The Use of Sexually Explicit Materials in HIV/AIDS Initiatives Targeted at Gay Men:

A guide for educators

Prepared for the Australian National Council on AIDS, Hepatitis C and Related Diseases by:

William Leonard
Anne Mitchell

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1. Introduction

A 1998 review of gay men's health education documents Australia's success in containing the spread of HIV and AIDS.[1] In particular, the review highlights the role played by gay community organisations in the design, implementation and evaluation of HIV/AIDS education programs.[2] Recognition of the critical nature of this partnership between government and community organisations in HIV/AIDS education has been central to the three National HIV/AIDS Strategies which have directed Australia's approach to the epidemic over the last decade.[3]

Since Australia's first national response to HIV/AIDS, gay men's health education has relied on the use of sexually explicit materials.[4] That such an approach is effective and appropriate is now a basic tenet of gay men's health promotion. HIV/AIDS educators are more often than not drawn from the communities they serve. This means they have been able to use their experiences of the diversity of the cultural and sexual norms, practices and values of this community to develop sound approaches to HIV/AIDS education and prevention. However, there has been little systematic evaluation of HIV/AIDS education initiatives generally and even fewer attempts to assess the effectiveness of campaigns that rely on the use of sexually explicit materials.[5]

Despite Australia's success in containing the spread of HIV, there have been recurring objections to the use of sexually explicit materials in sexual health initiatives targeted at gay men.[6] A number of campaigns have been censored or withdrawn due to charges of obscenity or claims that homosexually explicit materials are themselves an inducement to homosexual activity.[7] In the absence of a formal strategy to deal with such claims or of a systematic evaluation of the effectiveness of using sexually explicit materials in HIV/AIDS education, campaign managers, policy makers and educators have had to argue for the legitimacy of specific campaigns on an individual basis.

The purpose of this booklet is:

- To familiarise those working in the area of HIV/AIDS education for gay men with the development of and rationale for the use of sexually explicit materials, and with the literature which supports it; and

- To suggest approaches and strategies for responding to criticisms of such education campaigns.

The booklet covers two key approaches which are an integral part of this debate.

The first element of this approach is a **proactive** one, based on the understanding that gay culturally appropriate, sex positive and sexually explicit materials are the best and most effective way to provide HIV/AIDS education to gay men.

The second element is a **reactive** one which suggests ways of rebutting claims that such materials are obscene or are likely to recruit men into homosexuality.

2 Why sexually explicit material?

The circulation of sexually explicit material has a long tradition, but thus far has predominantly been found in either scientific texts or erotica. Each has relied on a different if not opposing mode of presentation. Scientific texts have employed a style of realism where the bare facts are displayed in a 'neutral' or dispassionate manner. Erotica, by contrast, has been embedded in fantasy and desire. In simple terms, one is intended to educate, the other to excite.

The scientific approach has traditionally been seen as the educational one. There is a widely held fear that if materials cater to desires and fantasies they may not be educational as they compromise the so-called 'neutrality' of scientific knowledge. At the same time realistic or scientific approaches minimise the likelihood that educational resources will be labelled indecent if not pornographic.

The use of sexually explicit materials in gay men's education, however challenges this tradition. It is based on the belief that sexually engaging the viewer can actually increase the impact and effectiveness of educational resources. This is particularly the case when the desired outcome is sustained behaviour change and not simply the transmission of information. In this respect gay men's HIV/AIDS education has progressively drawn together realism and fantasy to develop its own unique and effective health promotion style. This style packages the facts about HIV/AIDS and safe sex in a way that is at once familiar and appealing to members of the target audience.

The Gay Men's Health Crisis (GMHC)[8] in New York pioneered the use of erotic materials in gay men's education. A major study conducted by the GMHC showed the effectiveness of explicit and erotic materials. The '800 Men Project'[9] compared the impact of four different educational techniques on the sexual behaviour of a cohort of 619 gay men. One of the groups saw a homoerotic and sexually explicit safe sex video, while the remaining three received printed safe sex material or heard a person with AIDS talk about the disease. Two months after the trials only those who had viewed the safe sex video had reduced the number of occasions in which they had unprotected anal sex. No lasting changes in sexual behaviour was noted among members of the remaining three groups.

In conjunction with this study came the introduction of two principles which continue to inform gay men's HIV/AIDS education internationally. These are:

- that experiential learning is more effective than didactic learning; and

- that erotic material will facilitate more effective behaviour change among gay men.

In this context the use of explicit images and text in gay men's education has demonstrated educational value. While sexually explicit materials are by no means the only effective way of educating members of the gay community, they are an essential tool. Sustained behaviour change and the generation of a safe sex culture is unlikely to result from the dissemination of information on what practices should or should not be avoided. What is more important is clear and unambiguous messages on the 'how tos' of safe sex. Failure to be explicit is understood to lead to a greater amount of

misunderstanding, and thus to less learning than would be gained from being explicit. Information on the use of condoms and water-based lubricant, for example, is easier to understand and follow when accompanied by explicit illustrations. Similarly, advice on non-penetrative sexual activities are made clearer when those activities are graphically displayed. Often pictures are needed to convey the message, particularly if the target group has 'lower than average levels of literacy'.[10]

A similar argument can be made for the use of sexually explicit language when it is culturally appropriate. Talking about 'fucking' without a condom rather than 'unprotected insertive anal intercourse' will have more appeal and be more readily understood because it picks up the language already used by the target group.[11]

Homoerotic imagery and text can therefore be considered a form of product enhancement, a means of making both the packaging of safe sex materials and safe sex practices themselves more attractive to gay men.

3. Using A Health Promotion Framework

> *Too many messages have been addressed to an undifferentiated 'general public', apparently without any assessment of the varying needs of the different groups that make up the whole population. This has led to campaigns based on bland generalities that tell most people nothing useful or practical.*[12]

The current prevailing and widely accepted model of health promotion provides a rationale for the shift from broad-based to targeted initiatives and to a greater focus on key target groups.

3.1 *A social model of health promotion*

Current Health Promotion strategies are based on the principles of the Ottawa Charter which defines health promotion as the 'process of enabling people to increase control over and to improve their health'.[13] The Charter, which was adopted by World Health Organisation (WHO) in 1986, established a broad social agenda for health promotion by identifying five key actions by which individuals, communities and governments act to improve their health:

- build healthy public policy;
- create supportive environments;
- strengthen community action;
- develop personal skills; and
- reorient health services.[14]

In this model, improvements to health are strongly affected by the social environments through which people move and in which they live. Shifts in social and political forces therefore have a direct and complex effect on the health status of individuals, groups and communities.

The Gay Men's Education Review conducted in Australia in 1998 uses a health promotion framework[15] based on principles of the Ottawa Charter to define three areas of action for health promotion in relation to gay men. These are:

- **education** to provide learning opportunities for individuals to improve their 'health literacy' and have a greater capacity to act to improve their own health;
- **social mobilisation** by which human and material resources are mobilised to improve the health of whole communities; and
- **advocacy** by which action is taken on behalf of groups or individuals to overcome barriers to the improvement of health.

Achieving a general set of health outcomes or goals, such as a reduction in rates of morbidity and mortality, is seen to be the result of actions and outcomes occurring in each area.[16]

In essence, a health promotion framework of this kind means assisting individuals and groups in identifying health problems and providing learning opportunities to help

them to address them. At the next level, resources and support to implement particular programs must be mobilised and structural barriers to their implementation removed. In turn (in principle at least) this leads to effective health services, healthier environments and lifestyles and finally to a reduction in rates of infection, morbidity and mortality and an improvement in the quality of life.

3.2 *The value of a social marketing approach*

Health promotion in turn has increasingly adopted the principles of **social marketing** and applied these to health education and disease prevention. Social marketing involves the application of marketing techniques developed in the commercial sector using information such as the demographics, interests, behaviour and lifestyles of the target group to make any approach to them potentially more effective. These techniques have now been applied to the analysis, planning, execution, and evaluation of programs designed to influence health behaviours in a specific target group.[17]

Social marketing is based on the belief that targeted campaigns are more effective than general or broad-based community initiatives because:

- General campaigns are random in scope, uneconomic and their messages are diluted to conform to wider public standards and tastes, and as so, are likely to be ineffective; and
- Targeted campaigns reduce wastage by deploying material that focuses on certain behaviours and practices specific to the target group.[18]

The use of targeted interventions recognises that strategies that work for one social group may be ineffective or even counter-productive for other groups.[19] Health related messages and products are tailored and packaged so as to maximise their appeal to members of the target audience. At the same time targeting makes it possible to justify the use of materials that might be offensive to people who are not members of the intended audience.

Targeting and careful distribution minimise the possibility that people outside the target group will come into contact with campaign material. Ideally this enables health promotion initiatives to have the maximum impact on the target audience and to create the minimum mis-targeting or offence to others.

The application of the principles of social marketing in health promotion has proven most effective when (and where) members of the target audience have a strong sense of a shared identity and cultural norms. This has obviously been a great advantage in targeting interventions and will continue to be so in relation to gay men. Some awareness must be maintained however of the possible negative and discriminatory consequences of such an approach.

Too rigid a segmentation of the health market divides society into a series of hermetically sealed minority groups set apart from the population at large. It suggests that members of non-mainstream communities do not form part of society as a whole.[20] This logic has been used by those attempting to censor individual HIV/AIDS campaigns to suggest that the gay community is separate and different

from society at large. An extension of this argument can see campaigns targeting the gay community as having the potential to contaminate society.

Justifications of targeted campaigns need to be careful not to endorse or reinforce these attitudes. Therefore it is most important that campaigns that benefit the health and well-being of members of the target audience are promoted as benefiting society as a whole. This might, for example, involve stressing the shared public health goals which are being served by effective health promotion and disease prevention in specific communities.

It is also important not to forget that at a practical level, targeted initiatives need to be supplemented by alternate approaches. There are those who do not identify as part of a community as a result of their risk practices. No amount of 'cultural sensitivity' is going to engage these individuals, nor will they necessarily be reached by broad-based campaigns if their behaviours are not those of the majority.[21] It is therefore always important to work towards ensuring that such people are able to recognise themselves as included in broader media campaigns, school education programs and opportunistic individual approaches by health service providers.

There is no doubt that reaching non-gay-identifying men remains one of the major challenges for those engaged in health promotion in this field. Providing the necessarily explicit information about anal sex, for example, in a context in which community targeting is not relevant and offers no political protection is extremely difficult. An advertisement in a rural Queensland newspaper which simply said 'Interested in other guys? Ring this number for health information' attracted a degree of political trouble without explicit images or text.[22]

Strategies which work towards a broader agenda of changing public or organisational policy and attitudes may be a necessary precursor to being able to carry out any effective education to meet the needs of those less visible men who are at risk of infection. This remains an ongoing challenge.

4. Targeting gay and other homosexually active men

> *A crucial lesson for HIV prevention purchasing is that the 'glue' that holds the gay community together is fundamentally sexual, in a way that is true for few other communities.*[23]

This chapter explores how the principles of health promotion have been used in gay men's education. In particular, it looks at the use of homosexually explicit and homoerotic materials and how and why they have proven effective.

The bulk of research into the effectiveness of gay men's education stresses that sexually explicit materials must be packaged in a manner that is appealing to the target audience and gives a positive view of sex and sexuality.

4.1 Engaging the target audience

The primary rationale behind the use of sexually explicit materials in gay men's HIV/AIDS education is to maximise the target audience's engagement with campaign material.[24]

4.1.1 More than information provision

The provision of accurate and accessible information is an essential component of any health promotion campaign, particularly for young and newly homosexually active men. There is a growing body of literature however, [25] which suggests that the provision of information on its own is not effective in achieving sustained behaviour change.

Early initiatives in health promotion relied on what is known as a health belief or health information model. According to this model, health consumers act as rational, autonomous units. It was believed that when confronted with health information, individuals would change their behaviours accordingly. The unhealthy behaviour was seen as an effect of ignorance in the individual. The solution was seen to be information'.[26]

The move away from the individual as the primary target of health-related educational interventions, toward the social, cultural and communal is exemplified in the Ottawa Charter (see section 3.1). This trend reflects the gradual emergence and acceptance of a more subtle understanding of the complexities of individual behaviour and behaviour change, particularly in relation to health.

For example, in Australia the results of the Social Aspects of the Prevention of AIDS Study (SAPA Study) demonstrate that changes in sexual practice are linked to the degree of gay community attachment.[27] Men who have sexual, social or cultural/political contact with the gay community are more likely to have changed their sexual practices than men who have little or no such contact. These results are confirmed by worldwide research into other areas of health-related behaviour change

such as stopping smoking or undertaking physical training after a heart attack. Those with strong social ties are more likely to alter health-threatening behaviours than those with weaker social connections to others. The adoption of safe sex practices by gay community-attached men has been due, in part, to the development of a safe sex gay culture. This has resulted from interventions directed at the community at a cultural level, not just providing information.

4.1.2 More than inducing fear

Studies show fear inducing images are very unattractive to people and can be ineffective, even damaging, as a health promotion strategy.[28]

The potential for this was evident in the outcome of Australia's first National response to HIV/AIDS in April 1987 which depicted AIDS as death in the figure of the scythe wielding 'Grim Reaper'. It was followed thirteen months later (May 1988) by the 'Beds' Campaign in which promiscuity was linked to increased risk of HIV.[29] Both campaigns relied heavily on negative images and fear to raise public awareness to the threat posed by HIV. However this approach provided few if any useful strategies for combating the threat posed by HIV beyond abstinence or the careful monitoring of one's potential partners' sexual histories. Nor did it provide attractive safe sex alternatives for those most at risk. Evaluations of the Grim Reaper campaign, show that it did indeed raise the level of HIV awareness in the community at large, however it did not result in those believed at the time to be most at risk (homosexually active men and sex workers) increasing their use of existing services. Rather, it led to what we might call a 'heterosexual panic' with an overuse of limited services by a population at low risk of infection.[30]

This experience provides an excellent and well-documented illustration of the futility of using fear to promote healthy behaviours in relation to HIV prevention.

4.1.3 Being sex positive

The use of homoerotic resources in gay men's HIV/AIDS education is part of a strategy aimed at marketing safe sex as an attractive possibility. It is designed to counter the commonly held perception of safe sex as unfulfilling, boring or unsatisfying.

Although there have only been a limited number of evaluations of Australian HIV/AIDS initiatives targeted at gay men, those studies that have been conducted reinforce the efficacy of the sexually explicit images that are sex positive. An early campaign, *You'll Never Forget the Feeling of Safe Sex*, produced by the Victorian AIDS Council in 1985, played a major role in the development of using erotic materials in gay men's HIV/AIDS education in Australia.[31]

A detailed evaluation of ACON's *talk, test, test, trust - together* campaign (run through January to March 1996). showed that more homoerotic images were needed if the resource was to attract the attention of large numbers of the target audience.[32] Similarly ACON's *Gay Men's Education Strategy, 1995-1997* links the effectiveness of targeted campaigns to their use of positive images of condom use.

The effectiveness of 'sleaze' as another example of a sex positive approach to reaching a number of gay community attached men has also been noted.[33] The association between 'sleaze' and illicit or transgressive sex can be a powerful tool in an emerging culture, whose sexual practices have traditionally been marginalised if not demonised. This association between sex and transgression is likely to have a political as well as a sexual edge.

4.1.4 Supporting gay identity

HIV/AIDS education and prevention models developed for a presumptive heterosexual majority, and in particular campaigns that centre on questions of reproductive health and family, are inappropriate when gay men's sexual health is at issue.[34]

HIV/AIDS education initiatives targeted at gay men must tap into the various processes of gay socialisation including using gay visual cues, styles and images and gay cultural slang.[35] Such initiatives must be packaged in a way that is familiar to the target audience, gay friendly, and sex positive.

The circulation of homoerotic materials offers gay men a positive, public affirmation of their individual and collective identities. It is part of much broader political processes aimed at generating an enabling and non-discriminatory environment for gay men. HIV prevention efforts should include improving the image of homosexuality. As the tenets of the Ottawa Charter would suggest, it is only within such an environment that gay men can achieve the level of self-esteem and determination necessary to improve their sexual health and social well-being. Such an approach, which has been recommended in all of Australia's national HIV/AIDS strategies so far, undermines stereotypic, negative representations of male homosexuality and contributes to the wider social well-being of gay men.

4.1.5 Avoiding stereotypes

Within a health promotion framework, sex affirming images can be thought of as those which offer positive representations of members of the target group and of their sexual practices. HIV/AIDS education campaigns which draw on cultural stereotypes of gay men, or which are too dispassionately technical, are likely to embody widely held negative attitudes toward homosexuality.[36] Like campaigns based on fear, they may prove ineffective if not damaging.

Recent Australian research, for example, has shown that increasing numbers of gay men are looking for intimate and loving representations of their sexual relationships, whether they are casual, regular or long term. The Victorian AIDS Council's evaluation of the 'When you say yes' campaign (which showed two young men kissing in a romantic if not erotic manner, accompanied by explicit safe sex information) demonstrated that such an approach was effective in transmitting safe sex information while at the same time raising young gay men's self-esteem.[37]

In this context the use of homoromantic images such as those used in the 1999 AFAO Relationships campaign can be more powerful and effective in engaging members of the gay community who may not fit or identify with classic homoerotic stereotypes. The more domestic images of this campaign work to support positive attachment to

the gay community which in turn can build self-esteem and more positive attitudes to maintaining health.[38]

An argument can be made then that purely technical resources, no matter how sexually explicit, may have the unintended consequence of reinforcing stereotypic and homophobic views of gay male sexual relationships as necessarily anonymous, devoid of intimacy and lacking in responsibility.

4.2 Getting the distribution right

Much health promotion activity is only possible because of the existence of a gay community infrastructure including meeting places, media, social networks, organised and semi-organised groups.

Each key locale demands a different distribution strategy. Materials targeted at the gay community and therefore at gay identifying men, are disseminated through the gay press, pubs, clubs and assorted community groups, events and venues. In contrast materials targeted at casual sex venues and beats, that is materials directed at a mix of homosexually active men including those who do not identify as gay, are distributed through outreach services and beat projects and rely heavily on the expertise of community and peer-based educators.

The development of appropriate distribution strategies in gay men's HIV/AIDS education involves a thorough knowledge of the 'social geography' of the gay community, of where its members meet and for what purpose. The development of a comprehensive and flexible distribution strategy for gay men's HIV/AIDS education clearly depends on the participation of members of the affected communities.

It is difficult to see how carefully planned gay men's HIV/AIDS education campaigns with clearly defined distribution networks can be accused of promoting or inciting homosexuality, since members of the target audience are already homosexually active and/or identify as gay. Careful planning remains one of the major ways of combating objections to the use of sexually explicit and homoerotic resources in gay men's HIV/AIDS education. A comprehensive distribution strategy maximises the exposure of number of members of the target audience to the educational materials while minimising any circulation and impact outside this group.

However, any campaign which mobilises values unique to a particular group runs the risk of offending members of another. No distribution strategy is watertight. Careful planning and the development of contingency measures to explain the necessity and effectiveness of such materials should they lead to offending other members of the public, are the only ways of dealing with such unwanted outcomes.

5. Legal matters, censorship and HIV/AIDS

> *These perverts will frequently attempt to entice normal individuals to engage in perverted practices. This is particularly true in the case of young and impressionable people who might come under the influence of a pervert...One homosexual can pollute a Government Office*.[39]

> *The Borbidge Government yesterday accused the State's AIDS Council of having a secret agenda to promote homosexuality after the Health Minister ordered a* '*disgusting*' *council advertisement to be scrapped.* [40]

The laws in Australia which relate to homosexuality, relationships and behaviours vary enormously from State to State. Indeed the existence of any law which encompasses the unacceptability of homosexual activity must automatically create potential legal difficulties around health promotion activities.

Censorship laws are equally inconsistent. Over the course of the epidemic a number of AIDS organisations and Federal, State and Territory Health Departments have had HIV/AIDS campaigns censored, or have experienced difficulties in publishing or broadcasting HIV/AIDS educational materials.[41] This section examines how Australian laws prohibiting obscene and indecent publications relate to the use of sexually explicit and homoerotic materials in gay men's HIV/AIDS education. Whereas obscenity laws refer to offensive and explicit materials generally, the use of homosexually explicit and homoerotic materials in gay men's education is opposed as the result of entrenched homophobia.

5.1 Whose standards?

Government and the law have a legal and moral obligation to protect the population at large from grossly obscene materials.[42] However, the advent of HIV/AIDS and with it the use of homoerotic resources in gay men's education has challenged the legal concept of the 'population at large' and the idea that there is a single, shared understanding of what constitutes obscene material. Should HIV/AIDS education targeted at gay men be subject to censorship according to criteria and values not shared by members of the target audience? What if those criteria are themselves discriminatory and homophobic? Whose interests are served by preventing approaches to gay men's education which have been shown to be effective in informing gay men of the risks of HIV/AIDS and ways of avoiding those risks?

Over the last three decades a politically active gay constituency, the emergence of 'multi-cultural' Australia and the advent of HIV/AIDS, have all fundamentally challenged the notion of a single, coherent and non-contradictory set of shared community standards. These shifts are reflected in media and advertising codes, in

legal definitions of obscenity and in the nature and distribution patterns of sexually explicit materials.

In this context, charges of obscenity brought against HIV/AIDS initiatives targeted at gay men which presuppose a heterosexual norm are not only inappropriate but invalid. Community standards must reflect what an average member of any given community would reasonably find offensive (though this still leaves the problem of ascertaining the 'average'). These arguments are also being put forward by ethnic and racial minorities within Australia, including Indigenous communities, that they should not be subject to the cultural norms of an assumed Anglo-Celtic majority.

5.2 Obscenity laws

A 1968 High Court decision in Australia established a definition of obscenity based on the notion of a public or community standard of decency. Subsequent rulings have struggled with how to establish such standards and have relied on the contentious fictions of the 'average man' (and in rare instances 'man or woman') and 'contemporary Australian community standards'.[43] The terms 'average' and 'community' implicitly work against minority values and interests. This has particular relevance for HIV/AIDS education initiatives targeted at gay men.

Similarly, social changes have wrought a fundamental shift in our understanding of community. Rather than legal definitions which assume a single and seamless Australian community we now have a social, political and legal system which accepts the reality of different communities. Those formulating HIV/AIDS health education campaigns make decisions about the suitability of material to the target community, which are not 'censorship' decisions but relate to the appropriateness of the message to the target group.[44]

In addition a number of rulings have acknowledged exceptional circumstances under which materials that depart from public standards of decency may be used. These may, if tested, prove to be applicable to education materials for gay men. In a 1971 Western Australian case it was ruled that material targeted at specific groups of 'sexual deviates' might be properly judged by the standards of that group.[45] Under common law, exceptions have been established for educational purposes to a limited audience (eg. to medical students), or in the case of limited publications for literary and artistic purposes.

5.3 Pornography

The major debates around pornography have focused on heterosexual pornography and its effects on women.
These critiques rely on the belief that there is a direct link between fantasy, its representation and resultant human behaviour.[46] Pornography is understood to incite the behaviour it depicts on the part of those who consume it. Others have argued that there is no evidence for a direct connection between represented fantasy and actual behaviour. [47]
Whereas feminist theorists and activists draw a clear distinction between pornography and obscenity - the former relating to power and the reproduction of gendered inequalities, the latter to community standards of decent behaviour - critics of

sexually explicit materials targeted at gay men have tended to treat the two as synonymous. For example, in 1996 a multicultural sexual health calender developed for AIDS Awareness Week was not launched on the grounds that it was considered to be 'ultrapornographic'.[48] The *Weekend Australian* elaborated on this, reporting that the calendar was perceived to not represent current state health policy as it was not about prevention and in fact promoted a homosexual lifestyle. [49] In the same year, funding was denied for the distribution of two HIV/AIDS information booklets targeted at gay men which were part of the *Do Choose Enjoy* campaign developed by the Victorian AIDS Council (VAC) and the Gay Men's Health Centre (GMHC). The denial of funding was based on the resources being considered pornographic, and that they promoted homosexuality and made reference to disgusting sexual practices.[50]

Those individuals and organisations who confuse effective education with life style promotion may be seen to reveal a deep prejudice against gay men; that is, homosexuality is in and of itself obscene. As a consequence 'any portrayal of gay sexuality', whether sexually explicit or not, 'is inevitably pornographic'.[51]

5.4 Recruitment to homosexuality

There are many examples of HIV/AIDS education for gay men being criticised on the grounds of recruiting new homosexuals.[52] In 1998 an advertisement directed at homosexually active men in rural Queensland was banned on the grounds that 'it encourages men who are married or have girlfriends to engage in sexual activities with other men'.[53] More recently in Melbourne, it was argued that 'the gay agenda...aims to lower the age of consent and recruit new members to the subculture'.[54]

In this view heterosexuality is victim to a rapacious, institutionally organised and highly infectious male homosexuality. In the era of HIV and AIDS such models and metaphors appear to tap into deeply held homophobic stereotypes and carry great emotional weight.[55]

This view depends on the now discredited belief that homosexuality is an aberration or departure from a heterosexual norm. It suggests that exposure to homosexually graphic images and text is sufficient to turn an otherwise heterosexual individual into an aberrant homosexual.

No evidence has ever been found to support this belief. In the many studies undertaken to explore this potential phenomena, research has continually failed to find a connection between increased sexual activity and exposure to sexually explicit educational resources. [56]

5.5 Homophobia and discrimination

Charges of incitement to homosexuality are rarely if ever made in isolation from charges of obscenity. The two are separate but overlapping concerns. Those working in gay men's HIV/AIDS education may distinguish between homophobia and genuine concerns regarding the limits of the use of sexually graphic resources in health promotion, but those lodging complaints against individual campaigns generally do not.

Censorship that singles out homosexually explicit material while not questioning similarly explicit heterosexual resources, is clearly discriminatory. Anti-discrimination legislation may provide an avenue for dealing with censorship claims that involve homophobia. Sections 49ZT(1) and 49ZXB(1) of the *Anti-Discrimination Act 1997* (NSW) prohibit homosexual and HIV/AIDS vilification respectively. In a recent ruling, Tweed Radio and Broadcasting published an apology in lesbian and gay community newspapers, following complaints to the NSW Anti-Discrimination Board by the AIDS Council of NSW and the Queensland AIDS Council.[57] Such legislation may prove effective in demonstrating that certain censorship claims, including promotion and incitement, are discriminatory when applied to homosexually and not heterosexually explicit materials.

Since the First National HIV/AIDS Strategy, the Australian response to HIV and AIDS has involved not only health related interventions, but measures aimed at improving the legal, political and social status of gay men. As the health promotion literature demonstrates, the health and social well-being of gay men depends on generating and maintaining a non-discriminatory environment. Taken collectively, government health policy, anti-discrimination legislation and the principles of health promotion provide a means to combat censorship claims that are in part or primarily motivated by homophobia.

Finally, the possibility of censorship should not affect the design and implementation of individual HIV/AIDS initiatives nor the development of a comprehensive approach to gay men's health promotion. Rather campaign design, delivery and evaluation should be driven primarily by a concern to maximise the health and social well-being of gay men. To import into the processes of campaign design and delivery safeguards against *the possibility* of homophobic complaint is to subject campaigns to a form of self-censorship that is likely to decrease their effectiveness and inadvertently reproduce these same homophobic prejudices.

6. Preparing a defence

In defending the legitimacy of sexually explicit materials in HIV/AIDS education for gay men it can be argued **proactively** that such an approach is the most effective means of achieving the aims of sustained behaviour change. The following is a checklist in abbreviated form, of the evidence-based rationale behind the use of sexually explicit materials in gay men's HIV/AIDS education.

Such an approach is effective because:

- it draws on the cultural values and practices of members of the target audience;
- in so doing it maximises the likelihood that members of that audience will recognise and respond to a campaign's safe sex message;
- it is based on the active participation of members of the target audience at all levels of campaign design, development, implementation and evaluation;
- it uses existing personal and information networks within the gay community to guarantee that materials are directed to those places and spaces where gay men socialise and sexualise *as* gay men;
- it intervenes at both the community and individual levels. This is the most effective means of generating a safe sex culture and encouraging gay men not only to change their sexual behaviours but to sustain those changes over time; and
- it feeds into political processes of gay men's collective re-definition which in turn underpins an increase in gay men's self esteem. In line with current health promotion models it can be argued that it is only within an antidiscriminatory environment that gay men can maximise their health and social well-being.

In designing materials to meet these goals we can draw from the health promotion literature a series of steps for the production of culturally sensitive and appropriate targeted campaigns which will assist in defending their legitimacy. This evidence of rigorous and ongoing planning can help minimise the likelihood of legal intervention.

Before materials development:

- A needs analysis to establish that health compromising behaviours exist in the target group and that there is a dearth of appropriate materials to address the problem;

- Consultation with social and behavioural researchers to audit current research or develop a research plan to establish the dominant norms, values and practices of the target audience at any given time, and the health promotion approaches most likely to succeed; and

- Consultation with members of the target group and relevant health service providers to establish appropriate content for the resources.

The development phase:

- The continuous trialing of campaign materials in development, including focus testing, to ensure they are culturally appropriate and to minimise the possibility of unintended responses and consequences; and

- Consultation with communities, health services and funding bodies to plan a distribution strategy based on social marketing techniques to help ensure that those *most likely* to be offended by campaign material are the *least likely* to be exposed to it. Although no campaign can guarantee that material will not 'leak' into the population at large, careful planning and the development of an optimal distribution strategy reduce the risk of leakage and its effects.

Just prior to distribution

- A plan for briefing all those who may be required to defend the campaign, for example, community organisations, gay media, government and other funding bodies and health services. This is best done by both verbal briefings when feasible, and by the prior distribution of a kit such as was distributed by AFAO for the 1999 *National Young Gay Men's Campaign*. Such a kit should contain as a minimum, campaign materials, a summary of the rationale behind them, a copy of the distribution strategy and the proposed evaluation plan (see below), relevant research material and perhaps some summary points of defence; and

- An established plan for evaluation of the long-term effectiveness of the materials.

It is clearly better to avoid the need to defend individual campaigns in a climate of public outrage and anger. Educational interventions based on the production of evidence from each of these steps will increase your ability to respond effectively to concerns raised by the general public.

Building strategic relationships with powerful allies who are prepared to defend contentious health promotion approaches is of immense value in the long-term and will provide a means to deflect anger away from the gay community. Such allies may include politicians, professional associations and peak bodies of health care providers and research personnel.

Pressure to consider the possibility that any given educational initiative might cause offence to others arises:

- When the values of the target group and the educational resources reflecting those values are considered offensive, often (though not exclusively) by individuals or groups who are not part of the intended audience; and

- As a consequence of the fact that no distribution strategy can, no matter how well orchestrated, guarantee that circulation of campaign material is restricted to members of the target group.

These factors to some extent make some forms of objection inevitable. It is less likely that such objections will be argued out through the retracted processes of the law than that they will be aired in the public arena through political processes and the media.

The single most convincing counter strategy to claims of obscenity and calls for censorship, remains **research** which demonstrates that sexually explicit and homoerotic resources are the most effective means of changing gay men's sexual behaviours and achieving a shared set of social goals. In the context of a public health crisis, managers can **also** feel confident using explicit materials in targeted campaigns by arguing that they are the most effective means of achieving a shared set of social/health goals.[58]

7. Some sample responses

It is essential that in responding to objections to sexually explicit materials that no apology is offered for their production. While it may be appropriate to express regret that the objector was offended, the worth of the materials themselves should not be a matter for debate or a cause for apology.

A better defence can be mounted by providing an explanation for why the materials were developed and outlining the measures taken to ensure they were distributed appropriately. Talk about what the campaign is about rather than arguing about what it should or should not be.

Before you respond to an issue, ensure you are the best person to reply on behalf of your organisation and, where possible, enlist the support of others outside the organisation who can support you with some authority.

The media officer at AFAO is a useful resource if things get beyond the individual letter or phone call.

A Responding to a letter from an outraged member of the public.

Dear ____

Thank you for your letter of *(date)* to *(addressee)* concerning the *(campaign/resource)*. As *(your title)* of *(your organisation)* I am responding on behalf of *(Manager or other representative).*

The *(campaign/resource)* was produced by the *(organisation)*, and was launched in *(timing)* of this year. The *(campaign*/*resource*) is specifically targeted at *(target group)*.

Education and prevention measures continue to be the most appropriate public health response to HIV/AIDS in Australia. To be effective, such measures need to be in the form of clear and detailed health messages that are accessible and culturally appropriate to their target audience. As over 80% of new HIV infections in Australia are amongst homosexually active men, it is important that resources be produced which target these men with information to help them look after their health and avoid HIV transmission.

If these health messages were to be delivered in a way that implied disapproval of the gay lifestyle, then not only could it conflict with anti-discrimination and anti-vilification principles but the target audience would be likely to reject the message, and their health and the health of other Australians would suffer as a consequence.

The principal aim of the *(campaign/resource)* is to impart important sexual health information and promotion to gay men, in a format that enables them to readily apply what they learn to their own lives.

The *(campaign/resource)* has been developed in accordance with the '*Guiding principles for HIV/AIDS - related health promotion*' as stated in the Fourth National HIV/AIDS Strategy, which state that:
'*Materials designed to help prevent the transmission of HIV and sexually transmissible infections must be presented in such a way as to have maximum effect on the risk-related behaviour of specific groups. From time to time the use of explicit images and language in education programs may be warranted.*'

The development and production of the *(campaign/resource)* was overseen by an advisory committee of *(members).* The *(campaign/resource)* was focus tested with *(members of the target group)* to ensure that it reflects the needs of the target group. Researchers, peer educators and *(target group)* were also consulted to ensure that all components of the *(campaign/resource)* contained the most relevant and up to date information.

The *(campaign/resource)* was reviewed and endorsed by the *(approval body)*, the *(approval body's role and responsibility).*

The effect of campaigns/resources such as the *(campaign/resource)* is to safeguard the health of all Australians by reducing the risk of HIV/AIDS and of other sexually transmissible infections.

Thank you for your interest in this important matter.

Yours sincerely

B Responding to an important political objector:

Letter 2

Dear ____

Thank you for your letter of *(date)* to *(addressee)* concerning the *(campaign/resource).* As *(your title)* of *(your organisation)* I am responding on behalf of *(Manager or other representative).*

The *(campaign/resource)* was produced by the *(organisation)*, and was launched in *(timing)* of this year. The *(campaign*/*resource*) is specifically targeted at *(target group).*

Education and prevention measures continue to be the most appropriate public health

response to HIV/AIDS in Australia. To be effective, such measures need to be in the form of clear and detailed health messages that are accessible and culturally appropriate to their target audience. As over 80% of new HIV infections in Australia are amongst homosexually active men, it is important that resources be produced which target these men with information to help them look after their health and avoid HIV transmission.

If these health messages were to be delivered in a way that implied disapproval of the gay lifestyle, then not only could it conflict with anti-discrimination and anti-vilification principles but the target audience would be likely to reject the message, and their health and the health of other Australians would suffer as a consequence.

The principal aim of the *(campaign/resource)* is to impart important sexual health information and promotion to gay men, in a format that enables them to readily apply what they learn to their own lives.

The *(campaign/resource)* has been developed in accordance with the '*Guiding principles for HIV/AIDS - related health promotion*' as stated in the Fourth National HIV/AIDS Strategy, which state that:
'*Materials designed to help prevent the transmission of HIV and sexually transmissible infections must be presented in such a way as to have maximum effect on the risk-related behaviour of specific groups. From time to time the use of explicit images and language in education programs may be warranted.*'

The development and production of the *(campaign/resource)* was overseen by an advisory committee of *(members).* The *(campaign/resource)* was focus tested with *(members of the target group)* to ensure that it reflects the needs of the target group. Researchers, peer educators and *(target group)* were also consulted to ensure that all components of the *(campaign/resource)* contained the most relevant and up to date information.

While I understand that some of the material contained in the *(campaign/resource)* may not be appropriate for the general public, the *(campaign/resource)* is designed for and targeted at homosexually active men. The *(campaign/resource)* is presented in a style with which they would engage and considerable steps have been taken to avoid this material being accessed by other members of the community. I would like to assure you that approval for release of the (*campaign/resource*) was contingent upon strict adherence to the following distribution restrictions, which were provided with the (*campaign/resource*): *(List or discuss distribution strategy)*

In a time of serious public concern regarding HIV/AIDS, it is important that resources are used effectively for the benefit of all and that funds are not wasted on materials unlikely to achieve the shared goals of reducing infection rates, morbidity, and mortality as a result of HIV/AIDS. In order to do this, AIDS Councils *(or other organisation)* are continuously trialing and refining approaches to ensure they are culturally appropriate and have the maximum impact. If these resources were to be produced with less explicit content in order to reach a broader based target group, the *(campaign/resource)* would become much more random in scope, uneconomic and dilute the campaign/resource messages to the point of being ineffective. Such actions would steer gay men's education away from evidence-based best practice, on which Australia's favourable international reputation is built.

The *(campaign/resource)* was reviewed and endorsed by the *(approval body)*, the *(approval body's role and responsibility).*

The effect of campaigns/resources such as the *(campaign/resource)* is to safeguard the health of all Australians by reducing the risk of HIV/AIDS and of other sexually transmissible infections.

If you have any queries relating to issues raised in this letter, please contact me on *(or Manager etc on phone number).*

Thank you for your interest in this important matter.

Yours sincerely

C. Dealing with an irate or outraged telephone caller:

It is important not to be dismissive of angry people, not only are they entitled to a point of view that conflicts with ours, but they may also legitimately point to ways in which we could avert more trouble in the future. A call handled well will avert the immediate crisis. Rudeness or anger will inflame it.

- Debating or arguing with someone who is angry will only worsen the situation - **don't get angry or heated yourself no matter how offensive you find their comments** or if you do, don't show it. A person who is angry will not listen to reason or will not change their view as a result of an alternative view being presented.

- A person who is angry wants more than anything an opportunity to make their feelings known. While it is important not to apologise for what they perceive to be a wrong, **giving them a hearing** as far as you can is the best way to dissipate anger. ('I can appreciate that you feel strongly about this', 'Yes, I can see what your point of view is').

- If their concern is about materials being too explicit, confrontational, revealing, or permissive, a good line is to say that **we welcome discussion of these issues**. This will encourage the person to feel that their views are heard and valued (but not agreed with) which will often lead to them becoming calmer and more compliant.

- Do not berate them for accessing the materials or draw unwarranted conclusions about what they were up to when they did. If you do this you are

buying into the homophobia they are expressing.

- When it becomes possible, **outline a constructive solution** to their complaint which you already have in place ('I'm surprised you came across these materials as we do have a very strict distribution strategy set out') or better still, **try to encourage them to solve the problem**

- There is a great skill in knowing when a point cannot be won, when to be apologetic (although not for the materials) and polite ('I'm very sorry that this has upset you so much, we will take what you said into account. It will help us develop a better distribution strategy') and bowing out gracefully. Some objectors are never going to be talked around.

- If a person who has been angry calms down and looks like they might be more receptive to discussion, send them some supporting research/background information. This type of information should be easily accessible through your briefing package.

- Try and end the call on a positive note reiterating that your exchange has been a useful and acknowledge their feedback. This may minimise future ill feeling.

[1] Commonwealth Department of Health and Family Services (1998) *Building on success 1: A Review of Gay and Other Homosexually Active Men's HIV/AIDS Education in Australia.* Publications Production Unit: Canberra. GMER in all subsequent references.
[2] GMER, p.73.
[3] Commonwealth Department of Community Services and Health (1989) *National HIV/AIDS Strategy 1989 - 1992* Australian Government Publishing Services: Canberra.
Commonwealth Department of Health, Housing, Local Government and Community Services (1993) *National HIV/AIDS Strategy 1993-94 to 1995-96* Australian Government Publishing Services: Canberra.
Commonwealth Department of Health and Family Services (1996) *Partnerships in Practice: National HIV/AIDS Strategy 1996-97 to 1998-99* Australian Government Publishing Services: Canberra.
[4] Australia's national AIDS education campaign was launched with the 'Grim Reaper' television advertisement. It screened for a two-week period in April 1987. Commonwealth Department of Health, Housing, Local Government and Community Services (1992) *The Report on the Evaluation of the National HIV/AIDS Strategy* Australian Government Publishing Services: Canberra p. 40. However the first AIDS prevention 'programs' to be undertaken in Australia were targeted at gay men. 'AIDS: Trying to Reduce the Risk' was a leaflet produced and distributed through gay venues. 'It was financed by the Health Department of Victoria', writes Bruce Parnell, '(although that was not publicised at the time). A similar program in Sydney, based on a leaflet entitled 'Rubba Me', was funded by the gay community itself because promised funding from The New South Wales Health Department was withdrawn at the last minute'. Both initiatives were undertaken in 1984. See Parnell, B. (1992) 'Changing Behaviour' in Timewell, E., Minichiello, V. and Plummer, D. (eds). *AIDS in Australia* Prentice Hall: Parramatta. p.189. See also Bennett, G. (1985) 'The problem of safe sex campaigns within the gay communities and the rationale for the 'Rubba Me' campaign in the Sydney gay community' in *Proceedings of the Second European Gay Health Conference, London, 31 May - 2 June 1985*. Terrence Higgins Trust: London.
[5] GMER, p. 37.
[6] GMER, p. 37.
[7] Commonwealth Department of Health, Housing and Community Services (1992) *HIV/AIDS and the Media: Broadcasting Censorship and PrivacyLaw* Australian Government Publishing Services: Canberra pp. 10-12. As the recent controversy over the Keep it Simple Guide to Safe Sex (*KISSS)* booklet demonstrates, complaints against sexual health resources are not limited to those directed at gay men. How sexual health information is presented continues to be a sensitive and contentious issue regardless of the target audience. *KISSS* is a guide for teenagers produced on behalf of the Australian National Council on AIDS and Related Diseases. See McCabe, H. (March 19, 1999) 'Sex vs Tax: How a booklet for teenagers changed a nation's agenda' *The Daily Telegraph*, pp. 1-2.
[8] Now known simply as the GMHC (GMHC Inc). (Personal communication, G. Dowsett).
[9] Holmes, J. M. and Hume, S. (1996) 'Successes and failures in the gay community: HIV prevention workshops at the Gay Men's Health Crisis'in Moore, M. K. and Frost, M. L (eds) *AIDS Education: Researching Diverse Populations* Praeger: Westport.
[10] Commonwealth Department of Health, Housing and Community Services (1992) *HIV/AIDS and the Media: Broadcasting Censorship and Privacy Law* Australian Government Publishing Services: Canberra, p. 15.
[11] Devell, K. & Rooney, M. (1994) *Using sexually explicit materials for safer sex work with gay men* The HIV Project Ltd: London, p. 7.
[12] From Scott, P.(April 1992) 'HIV/AIDS health education', *National AIDS Manual*, 1: H1, quoted in King, E. (1993) *Safety in Numbers: Safer Sex and Gay Men* Cassell: London, p. 86.
[13] Canadian Public Health Association/World Health Organisation (1986) *Ottawa Charter for Health Promotion* Ottawa, quoted in the GMER, p. 21.
[14] For a more detailed discussion of each of these 'five action steps' and how the Ottawa Charter applies to community-based HIV health promotion see Trussler, T. and Marchand, R. (1997) *Field Guide: Community HIV Health Promotion, Theory, Method,Practice* Health Canada: Vancouver, British Columbia, pp. 5-9.
[15] GMER, p. 22.
[16] GMER, p. 23.
[17] GMER, p. 22.
[18] Devell, p. 21.
[19] King, p.86.

[20] McGrath, R. (1990) 'Dangerous Liaisons: health, disease and representation' in Boffin, T. and Gupta, S. (eds). *Ecstatic Antibodies: Resisting the AIDS Mythology* Rivers Oram Press: London, pp. 146-47. Watney makes a similar point in his discussion of health-related risk. Taking gay men and injecting drug users as his examples, he argues that models of risk based solely on group affiliation with no reference to risk behaviours 'reveal much about the ways in which gay men and injecting drug users are hardly regarded as members of the same national populations as heterosexuals'. Watney, S. (1990) 'Representing AIDS' in *Ecstatic Antibodies*, p. 183.
[21] The Second National HIV/AIDS Strategy identified non-gay identifying men who have sex with men as one such 'group'. The need for novel approaches to reach and engage members of this group has been an ongoing issue within gay men's education.
[22] Reported in Scott, S. (March 5,1998) 'Another campaign attacked' *Brother and Sister* 153, p. 7. See also 'Queensland minister blocks safe sex ad' (June 1998) *HIV/AIDS Legal Link* 9:2, 3-4.
[23] Scott, P (1995) *Purchasing HIV prevention: A no-nonsense guide for use with gay and bisexual men* Health Education Authority: London, p. 40.
[24] Devell Ch. 3.
[25] Homans, H. and Aggleton, P. (1988) 'Health education, HIV infection and AIDS'in Aggleton, P. and Homans, H. (eds) *Social aspects of AIDS* Falmer Press: London p. 161.
[26] Patton, C. (1996) 'Save sex/save lives: Evolving modes of activism' in Rhodes, T. and Hartnoll, R. (eds). *AIDS, drugs and prevention: Perspectives on individual and community action* Routledge: London and New York p. 126.
[27] Kippax, S., Crawford, J., Connell, B., Dowsett, G., Watson, L. et al. (1992) 'The importance of gay community in the prevention of HIV transmission: A study of Australian men who have sex with men' in Aggleton, P., Davies, P. and Hart, G. (eds). *AIDS: Rights, Risk and Reason* Falmer Press: Brighton, which reports on the findings of the SAPA Project. See Connell, R. W. (1990) 'AIDS: The 'Social Aspects of Prevention of AIDS'' in Daly, J. and Willis, E. (eds). *The Social Sciences and Health Research* Public Health Association of Australia: Melbourne. For a full analysis of the study and its results see Kippax, S., Connell, B., Dowsett, G. and Crawford, J. (1993) *Sustaining Safe Sex: Gay Communities Respond to AIDS* Falmer Press: London.
[28] Rooney's sources are Leventhal, H., Safer, M.A. and Panagis, D.M. (1983) 'The impact of communications on the self regulation of health beliefs, decisions and behaviour'. *Health Education Quarterly* 10:1, and Job, R.F.S. (1988) 'Effective and Ineffective Use of Fear in Health Promotion Campaigns' *American Journal of Public Health* 78, 163 – 7. See also Gatherer, A. et al. (1984)*'Is Health Education Effective?'* Health Education Unit: London.
[29] See Commonwealth Department of Human Services and Health (1993) *The National AIDS Campaign, 1986-1992: An Overview* Australian Government Publishing Services: Canberra. For an evaluation of the effectiveness of both campaigns (esp. pp. 3-4 and 19-20).
[30] Winn, M. (1991) 'The Grim Reaper: Australia's first mass media AIDS education campaign' in World Health Organisation *AIDS Prevention Through Health Promotion: Facing Sensitive Issues* Geneva, p. 36.
[31] Gott, T.(1994) 'Where the streets have new aims: The poster in the age of AIDS' in National Gallery of Australia, compiled by Gott, T. *Don't leave me this way: Art in the age of AIDS* Thames and Hudson: Melbourne p. 102.
[32] Mackie, B. (Oct. 1996) *Report and Process Evaluation of* 'talk, test, test, trust...together' *HIV/AIDS Campaign*, unpublished report, p. 12.
[33] Dowsett, G.W. (1990) 'Reaching men who have sex with men in Australia: An overview of AIDS Education : Community intervention, community attachment strategies' *Australian Journal of Social Issues* 25:3 186 - 98.
[34] Scott, p 34.
[35] Rooney, M. and Patton, C. (1992) 'Designing Safer Sex: Pornography as vernacular' in Klusacek, A. and Morrison, K. (eds) *A Leap in the Dark: AIDS, Art and Contemporary Cultures* Vehicule Press: Montreal, p. 6.
[36] King, (1993) and Watney (1990).
[37] McKenzie, J. (1992) *When you say ye*s Victorian AIDS Council/Gay Men's Health Centre: Melbourne.
[38] AFAO (1999) 'Getting Things in Focus' campaign materials.
[39] US Senate, 81st Congress, 2nd Session, Committee on Expenditures in Executive Departments, *Employment of Homosexuals and Other Sex Perverts in Government* (Washington, DC, 1950) quoted in Boffin, T. and Gupta, S. (eds). (1990) *Ecstatic Antibodies: Resisting the AIDS Mythology*, Rivers Oram Press: London.

[40] Emerson, S. (Tuesday, 3 March, 1998) 'Minister hits out at AIDS Council ads', *The Australian*, p.7.
[41] *HIV/AIDS and the Media*, p. 10.
[42] *HIV/AIDS and the Media*, p. 15.
[43] For a discussion of these changes and the uncertainties they introduce see Fox, R. G. (1980) 'Depravity, Corruption and Community Standards' *Adelaide Law Review* 7, 75.
[44] *HIV/AIDS and the Media*, p. 10.
[45] *HIV/AIDS and the Media*, p. 20.
[46] For example see McKinnon, C. (1987*) Feminism Unmodified: Discourses on life and law* Harvard University Press: Cambridge and London, and Dworkin, A. (1987) *Intercourse* Secker and Warburg: London.
[47] Segal, L. and Macintosh, M. (eds) (1992) *Sexuality and Pornography Debate* Virago Press: London.
[48] It is worth noting that the image which excited this objection was not visually explicit but was a line drawing of two men embracing.
[49] Quoted from 'Bans galore in Queensland's approach to HIV education' (Nov.-Dec. 1996) *National AIDS Bulletin* 10:6, 4-5.
[50]Meese, P. (1997) 'Do...Choose...Enjoy: Contributions of a community based campaign' *Venereology* 10:2, 81.
[51] Rooney (1992) p. 199.
[52] Brown, M. P. (1997) *RePlacing Citizenship: AIDS Activism and Radical Democracy* The Guilford Press: New York and London, esp. Chapter two.
[53] Reported in Scott, S. (March 5,1998) 'Another campaign attacked' *Brother and Sister* 153, p. 7. See also 'Queensland minister blocks safe sex ad' (June 1998) *HIV/AIDS Legal Link* 9:2, 3-4.
[54] Pell, G. (28 May 1999) 'The archbishop replies' *The Age* (Opinion), p. 15.
[55] David Marr argues that conservatives 'have been able to establish in the public imagination over the last few years the image of the extraordinarily vulnerable child...entirely vulnerable, innocent, rejecting nothing and soaking up everything. They are creatures not of flesh and blood but blotting paper'. According to Marr, conservatives use this image to lobby against safe sex information targeted at school aged youth. Marr, D. (June 1997) 'Censorship and HIV education' *HIV/AIDS Legal Link* 8:2, 10.
[56]Commonwealth Department of Health, Housing and Community Services (1992) *The National AIDS Campaign 1986 – 1992: An Overview* Australian Government Publishing Services: Canberra p. 34 – 35 and Aggleton, P. (1997) *Success in HIV prevention: Some strategies and approaches* Preface by P.Mane AVERT (AIDS Education and Research Trust): West Sussex pp 14 - 15.
[57] 'Vilification case settled' (June 1998) *HIV/AIDS Legal Link* 9:2, 3.
[58] Devell and Rooney (1994) tacitly support the separation of health promotion from any wider political cum ethical agenda in the name of 'professionalism'. 'A recurring theme amongst health promotion managers consulted during the writing of this report was that it was important to use sexually explicit materials in a way that is 'professional' and clearly about health rather than politically acting out'. Contrary to Rooney, this booklet concludes that a broader definition of health as well-being, one central in fact to a health promotion framework, cannot so neatly separate health (with a little 'h') from questions of discrimination and entrenched homophobia in the case of HIV/AIDS initiatives.

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