

The Issue Of 'Responsibility' In HIV Education Materials Targeting Gay Men

Discussion Paper

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INTRODUCTION

HIV education materials often make assumptions about their audience. This is not to say that these assumptions are incorrect. The authors of the materials are usually part of the communities they are speaking to, and in addition HIV education materials are guided by reference groups and are extensively focus tested before they ever see the light of day.

So what assumptions do education campaigns make about 'responsibility'? That is, what do they assume about the agency (or the power to act) of gay men to prevent HIV transmission? And has this changed over the course of the epidemic? If so, in what ways, and for what reasons?

AIMS

In this discussion paper we are looking at HIV education materials only in terms of the language used. That is, we are not including the images and design of the materials in the analysis. (This would of course be a fascinating project in its own right.) Our analysis has a few different aims. First we wanted to investigate who was being spoken to in these HIV prevention materials. We were also interested in what they were being asked to do (or learn), and the visibility and explicitness of the education. Visibility in this case refers to what needs to be learned, and explicitness refers to how successful learning would be measured. Importantly, we were also interested in the relationship between the author and the reader, including assumptions about the disposition of the reader—that is, beliefs about how receptive the audience would be to the content of the material.

METHOD

We analysed the language used in just over a hundred HIV education posters and advertisements that targeted gay men. These materials were produced and distributed by two Sydney-based organisations—the Australian Federation of AIDS Organisations (AFAO) and ACON, formally known as the AIDS Council of NSW—between the years 1988 and 2006. We coded the language of these materials with a particular focus on the issue of 'responsibility' for HIV transmission. We also coded for the use of pronouns, the term 'safe sex', and the tone of the language, that is whether or not it was directive and explicit (for example, used the imperative), and what kind of authority was being assumed or drawn on within the text.



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RESULTS

In general there has been a shift in the focus of HIV educational materials targeting gay men, over time, away from a notion of collective responsibility towards one that focuses primarily on the actions on the individual. We identified three relatively distinct phases of HIV education. These periods seemed to be punctuated by particular events that we argue had a major impact on the way HIV education was conceptualised and delivered. These were the arrival of new HIV treatments around 1996, and then the increase in HIV infections in NSW around 2002.

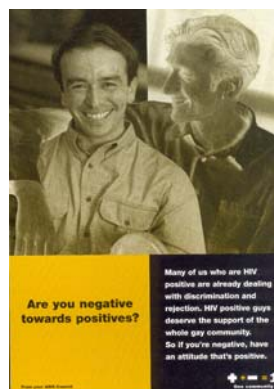
1st PERIOD

The first period we identified was the period *prior* to the introduction of antiretroviral therapy and viral load testing technologies in 1996. In this period, preventing HIV transmission was conceptualised as a shared and community responsibility. This sense of joint responsibility, regardless of, or despite HIV status, can be seen in the materials developed during this period.



For example you can see here in this poster produced in the early 1990s the use of the pronoun “us”. There is also a reference to “each other” which assumes some sort of community. This choice of words, especially the use of “us”, indicates too that the producers of these materials were very much located inside, and considered themselves to be part of, the audience they were speaking to.

In this period there were efforts to prevent discrimination based on HIV status. And this was not just related to the selection of sex partners, but also extended beyond that to address the wider issues and effects of an HIV-positive diagnosis. The impact of HIV was presented as diffuse. Caring for lovers and members of the community was emphasised.



The Issue of 'Responsibility' in HIV Education Materials Targeting Gay

This emphasis can be seen in these postcards from around 1995 that were part of a campaign that was in fact called *One Community*. The card on the left, which speaks to HIV-negative gay men, refers specifically to discrimination and rejection and again it refers to “us” meaning the whole gay community. The complementary messages for HIV-positive gay men (the card on the right-hand side) asked them to support HIV-negative men who struggled with HIV in a different way—for example struggled to always have safe sex. And the use of the term “safe sex” was also significant because this campaign was one of the last times the term was used in an education campaign. After 1996, in Australia it disappeared and has only rarely been seen since.

In this period too there was an effort to reduce division along serostatus lines by adopting a “don’t ask; don’t tell” policy in relation to disclosure of HIV status. This was made possible by having a universal message and a universal solution—use a condom every time.

2nd PERIOD

In HIV materials produced in the immediate period after 1996, it is possible to see a shift in the language and framing of the educational messages compared to the earlier examples. These materials addressed individuals rather than a collective. The new bottom line could be described as a shift from “look after each other” to “look after yourself”. And with all the hopes, uncertainties and possibilities brought about by the new treatments and the potential for undetectable viral load, what it meant to look after yourself was a highly individualised project.

In this period as well there was an acknowledgement that some gay men did not always use condoms with casual partners, and so there was an emphasis on risk-reduction strategies.



These strategies included the use of partner selection, and the adoption of the insertive or receptive roles based on HIV status (or “strategic positioning”) which is covered in this poster from that period. In general, posters and ads from this period were also more narrowly focused on anal sex and HIV risk than on the multiple effects of HIV that were covered in the earlier period. (Also, in the earlier period anal sex was covered simply by references to condoms.) Another interesting shift in the educational messages was the assumption of a more authoritative voice in the materials. To assert this authority these materials drew on published research—from virology to epidemiology to social and behavioural research. You can see in this example there is the reference to HIV risk being greater for a negative man if he is the receptive partner, and also the reference to many gay men getting infected with HIV even though they were in the insertive position.



And this poster from the same campaign addressed the use of viral load test results as an HIV risk reduction strategy, which is arguably the most individualised strategy of all.

The reader of the materials in this period was assumed to be a kind of rational risk taker who had the capacity to process complex information and act on it. And perhaps in this period the reader could also be assumed to be someone who also sought out new information. In some ways there was a kind of tension in the materials from this period. On the one hand there was an acknowledgement that some gay men were choosing not to use condoms, and on the other hand a concern that perhaps men were doing this based on misinformation.



So posters such as the two just mentioned, and this one here illustrate this. Whereas the red poster above focused on dispelling the belief that being the insertive partner was no risk if you were HIV-negative, this one covered the impact of sexually transmitted infections on the risk of HIV transmission and acquisition.

In this period the individual reader was also positioned as somewhat distant from the author. This is evident in the use of the pronouns such as “you” and “he”. Perhaps this also reflects the distance that was emerging between community-based organisations and their increasingly professionalised workforce (and lengthy approval processes, etc.) on the one hand and gay men they were speaking to on the other.

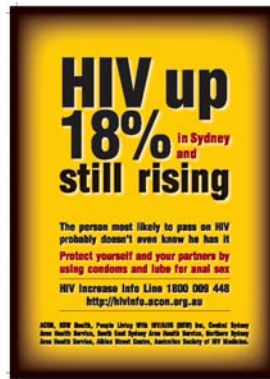
The campaign materials also tended to address HIV-positive and negative men separately—sometimes in a parallel way in the same ad and sometimes in separate ads. Also, as mentioned earlier, the term “safe sex” had completely disappeared, perhaps because in this highly-individualised era there was no longer any shared understanding of what it meant?

3rd PERIOD

The third, and current, period of HIV education targeting gay men in Australia began around 2002/2003 when HIV infections in Australia started increasing after having been stable for

The Issue of 'Responsibility' in HIV Education Materials Targeting Gay

some time. The first educational materials that were produced in this period started out with a strategy of informing the gay community about the changed situation.



This advertisement told the reader that HIV infections were increasing, and invited a universal community response similar to the campaigns from the earlier (first) period of the epidemic. That is, to use a condom regardless of HIV status. After providing a rather alarming statistic at the top, the language is very neutral and urges a non-panic response. And it is careful not to blame HIV-positive men. You can see that it focuses on the potential role of men who are seroconverting or have recently seroconverted and don't know it (*"The person most likely to pass on HIV probably doesn't even know he has it."*)

There was also an emphasis in the materials produced that everyone had a role to play and responsibility seemed once again to take on a collective flavour, although this was somewhat different to the way it had been in the past. There was also, in a couple of education campaigns, the return of the collective pronouns, "we" and "us", referring to the gay community, and an urging of people to look after or care for each other—in relationships, as sex partners and as fellow party-goers and community members.

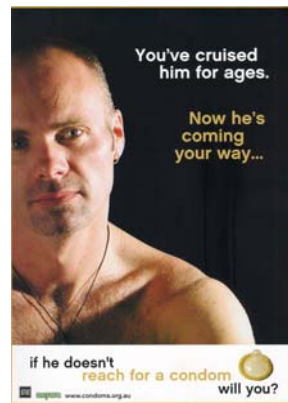
This period has also seen an emphasis on disclosure of HIV status, although not necessarily the promotion of this as a strategy. Certainly the emphasis on *not* disclosing had long disappeared but campaigns such as this one (below) asked HIV-negative men to consider the difficulties of disclosing an HIV-positive serostatus, especially to new or casual sex partners.



And this epitomises the approach and language of materials produced in this period—there is the invitation to imagine hypothetically what it might be like to be the other person in a casual sex scenario. You can see that in this poster for example it asks the reader to re-examine his assumptions and expectations. And this emphasis on expectations also introduces the idea of moving towards some kind of shared understanding of the rights and responsibilities of sexual citizens.

The Issue of 'Responsibility' in HIV Education Materials Targeting Gay

And this poster here takes us into a hypothetical situation, this time in relation to introducing condoms.



In some ways the materials produced are an attempt to open up a discussion about sexual ethics—what can and cannot be assumed in a sexual situation—and to instill cultural norms, that is to care for each other and not allow HIV-positive men to bear the full responsibility for preventing HIV transmission. The fact that disclosure is risky and difficult is also explored. So, in a sense, recent HIV education materials have been more focused on speaking to HIV-negative men, and this is obvious in the *Think Again* poster shown above.

The materials from this period tend to focus less on specific sexual practices and more on context, which marks a shift from the previous period. They have also tended to be less explicit than the first period and second period. By explicit we don't mean the kind of images used—although that is also true—but rather that it's not always obvious what is being asked of the reader.

CONCLUSION

So, early education campaigns targeting gay men took for granted a shared and community responsibility. Although this sense of community can no longer be assumed, these recent examples from the third and current period of HIV education show that it is still possible to think about HIV, responsibility, risk and agency in public and collective ways through appeals to citizenship. That is to say, we think that although there has been in general a shift towards individualism and individual risk management over time, which has occurred alongside the development of new technologies (HIV antibody testing, viral load testing, and antiretroviral therapy), recent examples of HIV education materials show that this individualism is not the same as the immediate post-antiretroviral therapy free agent. Individual agency and decision-making does not simply mean responsibility for the self, or self-interest. Recent HIV education messages address a reader who makes choices, while also taking account of the 'other'. This suggests that individual agency is not necessarily opposed to a sense of public responsibility.

