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**Riding without a saddle**

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## Riding without a saddle

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### Abstract

This paper describes a qualitative study taking place into (un)safe sex practices by gay men. The paper seeks to understand the initiation of sexual practice from a loyalty perspective in an effort to ascertain if established behaviours (loyalty) may be shifted over time. To this end, a natural history embedded within a narrative enquiry approach has been adopted. Preliminary outcomes provide some insights into urgent priorities for social marketing campaigns aiming to decrease the spread of HIV/AIDS in gay populations.

### Background

This paper aims to outline a research project currently underway into inculcating safe-sex practices amongst gay males. HIV is most commonly transmitted in Australia via unsafe sex between gay men (Wilson et al., 2008). Safe sex behaviour prevents HIV transmission and yet rates of new HIV infection have risen since 2000 (Bezemer et al., 2008). HIV represents a substantial social and economic cost to the community, so an increased conformance to safe sex would have a very high return on investment. It is argued that adopting a marketing approach may assist the marketer to develop strategies to acquire, retain and convert people to the marketer's preferred behaviour. These strategies in the marketing domain are understood as loyalty (cf. Curasi and Kennedy, 2002). This research will explore whether these approaches can be used to understand gay men's choices of safe/unsafe sex behaviour. Of course, behaviour choices change over a person's lifetime (Andreassen, 1995) and accordingly this research will study the life histories of gay men.

One of the areas that needs to be explored is why is unsafe sex practiced at all by men who have knowledge of the risks associated with unprotected sex? One argument is that unsafe sex is forbidden, more exciting, riskier and therefore more fun (Olivier, 2006; Peterson and Bakeman, 2006). In marketing terms, this is a market position for unsafe sex which could be considered commensurate with extreme sports – and therefore highly attractive to males of a certain age (Celsi et al., 1993). Another potential argument is that the overall risk of contracting HIV is extremely low (Moore and Rosenthal, 2006). Further, if you do catch it, modern treatments will maintain health for an extensive period of time or even for a normal life span (Bernard, 2006). These perceptions may lead to a dilemma for social marketers: If unsafe sex practitioners do in fact become HIV+ they may then conclude that there is no need to change their unsafe sex practices (in marketing terms their product usage). They may also conclude that there is no need for safe sex anymore, so there is no need to change their unsafe sex practices. Thus, they remain loyal to the unsafe sex *product*. Worse, if they do not become HIV+ they may *advocate* for unsafe sex practices within their social network (Lacey and Morgan, 2009). This advocacy may lead to the creation of switching behaviours in those gays with only spurious or behavioural loyalty underpinning their safe sex behaviours. In which case, situational factors may provide the triggers for a defection (from safe sex practice) if there is only spurious or no loyalty. As a consequence, there is also situational loyalty – loyalty which remains as long as there is no change in situation. In the case of homosexual unsafe sex, it is well known that some of the triggers for unsafe sex practices are alcohol and drugs (Gold et al., 1991). However, as demonstrated by Gold et al. drugs and alcohol can be consumed without a subsequent unsafe sex encounter. Thus, the triggers do

not always result in unsafe sex. Therefore, there must be some underlying cognition, perhaps reasoned action (Ajzen and Fishbein, 1980; Conner and Armitage, 1998), occurring in some cases. While it is not possible to monitor and control all possible triggers, it may be possible to understand the context of the situation and develop social marketing products aimed to ensure that defection from extant safe sex practices does not occur. However, while we can conceptualise a loyalty framework for (un)safe sex behaviour, it is not known how much of the existing behaviour (if any) can be ascribed to a loyalty framework. Much of the research in this area is framed in health (Halkitis et al., 2004; Levine and Klausner, 2005), biomedical (cf. Bloom, 2001; Hellard, 2006) and health promotion (Anh et al., 2002; Loughlin and Berridge, 2008). It is not known if such a model can be used to describe and manage a social problem. While there are social marketing models, none appear to use marketing loyalty (brand, product, service, customer) as a framework for considering the issues. If such a framework is useful, a wider range of potential theoretical solutions can be deployed.

Loyalty theories abound in the marketing literature. Further, they vary widely in terms of the concepts they cover. For example, the literature ranges from brand loyalty (Jacoby and Chestnut, 1978), product loyalty (Bloemer et al., 1999) to service loyalty (Javalgi and Moberg, 1997) and much is founded in the customer satisfaction literature (Bowen and Chen, 2001; Keiningham et al., 2003; Martinez-Tur et al., 2005; Ranaweera and Prabhu, 2003; Shankar et al., 2003; Szymanski and Henard, 2001). Attitudinal loyalty assumes a deeply held disposition to reuse or rebuy (Oliver, 1999); it may not lead to actual purchase behaviour. On the other hand, behavioural loyalty is characterised by a purchase or consumption behaviour (Bandyopadhyay and Martell, 2007). Behavioural loyalty is related to familiarity (Mechinda et al., 2009). As such, it is not clear if behavioural loyalty is not simply spurious (Dick and Basu, 1994). That is, loyalty could be the lack of available alternatives as well as a lack of seeking alternatives – lazy customers do exist. This may be why Jacoby and Chestnut (1978) suggested a composite approach. For homosexuals and their (un)safe sex practices, it is not known if any of these approaches can be used to understand their behaviours. However, if we could know, then we may be able to craft social marketing campaigns to build loyalty to the concept. In addition, there is an underlying assumption that ‘satisfaction’ leads to loyalty (Gounaris and Stathakopoulos, 2004; Shankar et al., 2003; Yoon and Uysal, 2005). However, it is not clear if this is the case in fact or if it is only a hopeful wish from those expending large amounts of money on customer satisfaction studies and retention activities (cf. Ngai et al., 2009). If there were an unambiguous link, the business response would be simple: keep the customer happy if you want to keep them coming back. Of course, this is defining loyalty as repeat behaviours over time (Olsen, 2007) (and this is an arguable definition we do not have the scope to explore here). However, even if it was sustained, the assumption that satisfaction leads to loyalty cannot be easily transferred to the safe sex domain. Safe sex often involves a voluntary act to be less physically comfortable than otherwise might be the case. As such, safe sex must be a cognitive act in an otherwise hedonic situation. In this case, the repeat behaviour is unlikely to be based on ‘satisfaction’ as we know it from the customer loyalty domain.

Furthermore, in the marketing context, it is not clear if there is such a thing as ‘true’ loyalty – that which can be maintained over time and by which a customer is behaviourally, emotionally and attitudinally orientated towards a concept (product, service, etc). Nevertheless, if HIV transmission is to be decreased, it is imperative that we understand how to develop and sustain safe sex behaviours over time. The increase in HIV transmission in the first years of the 21<sup>st</sup> Century leads us to examine loyalty – which has been successfully developed and maintained in the commercial world – as a potential framework for considering safe sex behaviours. However, first we need to completely understand the

'customer' and the decision making process that leads to the establishment of the loyal behaviour. To this end, a project was proposed that would allow us to understand the history of behavioural adoption of safe sex practices.

### **Approach to the research**

In order to understand if loyalty is a useful framework for considering (un)safe sex practices, a *natural history* approach to *narrative inquiry* was adopted. Narrative inquiry is a sub-type of qualitative inquiry, an holistic inter-disciplinary method. In this method, the researcher identifies a connection by theme across stories by the one narrator (Chase, 2005). Participants narrate their life histories to provide an autobiographical narrative. Natural history engages the principles of examining entities in their natural environment. While this method has been usefully employed in nature and anthropology, it is rarely employed in social marketing research because of the costs (both to the participant and the researcher). Natural history is concerned with the examination of the interplay of the various actors within the environment. The examinations of the relationships between entities and their respective behaviour(s) over time are an integral part of the methodological approach. This study elicited self-reported behaviour via a series of intensive interviews using oral history techniques. Seventeen gay male participants, aged between 35 and 55, were interviewed over a series of time periods, often taking up to nine hours depending on age of participant, memories evoked and validation checks concerning stability of information provided. The sequencing of the interviews was with the development of relationships in order to understand the construction of gender as a project through time (methodology as per Connell, 1992 pg. 739). That is: how do these gay men construct their self-image as they progress through their lives? At the same time a chronology (a time-line) of safe/unsafe sex practice (showing key life events, self-awareness development, and knowledge gained) would enable the researcher to understand how narrators developed their concepts of loyalty.

### **Preliminary outcomes – the first encounter is important**

It would appear that loyalty to sexual practices is clearly embedded in the *product* of first experience. When gay men enter the product category – safe sex or unsafe sex - they experience only one of the products on offer. As a consequence, they do not actively choose at the time of first purchase and are thus precluded from adopting loyalty based on attitudinal foundations; at this stage any repeated behaviours could be attributed to spurious loyalty. That is, the Theory of Planned Behaviour (and/or Theory of Reasoned Action) assumes planning and most initial sexual activity is not planned. If gay men do not practice safe sex at the time of initial sexual activity and they do not become HIV+ at that first time, they are unlikely to adopt safe sex behaviours even if they subsequently become aware of the need for safe sex. Further, they may find that the consequences of safe sex (if practiced later) are not as comfortable or enjoyable for them and therefore see no need to continue, as they did not become infected by previous contact. If they did become infected, it is then too late to change; despite the risk they may infect others. Thus, their behaviours eventually become entrenched as both attitudinal and behavioural loyalty. Finally, there is no escape from the core problem – unsafe sex *is* more fun than safe sex and the relevance of the consequences can seem so remote at that initial encounter.

James has never practised safe sex. He began unsafe sexual practice at the Melbourne Bayside beats at the age of twelve. Now in his forties he continues to practise unsafe sex and remains HIV negative:

I had a few guys try and f\*\*k me and without exception I didn't like it so it didn't happen and I think that's one of the main reasons I didn't catch AIDS. It was the '80's nobody was doing safe sex yet...It wasn't that conscious...I continued on with my life...no mention of condoms, no mention of safe sex, lots of unsafe sex happening with lots of people. Yeah, it was years later when people started asking me to use condoms. At this point nobody asked...By now I was aware of it but just not doing it...[safe sex] that implies a conscious decision. It was nothing that conscious, it wasn't happening.

For those who practice safe sex at initial sexual contact the process is similar. Participants' safe sex practices are reinforced by a continuing lack of infection and thus attitudinal and behavioural loyalty are established. They also do not experience the alternative product which might shift their loyalty status. Thus, while they are behaviourally loyal, they are also attitudinally and emotionally loyal. Further, they either do not place themselves in situations where the situation dictates the behaviour, or they do not respond to the situational triggers that occur (an explanation of these triggers is outside the scope of this paper):-

[My attitude towards safe sex was] Oh, one hundred percent, that was the only way forward at that time. Like, there would have been no question about it for me. The only problem might have been whether I was prepared to demand [safe sex] or not ...I would just walk out which I actually did later on in a relationship a few years later.

Alistair practised safe sex scrupulously from the time he first became aware of the social marketing campaign message. Despite a negative experience he remains loyal to safe sex - now he believes that safe sex will help maintain his health by preventing cross infection with other STIs and other strains of HIV.

So I met this boy and I went back to his place and I knew he had HIV. we went back to his place and had fun and I got some cum in my eye, I didn't think anything of it, washed it out, didn't think anything of it and about three weeks later I thought I had the flu. I came home from work one Friday, woke up Saturday morning with the flu and it wasn't, it was sero conversion illness.

Older participants changed to safe sex from unsafe sex practices once they became aware of the danger:-

It was due to an incident in meeting someone and after a two week unsafe situation he revealed that he was HIV... that was I suppose the point where I realised that I had been very trusting when people say they are negative.

It could have something to do with the fact that once you've reached... forty nine, I've passed all that nonsense. I am really finding it quite sad .....people of the same preference they do more damage I feel than someone who calls me a fag..."

The participants in this research were all able to describe their attitudes and behaviours over time. They were cognisant of the triggers, processes and outcomes of their (un)safe sex behaviours. From this perspective, there was no evidence to suggest that there was a 'no loyalty' category as per Dick and Basu's contention. This is most probably related to the fact that all participants were sexually active. This raises the question: which comes first? Is it the behaviour – which is then subsequently rationalised (either for or against safe sex); or the attitude which then leads to the behaviour. To understand this, we would need further tracking research.

The findings from the narrators' life histories support Dick and Basu's contention that attitudinal differentiation may be of equal importance to attitudinal strength. All narrators held strong differentiation perceptions between safe and unsafe sex, and strong attitudes to both. The narrators' life histories also support Dick and Basu's emphasis on the importance

of situational influence and social norms as moderators of the relationship between relative attitude and repeat purchase.

### **The dilemma for social marketers**

Social marketing campaigns should be designed to pre-empt that first unsafe sexual experience. Shifting the established loyalties of unsafe sex is unlikely if all the reinforcements are sexually rewarding. In addition, safe sex requires cognitive trade offs beyond the emotional and hedonic values associated with the sexual act as loyalty to such behaviour must be both behavioural and attitudinal in order to be enduring. In this context loyalty also is evidenced by different activities. Safe sex may be as 'simple' as abstention or be constructed of quite complicated systems of avoidance of the transmission of bodily fluids. From the social marketing perspective, which of these activities to promote or support is therefore problematic. It is clear from these few results that loyalty, once established, is maintained. Thus, all efforts at social marketing of safe sex need to be directed at pre-initiation of sexual contact. Of course, this is likely to be contentious as any strategies of this nature will necessarily involve the education of children and their families. This can sometimes be seen as promoting sex, and not the promotion of safe sex. As a consequence, the strategy will involve both upstream and downstream marketing activities – much government policy and practice stands in the way of a downstream campaign regarding young gay sex. Furthermore, the risks associated with unsafe sex are not as salient as the hedonic outcomes. From a social marketing perspective advertising using numerous fear messages is no longer effective – unsafe sex practitioners do know their behaviour is unsafe and continue with unsafe practices in any case. The motivation to change behaviour has to come from some intrinsic attitudinal and emotional source; it is unlikely to be externally derived. More research is required into the initial encounter and the barriers and facilitators of safe sex behaviours. It is necessary to establish the propensity to undertake unsafe sexual behaviours and to pre-empt, if possible, that first risky act.

### **Conclusion**

Social marketing products will need to be developed in addition to advertising and promotion. An integrated approach will be necessary. These products must reinforce the message of safe sex as well as facilitate safe behaviours (for example condoms may be handed out in schools). However, making tangible the safe sex message with products will still not overcome the lack of belief in the seriousness of the issue if that is the case. Hence some consideration of 'price' is also needed. The price of safe sex is higher than the (highly rewarding) alternative if the trigger is hedonic satisfaction. The benefits of safe sex must be carefully considered in terms other than 'it will save my life' if such fear filled messages are not believed by the unsafe sex practitioners. In addition to price, it is evident that placement of the message and any social marketing products are problematic. Sexual initiation is usually a private act. It is not feasible to ensure that all potential unsafe sexual acts are thwarted before they start. However, an understanding of when and how these acts are initiated, it may be possible to consider alternative placements that can circumvent initiation.

It is our contention that social advertising based on fear is ineffective in changing the loyalty status of unsafe sex practitioners. The assumption that an essentially hedonically motivated act can be de-activated by cognitive processing of an advertising message is unfounded. The reliance of government on such advertising is potentially dangerous, as it allows a semblance of activity – the trappings – rather than ensuring that there is substance behind the campaign.

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