Does Sexual Explicitness Influence the Effectiveness of HIV Prevention Messages for Gay and Bisexual Men?

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Arguments for and Against Sexually Explicit Messages

• Advocates have asserted that sexually explicit messages:
  – Increase attention paid to the message
  – Are more credible
  – Are easier to understand
  – Increase positive attitudes toward the message and safer sex practices
"When sensitively used in a manner appropriate to the viewer's age and developmental level, sexually explicit visual, printed, or on-line materials can be valuable educational or personal aids, helping to reduce ignorance and confusion and contributing to a wholesome concept of sexuality."
Arguments for and Against Sexually Explicit Messages

• Opponents have asserted that sexually explicit messages:
  – “Send the wrong message”
  – Promote sexual activity and/or homosexuality
  – Are less credible
  – Direct attention away from content of message
  – Increase arousal, which may interfere with message processing
ATLANTA -- A report from the federal government criticizes nearly $700,000 in funding and two provocative AIDS prevention programs in San Francisco and is prompting a larger review of all AIDS programs funded through the Centers for Disease Control & Prevention.

AIDS activists defended the two programs -- "Booty Call" and "Great Sex" by the Stop AIDS Project in San Francisco -- as needing to be explicit to get across their message.
What Do You Think?
Summary of Prior Research

• Little empirical evidence
• Some studies show that many people like sexually explicit materials
• Some evidence suggests that sexual explicitness may have negative or neutral effects
• Some evidence indicates that subgroup differences may exist

95% of adult attendees of a seminar containing sexually explicit reported the media were not harmful and generally reported positive responses to explicit sexual material.

Females (and not males) who viewed a film showing sex with a condom were more willing to have their partners use a condom versus those who had not.

Erotophobic women knew less contraceptive information prior to presentations on contraception and were more aroused by material, but arousal did not interfere with retention.

Erotophobic women with high self-esteem were less likely to retain contraceptive and AIDS information presented to them in class.

Poorer recall of sexual information among sexually inexperienced undergraduates after exposure to sexual vs. non-sexual vignettes

Female college students high in erotophobia viewing self breast exam (SBE) brochure with picture felt less competent in doing SBE. S's low in erotophobia thought info was easier to understand without pictures.
Present Study: Collaborators

Centers for Disease Control and Prevention
  Carolyn Guenther-Grey (Technical Monitor)
  Lisa Belcher, Cari Courtenay-Quirk
  Dogan Eroglu, Sherri Varnell, Jill Wasserman

Research Triangle Institute
  Jennifer Uhrig (Task Leader), Elizabeth Frentzel (Study Lead)
  Sheryl Crabtree, Jim Hersey, Lauren McCormack

Henne Group
  Jeff Henne, Barbara Burbridge

Annenberg School of Communication
  Joseph Cappella
  Martin Fishbein
Present Study: Design

- Three arms (target N = 450)
  - No message control group
  - Non-explicit message
  - Moderately explicit message
- Race/ethnicity quotas by arm
  - Black/African American (n = 150)
  - White (n = 150)
  - Hispanic/Latino--any race (n = 150)
Research Questions

• Does sexual explicitness affect the acceptability, credibility, and effectiveness of prevention messages for MSM?
• Does sexual explicitness differentially affect various subgroups MSM?
• What mediates the relationship between sexual explicitness and effectiveness?
Methods
Participants

- Convenience sample of gay and bisexual men from 12 US cities
- Data collected from June 8, 2004 to Sept 23, 2004
- Recruited through:
  - Ads in gay press, flyers, commercially available market research databases
- Screened by telephone to determine eligibility
  - Quotas for race/ethnicity (Black, Hispanic, White)
Eligibility Criteria

• Inclusion:
  – 18 years of age or older
  – Identify self as Black, Hispanic, or White
  – HIV negative or never tested for HIV
  – Unprotected anal sex in past 6 months with male partner

• Exclusion:
  – Not able to speak English
  – Participated in another HIV study in past year
  – Paid or volunteer position in HIV prevention in past year
Procedures

• Informed consent
• A-CASI pretest (16.5 minutes)
• Randomized to condition
  – Control—no message
  – Non-explicit message (7.9 minutes)
  – Moderately explicit message (7.3 minutes)
• A-CASI posttest (15.5 minutes)
• Received cash incentive, HIV prevention information, and local referrals
Assessment Model

Conditions

Moderately Explicit Message (n=150)

Non-Explicit Message (n=150)

Control Group No Message (n=150)

Pre-Test (Moderators)

Demographics
Condom use w/ main & non-main Gay community integration
Prior exposure to HIV messages
Self-assessed HIV knowledge
HIV treatment optimism
Reinforcement value of UI
Internalized homophobia
Erotophobia/Erotophila
Sexual sensation seeking

Condom Attitudes
Perceived Risk
Perceived Behavioral Control
Perceived Social Norms
Response Efficacy
Perceived Effect of Message
Message Appeal / Clarity
Credibility of Message Sources

Post-Test (Outcomes)

Intentions to abstain from sex / to have one sexual partner / have new partners

Intentions to engage in IAI, RAI, ROI with new HIV-, +, unknown status partner

Intentions to use condoms for IAI, RAI, ROI with new HIV-, +, unknown status partner

Post-Test (Mediators)
Selected Variables of Interest

• Moderators
  – Race/ethnicity
  – Age
  – Sexual identity
  – Erotophobia
    • 5 items from Sexual Opinion Survey—Short Form (Fisher et al., 1988)
    • 7-point Likert-type scale (1 = SD, 7 = SA)
    • Alpha = .52
    • Dichotomized at median
Selected Variables of Interest

• Mediators & Outcomes
  – Brochure ratings
    • 6 items measuring quality (alpha = .81)
    • 3 items measuring discomfort (alpha = .81)
    • 5-point Likert-type scale (1 = SD to 5 = SA)
  – Intentions
    • New partners of given HIV status
    • Engage in specific types of sex by partner HIV status
    • Use condoms during specific types of sex by partner HIV status
    • 7-point Likert-type scale (1=Very sure I will not to 7=Very sure I will)
Messages

• Communicate risk to gay and bisexual men, risk of specific sexual practices, risk reduction options, condom application

• Messages matched on
  – Content
  – No. screens and text length (1937 words)
  – Photographic images
  – Reading level: 6.3 for NE and 6.0 for Explicit
Message Text

• Non-Explicit
  – Clinical terms for sexual practices (insertive oral sex, receptive anal sex)
  – Pleasure of safer sex not addressed

• Moderately Explicit
  – Colloquial terms for sexual practices (getting sucked, getting fucked)
  – Pleasure of safer sex reinforced
Message Images

- Non-Explicit
  - Individuals & dyads
  - Models clothed
  - Nonsexual contact between models
  - Condom instructions use banana to model condom application

- Moderately Explicit
  - Individuals & couples
  - Clothed and unclothed models (no nudity)
  - Romantic/sexual contact (kissing, touching, sexually suggestive)
  - Condom instructions use erect penis to model condom application
Participant Characteristics
(N = 455)

- **Study Condition**
  - Control (n = 152) 33%
  - Nonexplicit (n = 159) 35%
  - Explicit (n = 144) 32%

- **Geographic Region**
  - Northeast 42%
  - South 33%
  - Midwest 11%
  - West 14%

- **Race/Ethnicity**
  - Black or African American 33%
  - White or Caucasian 33%
  - Hispanic (any race) 34%
• **Sexual Orientation**
  
  – Gay 72%
  
  – Bisexual, Heterosexual, NA, Not sure 28%

• **Age--Under 30** 35%
  
  – Range = 18-73; Mean = 35, SD = 9.9

• **Education**
  
  – Less than HS 6%
  
  – High school or GED 18%
  
  – Some college 39%
  
  – College graduate 38%

• **Ever tested for HIV** 91%
Sexual Partners

• Currently have main partner
  – Male 40%
  – Female 6%
  – MTF Transgender 1%
  – None 54%

• Number of sex partners—past 30 days
  – Range = 0-56; Median = 3; 37% had 5+
This online brochure was sexually explicit.

p < .001
Brochure Ratings

<table>
<thead>
<tr>
<th>Mean Score</th>
<th>Quality</th>
<th>Discomfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>ns</td>
<td>3.8</td>
<td>1.5</td>
</tr>
<tr>
<td>ns</td>
<td>3.9</td>
<td>1.6</td>
</tr>
</tbody>
</table>

- Nonexplicit
- Explicit

CDC
Brochure Ratings

Sexual Arousal Made Me Want to Have Sex

Mean Score

- Nonexplicit
- Explicit

p < .001
Behavioral Intentions

- In general, neither online brochure affected:
  - Intention to have insertive or receptive anal sex
  - Intention to use condoms during anal sex
- Message effects were observed for:
  - Intention to have sex with new partners
  - Intention to have receptive oral sex
  - Intention to use condoms during receptive oral sex
Intention to Have Sex with New Partners
Intention to Have Sex with New Partners

- Any: Mean Intention
  - Control: 6.1
  - Nonexplicit: 5.9
  - Explicit: 6.3

- HIV Negative: Mean Intention
  - Control: 5.5
  - Nonexplicit: 5.2
  - Explicit: 5.6

- Unknown HIV Status: Mean Intention
  - Control: 4.7
  - Nonexplicit: 4.3
  - Explicit: 4.7

*p < .05 for all groups*
Intention to Have Sex with New HIV Negative Partner: Sexual Identity

Mean Score

Gay
Not Gay

Intention

5.7
4.8

p < .001
Intention to Have Sex with New HIV Negative Partner: Sexual Identity by Arm

- **Gay**
  - Control: 5.9
  - Nonexplicit: 5.4
  - Explicit: 5.7

- **Not Gay**
  - Control: 4.3
  - Nonexplicit: 4.5
  - Explicit: 5.5

\( p < .05 \)

Control, Nonexplicit, Explicit
Intention to Have Receptive Oral Sex with a New Partner
Intention to Have Receptive Oral Sex with New Partner by Partner’s HIV Status

- HIV Negative: Mean Intention = 5.5, p < .005
- HIV Unknown: Mean Intention = 4.6, p < .05
- HIV Positive: Mean Intention = 2.9, ns

Control, Nonexplicit, Explicit
Intention to Have Receptive Oral Sex with HIV Negative Partner: Erotophobia by Arm

<table>
<thead>
<tr>
<th>Low Erotophobia</th>
<th>High Erotophobia</th>
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</thead>
<tbody>
<tr>
<td>Control</td>
<td>6.2</td>
</tr>
<tr>
<td>Nonexplicit</td>
<td>5.7</td>
</tr>
<tr>
<td>Explicit</td>
<td>6.1</td>
</tr>
<tr>
<td></td>
<td>4.6</td>
</tr>
<tr>
<td></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>5.5</td>
</tr>
</tbody>
</table>

Mean Intention

p < .01
Intention to Have Receptive Oral Sex with HIV Negative Partner: Sexual Identity by Arm

![Bar chart showing mean intentions for Gay and Not Gay participants across Control, Nonexplicit, and Explicit conditions.](chart.jpg)

- Gay:
  - Control: 5.9
  - Nonexplicit: 5.4
  - Explicit: 5.7

- Not Gay:
  - Control: 4.3
  - Nonexplicit: 4.5
  - Explicit: 5.5

Significance: p < .05
Intention to Have Receptive Oral Sex with Unknown Status Partner: Sexual Identity by Arm

<table>
<thead>
<tr>
<th></th>
<th>Gay</th>
<th>Not Gay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>5.1</td>
<td>3.4</td>
</tr>
<tr>
<td>Nonexplicit</td>
<td>5.0</td>
<td>3.1</td>
</tr>
<tr>
<td>Explicit</td>
<td>4.9</td>
<td>4.6</td>
</tr>
</tbody>
</table>

p < .005
Intention to Use Condoms During Receptive Oral Sex with a New Partner
Intention to Use Condoms during Receptive Oral Sex with New Partner by Partner’s HIV Status

<table>
<thead>
<tr>
<th>HIV Status</th>
<th>Control</th>
<th>Nonexplicit</th>
<th>Explicit</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Negative</td>
<td>3</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>HIV Unknown</td>
<td>3.7</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>HIV Positive</td>
<td>5.1</td>
<td>5.3</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Mean Intention

*ns* indicates no significant difference.
Intention to Use Condoms during Receptive Oral Sex w/HIV Negative Partner: Sexual Identity by Arm

<table>
<thead>
<tr>
<th></th>
<th>Gay</th>
<th>Not Gay</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
<td>2.4</td>
<td>2.6</td>
<td>2.9</td>
</tr>
<tr>
<td>Nonexplicit</td>
<td>4.7</td>
<td>4.4</td>
<td>3.6</td>
</tr>
<tr>
<td>Explicit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p = .01
Intention to Use Condoms during Receptive Oral Sex w/HIV Positive Partner: Sexual Identity by Arm

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Nonexplicit</th>
<th>Explicit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
<td>4.9</td>
<td>5.6</td>
<td>5.4</td>
</tr>
<tr>
<td>Not Gay</td>
<td>5.8</td>
<td>4.6</td>
<td>5.1</td>
</tr>
</tbody>
</table>

p < .005
Limitations

• These are PRELIMINARY analyses--all relevant variables not included
• Neither online brochure led to changes in intentions to engage in highest risk behaviors
• Moderately explicit brochure was not very explicit
• Effects on behavior not known
• Generalizability to real-world not known
Conclusions

• Effects of brochures are limited.
  – Online interventions have potential, but interactivity and tailoring information are likely to be keys to improving effectiveness.

• The nonexplicit and moderately explicit explicit brochures appear to be equally acceptable to gay and bisexual men.

• The moderately explicit explicit brochure was sexually arousing, motivated participants to have sex, and increased intention to have sex with new partners.
Conclusions

• The moderately explicit brochure increased intentions to have receptive oral sex with new HIV-negative and unknown status partners.
  – Effect greatest for men who do not identify as gay and those higher in erotophobia.

• The moderately explicit message decreased condom use intention for receptive oral sex among men who did not identify as gay.

• This study and prior research suggests that sexual explicitness may have unintended negative effects, but many questions remain.
The End