

AIDS Educational Videos for Gay and Bisexual Men:

A Content Analysis

Gregory M. Herek, Ph.D.¹

Department of Psychology, University of California Davis

Milagritos Gonzalez-Rivera, Ph.D.

University of Puerto Rico, Mayagüez

Fred Fead, B.A. & David Welton, M.A.

Department of Psychology, University of California, Davis

Journal of the Gay and Lesbian Medical Association, 2001, 5(4), 143-153.

Abstract

Objective: To systematically describe the content of AIDS educational videos targeting gay and bisexual men, and to compare it to the content of videos for heterosexual African American and Latino audiences. *Design:* AIDS videos targeting gay/bisexual men ($n = 35$), heterosexual African Americans ($n = 14$), and heterosexual Latinos ($n = 25$) were coded for the presence or absence of messages identified by various theoretical models as relevant to HIV education and risk reduction. *Results and Conclusions:* Videos targeting gay and bisexual men typically emphasized sexual risk reduction techniques whereas videos for heterosexual minority viewers were more likely to provide information about HIV transmission and audience members' vulnerability to AIDS. Despite their focus on reducing personal risk, most gay/bisexual videos did not depict partner negotiation for safer sex, reinforce the perception that social norms favor sexual risk reduction, or eroticize safer sex practices. Suggestions are offered for future research and for production of AIDS educational videos.

INTRODUCTION

As the HIV epidemic continues its third decade in the United States, preventing new infections among gay and bisexual men is as important a public health goal as ever before. The need for effective risk reduction interventions in the gay community has been dramatized by reports that young gay and bisexual men are increasingly likely to engage in high-risk sexual behavior and become infected with HIV (1,2).

Video has been an important medium for public education about HIV and AIDS since the early years of the epidemic in the United States (3,4,5) and other countries (6,7,8). As Kalichman noted, video technology has the advantages of being relatively inexpensive, nearly universal in its availability, and capable of delivering uniform and complete messages about HIV and AIDS (9).

It is widely agreed that AIDS educational videos – like other HIV interventions – should be tailored to their audience and should be

¹ Preparation of this paper was supported by grants to the first author from the National Institute of Mental Health (R01 MH43823 and K02 MH01455). The authors thank Adriana Bonilla, Heather Davis, Jeffrey Lewis, Gerardo Medina, Felipa Ortiz, Clarmundo Michael Sullivan, Camille Barber, and David Webb for their invaluable assistance in obtaining the videos and coding the data. We also thank Mary Ellen Chaney and Rebecca Hill for administrative assistance, and Eric Glunt for his support and advice throughout the project. Requests for reprints should be sent to Gregory Herek, Psychology Department, University of California, 1 Shields Avenue, Davis, CA 95616-8686 USA.

culturally sensitive (9). To the extent that this prescription has received attention in empirical research, it has been with videos targeting heterosexual members of racial and ethnic minorities (10,11,12,13). Those studies suggest that videos may be more effective when they feature actors from the same social group as the target audience and convey messages that are culturally specific to the target audience (10).

This statement is necessarily tentative because, despite the importance of video as an educational medium for HIV prevention, relatively little published research has empirically assessed the effectiveness of AIDS educational videos. Videos have usually been studied as one component of a larger intervention without being examined in their own right (9). A few studies have compared the impact of two or more videos on a particular (nongay) target audience (11,12,13), but their findings are limited because the videos differed on a variety of technical and content dimensions (9,10).

Virtually no empirical research has examined the use of videos in promoting risk reduction among gay and bisexual men. This lack represents a serious gap in the scientific literature, given the disproportionate impact of the HIV epidemic on the gay and bisexual male community in the United States. As documented below, a large number of AIDS educational videos targeting gay and bisexual men have been distributed since the beginning of the epidemic. However, they have not been systematically described nor has their efficacy been assessed. Yet an examination of AIDS videos could highlight ways in which such videos provide needed information to their audiences, and could also point out areas in which they might be improved.

In the present paper, we begin to address this lack by reporting the results of a content analysis of a sample of AIDS educational videos targeting multiethnic gay and bisexual men.² We

² Although men who have sex with men but do not identify as gay or bisexual are also an important target audience for AIDS education, videos focusing on male-male sexual transmission of HIV are generally

coded the videos for the presence or absence of information whose relevance to AIDS risk reduction is suggested by various health behavior change theories, including the Health Belief Model (HBM), AIDS Risk Reduction Model (ARRM), Social Cognitive Theory, the Information-Motivation-Behavioral Skills Model (IMB), and the Theory of Planned Behavior (14,15,16,17,18,19). Using those codings, we compare the gay/bisexual videos with videos targeting two other groups disproportionately affected by the AIDS epidemic in the United States: adult heterosexual African-Americans and Latinos. Information about videos designed for the latter two groups is valuable for comparison purposes and, given the dearth of empirical research on this topic, is useful in its own right.

METHOD

Sample

Videos were identified through multiple sources, including existing published lists (e.g., from the National AIDS Information Clearinghouse), advertisements and reviews (e.g., in AIDS-focused journals), direct inquiries to video producers and distributors, and referrals from other researchers and community-based AIDS educators. We initially collected 168 videos that addressed AIDS, making a special effort to obtain videos specifically targeting audiences of gay/bisexual males of all races and ethnicities, as well as heterosexual Latinos/Latinas and African Americans.

From this initial pool, we selected videos that met five criteria: (a) The video's main purpose was to provide factual information suitable for an AIDS risk-reduction intervention (videos that dealt with AIDS primarily from an artistic or political perspective were eliminated). (b) The video presented current and accurate information about HIV and AIDS. (c) The video was designed primarily for one of the three target audiences (videos designed for a general audience were dropped from the sample). (d)

oriented toward gay- and bisexual-identified men. Consequently, we characterize them here as gay/bisexual videos.

The video was available in English or, for Latino-targeted videos, in Spanish or English. (e) The video was currently available through commercial or organizational distribution. Using these criteria, the final sample included 74 videos: 35 for gay/bisexual men, 25 for Latinos, 14 for African Americans.³ They are listed in Appendix A.

Coding Categories

After previewing all of the gay/bisexual videos, we constructed a list of 185 coding categories that described their substantive content.⁴ Each category corresponded to a verbal statement or visual depiction related to some aspect of HIV or AIDS whose presence or absence could be reliably coded by independent raters. Examples of video content assigned to individual categories include the statement that no cure currently exists for AIDS, a verbal description of how to use a condom, a visual demonstration of how to use a condom, an explanation that HIV is not transmitted by touching or casual contact, and a dramatization of two men negotiating condom use before a sexual encounter. Although the coding categories were empirically derived, we were guided by various theories of health behavior change in generating them (18).

We also used those theories to collapse the coding categories into 21 content areas, which are described in Appendix B. Many of the content areas are highlighted by two or more health change theories. For example, the HBM, ARRM, and IMB Model all point to the importance of information that assists viewers in labeling themselves as being at risk for HIV. Similarly, Social Cognitive Theory and the IMB Model note the importance of information directly relevant to acquiring the skills necessary to practice risk reduction. The ARRM, Theory

of Planned Behavior, and Social Cognitive Theory all point to the importance of information about social norms that support safer sex practices (14,15,16,17,18,19). Given this overlap, we do not attempt to link each content area to a specific theory in the present paper. However, for clarity and ease of presentation, we divide the content areas into nine broad groupings.

1. The *General Information* coding categories are related to background information about HIV/AIDS (e.g., what AIDS is, how HIV attacks the immune system). While not directly relevant to risk reduction, this information provides a context for understanding AIDS.
2. *Audience Vulnerability* coding categories are related to information that (a) emphasizes the severity of AIDS and (b) encourages viewers to consider their own susceptibility to HIV infection.
3. *Transmission and Prevention* coding categories are related to information about (a) how HIV is transmitted, mainly through unprotected sex and sharing drug paraphernalia, (b) how HIV is *not* transmitted (i.e., casual contact), and (c) the effectiveness of various practices (e.g., condom use, cleaning needles) for preventing HIV transmission.
4. The *Social Norms* coding categories include discussions and dramatizations conveying supportive social norms for avoiding unsafe sex.
5. *Interpersonal Aspects of Sexual Risk Reduction* coding categories describe information relevant to partner negotiation. They include (a) discussions and dramatizations of how to negotiate with a partner about safer sex, (b) discussions and dramatizations of how to decide jointly with a partner to avoid unsafe sex, (c) discussions and dramatizations of how to refuse unsafe sex when a partner initiates or proposes it, and (d) discussions and dramatizations of informing sexual partners about one's HIV status.
6. The *Techniques of Sexual Risk Reduction* coding categories are all related to

³ Synopses of the videos, along with technical information about their content and format, are available online at <<http://www.VideoAIDS.org>>.

⁴ Additional coding categories were created to reflect the culturally specific content of the videos targeting Latino and African American audiences. For the Latino-targeted videos, this resulted in a total of 230 coding categories. For the videos targeting African Americans, it resulted in 233 categories.

information about enacting behaviors that prevent the sexual transmission of HIV. They include (a) verbal explanations of how to use barriers such as condoms during sex, (b) demonstrations of how to use barriers, (c) discussion of sexual acts that carry no risk for HIV such as mutual masturbation, (d) depictions of such acts, (e) discussions of abstinence or monogamy, and (f) discussions of the possible effects of alcohol and recreational drugs on effective risk reduction.

7. Coding categories related to *HIV Testing and Aftermath* describe video content that provided information about (a) HIV testing, (b) living with HIV or an AIDS diagnosis, and (c) coping with fears about death and issues of loss.

8. *Stigma* coding categories describe information about (a) AIDS-related stigma, and (b) attempts to counteract AIDS-related stigma.

9. *Surviving and Thriving* coding categories describe information about (a) healthy living and maintenance of positive feelings about oneself and one's sexuality, and (b) community organizing strategies and specific community-based organizations responding to AIDS.

Coding Procedures

Each video was rerecorded on VHS-format tape with a running digital timer display inserted in a corner of the screen. Coding then proceeded in two stages. First, a "previewer" used the digital timer to identify 15 sampling points at approximately equidistant intervals (e.g., every 60 seconds for a 15-minute tape, every 80 seconds for a 20-minute tape). Using the timed sampling points as boundaries, the previewer identified the beginning and ending point of 15 segments in each video. Next, two raters independently watched the tape and coded each segment for the presence or absence of all of the content themes. Disagreements were negotiated between the two raters, with a third rater consulted if necessary.

Prior to watching the tapes, all raters were trained extensively in use of the coding categories with other AIDS videos that were not included in the final sample. They were

required to demonstrate at least 93% agreement with a supervisor's codes across all coding categories before they were allowed to code videos in the final sample. The 93% criterion allowed a maximum of one disagreement per category across each video's 15 segments. The mean inter-rater percentages of agreement across thematic categories were 93% for the gay/bisexual male videos, 95% for the Latino videos, and 95% for the African American videos. The modal percentage of agreement across categories was 100%.

RESULTS

Table I reports the percentage of videos within each audience group (gay/bisexual men, heterosexual African Americans, heterosexual Latinos) that contained at least one occurrence of a theme in each of the 21 content categories.⁵ It is evident from Table I that most videos targeting gay and bisexual men did not provide information in a substantial number of areas that are theoretically linked to effective risk reduction and behavior change. A majority included information about the severity of AIDS, made verbal references to condom use, and discussed living with HIV. At least one third included general AIDS information, explanations of how HIV is transmitted, depictions or demonstrations of safer sex techniques, discussions of coping with HIV-related loss, and information about AIDS-related stigma. However, roughly one fourth or fewer of the gay/bisexual videos pointed out the audience members' susceptibility to HIV, discussed ways in which risk reduction practices are effective in preventing HIV transmission, reinforced social norms supporting safer sex, provided information

⁵ Four of the videos targeting heterosexual Latino audiences were available in both Spanish and English versions and both versions were coded. In most cases, the content of the two language versions was identical. However, some discrepancies were observed and they resulted in minor differences for the codings presented in Table I, depending on whether the English- or Spanish-language versions were used. For clarity of presentation, the percentages reported in Table I are based on totals when the Spanish-language versions of the tapes were used.

about HIV testing, or imparted information relevant to the interpersonal context of risk reduction.

Insert Table I about here

By contrast, substantially larger proportions of the videos for Latino audiences addressed issues of audience vulnerability, HIV transmission and prevention, HIV testing, and community-based organizing around HIV concerns. The Latino videos also were more likely to provide general information about HIV/AIDS, and were the most likely of all videos to provide models for refusing unsafe sex. In most cases, the refusing individual was a woman in a heterosexual pairing.

Videos for African American audiences were more likely than the gay/bisexual videos to address HIV transmission, audience members' susceptibility to HIV, the effectiveness of risk reduction practices, and HIV testing. Videos targeting African Americans also were the most likely to reinforce social norms supporting safer sex and to present information about negotiating safer sex.

The principal area in which gay/bisexual videos provided more information than the videos for heterosexual minority audiences was that of sexual risk reduction techniques. Whereas very few of the videos for heterosexual Latinos or African Americans included more than verbal statements about condoms, many of the videos targeting gay and bisexual males demonstrated condom use and other safer sex practices. Compared to the minority heterosexual groups, for example, the gay/bisexual videos were about three times as likely to include demonstrations of correct condom use. And although 21% of the videos targeting African Americans included some mention of non-penetrative sexual alternatives, none depicted or dramatized such activity. The videos for Latino audiences did not broach this subject. By contrast, 31% of the gay/bisexual videos discussed alternatives to penetrative sex, and even more (43%) included visual depictions of such alternatives.

In presenting information about sexual risk

reduction, the gay/bisexual videos were much more likely than others to include erotic content. One indication of this pattern is that visuals of partially or completely unclothed men were presented in 40% of the gay/bisexual videos; by contrast, none of the videos for heterosexual Latinos or African Americans included male or female nudity. The gay/bisexual videos were also more likely to include sexually explicit material, operationally defined as any visual depiction of male or female genitalia in a sexual context (e.g., a male actor with an erect penis). We found that 31% of the videos for gay/bisexual men included sexually explicit material but none of the videos for heterosexual African Americans or Latinos did so.

DISCUSSION

The data show clear differences in the types of information provided in AIDS videos for gay and bisexual men compared to those produced for heterosexual African American and Latino audiences. Videos targeting gay/bisexual men focused on promoting risk reduction through safer sex practices but did not provide many of the other types of information about HIV that health behavior change models suggest is important for effective risk reduction. By contrast, AIDS educational videos for African American and Latino heterosexuals addressed more of the topic areas highlighted by health behavior change models but failed to include information about specific techniques for sexual risk reduction.

These differences may reflect video producers' attempts to create programs that are culturally appropriate for their target audiences. Producers may have assumed, for example, that gay and bisexual men already know the basic facts about HIV and need information mainly about the mechanics of risk reduction. It appears that they assumed that heterosexual African American and Latino audiences need more general information about AIDS and HIV, but do not need detailed information about safer sex practices.

Such assumptions are potentially problematic. Young gay and bisexual men are likely to lack general information about AIDS

and HIV in a way that was not true for the cohorts of men who directly experienced the first two decades of the epidemic. Younger men need to be informed about their own susceptibility to infection. In addition, information that stresses the limitations of current pharmaceutical interventions for HIV (i.e., that they do not constitute a cure for AIDS, that they often have serious side effects) are necessary to counteract misperceptions that the availability of such drugs eliminates the need for continuing vigilance in risk reduction.

Even if the assumption is accepted that gay and bisexual men mainly need information about sexual risk reduction techniques whereas minority heterosexuals need more general information about HIV and AIDS, the data reveal many gaps in coverage. Most videos for gay and bisexual males did not provide models of partner negotiation, for example, nor did most of them reinforce the perception that social norms favor sexual risk reduction. In addition, only a minority of the videos for gay/bisexual men were sexually explicit in their explanation of safer sex practices. Based on this indicator, it appears that relatively few AIDS educational videos targeting gay and bisexual males explicitly eroticize safer sex practices. Most of the gay-oriented videos in our sample that attempted to do so were produced outside the United States.

Whereas many (albeit a minority) of the videos for gay and bisexual men included erotic or sexually explicit images, such material was largely absent from videos targeting heterosexual minority audiences. Reticence about sexual practices appeared to be greatest for videos targeting Spanish-speaking Latinos. In the present sample, several videos for Latino audiences were available in both English- and Spanish-language versions. We noticed that the English-language versions tended to provide more information about AIDS than the Spanish versions and were more explicit in their discussions of sexuality and risk reduction. For example, the English language versions were more likely to use slang and street vernacular to describe sexual concepts whereas the Spanish language versions tended to use academic or

clinical terms, which may not be understood by viewers with little formal education.

This discussion highlights the difficulty inherent in trying to create culturally sensitive educational materials, or even to operationalize the construct of cultural sensitivity. The lack of information about safer sex practices for heterosexuals may reflect video producers' concerns that minority audiences (or the community organizations providing AIDS education to them) would be offended by explicit discussions of sexuality. It is reasonable to ask, however, whether this concern reflects cultural sensitivity or stereotypes and misconceptions about Latinos and African Americans.

Our analysis suggested that the videos' cultural sensitivity was often superficial. For example, although the Latino videos typically included music, images, and icons specific to Latino (usually Mexican) culture, they did not address a wide range of core cultural values (20). We coded all of the Latino videos for themes related to *familismo* (which emphasizes the importance of the family's welfare and its role as the main source of economic and emotional support), *respeto* (the belief that all individuals – especially those in a position of authority – should be treated with deference and respect), *simpatía* (the preference for positive and pleasant personal interactions and the avoidance of confrontations), and religiosity (20,21). More than half (60%) of the videos included content that addressed the cultural value of *familismo*, but only a minority addressed the values of *respeto* (8%), *simpatía* (8%), or *religiosity* (24%).

With few exceptions (e.g., *Encuentro Sin Riesgo/Safer Encounter*), gay/bisexual Latino men were not targeted by the AIDS educational videos in our sample. Videos intended for gay/bisexual male audiences focused primarily on non-Hispanic Whites and African Americans, whereas videos for Latinos focused on heterosexuals. Some videos for Latino heterosexual audiences (e.g., *Mi Hermano; Ojos Que No Ven*) included male characters who were gay or bisexual or who were sexually involved with other men. They did not provide

extensive information about sexual risk reduction for such men, however.

We noted format differences in videos across groups. Most AIDS educational videos for gay/bisexual men were clearly didactic. They used a documentary or news broadcast format featuring narrators who spoke directly to the viewer, interviews with experts, and demonstrations of risk reduction techniques. By contrast, most videos for Latino audiences were dramatizations. They used a “soap opera” format with AIDS information embedded in the story. Presumably, this approach represents an attempt to build upon the popularity enjoyed by telenovelas and printed fotonovelas in Latino cultures. However, data are lacking to demonstrate that this format is indeed more effective than a didactic approach. Both didactic and dramatic formats were used in videos targeting African Americans.

It is important to recognize the limitations of the present study. Our analysis was based on a sample of currently available videos. Although we made extensive efforts to secure a large number of relevant videos, we undoubtedly excluded some. In addition, because new AIDS videos are continually being released, the present sample cannot be assumed to be representative of all videos that are currently commercially available. Based on our monitoring of video distributors and internet postings of AIDS education resources, however, it is our impression that fewer AIDS videos are being produced today than was the case in the first two decades of the epidemic. To some extent, this may reflect disillusionment: Most previous research has failed to find substantial changes in behavior or attitudes as a result of simply viewing a video (9). Or it may represent a mere temporary phase in AIDS education trends. In either case, although the present findings must be interpreted with caution, we believe that they can suggest useful directions for production of future AIDS videos and for empirical research on their effectiveness.

The data suggest that producers of AIDS videos targeting gay and bisexual men should devote more coverage to topics such as

audience members’ susceptibility to HIV and the success of effective risk reduction practices in preventing HIV transmission. They should also place greater emphasis on the interpersonal context of risk reduction by, for example, offering more models of partner negotiation. Whereas such negotiation requires social skills that are not easily learned from a video, videos can provide gay and bisexual men with a variety of strategies and scenarios for negotiating with their partners. And, although the videos in the present sample did not include many instances of it, videos can reinforce the perception that social norms favor sexual risk reduction.

The present study suggests some promising and potentially important questions for empirical inquiry. Research clearly is needed on the actual effect of videos on gay and bisexual male audiences, both in laboratory and field settings. As noted earlier, only a small number of studies have directly assessed the impact of AIDS videos (10,11,12,13), none of them with videos for gay and bisexual men.

Another question concerns the impact of sexual explicitness in videos targeting gay and bisexual men. Over the years, policy debates have often centered on the question of whether government funding should be used for AIDS educational programs that include gay-oriented sexually explicit material (22). However, the question of whether (and how) including such material affects the outcome of AIDS education has received little attention in empirical research. As social psychologists have long recognized, one of the first requirements for any persuasive message to be successful is that the target audience must actually attend to it (23). Whereas information about safer sex practices most likely can be conveyed without sexually explicit images, the use of sexual imagery may increase viewer interest and, consequently, increase the likelihood that men will watch the video. On the other hand, sexually explicit images may distract viewers and interfere with their ability to process and subsequently recall information about safer sex practices. Future research should systematically assess whether and how sexually explicit images affect the impact of AIDS educational messages for gay

and bisexual men.

Another potentially valuable research question concerns the best format for AIDS educational videos. As noted earlier, we observed a difference between videos targeting heterosexual Latino audiences and those targeting gay/bisexual men, with the former utilizing a dramatic format and the latter typically employing a more didactic style of presentation. Whether one of these formats is more effective than the other, and in what circumstances, represents an important area for future inquiry.

The potential impact of AIDS videos for preventing HIV transmission among gay and bisexual men should not be overstated. To expect that simply watching a brief video will alter a viewer's entrenched attitudes, beliefs, and behaviors is unrealistic. However, videos can serve a useful purpose as part of a comprehensive AIDS education intervention. But systematic empirical research is needed to identify the optimal content of AIDS videos and the most effective ways of using them. By describing the content of existing AIDS educational videos for gay and bisexual men, the present study represents a preliminary step toward this goal.

REFERENCES

- Bernstein KT, Tulloch R, Montes J, et al: Outbreak of syphilis among men who have sex with men – Southern California, 2000. *MMWR* 2001;50:117-120.
- Page-Shafer KA, McFarland W, Kohn R, et al: Increases in unsafe sex and rectal gonorrhea among men who have sex with men – San Francisco, California, 1994-1997. *MMWR* 1999;48:45-48.
- Castañeda D, Collins B: Structure and activities of agencies providing HIV and AIDS education and prevention to Latina/Latino communities. *AIDS Educ Prev* 1997;9:533-550.
- Herek GM, Capitanio JP: Conspiracies, contagion, and compassion: Trust and public reactions to AIDS. *AIDS Educ Prev* 1994;6:365-375.
- Mitchell JM, O'Brien RW, Semansky RM, Iannotti RJ: Sources of AIDS information for parents and children. *Med Care* 1995;33:423-431.
- Chatterjee N: AIDS-related information exposure in the mass media and discussion within social networks among married women in Bombay, India. *AIDS Care* 1999;11:443-446.
- Lyttleton C: Messages of distinction: The HIV/AIDS media campaign in Thailand. *Med Anthropol* 1996;16:363-389.
- Schiavo MR: Social merchandising: Using Brazilian television miniseries for drug-abuse and AIDS prevention, in Kirsch H (ed): *Drug lessons and education programs in developing countries*. New Brunswick, NJ, Transaction Publishers; 1995:255-262.
- Kalichman SC: HIV-AIDS prevention videotapes: A review of empirical findings. *Journal of Primary Prevention* 1996;17:259-279.
- Herek GM, Gillis JR, Glunt EK, Lewis J, Welton D, Capitanio JP: Culturally sensitive AIDS educational videos for African American audiences: Effects of source, message, receiver, and context. *Am J Community Psychol* 1998;26:705-743.
- Kalichman SC, Kelly JA, Hunter TL, Murphy DA, Tyler R: Culturally tailored HIV-AIDS risk-reduction messages targeted to African-American urban women: Impact on risk sensitization and risk reduction. *J Consult Clin Psychol* 1993;61:291-295.
- Stevenson HC, Davis G: Impact of culturally sensitive AIDS video education on the AIDS risk knowledge of African-American adolescents. *AIDS Educ Prev* 1994;6:40-52.
- Stevenson HC, Davis G, Weber E, Weiman D, Abdul-Kabir S: HIV prevention beliefs among urban African-American youth. *J Adolesc Health* 1995;16:316-323.
- Albarracin D, Johnson BT, Fishbein M, Muellerleile PA: Theories of reasoned action and planned behavior as models of condom use: A meta-analysis. *Psychol Bull* 2001;127:142-161.
- Bandura A: Social cognitive theory and exercise of control over HIV infection, in DiClemente RJ, Peterson JL (eds): *Preventing AIDS: Theories and methods of behavioral interventions*. New York, Plenum; 1994:25-59.
- Catania JA, Kegeles SM, Coates TJ: Towards an understanding of risk behavior: An AIDS risk reduction model (ARRM). *Health Educ Q* 1990;17:53-72.
- Fisher JD, Fisher WA: Changing AIDS-risk behavior. *Psychol Bull* 1992;111:455-474.
- Fisher JD, Fisher WA: Theoretical approaches to individual-level change in HIV risk behavior, in Peterson JL, DiClemente RJ (eds): *Handbook of HIV prevention*. New York, Kluwer Academic; 2000:3-55.
- Janz NK, Becker MH: The Health Belief Model: A decade later. *Health Educ Q* 1984;11:1-47.

20. Marín G, Marín BVO: *Research with Hispanic populations*, Newbury Park, CA, Sage; 1991.
21. Sabogal F, Marín G, Otero-Sabogal R, Marín BVO, Perez-Stable EJ: Hispanic familism and acculturation: What changes and what doesn't? *Hispanic Journal of Behavioral Sciences* 1987;9:397-412.
22. Bailey WA: The importance of HIV prevention programming to the lesbian and gay community, in Herek GM, Greene B (eds): *AIDS, identity, and community: The HIV epidemic and lesbians and gay men*. Thousand Oaks, CA, Sage; 1995:210-225.
23. McGuire WJ: Attitudes and attitude change, in Lindzey G, Aronson E (eds): *Handbook of social psychology*. New York, Random House; 1985:233-346.

Table I
Proportion of Targeted Videos Addressing Specific AIDS Topics

Topic	Target Audience		
	Gay/Bisexual Men (n = 35 videos)	African Americans (n = 14 videos)	Latinos (n = 25 videos)
<i>General Information</i>			
General AIDS information	37%	21%	64%
<i>Audience Vulnerability</i>			
Viewer susceptibility	26%	71%	68%
AIDS effects and severity	57%	43%	76%
<i>Transmission and Prevention</i>			
Transmission	43%	79%	92%
Casual contact	20%	50%	68%
Effectiveness of risk reduction	23%	57%	56%
<i>Social Norms</i>			
Norms supporting safer sex	14%	29%	16%
<i>Interpersonal Aspects of Risk Reduction</i>			
Negotiating safer sex	23%	29%	12%
Jointly deciding to avoid unsafe sex	17%	0%	4%
Refusing unsafe sex	3%	0%	20%
Informing partners about HIV status	17%	21%	20%

(Table I continues)

Table I (continued)

Topic	Target Audience		
	Gay/Bisexual Men (<i>n</i> = 35 videos)	African Americans (<i>n</i> = 14 videos)	Latinos (<i>n</i> = 25 videos)
<i>Techniques of Sexual Risk Reduction</i>			
Condoms and barriers (Verbal)	57%	71%	84%
Condoms and barriers (Depiction/demonstration)	46%	14%	16%
Non-penetrative sex (Verbal)	31%	21%	0%
Non-penetrative sex (Depiction/demonstration)	43%	0%	4%
Abstinence and monogamy	14%	29%	28%
Role of alcohol/drug use	19%	0%	8%
<i>Testing and Aftermath</i>			
HIV testing	17%	36%	52%
Living with HIV disease	69%	50%	72%
Coping with loss and death	40%	21%	16%
<i>Stigma</i>			
AIDS/HIV-related stigma	43%	36%	44%
Antidotes to stigma	21%	0%	36%
<i>Surviving and Thriving</i>			
General health promotion/healthy living	14%	0%	20%
Community resources	17%	7%	48%

Videos were coded as addressing the topic if at least one segment included a thematic category related to the topic. For videos that were available in both Spanish and English, the Spanish-language version was used to compute table entries.

Appendix A Videos Used In The Content Analysis

Synopses of all of the videos, along with technical information about their content and format, is available online at <<http://www.VideoAIDS.org>>.

Videos Targeting Gay/Bisexual Men

1. Absolutely Positive
2. AIDS: A Family Affair
3. AIDS: A Family Experience
4. Both
5. The Broadcast Tapes Of Dr. Peter
6. Drawing On Life
7. Encuentro Sin Riesgo/Safer Encounter
8. Erotic Choices: A Guide To Better Gay Sex
9. Evil Thoughts
10. Fear Of Disclosure
11. The Gay Man's Guide To Safer Sex
12. Getting It Right: A Gay Young Man's Guide To Safer Sex
13. Hot And Safe
14. It Is What It Is
15. Joshua And His Doctor: Before And After The HIV Test
16. Joshua: A Student Challenging HIV Infection
17. The Last Laugh
18. Living Proof: HIV And The Pursuit Of Happiness
19. Male Couples Facing AIDS
20. The Mavis Davis Safe Sex Video
21. Non, Je Ne Regrette Rien (No Regret)
22. Party
23. Psychosocial Interventions In AIDS
24. Rubber Crazy: Gay And Bi Men Sharing Condom Skills
25. Safer Sex For Gay Men, And Men Who Have Sex With Men
26. Safer Sex Shorts
27. Safety In Numbers
28. Sex Is...
29. Sex, Love And AIDS, Part 1
30. Sex, Love And AIDS, Part 2
31. Silverlake Life: The View From Here
32. Song From An Angel
33. Susan: Joshua's Mother Responds
34. This Is My Garden
35. Work Your Body: Options For People Who Are HIV Positive

(Appendix Continues)

Appendix A (continued)

Videos Targeting African Americans

1. A Conversation With Magic Johnson
2. AIDS Is About Secrets
3. AIDS, Not Us
4. AIDS: A Matter Of Life
5. AIDS: Me And My Baby
6. AIDS: The Street War
7. Are You With Me?
8. Going About It
9. He Left Me His Strength
10. Mildred Pearson: When You Love A Person...
11. Other Faces Of AIDS
12. Seriously Fresh
13. Till Death Do Us Part
14. We Care: A Video For Care Providers Of People Affected By AIDS

Videos Targeting Latinos

1. AIDS in the Barrio: Eso no me pasa a mi. (Spanish).
2. AIDS In The Latino Community (English).
3. AIDS, Not Us (English).
4. AIDS, Teens, and Latinos (English).
5. AIDS: The Reality in The Dream (English).
6. Breaking The Silence (English & Spanish).
7. Caras Vemos, Pero Corazones No Conocemos (Spanish).
8. Claudia y Diego (Spanish).
9. Dr. Sylvia Panitch y Su Salud (Spanish).
10. Face to Face With AIDS (Spanish Captioned) (English).
11. Jugándose La Vida (Spanish).
12. Karate Kids (English & Spanish).
13. Latino HIV Antibody Test (Spanish).
14. Mi Hermano (Spanish).
15. Ojos Que No Ven (Spanish).
16. Platícame De Eso (Spanish)
17. Rafael Tavares Memorial (Spanish).
18. SIDA: El Espejo de la Soledad (English & Spanish).
19. SIDA No Nos Engañemos (Spanish).
20. SIDA y Su Familia (Spanish).
21. Teen AIDS in Focus (English & Spanish).
22. Una Cuestión de Vida o Muerte (Spanish).
23. Una Farmacéutico, Un Amigo. (Spanish)
24. VIDA (English & Spanish).
25. Vivir Para La Vida: Testimonio de Tres Mujeres (Spanish).

Appendix B
Content Categories and Examples of Themes

Content Category**Examples of Themes**

General Information	
General information about AIDS	<ul style="list-style-type: none"> • Explanation of the AIDS or HIV acronyms • Definition of AIDS • Explanation of how HIV attacks immune system
Audience Vulnerability	
Viewer susceptibility to HIV/AIDS	<ul style="list-style-type: none"> • Statements that members of the target community (gay men, African Americans, Latinos) are at risk for AIDS • Explanation that HIV can be transmitted by a healthy-appearing person • Explanation of ways in which monogamy does not guarantee protection from HIV
AIDS effects and severity	<ul style="list-style-type: none"> • Description of specific AIDS-related illnesses • Statement that AIDS is fatal • Statement that no cure or vaccine is currently available
Transmission and Prevention	
Transmission	<ul style="list-style-type: none"> • General assertion that HIV is transmitted through unprotected sex • Explanation of how HIV can be transmitted through anal intercourse • Explanation of how HIV can be transmitted through sharing needles
Casual contact	<ul style="list-style-type: none"> • General assertion that HIV is <i>not</i> spread through casual contact • Illustrations of casual contact (sharing food, soap, makeup, eating utensils, drinking glasses) • Explanations that family members of PWAs have not been infected through routine household contact
Effectiveness of risk-reduction practices	<ul style="list-style-type: none"> • Explanation of how condom use protects against HIV transmission • Explanation of how cleaning needles protects against HIV transmission • Explanation that sex with multiple partners will not transmit HIV if sexual practices are safe

(Appendix continues)

Appendix B (continued)

Content Category	Examples of Themes
Social Norms	
Social norms supporting safer sex	<ul style="list-style-type: none"> • Statements that members of the video’s target community (gay men, heterosexual African Americans or Latinos) have changed their behavior to reduce risk • Personal testimonials from community members about risk reduction • Depiction of group discussion in which the group reinforces risk reduction
Interpersonal Aspects of Sexual Risk Reduction	
Negotiation of safer sex with a partner	<ul style="list-style-type: none"> • Description of how to negotiate with partner for safer sex • Dramatization of successful safer sex negotiation in sexual situation
Deciding with partner to avoid unsafe sex	<ul style="list-style-type: none"> • Description of how to decide with partner not to have unsafe sex • Dramatization of partners in sexual situation jointly deciding not to have unsafe sex
Refusing to have unsafe sex	<ul style="list-style-type: none"> • Description of how to refuse to have unsafe sex • Dramatization of individual in a sexual situation refusing to have unsafe sex with partner
Informing partners about HIV status	<ul style="list-style-type: none"> • Admonition to notify sexual partners about testing positive for HIV • Dramatizations of disclosure of HIV status to sexual partner

(Appendix continues)

Appendix B (continued)

Content Category	Examples of Themes
Techniques of Sexual Risk Reduction	
Admonitions to use barriers during sex or verbal descriptions of how to do so	<ul style="list-style-type: none"> • Verbal admonition to use condoms • Verbal explanations of how to use condoms • Verbal explanations of how to use dental dam
Demonstrations or depictions of barrier use during sex (sexually explicit or nonexplicit)	<ul style="list-style-type: none"> • Use of inanimate object (e.g., dildo, banana, fingers) to demonstrate condom use • Demonstration of condom use with a live male model • Sexually explicit depiction of condom during sexual activity
Discussion of non-penetrative sexual acts	<ul style="list-style-type: none"> • Description or discussion of mutual masturbation as a safe sexual activities • Description or discussion of other non-penetrative sexual activities as safe (body-rubbing, massage, cuddling)
Depictions of non-penetrative sexual acts	<ul style="list-style-type: none"> • Depiction of mutual masturbation • Depiction of solitary masturbation • Depiction of other non-penetrative sexual activities (body-rubbing, massage)
Abstinence and monogamy	<ul style="list-style-type: none"> • Explanation that sexual abstinence is one means of protecting oneself from HIV • Explanation of how sexual monogamy can protect relationship partners from infection
Role of alcohol and recreational (non-injecting) drug use	<ul style="list-style-type: none"> • Explanations that alcohol use can interfere with risk reduction • Explanations that recreational drug use can interfere with risk reduction • Advice about how to practice safer sex even when consuming recreational drugs

(Appendix continues)

Appendix B (continued)

Content Category	Examples of Themes
Testing and Aftermath	
HIV testing	<ul style="list-style-type: none"> • Explanation of the meaning of test results • First-person accounts of testing • Discussions of confidential versus anonymous testing
Living with HIV disease	<ul style="list-style-type: none"> • First-person descriptions of testing positive or being diagnosed with AIDS • Discussions of AIDS treatment regimens • Discussions or depictions of healthy living for people with HIV • Discussion of HIV-positive persons' needs for psychological and social support
Coping with loss and death	<ul style="list-style-type: none"> • Discussion by person with HIV of coping with loss of others • Discussion by uninfected person of coping with loss of others • Discussion by PWA of coping with own death

(Appendix continues)

Appendix B (continued)

Content Category	Examples of Themes
Stigma	
AIDS/HIV-related stigma	<ul style="list-style-type: none"> • Discussions of prejudice against people with AIDS • Depictions of stigmatizing behavior in workplace • Depiction of ostracism or other stigmatizing behavior in social situation
Antidotes to AIDS/HIV-related stigma	<ul style="list-style-type: none"> • Admonition not to stigmatize PWAs • Depictions of specific incident in which a noninfected individual verbally opposed AIDS stigma • Depictions of specific incident in which a noninfected individual took action to counteract AIDS stigma
Surviving and Thriving in the Era of HIV/AIDS	
General health promotion and healthy living	<ul style="list-style-type: none"> • Discussions of maintaining self esteem, • Discussion of maintaining positive feelings about one’s sexuality, • Discussion of strategies for maintaining general physical health (diet, exercise, stress management)
Community resources and involvement	<ul style="list-style-type: none"> • Information about specific community-based organizations • Discussion of community organizing strategies