

Outcome evaluation of HIV prevention initiatives 2009 – 2011 in men who have sex with men in Victoria

Full Report
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Contents

Acknowledgements.....	4
List of Tables.....	5
List of Figures	5
Introduction	6
Rationale for HIV prevention initiatives evaluation.....	6
The Campaigns/ Prevention Initiatives	6
Methods:	8
Evaluation Outcomes:	9
Analysis.....	9
Key Findings.....	10
Survey population	10
1. Cross-sectional analysis of key Indicators across the three survey time points - unmatched analysis.....	10
Campaign awareness	10
Health seeking behaviour	11
HIV/STI knowledge	11
Community dialogue	11
2. Longitudinal matched analysis of individuals who completed all three surveys (S3, S4, S5) 13	
Sexual Risk Practices	14
Testing Practices	14
Health seeking behaviour	14
HIV/STI knowledge	14
Community dialogue	14
3. Assessing impact of campaign exposure on key outcome variable	16
4. Multivariable Analysis to look at whether particular outcomes are correlated with campaign awareness.....	17
5. Thematic Analysis of Focus groups data	20
Campaign awareness	20
Campaign message recall.....	20
Community dialogue	21
Behaviour change.....	21
6. Queer as F**k Online Usage statistic and Content Analysis.....	22
7. Testing Data – sentinel surveillance	23
Discussion.....	24
Campaign awareness	24
Health seeking behaviour	24
HIV/STI knowledge	25
Community dialogue	25
Sexual Risk Behaviours	26
Limitations.....	26
Conclusions and Recommendations	26
References.....	28

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List of Tables

Table 1. Sample demographics, interaction with the gay community and campaign awareness; S3, S4 and S5 – Unmatched analysis.....	11
Table 2. Impacts of campaign awareness; S3, S4 and S5 – Unmatched analysis.	12
Table 3. Changes in health seeking behaviours among those who were exposed to the campaigns over the 28 month follow up period; from s3-s5– Matched analysis.	14
Table 4: Univariable and multivariable analysis of key demographics, sexual health and health seeking behaviours compared between participants aware and unaware of one or more of the campaigns at survey 5.....	17
Table 5: Univariable and multivariable analysis of key demographics, sexual health and health seeking behaviours compared between participants who had or did not have an STI test in the 12 months prior to survey 5.....	18
Table 6: Number of HIV, syphilis and chlamydia tests among HIV-negative males attending four medical clinics across, 2008–2010.	23

List of Figures

Figure 1. Key demographics, health seeking behaviours and sexual health knowledge compared between participants aware and unaware of one or more of the campaigns at survey 5.	16
Figure 2: Number of HIV, syphilis and chlamydia tests among HIV-negative males attending four medical clinics, January 2008 – December 2010.	23

Introduction

HIV diagnoses in Victoria have more than doubled between 1999 and 2009. The per capita rate of HIV diagnoses, increased from 2.9 per 100 000 population in 1999 to 4.5 in 2002; by 2006 HIV diagnosis rates had reached 5.6 per 100 000 population¹. In 2010 76% of all HIV diagnoses were among men who have sex with men (MSM). Multiple factors are thought to be contributing to this increase, including increased rates of unprotected anal intercourse among MSM, an increase in other sexually transmitted infections (STIs) that facilitate HIV transmission, and increased numbers of sexually active HIV positive MSM since the introduction of highly active antiretroviral treatment (HAART)². In 2008 in Victoria we observed a significant decline in the median age of MSM diagnosed with HIV, and this decline in age continued and stabilised in 2009 and 2010. The decline in the median age of MSM recently acquiring HIV suggests recent increases in HIV transmissions (as distinct from diagnoses) and risky behaviour among younger MSM^{2 3}. A recent nationwide behavioural survey of 845 gay men, revealed strong links between age at first anal intercourse and infection with HIV/STIs, as well as tendencies to engage in higher risk sexual behaviour providing further support of this changing trend⁴.

In response, new HIV prevention initiatives continue to be undertaken in Victoria. It is important that these initiatives are effectively evaluated. Originally this project was funded to help evaluate and assess the impact of two prevention efforts that were funded by the Department of Health (DH) in 2007/2008 that were in response to the rise in HIV and other sexually transmitted infections (STI) among MSM. Given the success of these campaigns, they were refunded and two additional social marketing campaigns as well as an online social networking site health promotion project were also implemented. These recent investments represented a diversification of health promotion prevention initiatives targeting gay men, and consequently evaluating these initiatives separately would not be appropriate.

Rationale for HIV prevention initiatives evaluation

Building on our previous online cohort of gay men, we have adopted a broader evaluation framework that aims to provide evidence for the effectiveness of the suite of prevention initiatives. Using a range of key outcome indicators - including, campaign awareness & message comprehension, knowledge, health seeking behaviours, community dialogue, testing rates and sustainability - this methodology aims to better understand how such prevention approaches and messages fit in with the complexity of the real world and how individuals understand and interpret them.

The Campaigns/ Prevention Initiatives

Drama Down Under (DDU) (www.dramadownunder.info/)

The Drama Down Under campaign was evaluated at survey 3 (phase 2), survey 4 (phase 3) and survey 5 (phase 4).

Aims: To improve awareness of STIs, to increase testing and treatment of STIs, and to minimise the transmission and morbidity of STIs in gay and other homosexually active men.

Target Group: This campaign was broad and aimed to target all gay and other homosexually active men in Victoria.

Communication channels used: Campaign website, Press ads (MCV, Southern Star), online ads (gaydar, manhunt, facebook), gay events (Midsumma Carnival), outdoor posters and billboards (bus and trains)

stations, tram interiors), postcards in sexual health packs, pamphlets for GP clinics and resources for doctors.

Budget: Phase 2: \$379,590. Phase 4: \$320,766.

Campaign period: Phase 2: January 2009 – June 2010. Phase 3: July 2010 – June 2011. Phase 4: July 2011 – current.

Protection (www.protection.org.au)

The Protection campaign was evaluated at survey 3 (phase 3), survey 4 (phase 3) and survey 5 (phase 3), however the campaign stopped running in October 2010.

Aims: To reduce the incidence of HIV and STIs in Victoria, and to reinforce condom use and more sophisticated risk reduction strategies to reduce the proportion of homosexually active men reporting unprotected anal intercourse with casual partners (UAIC). This campaign also focussed on the idea of challenging assumptions of other people's HIV status, so as not to assume a sexual partner is HIV negative.

Target Group: Sexually active homosexual or bisexual men who may be at risk of HIV and other STIs, who engage in high risk behaviours such as unprotected anal intercourse with casual or regular sero-discordant partners.

Communication channels used: Due to the explicit nature of this campaign, phase 3 of this campaign was limited to gay press advertisements.

Budget: Phase 3: \$104,400.

Campaign period: Phase 3: February 2009 – October 2010.

Staying Negative (www.stayingnegative.net.au/)

The Staying Negative campaign was evaluated at Survey 4 and Survey 5. This campaign is ongoing throughout the year, consisting of real life stories of men who have sex with men.

Aims: To promote and discuss HIV and sexual health strategies in real life contexts, and to provide HIV and sexual health information.

Target Group: This campaign was broad and aimed to target all gay and other homosexually active men in Victoria.

Communication channels used: Campaign website, Press ads, online banner ads (gaydar, manhunt, aussiemans, facebook, twitter), calendars.

Budget: 2010/2011 annual budget: \$130,000

Campaign period: 2007 – current (running consistently).

Wherever Sex Happens (www.whereversexhappens.com/)

The Wherever Sex Happens campaign was evaluated at Survey 4 (phase 1) and Survey 5 (phase 2), and had similar objectives to the Protection campaign with a broader target audience. The content and objectives remained the same as for the Protection campaign, using the same small condom diagrams, however new images and slogans were used that were not as confronting as the images used in the Protection campaign.

Aims: To promote planning ahead and being prepared for safe sex, to promote safe sex during travel, and to reinforce condom use. Similar to the Protection campaign, this campaign again aimed to

challenge assumptions, so that people are always prepared and do not always assume that they know where they will have sex.

Target Group: This campaign was broad and aimed to target all gay and other homosexually active men in Victoria, with an emphasis in phase 2 on those planning to travel.

Communication channels used: Campaign website, Press ads, online ads (facebook), outdoor posters (buses and trams), posters at clinics, postcards at gay venues.

Budget: Phase 1: \$133,356.

Campaign period: Phase 1: February 2010 – April 2011. Phase 2: August 2011 – current.

Queer as Fk (QAF)** (www.facebook.com/QAFxxk)

Queer as F**k was evaluated at Survey 4 and Survey 5 with a small amount of questions relating to whether or not people were aware of this campaign and if they had seen the videos and were a fan of the page on facebook.

Aims: To discuss a broad range of general issues surrounding being a gay or homosexually active man in Victoria - including issues around sexual health and HIV, STI/HIV testing, PEP, disclosure of HIV status, and sero-discordant relationships - and to generate online dialogue surrounding these issues among gay or homosexually active men.

Target Group: This campaign was broad and aimed to target all gay and other homosexually active men in Victoria, with an emphasis on younger guys who would be more likely to use facebook and youtube.

Communication channels used: Online social networking sites (facebook, youtube), online ads (facebook), press ads, press coverage (screening at Queer Film).

Budget: Series 2: \$70,035 Series 3: \$96,848 Series 4: \$92,341

Campaign period: April 2010 – current.

Methods:

In 2008 the Burnet Institute established a prospective online cohort of gay men that could be utilised as a mechanism to help monitor and evaluate the impact of the various prevention initiatives. The cohort was designed to use a 'rolling' or 'open' recruitment strategy, using multiple methods, including recruitment at gay community venues, gay community events, online dating sites and snowballing (existing study participants could refer their acquaintances for inclusion in the study). This methodology provides advantages for such evaluation by allowing new participants to enter the cohort and thus providing new/updated measures of campaign reach, while individuals staying in the cohort can be matched across time and assessed in a true longitudinal cohort fashion.

This report examines the most recent three online surveys that were completed between April 2009 and August 2011 (28-month period); April 2009 (survey 3 (S3)), December 2010 (survey 4 (S4)) and August 2011 (survey 5 (S5)). Men aged 18 years or over who self-identified as gay or homosexually active and were able to provide informed consent were enrolled. For survey 3 and 4, men were recruited through the established cohort, at gay social venues, public gay events and through snowballing methods; and for S5 additional participants were recruited through advertising on a gay dating website.

The surveys included an online participant information and consent form and asked about participant demographics, exposure to gay media, gay community attachment, awareness of the HIV/STI prevention

initiatives/campaign, sexual health knowledge, health seeking behaviour, HIV/STI testing patterns, and the extent to which they believed the campaign activities had changed their health seeking behaviour and HIV/STI testing patterns.

Evaluation Outcomes:

A range of data were collected to investigate if there is any evidence for broad campaign success, and thus the campaigns were evaluated using various key outcome indicators as part of a process, outcome and impact evaluation. This evaluation focuses upon campaign effectiveness in relation to factors such as recognition, awareness and dialogue that might be thought of as necessary precursors to other behaviour change outcomes.

The Drama Downunder and Protection campaigns have previously had separate process evaluations completed by Aldo Spina^{5, 6}. For this evaluation we included campaign reach and awareness, as well as campaign recognition and message comprehension as process outcome measures.

For this evaluation, we have chosen to assess changes in health seeking behaviour (e.g. condom use, seeking health information and community dialogue), HIV/STI knowledge (e.g. availability of PEP and symptoms of STIs) and HIV/STI testing as our impact/outcome measures. These outcomes are also consistent with the stated aims (developed through the Departmental HIV Prevention Taskforce in 2007) of the prevention campaigns evaluated.

Two key prospective data sources will be used to provide these indicators:

1. A prospective online cohort of gay men with rolling recruitment (28 –month follow up period), and;
2. Routinely collected HIV, syphilis and chlamydia testing data extracted from the Victorian Primary Care Network for Sentinel Surveillance on BBVs and STIs (VPCNSS), using data from four metropolitan high caseload MSM clinics that notified ~50% of all new HIV diagnoses in Victoria in 2008².

Analysis

Different methods of analysis were conducted in order to assess recognition of health promotion activities/messages, communication/dialogue amongst peers, changes in behaviour over time and sexual health knowledge.

1. Cross sectional analysis of the sample at survey time points S3, S4 and S5.
 - This was used to assess each indicator cross-sectionally and compare over the three survey time points.
2. Longitudinal matched analysis of individuals who completed all three surveys (S3, S4, S5) and who were aware of at least one campaign at survey 3.
 - This data provides us with longitudinal data for individuals allowing us to assess the impact of the campaigns over time, thus providing stronger evidence of causality based on whether campaign awareness was associated with changes in indicators.
3. Multivariable analyses using matched cross sectional data at survey 5.

- This was used to examine associations between campaign awareness and STI testing in the past six months while controlling for demographic and sexual behaviour covariates.
 - Prevalence were estimated using Poisson regression with robust error variance. This method was used because of the high frequency of the outcomes - campaign awareness and STI testing.
4. Thematic analysis of focus group data.
 5. Queer as F**k online usage statistic and content analysis.
 6. Sentinel surveillance testing data.

Key Findings

Survey population

There were 242, 390 and 745 participants who completed the surveys at S3, S4 and S5, respectively, over the 28 month period between S3 and S5. The majority of respondents identified as being gay or homosexually active (86-96%), Australian born (79-82%), living in metropolitan Melbourne (90-96%), and with a median age of 31-33 years. The proportion of HIV positive men (9-11%) in the sample was similar at the three survey time points.

Sexual risk behaviours of the sample at all three time points were similar, with over a third of the samples (36-43%) reporting sex with more than 5 men within the past 6 months and the majority (64-75%) reporting sex with casual partners in the six months. Across the three surveys, of those men reporting sex with casual partners in the past 6 months, around half reported unprotected anal intercourse with casual partners (43-63%), group sex (48-53%) and sex at an SOPV (46-48%). Regarding exposure to gay media and interaction with the gay community, the proportion of men reporting reading the gay press on a regular basis (at least monthly) declined across survey time points, from 61% S3 - 33% at S5, with similar trends reported for attending gay community events (13% at S3 - 7% at S5) and visiting gay venues, bars/clubs/SOPVs (67% at S3 - 44% at S5). However the proportion of men reporting looking for partners online through gay social networking sites increased over time from 58% at S3 - 68% at S5 (Table 1).

1. Cross-sectional analysis of key indicators across the three survey time points - unmatched analysis

Campaign awareness

Across the 28 month follow up period, Drama Downunder campaign awareness remained high (60-82%) but significantly declined overtime ($p < 0.01$). Of those who recognised the DDU campaign, around a third of men from all three surveys could recall at least one campaign message (31-50%).

Awareness of the Protection campaign also remained high (43-69%) across the 28-month follow up period but significantly declined over time ($p < 0.01$). Of those who recognised the protection campaign approximately one third of each sample were able to recall at least one campaign message.

In survey 4 and 5 participants were asked about their recognition of three additional health promotion initiatives; the Staying Negative campaign, the Wherever Sex Happens campaign, and the Queer as F**k online health promotion project.

Campaign awareness of the Staying Negative campaign remained stable over the 8 month follow up period (33 - 27%), however of those that did recognise the campaign, recall of a campaign message declined overtime (36% at S4 - 15% at S5).

Campaign awareness of the Wherever Sex Happens campaign was overall lower than the other campaigns and declined overtime (24% at S4 - 10% at S5), however over half of those who recognised the campaign could recall a campaign message (57-61%).

Overall, recognition of the QAF project varied from 18-46%, with less than a quarter (18%) of these participants able to recall specific campaign messages. Of those who were aware of QAF project, approximately a third reported being a 'fan' of the page and around half recalled having seen a QAF video (Table 1).

Health seeking behaviour

In response to the suite of campaigns mentioned above, participants were asked whether any of the campaigns had prompted them to take certain health seeking actions (Table 2). Across most variables, participants reported that the campaign had prompted some sort of health seeking behaviour, with the most popular being requesting a HIV/STI test from a doctor, discussing HIV/STI testing/transmission with their GP, searching for further sexual health information and becoming more conscious of safe sex practices. The behaviours reported tended to decline over time between S3 and S4 (20-month follow up), and then seemed to plateau to a stable rate between S4 to S5 (8 month follow up).

HIV/STI knowledge

Knowledge of sexual health issues across the 28-month follow-up period remained relatively high, however the median knowledge score declined over time from 68% at S3 to 55% at S5 (Table 2). Questions relating to STI treatment and transmission were generally answered well but knowledge of most of these issues declined over time. Questions relating to risk reduction strategies such as serotyping, strategic positioning and viral load were answered more poorly with only 22-46% answering these correctly across the three time points, however the question around using condom and lube as a risk reduction strategy was answered very well (94-96% answering this correctly across the 28 month period). At survey 4 those aged less than 30 years had the same median knowledge score as those aged 30 years or over. At survey 5 however, those aged 30 years or over scored higher in their knowledge questions than the younger participants (60% compared with 55%) (Table 2).

Community dialogue

Overall, a high proportion of participants reported discussing sexual health issues in the six months prior to the survey. The most popular topics of discussion were; the importance of condoms and lube when having anal sex, the need for more regular testing, PEP, and STIs and their effect on HIV transmission and treatment. There was a general decreasing trend across the 28-month follow up-period with fewer participants reporting having discussed sexual health issues at S5 compared to S3 (Table 2).

Table 1. Sample demographics, interaction with the gay community and campaign awareness; S3, S4 and S5 – Unmatched analysis.

	S3 n (%)	S4 n (%)	S5 n (%)	χ^2 test for trend (p- value)

Demographics	242 (100)	390 (100)	745 (100)	
Gay/Homosexual	218 (95.6)	370 (94.9)	642 (86.2)	
Median age (range) years	32 (18-66)	31 (18-81)	33 (18-82)	
Australia-born	181 (79.4)	308 (79.0)	607 (81.5)	
Resides in metropolitan Melbourne	233 (96.3)	373 (95.6)	671 (90.2)	
HIV Negative/ Don't know	194 (89.4)	303 (90.7)	593 (91.2)	
HIV-Positive	23 (10.6)	31 (9.3)	57 (8.8)	
Sexual risk behaviour (past 6 months)				
Sex with >5 men	100 (41.2)	141 (36.2)	322 (43.2)	
If sex with a casual partner past 6 months...	n=169	n=252	n=558	
UAIC	72 (42.6)	159 (63.1)	289 (51.8)	
Group sex	81 (48.2)	124 (49.2)	296 (53.0)	
Sex at SOPV	78 (46.4)	117 (46.4)	267 (47.8)	
Exposure to gay media & interaction with gay community				
Read the gay press (at least monthly)	148 (61.2)	165 (42.3)	248 (33.3)	
Attend gay community events (at least monthly)	33 (13.6)	52 (13.3)	51 (6.8)	
Visit gay venues - bars/clubs/SOPVs (at least monthly)	162 (66.9)	203 (52.1)	324 (43.5)	
Look for partners on gay-SNN (at least monthly)	141 (57.8)	231 (59.2)	509 (68.3)	
Any STI test past 6 months	224 (93.3)	287 (73.6)	554 (74.4)	
DDU campaign awareness	180 (74.4)	318 (81.5)	447 (60.0)	<0.01†
Able to recall at least 1 campaign message	52 (30.6)	158 (49.7)	142 (32.2)	0.26
Protection campaign awareness	169 (69.3)	221 (56.7)	325 (43.6)	<0.01††
Able to recall at least 1 campaign message	62 (37.4)	75 (33.9)	110 (34.1)	0.51
Staying Negative campaign awareness	-	129 (33.3)	203 (27.3)	0.04
Able to recall at least 1 campaign message	-	46 (35.7)	31 (15.4)	<0.01
Wherever Sex Happens campaign awareness	-	94 (24.1)	72 (9.7)	<0.01
Able to recall at least 1 campaign message	-	57 (61.3)	40 (57.1)	0.29
QAF campaign awareness	-	180 (46.2)	132 (17.7)	<0.01
Able to recall at least 1 campaign message	-	-	24 (18.2)	
Fan of QAF	-	60 (33.3)	46 (34.8)	0.78
Seen any QAF videos	-	90 (50.0)	75 (56.8)	0.88

† *p*-value < 0.05 test for trend (non-linear) †† *p*-value < 0.05 test for trend (linear)

Table 2. Impacts of campaign awareness; S3, S4 and S5 – Unmatched analysis.

	S3 n (%)	S4 n (%)	S5 n (%)	χ ² test for trend (p-value)
Did the campaigns prompt you to ...		(n=390)	(n=265)	
Discuss HIV/STI testing/transmission with GP	34 (20.2)	28 (7.2)	19 (7.2)	<0.01†
Request a HIV test from a doctor	45 (26.8)	63 (16.2)	48 (18.1)	0.01††
Request a STI test from a doctor	50 (29.8)	65 (16.7)	46 (17.4)	<0.01†
Visit a campaign-specific website	30 (17.9)	66 (16.9)	49 (18.5)	0.87
Search for further sexual health information	41 (24.4)	51 (13.1)	46 (17.4)	<0.01††

Seek testing/treatment of STI as soon as symptoms appear	-	58 (14.9)	39 (14.7)	0.93
Use a condom more often in casual settings	-	102 (23.2)	58 (21.9)	0.62
Employ risk reduction strategies in casual settings	-	19 (4.9)	15 (5.7)	0.57
Disclose HIV status with casual partners	-	37 (9.5)	27 (10.2)	0.71
Get tested for HIV/STIS more regularly	-	94 (24.1)	61 (23.0)	0.68
Become more aware of impact of STIs on HIV transmission	-	61 (15.6)	50 (18.9)	0.17
Discuss PEP with Dr/health care worker	-	14 (3.6)	9 (3.4)	0.86
Become more conscious of safe sex practices	-	106 (27.2)	66 (24.9)	0.40
Become more conscious of sero-sorting/Strategic positioning	-	39 (10.0)	23 (8.7)	0.47
Median Knowledge Score (proportion)	68%	60%	55%	<0.01**
Median Knowledge Score if aged less than 30 years		60%	55%	
Median Knowledge Score if aged 30 years or over		60%	60%	
In the past 6 months have you discussed...				
Importance of condoms and lube when have anal sex	166 (71.6)	238 (61.5)	492 (67.4)	0.72
STIs and their effect on HIV transmission and treatment	93 (40.1)	150 (38.8)	270 (37.0)	0.36
The need for more regular testing	159 (68.5)	219 (56.6)	400 (54.8)	<0.01††
Sexual Adventurism and sero-sorting	46 (19.9)	79 (20.4)	159 (21.8)	0.47
Strategic positioning with positive partners	40 (17.2)	53 (13.7)	85 (11.6)	0.03††
PEP	100 (43.1)	131 (33.9)	194 (26.6)	<0.01††
Has your level of awareness of these issues changed over the past six months?	121 (52.2)	136 (34.9)	243 (33.3)	<0.01†
Website visits in past 12 months				
Drama Downunder	54 (22.0)	94 (24.1)	125 (16.8)	0.01††
Protection	7 (2.9)	13 (3.3)	11 (1.5)	0.08
Go Test	9 (3.7)	10 (2.6)	13 (1.8)	0.07
Melbourne Sexual Health Centre	48 (19.7)	84 (21.5)	157 (21.1)	0.76
VAC/GMHC	52 (21.3)	97 (24.9)	136 (18.3)	0.08
Staying Negative		55 (14.1)	89 (12.0)	0.31
Wherever Sex Happens		29 (7.4)	40 (5.4)	0.18
Did not visit a website in past 12 months	127 (52.1)	172 (44.1)	397 (53.4)	0.26

† *p*-value < 0.05 test for trend (non-linear) †† *p*-value < 0.05 test for trend (linear) ** Kruskal-Wallis equality-of-populations rank test.

2. Longitudinal matched analysis of individuals who completed all three surveys (S3, S4, S5)

We undertook a matched analysis over time to assess changes in key indicators, sexual risk practises, health seeking behaviours, HIV/STI knowledge, community dialogue, and testing practices, among individuals who completed all surveys, S3, S4 and S5. Only participants who were aware of at least one campaign at survey 3 were included (n=66). The broad aims of the Protection and Drama Downunder campaigns were matched to outcome indicators to give some indication of any broad campaign success. The Protection campaign broadly targeted risk and risk reduction strategies, therefore changes in sexual risk practices can be used to measure the campaign's success. The DDU campaign aimed to increase testing and treatment among the general gay community, and thus changes in testing practices can be used to broadly measure its success.

Sexual Risk Practices

Over the 28 month follow up period, there was no change in the number of matched individuals reporting regular or casual sex partners in the six months prior to the surveys, and no change in the number reporting multiple (more than five) sex partners. Among participants who reported casual sex partners in the past six months, there were relatively stable levels of individuals reporting group sex, sex at an SOPV and the use of party drugs for sex. However, there was a significant increase among individuals reporting any unprotected anal intercourse with casual partners in the past six months across the survey time points (Table 3).

Testing Practices

Self-reported testing practices remained relatively stable for matched individuals over the three surveys, with no significant differences in individuals testing practises. However, there were increases close to significance among individuals reporting having had any STI test in the past six months, ever having had a HIV test and reporting a negative result at their last HIV test (Table 3).

Health seeking behaviour

Participants were asked whether seeing the campaigns had prompted them to take certain health seeking actions, such as requesting or discussing HIV/STI testing, searching for further sexual health information, and being more conscious of safe sex practices and risk reduction strategies. Overall, amongst matched individuals, there was a decline over time in reporting that the campaigns had prompted them to take certain health seeking actions. For most behaviours, individuals were less likely to report that the campaigns had prompted them to take certain health seeking actions at the 28 month follow up period. However, there were some long term sustained effects with similar proportions of individuals reporting that the campaign had prompted them to visit a campaign-specific website or request a HIV test from a doctor across the three survey time points (Table 3). Individuals were not more likely to visit a campaign specific website over time.

HIV/STI knowledge

Participants were asked separate sexual health knowledge questions (true/false) at all surveys and knowledge was analysed over time. Knowledge remained relatively stable over the 28-month follow up period, however there were improvements over time in knowledge regarding risk reduction strategies, including strategic positioning and sero-sorting (Table 3).

Community dialogue

Overall, community dialogue surrounding the campaigns seemed to decline over time among matched individuals who were significantly less likely to discuss sexual health issues in the later surveys. There was a significant decline in individuals reporting having discussed condoms and lube, the effect of STIs on HIV transmission and treatment, regular testing, strategic positioning and PEP (Table 3).

Table 3. Changes in health seeking behaviours among those who were exposed to the campaigns over the 28 month follow up period; from s3-s5– Matched analysis.

	Odds ratio	Confidence Interval
	n=66	
Changes in sexual risk behaviour		

Sex with >5 men	1.32	0.93-1.87
Regular sex partner past 6 months	0.95	0.72-1.25
Sex with casual partner past 6 months	0.92	0.68-1.25
If sex with a casual partner past 6 months...		
UAIC	1.55	1.01-2.39
Group sex	0.89	0.64-1.24
Sex at SOPV	0.88	0.61-1.27
Use party drugs for sex	0.96	0.77-1.20
Changes in Testing Practices		
Any STI test past 6 months	1.27	0.91-1.76
Ever had a HIV test	1.28	0.90-1.82
HIV test in past 12 months	1.20	0.64-2.24
Last HIV test result negative	1.29	0.98-1.70
Ever tried to access PEP	1.06	0.87-1.30
Changes in health seeking behaviour		
Visit a campaign-specific website	0.87	0.48-1.57
Request a HIV test from a doctor	0.67	0.42-1.09
Request a STI test from a doctor	0.52	0.31-0.86
Discuss HIV/STI testing/transmission with GP	0.22	0.11-0.43
Search for further sexual health information	0.47	0.26-0.87
Become more aware of impact of STIs on HIV transmission	0.64	0.42-0.96
Discuss PEP with Dr/health care worker	0.17	0.04-0.73
Become more conscious of safe sex practices	0.25	0.15-0.40
Become more conscious of sero-sorting/Strategic positioning	0.48	0.27-0.85
Changes in information seeking: Visited in past 12 months		
Drama Down Under	0.77	0.55-1.08
Protection	0.43	0.12-1.57
Go Test	0.51	0.23-1.15
Melbourne Sexual Health Centre	1.08	0.81-1.44
VAC/GMHC	1.23	0.89-1.70
Did not visit a website in past 12 months	0.91	0.69-1.21
Changes in Knowledge of Sexual Health Issues		
Condoms & lube best ways to prevent transmission HIV	1.01	0.54-1.89
Having an STI can increase the chance of getting or passing on HIV	0.84	0.54-1.30
HIV rates in Victoria have increased over the past 6 years	0.86	0.55-1.34
You can transmit syphilis during anal and oral sex	1.30	0.78-2.16
Gonorrhoea, Chlamydia and Syphilis can be treated with a course of antibiotics	0.78	0.46-1.31
PEP can prevent a person becoming infected with HIV	1.23	0.91-1.65
PEP is a once off morning after pill	1.15	0.93-1.41
HCC (high case-load clinics) cater specifically for gay men	1.27	0.84-1.91
Sexually active men should get tested for HIV/STIs at least once a year	0.58	0.36-0.94
Strategic positioning refers to using sexual positions that are least likely to transmit HIV	1.98	1.47-2.66
Sero-sorting refers to matching partners based on HIV status	1.31	1.03-1.67
A person with a detectable viral load is equally likely to transmit HIV than a person with an undetectable viral load	1.39	1.01-1.91
Symptoms of syphilis are highly variable	1.26	0.94-1.67

Changes in community Dialogue		
Importance of condoms and lube when have anal sex	0.76	0.58-0.99
STIs and their effect on HIV transmission and treatment	0.68	0.52-0.90
The need for more regular testing	0.70	0.54-0.92
Sexual Adventurism and sero-sorting	0.74	0.49-1.12
Strategic positioning with positive partners	0.48	0.31-0.77
PEP	0.72	0.54-0.96

3. Assessing impact of campaign exposure on key outcome variable

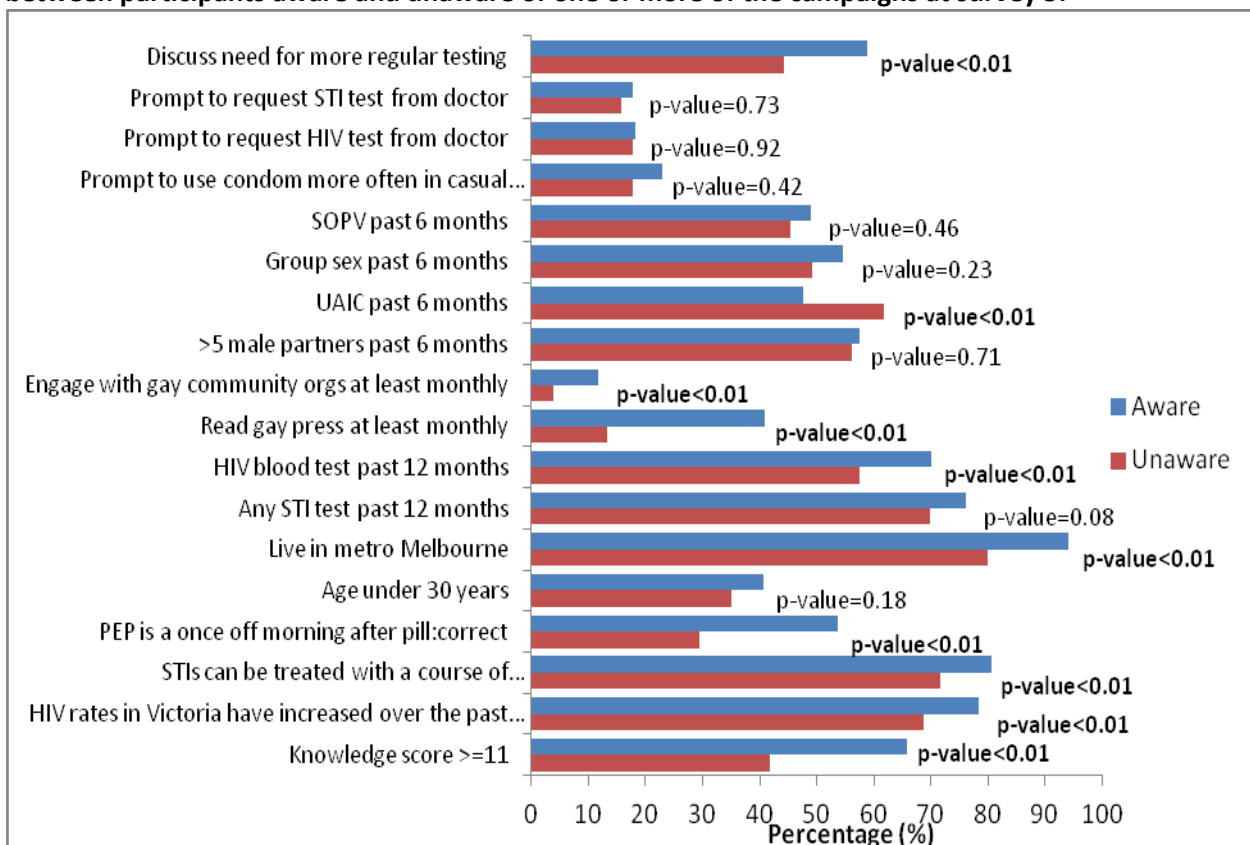
Participants who completed a survey at S5 were assessed cross-sectionally for associations with exposure to at least one of the four campaigns (DDU, Protection, Wherever Sex Happens, Staying Negative) and key outcome variables.

Compared to participants of survey 5 who had not seen any of the four campaigns, men aware of the campaigns were significantly more likely to:

- live in Metropolitan Melbourne;
- discuss the need for more regular testing;
- engage with gay community organisations and read gay press at least monthly; and,
- have had an HIV blood test in the 12 months prior to the survey.

They were also more likely to have correctly answered sexual health knowledge questions relating to pre-exposure prophylaxis (PEP), treatment of STIs and HIV rates in Victoria. Men unaware of any of the campaigns were significantly more likely to have engaged in unprotected anal intercourse with casual partners in the six months prior to the survey (Figure 1).

Figure 1. Key demographics, health seeking behaviours and sexual health knowledge compared between participants aware and unaware of one or more of the campaigns at survey 5.



4. Multivariable Analysis to look at whether particular outcomes are correlated with campaign awareness.

In a multivariable analysis of survey 5 participants men aware of at least one of the four campaigns were significantly more likely to identify as being gay or homosexual, be aged less than 30 years, live in metropolitan Melbourne, read gay press and visit gay venues (bars/clubs, sex on premises venues) at least monthly, have visited SOPVs within the last six months, and have correctly answered ten or more of the twenty sexual health knowledge questions. Men unaware of the campaign were significantly more likely to have engaged in unprotected anal intercourse with casual partners in the six months prior to the survey (Table 4).

Table 4: Univariable and multivariable analysis of key demographics, sexual health and health seeking behaviours compared between participants aware and unaware of one or more of the campaigns at survey 5.

Variable	any campaign awareness		Unadjusted (univariable)		Adjusted (multivariable)	
	No	Yes	PR	95% CI	PR	95% CI
	n (%)	n (%)				
	205 (100)	540 (100)				
Country of birth						
Australia	162 (79.0)	445 (82.4)	1.06	0.94-1.20		
Other	43 (21.0)	95 (17.6)	1			
Sexual identity						
Bisexual/other	58 (28.3)	45 (8.3)	1		1	
Gay/homosexual	147 (71.7)	495 (91.7)	1.76	1.41-2.21	1.51	1.19-1.92
Age						
<30 yrs	72 (35.1)	219 (40.6)	1.06	0.97-1.16	1.11	1.00-1.23
30 yrs or more	133 (64.9)	321 (59.4)	1		1	
Region						
Metro Melb	164 (80.0)	507 (94.1)	1.72	1.32-2.24	1.47	1.08-1.99
Regional/rural Vic	41 (20.0)	32 (5.9)	1		1	
Read gay press						
Less than monthly	178 (86.8)	319 (59.1)	1		1	
At least monthly	27 (13.2)	221 (40.9)	1.39	1.28-1.50	1.21	1.10-1.34
Attend gay events						
Less than monthly	198 (96.6)	496 (91.9)	1			
At least monthly	7 (3.4)	44 (8.2)	1.21	1.07-1.36		
Engage with gay community organisations						
Less than monthly	197 (96.1)	477 (88.3)	1			
At least monthly	8 (3.9)	63 (11.7)	1.25	1.14-1.38		
Visit gay venues						
Less than monthly	148 (72.2)	273 (50.6)	1		1	
At least monthly	57 (27.8)	267 (49.4)	1.27	1.17-1.39	1.17	1.06-1.30
Use online gay SN forums						
Less than monthly	63 (33.7)	167 (30.9)	1			
At least monthly	136 (66.3)	373 (69.1)	1.04	0.94-1.14		
No. male partners						
<=5	90 (43.9)	229 (42.4)	1			
>5	115 (56.1)	311 (57.6)	1.02	0.93-1.11		
UAIC past 6 months						
Never	63 (38.2)	206 (52.4)	1.18	1.06-1.32	1.13	1.02-1.25
Occasionally/often	102 (61.8)	187 (57.6)	1		1	
Group sex past 6mths						
No	54 (50.9)	178 (45.3)	1			

Yes	81 (49.1)	215 (54.7)	1.07	0.96-1.19		
SOPV past 6 months						
No	90 (54.6)	201 (51.2)	1			
Yes	75 (45.5)	192 (48.9)	1.04	0.93-1.16		
Use party drugs for sex past 6 months						
No	163 (82.3)	390 (75.7)	1			
Yes	35 (17.7)	125 (24.3)	1.11	1.00-1.22		
HIV test result						
Negative/don't know	148 (94.9)	436 (89.9)	1			
Positive	8 (5.1)	49 (10.1)	1.15	1.03-1.29		
Ever received PEP						
No	104 (85.3)	399 (88.9)	1.08	0.93-1.25		
Yes	18 (14.8)	50 (11.1)	1			
Any STI test past 12 months						
No	62 (30.2)	129 (23.9)	1			
Yes	143 (69.8)	411 (76.1)	1.10	0.98-1.23		
Knowledge score						
<11	117 (58.2)	181 (34.1)	1		1	
>=11	84 (41.8)	350 (65.9)	1.33	1.20-1.47	1.30	1.15-1.46

In a multivariable analysis of survey 5 participants men who had an STI test within the 12 months prior to the survey were significantly more likely to identify as being bisexual, attend gay events at least monthly, have engaged in unprotected anal intercourse with casual partners in the six months prior to the survey, be positive for HIV, have correctly answered ten or more of the twenty sexual health knowledge questions and be aware of the Wherever Sex Happens campaign (Table 5).

Table 5: Univariable and multivariable analysis of key demographics, sexual health and health seeking behaviours compared between participants who had or did not have an STI test in the 12 months prior to survey 5.

Variable	Any STI test past 12 months		Unadjusted (univariable)		Adjusted (multivariable)	
	No n (%) 191 (100)	Yes n (%) 554 (100)	PR	95% CI	PR	95% CI
Country of birth						
Australia	161 (84.3)	446 (80.5)	1			
Other	30 (15.7)	108 (19.5)	1.07	0.96-1.18		
Sexual identity						
Bisexual/other	26 (13.6)	77 (13.9)	1.01	0.89-1.14	1.14	1.06-1.23
Gay/homosexual	165 (86.4)	477 (86.1)	1		1	
Age						
<30 yrs	99 (51.8)	192 (34.7)	1			
30 yrs or more	92 (48.2)	362 (64.3)	1.21	1.10-1.33		
Region						
Metro Melb	169 (88.5)	502 (90.8)	1.07	0.92-1.25		
Regional/rural Vic	22 (11.5)	51 (9.2)	1			
Read gay press						
Less than monthly	149 (78.0)	348 (62.8)	1			
At least monthly	42 (22.0)	206 (37.2)	1.19	1.09-1.29		
Attend gay events						
Less than monthly	185 (96.9)	509 (91.9)	1		1	
At least monthly	6 (3.1)	45 (8.1)	1.20	1.08-1.34	1.09	1.02-1.17
Engage with gay community organisations						
Less than monthly	180 (94.2)	494 (89.2)	1			
At least monthly	11 (5.8)	60 (10.8)	1.15	1.03-1.29		

Visit gay venues						
Less than monthly	126 (66.0)	295 (53.3)	1			
At least monthly	65 (34.0)	259 (46.8)	1.14	1.05-1.24		
Use online gay SN forums						
Less than monthly	69 (36.1)	167 (30.1)	1			
At least monthly	122 (63.9)	387 (69.9)	1.07	0.98-1.18		
No. male partners						
<=5	101 (52.9)	218 (39.4)	1			
>5	90 (47.1)	336 (60.7)	1.15	1.06-1.26		
UAIC past 6 months						
Never	65 (58.6)	204 (45.6)	1		1	
Occasionally/often	46 (41.4)	243 (54.4)	1.11	1.02-1.21	1.09	1.01-1.17
Group sex past 6mths						
No	62 (55.9)	200 (44.7)	1			
Yes	49 (44.1)	247 (55.3)	1.09	1.00-1.19		
SOPV past 6 months						
No	68 (61.3)	223 (49.9)	1			
Yes	43 (38.7)	224 (50.1)	1.09	1.01-1.19		
Use party drugs for sex past 6 months						
No	136 (78.2)	417 (77.4)	1			
Yes	38 (21.8)	122 (22.6)	1.01	0.92-1.12		
HIV test result						
Negative/don't know	120 (100)	464 (89.1)	1		1	
Positive	0 (0.0)	57 (10.9)	1.26	1.21-1.31	1.11	1.06-1.16
Ever received PEP						
No	120 (93.8)	383 (86.5)	1			
Yes	8 (6.3)	60 (13.5)	1.16	1.05-1.28		
Knowledge score						
<11	101 (54.6)	197 (36.0)	1		1	
>=11	84 (45.4)	350 (64.0)	1.22	1.11-1.34	1.14	1.04-1.24
DDU campaign aware						
No	83 (43.5)	215 (38.8)	1			
Yes	108 (56.5)	339 (61.2)	1.05	0.96-1.15		
Protection campaign aware						
No	125 (65.5)	295 (53.3)	1			
Yes	66 (35.6)	259 (46.8)	1.13	1.04-1.23		
Staying Negative campaign aware						
No	161 (84.3)	381 (68.8)	1			
Yes	30 (15.7)	173 (31.2)	1.21	1.12-1.31		
Wherever sex happens campaign aware						
No	182 (95.3)	491 (88.6)	1		1	
Yes	9 (4.7)	63 (11.4)	1.20	1.09-1.32	1.10	1.01-1.19
Any campaign aware						
No	62 (32.5)	143 (25.8)	1			
Yes	129 (67.5)	411 (74.2)	1.09	0.99-1.21		

5. Thematic Analysis of Focus groups data

Campaign awareness

Overall, campaign awareness was high with most participants recalling being exposed to a range of campaigns, though some were more recognisable and memorable than others.

“DDU is so widely distributed and it’s relevant to everyone. It reaches a wider audience – straight or gay need to think about protection. Good to engage those who don’t identify as being a gay man. It’s not just relevant to gay guys which may be why I recall it.”

“There’s the VAC one with the ‘use water based lube and condoms’ they’re pretty graphic. It’s pretty emblazoned on in your mind and they’re in the press.”

The DDU campaign was unique as participants agreed that it had a very broad appeal due to the use of mainstream media and lack of sexual explicit imagery. Participants reported that this was a good way to reach beyond the gay community, and help to reengage gay men in education campaigns. While the Protection campaign was also quite widely seen, some focus group participants found the imagery to be “full on” and “confronting”. Staying Negative and Wherever Sex Happens were less recognised by participants but were generally well liked.

Some issues around campaign awareness and recall in general were brought up in the focus groups, with participants expressing their concerns that if people did not identify with the gay community or go out to gay venues they would often not be exposed to the campaigns. Also, there was an issue around campaign fatigue, whereby after seeing the campaigns a number of times people began to stop noticing or responding to them:

“There is a large target group of men who have sex with men but who don’t necessarily identify as gay, so they don’t read gay magazines and won’t see any of the campaigns.”

“After a while you see the images so many times you stop noticing them.”

Campaign message recall

Some participants found the Protection campaign message to be difficult to decipher or remember:

“The campaigns are very visual, so you don’t remember the message so much.”

However most were able to recognise safe sex and risk reduction strategy messages:

“Practice safe sex to prevent HIV; use a condom; the best form of protection is condoms and water based lube.”

“It could happen to anyone.”

Information around PEP was noticed and remembered by many:

“the reality of it is I know about PEP treatment and the only way I would have known about it was through this (Protection campaign).”

All participants understood and remembered the testing and treatment messages of the DDU campaign:

“Encouraging regular sexual health checks and testing for STIs and HIV for everyone.”

“Easy to understand and provides you with info on how easy it is to get treatment for some STIs.”

Participants described it as a great, effective campaign which normalised STI testing:

“I was so nervous about getting checked when I first came out, so seeing that information which really normalises it for people is great.”

Some focus group participants were not clear as to what the Staying Negative campaign messages were:

"It's not very clear. "

While others understood the message to be real life stories and strategies to stay HIV negative:

"I think this is talking about how responsible gay men live – how he stays negative."

Most participants recognised the "be prepared" message associated with the Wherever Sex Happens campaign:

"Be prepared, sex can happen anytime anywhere."

"Use a condom and plenty of lube wherever you have sex. It tells you how to correctly use a condom."

Community dialogue

Some focus group participants appreciated the campaigns internally but did not discuss them further:

"I wouldn't say it encourages dialogues; it's all internal I think."

However others believed that the campaigns did encourage dialogue and assisted them in explaining and dealing with issues:

"I used this campaign (staying negative) as a resource for my parents when I was coming out. It humanised it a bit more."

"These campaigns helped me to feel confident in discussing these issues with new, particularly younger partners."

"Brilliant talking point with people – for my ex who wasn't aware of safe sex messages and for my parents, and more broadly with friends."

Behaviour change

Many participants described the campaigns as a good reminder:

"People in my generation, there's always complacency, so it's good to be reminded about things like that."

"Sometimes you just wait for a visual sign to get checked, so these campaigns are good to remind you to get checked anyway, it's always kind of in your face every week or second week."

"Makes you think about your behaviour."

"Inspires those to get checked who wouldn't otherwise."

Others felt that the campaigns had empowered them with confidence and knowledge:

"We read this campaign and then my friend had an incident and we took him to the hospital and he went on PEP straight away."

"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."

"It makes condoms use ok in public space, gives me a bit more confidence in using a condom."

While others believed the campaigns to be useful for reducing stigma, and for the online materials:

"Campaigns have helped to reduce the stigma against HIV positive people. Not "you don't want to be positive", but now "you want to be negative.""

"Yeah, that would be the website that I would use as a reference."

And some participants did not believe the campaigns had had any impact on their own behaviour:

"Just a once off if I see it in passing, don't think about it otherwise."

6. Queer as F**k Online Usage statistic and Content Analysis

Alisa to complete. Will need 1-2 pages for this section.

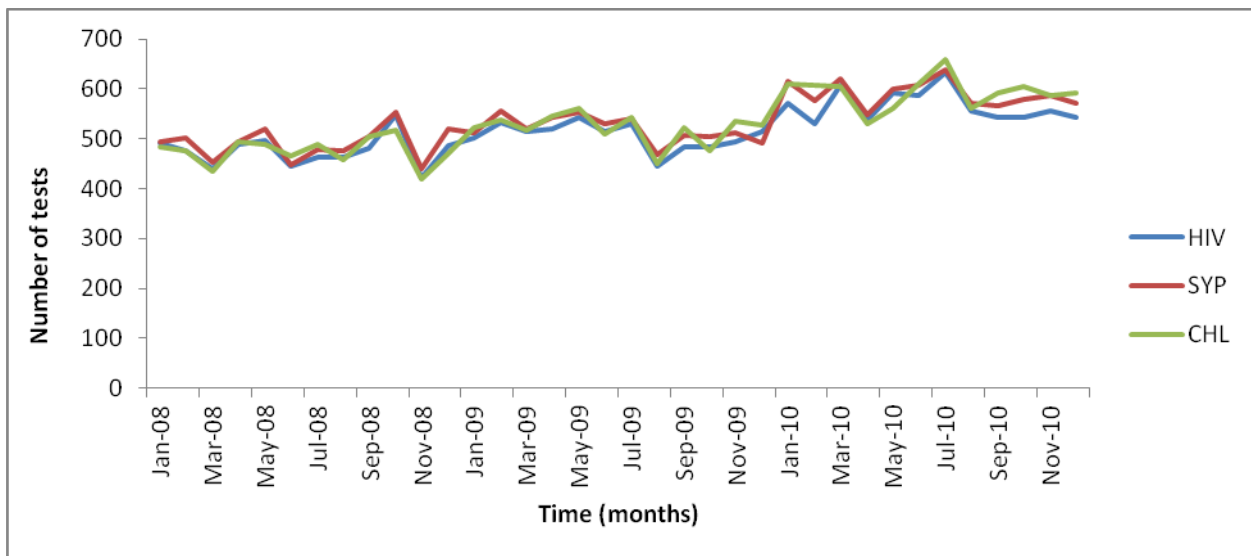
7. Testing Data – sentinel surveillance

Over three years between 2008 – 2010, 18,581 HIV, 19,206 syphilis and 19,069 chlamydia tests were conducted among HIV negative MSM attending the four high caseload VCPSS clinics (Table 6). There was an increase in the total number of tests for HIV, syphilis and chlamydia across the 2008 - 2010 period (Table 3).

Table 6: Number of HIV, syphilis and chlamydia tests among HIV-negative males attending four medical clinics across, 2008–2010.

Testing	2008		2009		2010	
	No Total tests	Average No. tests per month	No Total tests	Average No. test per month	No Total tests	Average No. test per month
HIV	5700	475	6083	507	6798	567
Syphilis	5880	490	6243	520	7083	590
Chlamydia	5702	475	6248	521	7119	593

Figure 2: Number of HIV, syphilis and chlamydia tests among HIV-negative males attending four medical clinics, January 2008 – December 2010.



Discussion

Campaign awareness

Overall, the campaigns were successful in reaching their target audience, using similar and differing methods with some campaigns reaching a wider audience than others. Men in this study were broadly aware of the various HIV/STI prevention campaigns that had been implemented throughout the past 2-3 years. Generally for those who recognised a campaign, recall of campaign messages was high, and this was supported by focus group participants. Men could recall campaign messages clearly from campaigns that succeeded in gaining their attention and engaging them over time. It was evident from this study that attention grabbing images, clear messages/slogans and a numerous style were important factors in reaching and engaging men. However, campaign awareness did decline over the 28 month follow up period between survey 3 and survey 5.

It was noted a number of times that some of the campaigns were limiting as they were not shown in public spaces and would not be seen by individuals who are not attached to the gay community. The proportion of participants who reported reading the gay press, attending gay community events and gay venues declined over time between survey 3 and survey 5, which may be a contributing factor to the decline in the proportion of participants reporting having seen the campaigns. The issue of campaign fatigue was raised whereby because individuals have been seeing the campaigns for a number of years now they cease to take notice of them and the level of impact the campaign has decreases over time.

Health seeking behaviour

The campaigns had varied success in increasing health seeking behaviour among study participants. Overall, there was evidence that the campaigns were able to prompt health seeking behaviours, such as requesting or discussing testing with their doctor, seeking out sexual health information, and becoming conscious of safe sex practices. These relate to particular aims and objectives of the campaigns including engaging with the target audience, improving awareness, increasing testing and treatment of STIs, reinforcing condom use and other safe sex practices, and to provide sexual health information. While many of the health seeking behaviours declined over time among individuals who had completed all three surveys, there were long term sustained effects of campaigns prompting these individuals to visit a campaign website and request a HIV test from a doctor; providing some evidence of the effectiveness of the campaigns. Many focus group participants described the campaigns as useful reminders – to access regular testing, use condoms and be aware of their sexual behaviours. Others believed the campaigns had improved their sexual health knowledge or empowered them with the confidence to get an STI test or ask a partner to use a condom.

Analysis of individuals' behaviours over time demonstrated an increase in reporting of STI testing in the six months prior to the survey, as well as increases in those who had ever had a HIV test. A multivariable analysis of over 700 participants at Survey 5 showed that those who reported having an STI test within the 12 months prior to the survey were significantly correlated with awareness of the Wherever Sex Happens campaign. Sentinel surveillance data shows that there has been an increase in the total number of HIV, syphilis and chlamydia tests conducted among HIV negative MSM attending high MSM caseload

clinics between 2008 and 2010. HIV and STI campaigns may be a factor contributing to this constant increase in testing.

The use of campaign websites was low, with approximately half of survey participants reporting that they did not visit any of the listed websites. Some of the campaign advertisements aimed to direct gay men to the campaign website in order to deliver information to them. Our results indicate low utilisation of the websites which may be a limiting factor of the campaigns. Future campaigns may benefit from incorporating all of the information onto the advertisements and not relying on men accessing the campaign websites. The Drama Downunder website continued to be one of the most commonly visited sites with approximately one fifth of participants visiting the site. The DDU website address is part of the campaign slogan and the campaign is located in public spaces and widely viewed which may contribute to the higher utilisation of this website. The Melbourne Sexual Health Centre and VAC/GMHC websites - which are known resources for locating specific information - were also visited by approximately one fifth of participants. Staying Negative was the second most popular campaign website visited by participants. Focus group participants reported that this campaign captured their attention and made them want to visit this website to find out more and read more people's stories.

HIV/STI knowledge

Overall participant's general knowledge of sexual health issues was high. This may support the success of the campaigns in achieving their aims of improving awareness of STIs and providing sexual health information to the gay community; however it is likely due to gay men already being reasonably knowledgeable about sexual health issues [REFERENCE??????](#). At survey 5, with over 700 participants, those aged 30 years or over scored higher in their overall knowledge score than the younger men. Participants of all three surveys reported a high level of knowledge and awareness of issues relating to STI treatment and transmission as well as the importance of using condoms and lube to prevent the transmission of HIV.

Participants were less well informed of more complex issues such as PEP, sero-sorting and strategic positioning. Interestingly, the question with the least correct responses referred to the meaning of high case-load clinics. These issues are perhaps more difficult to communicate through social marketing campaigns and it may be necessary to explore alternate ways to address these more complex topics. However, in a matched analysis of participants who completed surveys 3, 4 and 5, there were improvements over time in knowledge of sero-sorting, strategic positioning and viral load. Over time, individuals are becoming more aware of these complex issues, which may be a result of exposure to the various campaigns and campaign websites.

Community dialogue

Discussions around general sexual health issues were reported by a high proportion of survey participants over the evaluation period, while focus group data revealed that discussions were not commonly prompted by the campaigns. However, men did report using the campaigns as resources to negotiate safe sex or a starting point for discussions with friends and peers. Encouraging community dialogue or interpersonal communication on these topics may be one way to further disseminate messages and help the target audience to internalise and process their understandings of risk⁷.

Amongst survey participants, there was a significant decline in community dialogue surrounding sexual health topics. This could be due to campaign fatigue over time, or symptom of a broader trend, as focus group participants reported that discussions on HIV/STIs testing and sexual health among peers were extremely rare among their group of friends. When they did occur it was usually in direct response to a 'risky-event' that either they or a close friend had been exposed to. Future campaigns should consider emphasising dialogue between peers to help encourage active participation in discussing, assessing and managing risks.

Sexual Risk Behaviours

Sexual risk behaviours amongst participants remained stable over time, except for unprotected anal intercourse with casual partners which slightly increased over the 28-month follow up period. Since 2007, the proportion of HIV-positive men who report UAIC has remained stable, while the proportion of HIV-negative men reporting UAIC has increased significantly (although it did not change significantly between 2010 and 2011)⁸. International research continues to report that it is difficult to detect risk behaviour change in the short to medium term in response to social marketing campaigns^{9, 10}. What remains important is the high levels of community dialogue, sexual health knowledge and campaign recognition reported by participants¹⁰.

Limitations

There are some limitations associated with this evaluation. Firstly, there may have been selection bias through the recruitment of individuals who had completed a previous evaluation survey, as it may be that individuals are more motivated to answer questions regarding campaigns if they have indeed seen the campaigns. Our sample may not be representative of all gay men due to our recruitment methods, and so we cannot generalise to the whole gay community, however our sample demographics are largely comparable with the Melbourne Gay Community Periodic Survey⁸.

In addition, there may be some limitations surrounding the way data were collected. The online nature of the surveys may be a barrier to the quality of the data as it meant participants had to self report. The length of the surveys - though we did aim to keep them concise - may have deterred people from completing the surveys or providing accurate data – 16% of all survey 5 responses were incomplete. However, there are also strengths associated with the nature of an online survey as participants are able to complete the survey in private and at a time that is convenient to them. Maintaining data quality is easier using online surveys as we are able to control sequences of questions, thus ensuring that questions were not unnecessarily skipped. In order to be able to assess changes in individuals over time, we tried to link participants over time to enable us to look at true longitudinal data. The relatively small number of individuals who completed all three of the surveys limited our analyses.

Conclusions and Recommendations

Results from this evaluation revealed that the current HIV prevention campaigns are having some impact on gay men's awareness and knowledge of HIV/STI, health seeking behaviour and community dialogue. The campaigns appear to be reaching their target audience and delivering a clear prevention message, while also providing some men with incentives to improve their sexual health. The relative success of

these campaigns in engaging gay men in a topic that is often not discussed openly among their peers is enhanced when considering how these campaigns must compete with other forms of social marketing in a busy marketplace. Together, these campaigns have achieved their goals in raising awareness of HIV and STIs and increasing knowledge around the issues associated with HIV and STIs. They act as a great reminder for men to seek regular testing and treatment, and to regularly assess their sexual behaviours and risk taking. Testing for STIs and HIV continues to increase among men who have completed these surveys as well as among gay men in Melbourne.

With a decline in campaign recall and reported health seeking behaviours over time it is important to keep the campaigns “fresh” or “refreshed”, as campaign or message fatigue was described by focus group participants. New and innovative ways of encouraging community participation and discussion should be explored, such as the Queer as F**K project. [I will need to add some more here about QAF!](#)

Based on the outcomes of this evaluation we recommend:

1. The continuation of the Drama Downunder, Wherever Sex Happens and Staying Negative campaigns, or similar such campaigns to enhance the benefits that have been achieved thus far;
2. To continue to monitor and evaluate the effectiveness of the campaigns and the impacts they are having;
3. To begin to consider introducing new campaigns or new phases of existing campaigns so as to keep them “fresh” and interesting and reduce the issue of campaign fatigue;
4. To make the campaigns more public and accessible to those who do not read the gay press or attend gay events or venues, in order to be able to reach more men who have sex with men but who do not necessarily identify as being homosexual or identify with the gay community;
5. To strengthen the partnership between organisations developing the campaigns, the Department of Health and research institutes, so that new information is shared and new initiatives can arise in a timely manner from research being conducted.

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