunas or gay venues/pubs and now you’re seeing it everywhere. When you have stuff in the gay press or just at gay venues, there are only so many people who are going to see that, so it’s great to see that out and about.

Yeah – I think it’s the breaking down or the normalisation of the gay community, so there isn’t that sort of “this this is the gay area, this is the straight area.” Being gay is getting, or it is normal now.

Many participants described how this mainstream approach meant that the campaign had broad appeal, not only within the gay community but to men more broadly. Other participants considered the campaign as targeting the whole community, including heterosexual men and women: “I think it has a broader appeal, ‘cause it’s advertised on trams stops, bus stations and billboards and he’s more generic, not necessarily gay” and “I think that it was designed specifically for the gay community but incidentally it happens to also speak to people who aren’t [gay].” Younger participants in particular noted that the use of mainstream media to deliver the campaign meant that it had the potential to reach beyond the usual “gay-community-attached” men (Holt, 2011) to younger or less gay-identified men who might not be receiving such health messages.

I don’t identify with mainstream gay groups/events, so I don’t see a lot of the gay sexual health information and I don’t identify as being a high-risk person, so I think I would benefit more from general sexual health messages like this.

Another young participant noted, “I think it would be good if you take away the gay factor all together, so it’s for everyone and you don’t feel so targeted – like telling everyone to go get tested.”

Some older participants believed the use of a young model in the campaign together with the messaging style meant younger gay men were the target. These older participants suggested that the deliberate use of humour and the light-hearted approach might have also been an attempt to reach younger men with lower levels of knowledge about sexual health and the consequences of HIV or STI infection: “It’s mainly targeting younger guys ‘cause it’s a bit more light-hearted, it’s not so serious and it’s not so graphic.”

I think that it's good to have a younger guy model 'cause young people have less information, they're less informed, they haven't been around and been exposed to all the scare campaign back in the eighties. Teenagers are starting to come out, they're new to the scene, haven't been sexually active as much, they might be thinking it's just another STD that I can get treated for.

Most men perceived the 'mainstreaming' of sexual health campaigns as a positive move by campaign developers because it helped frame HIV and sexual health as a community issue rather than just a gay men's issue, thus increasing its potential impact: "I think it's important that it doesn't only target gays, it doesn't reinforce the idea that HIV is only for gay men, 'cause straight people get infected as well" and "I think they're more effective than trying to single out one particular group or sexual preference. By putting one up at a bus stop you're actually reaching everyone. I don't know if targeting works in general advertising anymore."

Campaign Effectiveness

Focus group data provided evidence for the effectiveness of using social marketing approaches for health promotion, which might have contributed to the campaign's success in improving knowledge and HIV/STI testing patterns among gay men in Victoria (Author citation, 2012). Here we discuss key campaign elements and themes identified previously in relation to the social marketing approach outlined by the campaign developers, to identify possible mechanisms that might have underpinned the campaign's effectiveness.

'Engagement' - raising awareness of HIV/STIs. There was general consensus among participants that the campaign was engaging and appealed to the target audience. Participants described how the very public and mainstream nature of the campaign was effective at raising

awareness about HIV/STIs and acted as a reminder to them about the importance of regular sexual health checks: “Campaigns like this make you more aware of not just HIV/AIDS but also STIs and promote people to get tested every now and then, just so they are safe” and, “It’s actually a reminder. It makes you think about it. Sometimes you just wait for a visual sign to get checked, so these campaigns are a good way to remind you to get checked anyway.” It was effective at reaching and engaging a wide range of the gay community, although potentially less relevant to older gay men, and demonstrated sustained engagement over time with many participants reporting that it continually reminded them to go get tested. *‘Information’ – increasing knowledge and encouraging community dialogue.* There was evidence for the campaign providing new information to target audience. Most men agreed that the campaign did not necessarily provide men with a lot of new information or knowledge about sexual health topics, and that although they considered themselves knowledgeable about HIV, they admitted that they were less knowledgeable about other areas of sexual health, and this campaign was useful in filling those knowledge gaps, especially for younger gay men.

A lot of people don’t know what syphilis is, what gonorrhoea is, know how long it lasts, know what to look for... also, I think it said somewhere that PEP has a 72hrs of cut-off time but not everyone will know that. I think that’s how I learnt about PEP, so perhaps something’s getting through.

There was limited evidence for the campaign prompting community dialogue, because participants agreed that DDU was unlikely to initiate discussions with friends/partners, because sexual health was not something they usually discussed with friends. Men described how, when rare discussions about sexual health occurred, they were usually in response to or

in connection with a recent event involving themselves or friends, such as having unprotected sex.

I don't think it's a hush-hush topic but the popularity has died off. If I am to discuss it with my friends again, it's only when something has happened. Like my friend had sex without a condom the other day and it scared me into talking to him about it but in general no.

Participants noted that the public locations used in DDU made discussions more likely to occur at the moment of exposure: "I would say that through the ads in MCV [a gay community press publication] and with billboards at train stations, you're probably more prompted to talk about it with someone when you're actually there with someone", and:

I actually had a conversation that was prompted by the DDU Campaign while we were standing by the train station. He was one of those guys who never used to think about it and he was telling me about how much more aware of it he was these days. Which I think has been partly due to this advertising.

'Facilitation' - normalising sexual health testing. There was strong evidence to support that campaigns ability to facilitate a change in men's attitudes and perceptions surrounding sexual health testing, though less evidence for its impact on directly influencing men's behaviors. Men described how the 'mainstreaming' of sexual health messages was helping to 'normalising' sexual health and testing, but also acknowledge that this might not necessarily lead to an increase in testing: "Yes – ideally you get tested every six months if you are sexually active... whether that's from a campaign – I'm not sure. It could have some influence in my decision-making but not sure." A few participants reported that the campaign had actually prompted them to visit the campaign website, demonstrating potential to

increase health seeking behaviors: “It prompted me to go the website and find out more about syphilis and other stuff.”

Participants commonly described how the campaign resulted in indirect effects that could influence behavior change, such as improving their attitude toward sexual health testing by normalising testing: “Last time I went to get an STI check-up, I felt a lot more confident and comfortable, and that was since I’d seen the campaign. It was a more normal thing to do”, “I think it’s breaking it down and making it a lot more laid back that it’s just something that you go and do every six months, that’s just something that someone does” and “And it normalises getting tested and sexuality.” However, most participants agreed that campaigns such as DDU had potential to improve or change men’s knowledge and attitudes toward sexual health testing rather than testing behaviors or sexual behaviors. This shift in men’s attitudes and perceptions surrounding sexual health and HIV/STI testing, might be important in addressing social stigma that surround HIV/STI testing and be actively addressing barriers that prevent men from accessing testing services.

Discussion

Variation in the rigor of methods used to evaluate past HIV mass media campaigns have resulted in mixed evidence of effectiveness in improving knowledge, attitudes and behaviors and difficulties in identifying elements responsible for campaign success (Myhre & Flora, 2000; Noar et al., 2009). This qualitative evaluation identified particular elements of the DDU campaign as drivers of its success and revealed the mechanisms that underpinned the campaign’s effectiveness. As the field of HIV prevention moves toward more interconnected combination approaches (Hankins & de Zaluondo, 2010), strengthening the evidence for large-scale mass-media campaigns is important to support behavioral, biomedical and structural prevention strategies. It is critical to go beyond simply quantitatively measuring

campaign successes through metrics such as recognition and recall and resultant behavior change. There is a need to include more detailed understandings of particular features of campaigns that underpin outcomes and enhance their appeal to target audiences. These enhanced understandings can then be used to inform and refine campaigns and drive the development of new prevention initiatives.

Implications for Campaign Developers

Recent local sexual health campaigns have failed to demonstrate meaningful outcomes for gay men (Dowsett, 1995; Guy et al., 2009). The DDU campaign presented sexual health information in new locations and in a new style to reach gay men and reengage them in sexual health issues. Focus group data demonstrated how a novel and positive approach to sexual health messages using a social marketing approach, along with the use of mainstream advertising, formed a successful health promotion strategy for gay men despite sustained exposure to the topic over many years.

The use of mainstream media, including billboards and campaign posters on public transport, was identified as an effective channel for delivering the campaign and ensuring high message exposure to the target audience. This use of mainstream media to target gay men was a major focus of the discussions in comparison to other aspects of the social marketing approach, with men describing how the mainstream approach helped to raise their awareness of HIV/STIs and acted a positive reminder and helped to normalise sexual health testing. The mainstream approach also appeared to be successful in delivering and engaging younger, less gay-community-attached MSM in sexual health messages, more so than older gay men.

This is perhaps where previous sexual health campaigns and prevention efforts, which have relied on community attachment strategies, have failed (Dowsett, 1995; Guy et al.,

2009). Data from older men in this evaluation indicated safe sex message fatigue (Rowniak, 2009), although they still found the campaign useful as a reminder. Younger men noted how this campaign was “everywhere” so was difficult to miss, in comparison to previous campaigns delivered through more traditional gay media channels not commonly used by younger gay men, demonstrating effective message tailoring and audience segmentation. This campaign also appears to have the ability to cross over to other target populations, thus increasing its reach and impact.

Effective message tailoring and flexibility to recognise and respond to shifts in epidemiological, behavioral and social trends within the gay community, are important for campaign developers in both Australia and similar settings internationally. It might help to ensure future HIV/STI prevention campaigns and programs are targeting their messages and delivering maximum impact to their target audience and potentially further impact to other key target populations. Several studies other than our own have examined the importance of tailored health messages and intervention success, and have concluded that tailoring health messages to your specific target population is crucial for achieving and maintaining attention and engagement which might then lead to attitude and behavior change. (Griffiths et al., 2010; Noar, Benac, & Harris, 2007; Rimer & Kreuter, 2006).

The positive and light-hearted attitude that the campaign expressed toward sexual health testing was perceived as greatly increasing the campaign’s reach and appeal. Moreover, the simple, direct and target-appropriate language used throughout the campaign was successful in conveying a clear and concise message. Findings highlighted the value of using real situations; many participants mentioned that the model used in the campaign was realistic and that the messaging was personally relevant. Nevertheless, some participants viewed the humorous and light-hearted approach as a negative influence on men’s attitudes and behaviors, and while participants acknowledged that the positive messages and imagery

were a welcome change from previous fear-based (Morlet et al., 1988) or heavily sexualised campaigns (Spina, 2008), most men also suggested that it was equally important to convey the reality and potential negative consequences of not getting tested. Similar trends shifting away from simply fear-based messages have been seen among health promotion campaigns internationally, with the use of gain and loss framed messages to promote the topic of sexual health and encourage health seeking behaviours among the target audience. Research has demonstrated the usefulness of framing messages as closely to the risk associated with the behavior though this does not lead automatically to changes in sexual practice (Rothman et al., 2006).

Although men described both positive and negative responses to the campaign's style and approach, both responses indicated some sort of cognitive response to the campaign. This sort of cognitive engagement has been shown to serve an important role in the persuasion process surrounding attitude and behavior change (Capella, 2006; Griffiths et al., 2010; Van Stee et al., 2012). These previous studies found results similar to ours, linking individuals' perceptions of realism and their subsequent cognitive responses with their ability to internalise messages and influence attitude and behavioral change. The challenge for campaign developers here is to understand the roles that perceived relevance and realism play in determining how messages resonate with a particular audience and their potential persuasive power. Recent sexual health testing campaigns implemented in San Francisco 'Healthy Penis' (Montoya et al., 2005) and Los Angeles 'Stop the Sores' (Plant et al., 2010) used a mix of gain and loss framed messages embedded in an "exchange theory" approach to enhance the relevance and realism of the situations depicted in the campaign. The evaluations showed the campaigns effectively challenged men's risk perceptions by portraying both the negative consequences of not getting tested and the positive aspects of

regular testing resulting in increases in syphilis testing (Montoya et al., 2005; Plant et al., 2010).

One limitation of the DDU campaign identified by participants was its restricted ability to create or prompt community dialogue. Individual risk perceptions are highly variable and how people make meaning of them is a complex process (Joffe, 2003); nonetheless, two important pathways identified as helping build people's concept of risk are representation through mass media and discussions with peers (Cottle, 1998). Encouraging community dialogue or interpersonal communication on health promotion topics disseminates messages further and helps the target audience internalise and process messages and their understandings of risk (Helme et al., 2011; Joffe, 2003). A recent study (Petraglia, 2009), which looked at the persuasive power of 'authenticity' in public health campaigns, highlighted how tailoring and narrative persuasion can enable individuals to understand emotionally and cognitively how information can relate to their everyday existence through narration and dialogue. New communication technologies, including social media and Web 2.0 applications found in social networking sites (e.g., Gaydar, Manhunt, Grindr), might have an important role to play here because they work to fostering real, 'authentic' social interactions and discussion (Harrison & Thomas, 2009) and allow greater user-generated content which might facilitate increased engagement and cognitive responses (boyd & Ellison, 2007). Furthermore, SNS functionality supports tailored health communication (Rimer & Kreuter, 2006), enabling customised interventions to be delivered to individuals or subgroups based on their health care needs and/or preferences. Such innovation would enhance the relevance of health information which has been shown to facilitate behavior change (Rimer & Kreuter, 2006). Campaign developers should consider how different media channels and communication technologies might help increase engagement and facilitate

dialogue between peers to encourage active participation in discussing, assessing and managing sexual risks.

This evaluation had limitations. Focus group participants are unlikely to be fully representative of the population targeted by a mass media campaign. The focus groups themselves involved participants discussing responses to specific questions about the campaigns, so results from the current study cannot necessarily be applied to different populations or different health behaviors and content. Recall bias might have affected study results because participants were asked to recall any impact of the campaigns on their behavior over the past 3–12 months. This evaluation also included participant data regarding opinions of “third persons” (that is, people other than themselves), thus potentially introducing attribution bias. We explicitly identified the comments of older gay men about younger gay men in the results section, but we acknowledge the limitations of using such data.

The quantitative evaluation of the DDU campaign (Author citation, 2012) reported significant increases in recent STI testing and knowledge of sexual health issues among survey participants. Surveillance data also showed significant increases in testing rates for HIV, syphilis and chlamydia among HIV-negative gay men throughout the campaign time period, suggesting the DDU was successful in its primary aim of increasing STI testing among gay men. Results from this qualitative study identified key elements that appeared to underpin these successful campaign outcomes and warrant consideration in future health promotion campaigns. Overall, the diversity of the campaign’s media and its positive approach and styles are likely to have enhanced the breadth and reach of sexual health messages in the Victorian gay community and resulted in positive responses and sustained engagement with the campaign. These factors appear to have been successful in engaging and motivating the target audience to act on the campaign’s “call to action”, as evidenced by its

ability to encourage health seeking behaviours and more broadly helping to normalise sexual health testing. At the same time the balance between positive and negative campaign approaches and finding new and relevant ways to engage men with sexual health, particularly younger gay men, were identified by participants as warranting future consideration. Together, the findings from both quantitative and qualitative studies have identified elements crucial to the DDU campaign's success.

Accepted Version

References

Author citation, (2010).

Author citation, (2012).

boyd, d. m., & Ellison, N. . (2007). Social network sites: Definition, history, and scholarship.

Journal of Computer-Mediated Communication, 13(1), 210-230. doi: 10.1111/j.1083-6101.2007.00393.x

Cappella, J.N. (2006). Integrating Message Effects and Behavior Change Theories:

Organizing Comments and Unanswered Questions. *Journal of Communication*, 56, S265-S279. doi: 10.1111/j.1460-2466.2006.00293.x

Cottle, S. (1998). Ulrich Beck, 'Risk Society' and the Media: A Caastrophic View? *European*

Journal of Communication, 13(1), 5-32.

Do, M.P., & Kincaid, D.L. (2006). Impact of an entertainment-education television drama on

health knowledge and behavior in Bangladesh: an application of propensity score matching. *Journal of Health Communication*, 11(3), 301-325. doi:

10.1080/10810730600614045

Dowsett, G. (1995). Sexual contexts, HIV prevention and gay men. *Venereology*, 8 (4), 243-

250.

Fishbein, M , & Yzer, M. (2003). Using Theory to Design Effective Health Behavior

Interventions. *Communication Theory*, 13(2), 164-183. doi: 10.1111/j.1468-2885.2003.tb00287.x

Glik, D., Nowak, G., Valente, T., Sapsis, K., & Martin, C. (2002). Youth performing arts

entertainment-education for HIV/AIDS prevention and health promotion: practice and research. *Journal of Health Communication*, 7(1), 39-57. doi:

10.1080/10810730252801183

- Green, E.C., & Witte, K. (2006). Can fear arousal in public health campaigns contribute to the decline of HIV prevalence? *Journal of Health Communication*, 11(3), 245-259. doi: 10.1080/10810730600613807
- Grier, S., & Bryant, C.A. (2005). Social marketing in public health. *Annual Review of Public Health*, 26, 319-339. doi: 10.1146/annurev.publhealth.26.021304.144610
- Griffiths, F., Borkan, J., Byrne, D., Crabtree, B. F., Dowrick, C., Gunn, J., Kokanovic, R., Lamb, S. Lindenmeyer, A., Parchman, M., Reiss, S & Sturt, J. (2010). Developing evidence for how to tailor medical interventions for the individual patient. *Qualitative Health Research*, 20(12), 1629-1641. doi: 10.1177/1049732310377453
- Grulich, A.E., & Kaldor, J.M. (2008). Trends in HIV incidence in homosexual men in developed countries. *Sexual Health*, 5(2), 113-118.
- Guy, R., Goller, J., Leslie, D., Thorpe, R., Grierson, J., Batrouney, C., Kennedy, M., Lewis, J., Fairley, C., Ginige, S., Zablotska, I., & Hellard, M. (2009). No increase in HIV or sexually transmissible infection testing following a social marketing campaign among men who have sex with men. *Journal of Epidemiology and Community Health*, 63(5), 391-396. doi:10.1136/jech.2008.077099
- Guy, R., & Hellard, M. (2004). Rising HIV infections in Victoria, the need for a new approach to preventative interventions. *Sexual Health*, 1(2), 69-71.
- Hankins, C.A., & de Zaluondo, B.O. (2010). Combination prevention: a deeper understanding of effective HIV prevention. *AIDS*, 24 Suppl 4, S70-80. doi: 10.1097/01.aids.0000390709.04255.fd
- Harrison, R., & Thomas, M. (2009). Identity in Online Communities: Social Networking Sites and Language Learning. *International Journal of Emerging Technologies and Society*, 7(2), 109-124.

- Helme, D.W., Noar, S.M., Allard, S., Zimmerman, R.S., Palmgreen, P., & McClanahan, K.J. (2011). In-depth investigation of interpersonal discussions in response to a safer sex mass media campaign. *Health Communication, 26*(4), 366-378. doi: 10.1080/10410236.2010.551582
- Herbst, J.H., Sherba, R.T., Crepaz, N., DeLuca, J.B., Zohrabyan, L., Stall, R.D., & Lyles, C.M. (2005). A meta-analytic review of HIV behavioral interventions for reducing sexual risk behavior of men who have sex with men. *Journal of Acquired Immune Deficiency Syndromes, 39* (2), 228-241.
- Holt, M. (2011). Gay men and ambivalence about 'gay community': from gay community attachment to personal communities. *Culture Health and Sexuality, 13*(8), 857-871. doi: 10.1080/13691058.2011.581390
- Hull, P., Prestage, G., Zablotska Manos, I., Kippax, S., Kennedy, M., Hussey, G., & Batrouney, C. (2006). Melbourne Gay Community Periodic Survey. 2006. National Centre in HIV Social Research. Sydney: University of New South Wales.
- Joffe, H. (2003). Risk: from perception to social representation. *British Journal of Social Psychology, 42*, 55-73. doi: 10.1348/014466603763276126
- Johnson, W.D., Hedges, L.V., & Diaz, R.M. (2002). Interventions to modify sexual risk behaviors for preventing HIV infection in men who have sex with men. *Cochrane Database of Systematic Reviews*, Issue 4, doi: 10.1002/14651858.CD001230.
- Johnson, W.D., Hedges, L.V., Ramirez, G., Semaan, S., Norman, L.R., Sogolow, E., Sweat, M.D. & Diaz, R.M. (2002). HIV prevention research for men who have sex with men: a systematic review and meta-analysis. *Journal Acquired Immune Deficiency Syndromes, 30* Suppl 1, S118-129.
- Johnson, W.D., Diaz R.M., Flanders W.D., Goodman, M., Hill A., N., Holtgrave, D., Malow, R., & McClellan W.M., (2008). Behavioral interventions to reduce risk for

- sexual transmission of HIV among men who have sex with men. *Cochrane Database of Systematic Reviews*, Issue 3, doi:10.1002/14651858.CD001230.pub2
- Kotler, P., & Roberto, E.L. (1989). *Social marketing-Strategies for changing public behavior*. New York: The Free Press.
- Lyons, A., Pitts, M., Grierson, J., Smith, A., McNally, S., & Couch, M. (2012). Age at first anal sex and HIV/STI vulnerability among gay men in Australia. *Sexually Transmitted Infections*. 88(4): 252-257. doi: 10.1136/sextrans-2011-050253
- Middleton, M.G., Grulich, A.E., McDonald, A.M., Donovan, B., Hocking, J.S., & Kaldor, J.M. (2008). Could sexually transmissible infections be contributing to the increase in HIV infections among men who have sex with men in Australia? *Sexual Health*, 5(2), 131-140.
- Monahan, J.L. (1995). Thinking positively: Using positive affect when designing health messages. In E. Maibach & R. Parrott (Eds.), *Designing Health Messages: Approaches from Communication Theory and Public Health Practice*. (pp. 81-98). Thousand Oaks, California: SAGE Publications, Inc.
- Montoya, J.A., Kent, C.K., Rotblatt, H., McCright, J., Kerndt, P. R., & Klausner, J. D. (2005). Social marketing campaign significantly associated with increases in syphilis testing among gay and bisexual men in San Francisco. *Sexually Transmitted Infections*, 32(7), 395-399. doi: 00007435-200507000-00001
- Morlet, A., Guinan, J.J., Diefenthaler, I., & Gold, J. (1988). The impact of the "grim reaper" national AIDS educational campaign on the Albion Street (AIDS) Centre and the AIDS Hotline. *Medical Journal of Australia*, 148(6), 282-286.
- Myhre, S.L., & Flora, J.A. (2000). HIV/AIDS communication campaigns: progress and prospects. *Journal of Health Communication*, 5 Suppl, 29-45.

- Noar, S.M. (2008). Behavioral interventions to reduce HIV-related sexual risk behavior: review and synthesis of meta-analytic evidence. *AIDS and Behavior*, 12(3), 335-353. doi: 10.1007/s10461-007-9313-9
- Noar, S.M., Benac, C.N., & Harris, M.S. (2007). Does tailoring matter? Meta-analytic review of tailored print health behavior change interventions. *Psychological Bulletin*, 133(4), 673-693. doi: 10.1037/0033-2909.133.4.673
- Noar, S.M., Chabot, M., & Zimmerman, R.S. (2008). Applying health behavior theory to multiple behavior change: considerations and approaches. *Preventive Medicine*, 46(3), 275-280. doi: 10.1016/j.ypmed.2007.08.001
- Noar, S.M., Clark, A., Cole, C., & Lustria, M.L. (2006). Review of interactive safer sex web sites: practice and potential. *Health Communication*, 20(3), 233-241. doi: 10.1207/s15327027hc2003_3
- Noar, S. M., Palmgreen, P., Chabot, M., Dobransky, N., & Zimmerman, R. S. (2009). A 10-year systematic review of HIV/AIDS mass communication campaigns: Have we made progress? *Journal of Health Communication*, 14(1), 15-42. doi: 10.1080/10810730802592239
- Noar, S.M., Palmgreen, P., Zimmerman, R.S., Lustria, M.L.A., & Lu, Hung-Yi. (2010). Assessing the Relationship Between Perceived Message Sensation Value and Perceived Message Effectiveness: Analysis of PSAs From an Effective Campaign. *Communication Studies*, 61(1), 21-45. doi: 10.1080/10510970903396477
- Nutbeam, D., & Bauman, A. (2004). *Evaluation in a Nutshell: A Practical Guide to the Evaluation of Health Promotion Programs*. North Ryde: McGraw-Hill Australia
- Palmgreen, P., & Donohew, L. (2010). Impact of SENTAR on Prevention Campaign Policy and Practice. *Health Communication*, 25(6-7), 609-610. doi: 10.1080/10410236.2010.496843

- Petraglia, J. (2009). The Importance of Being Authentic: Persuasion, Narration, and Dialogue in Health Communication and Education. *Health Communication*, 24(2), 176-185. doi: 10.1080/10410230802676771
- Plant, A., Montoya, J.A., Rotblatt, H., Kerndt, P.R., Mall, K.L., Pappas, L.G., Kent, C.K., Klausner, J.D. (2010). Stop the sores: the making and evaluation of a successful social marketing campaign. *Health Promotion Practice*, 11(1), 23-33. doi: 10.1177/1524839907309376
- Rimer, B., & Kreuter, M. (2006). Advancing Tailored Health Communication: A Persuasion and Message Effects Perspective. *Journal of Health Communication*, 56, S184-S201.
- Rothman, A. J., Bartels, R. D., Wlaschin, J., & Salovey, P. (2006). The Strategic Use of Gain- and Loss-Framed Messages to Promote Healthy Behavior: How Theory Can Inform Practice. *Journal of Communication*, 56, S202-S220. doi: 10.1111/j.1460-2466.2006.00290.x
- Rowniak, S. (2009). Safe sex fatigue, treatment optimism, and serosorting: new challenges to HIV prevention among men who have sex with men. *Journal of the Association of Nurses in AIDS Care*, 20(1), 31-38. doi: 10.1016/j.jana.2008.09.006
- Singhal, A., & Rogers, E.M. . (1999). *Entertainment-Education: A communication strategy for social change*. Mahwah, NJ: US.: Lawrence Erlbaum Associates.
- Spina, A. (2009). Evaluation of the Drama Downunder Campaign Phase I. Melbourne, Australia: Victorian AIDS Council/Gay Men's Health Centre. 1-35.
- Spina, A (2008). Evaluation of the *Protection* campaign targeting unprotected anal intercourse in casual settings. Melbourne, Australia. : Victorian AIDS Council/Gay Men's Health Centre, 1-35.

Stephenson, M.T., & Southwell, B.G. (2006). Sensation seeking, the activation model, and mass media health campaigns: Current findings and future directions for cancer communication. *Journal of Communication*, 56, S38–S56.

Van Stee, S.K., Noar, S.M., Allard, S., Zimmerman, R., Palmgreen, P., & McClanahan, K. (2012). Reactions to safer-sex public service announcement message features: attention, perceptions of realism, and cognitive responses. *Qualitative Health Research*, 22(11), 1568-1579. doi: 10.1177/1049732312456745

Victorian AIDS Council / Gay Men's Health Centre. The Drama Downunder Campaign. Retrieved 01/06/2013, 2013, from www.thedramadownunder.info

Walsh, D. C., Rudd, R. E., Moeykens, B. A., & Moloney, T. W. (1993). Social marketing for public health. *Health Affairs (Millwood)*, 12(2), 104-119.

Witte, K., & Allen, M. (2000). A meta-analysis of fear appeals: implications for effective public health campaigns. *Health Education and Behavior*, 27(5), 591-615.