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In-Depth Investigation of Interpersonal Discussions in Response to a Safer Sex Mass Media Campaign

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Abstract

We know from theory and limited research that people talk about campaign messages—and that these conversations may play an important role in campaign reach and possibly even efficacy. We know very little, however, about what individuals talk about and with whom they talk. The current study seeks to fill this gap by reporting qualitative and descriptive quantitative data from interviews conducted with 139 young adults about conversations that took place in the context of a large, televised safer sex mass media campaign. Results indicated that public service announcements (PSAs) were often viewed in the company of friends and significant others, and that it was not uncommon for conversations about the PSAs to take place. Three broad categories of conversations that took place involved discussions about PSA realism, the seriousness of the message, and humor. While in some cases conversations seemed to advance the goal of the campaign (e.g., participants discussed sexually transmitted disease [STD] risk and condom use), in other cases they did not (e.g., participants discussed the lack of realism in a particular PSA). Implications for campaign theory, design, and implementation are discussed.

Historically, producers and designers of media-based health promotion campaigns have known that people can and do talk about the messages they produced. However, scant attention has been given to not only the content of those conversations but with whom they

were engaged. This is problematic because as any consumer of media readily knows, the types of conversations we engage in (and with whom) can ultimately impact whether or not we choose to act (or not to act) on the behaviors promoted by the message. Fortunately, researchers recently have begun to focus on how interpersonal conversations can impact campaign message effectiveness and overall campaign effects (see Cho et al., 2009; Compton & Pfau, 2009; Morgan, 2009; Southwell & Yzer, 2009). The current report seeks to further expand the literature on how interpersonal conversations impact campaigns by focusing on an oft-ignored incidental effect of campaign messages—motivated postcampaign interpersonal conversations, specifically within the context of a safer sex campaign aimed at preventing the spread of HIV/AIDS and unwanted pregnancy.

As of December 31, 2007, the Centers for Disease Control and Prevention (CDC) had received reports of a total estimated 1,051,875 persons diagnosed with AIDS in the United States and dependent areas, with an estimated 583,298 having already died from the disease (CDC, 2008). With infections among those aged 15 to 24 years accounting for half of all new infections among adults, and well over one-third (41%) of those currently living with HIV/AIDS in the United States being between the ages of 13 and 34 years, considerable resources have been expended to combat the spread of the disease among adolescents and younger adults (UNAIDS, 2008; CDC, 2008). While treatments for the disease have improved especially over the last 15 years, these life-sustaining treatments come with significant side effects and a large price tag for individuals and society at large (Schackman et al., 2006). With a cure not likely in the immediate future, this places the onus of responsibility for control of HIV/AIDS on prevention of transmission through the promotion of safer sex practices.

Safer sex promotion and intervention research over the past two decades has shown positive results across a number of populations (Noar, 2008). While much of this safer sex promotion work has been implemented in school, clinical, or small-group settings, mass-mediated campaigns focused on HIV and STD prevention have also begun to show promise (for reviews, see Noar, Palmgreen, Chabot, Dobransky, & Zimmerman, 2009; Palmgreen, Noar, & Zimmerman, 2008). Still, a fuller understanding of the social and psychological mechanisms that lead to campaign success is needed for health communication campaigns. Toward this end, some have directed attention toward the possible roles that interpersonal discussion might play in the reception, processing, and/or individual-level interpretation of mass-mediated messages (see Cho et al., 2009; Compton & Pfau, 2009; Morgan, 2009; Southwell & Yzer, 2007, 2009).

As discussed previously, researchers have known for a long time that viewers do talk about campaign messages, yet little to no evidence exists illuminating the content of those conversations, with whom they are engaged, and how these conversations might impact campaign effects. Southwell and Yzer (2009) suggest that interpersonal interaction may aid in the spread of inoculation. However, it may also be the case that social network density can impact public sentiment through translation of mass media messages, and that creative approaches to campaign message design may prompt people to talk about not only the form of the messages, but their content and applicability as well. It may very well be the case that directly promoting conversation about campaigns and strategically directing the content of

those conversations could provide health educators with useful tools for persuading the targeted audience.

To date, scholarship in this area has largely remained at the theoretical/hypothetical level (e.g., Hornik, 2002). It may very well be the case that these conversations can impact what, if any, persuasive effect the campaign message may have on the viewer or their conversational partner. To this end, this paper seeks to take a first step toward filling this gap by presenting qualitative data from a larger safer sex campaign study that will help shed some light on not only what people talk about after viewing campaign messages, but with whom they talk and in what situations.

INTERPERSONAL COMMUNICATION AND MASS MEDIA

For the last 50 years much of the research in mass communication media effects has operated, at least partially, under the assumption that the messages (themselves) transmitted within the media may be the primary reason for the observed effects (see discussions of the Hypodermic Needle or Magic Bullet theories, which originated with the Payne Fund studies of the 1930s and Lasswell's stimulus-response model) (McCombs, 2004). While this may be true in some situations, what this assumption ignores is the supporting role that interpersonal communication may play in both the interpretation and further dissemination of mass communication messages. While the subject of interpersonal communication effects in the realm of mass communication has not been totally ignored, it has only received limited attention, and then only in bursts (see Southwell & Yzer, 2007, 2009).

This is unfortunate as media messages are not consumed in a vacuum, and the personal experiences of many (if not most) individuals would support the statement that media stimulates conversation and social interaction. It is these interactions that likely play a role not only in future media choices but also in determining whether or not the persuasive messages of the campaign have any effect. In the environment of entertainment media this type of discussion—either positive or negative—can have a positive impact on a show's ratings. Increased ratings are an indicator of greater consumption, which allows for an increase in prices charged for advertising, which indirectly leads to funding for additional programming, etc. However, in the realm of mass-mediated health communication campaigns, the impacts of such discussions are not so clear-cut, as the goals of entertainment and health communication media tend to differ (of notable exception are programming labeled as “infotainment” or “edutainment”; see Singhal & Rogers, 2004).

When attempting to define interpersonal communication one can find that there are as many definitions as people willing to give them. Given such a plethora of contrasting opinions, a full exploration of what constitutes the breadth and depth of interpersonal interaction is beyond the scope of this paper. Rather, we borrow the two foci used by Southwell and Yzer (2007) in their discussion of the interplay between interpersonal communication and mass media campaigns: (1) Interpersonal communication is behavior that has real consequences, and (2) it occurs in diverse contexts (p. 422). To elaborate, the interpersonal communication of interest concerns not only the interactions that individuals have with each other, but also how those interactions influence their choice and interpretation of media and how they in

turn may have similar influences on others. Whether an individual is an opinion leader or follower, interactions with such individuals can also occur within a variety of contexts (e.g., face-to-face dyadic, group discussions, via e-mail or online chat, telephone, or text message, to name a few), and can have effects unintended by the campaign designers, ranging from opinion change to opinion bolstering or simply reconsideration (softening) of one's stance regarding an issue. To further complicate the issue, these effects can happen relatively quickly or be delayed, depending (at least partially) on the amount of elaboration within which one engages (see Geary et al., 2008, and Petty, Cacioppo, & Goldman, 1981, for a more complete discussion of the elaboration likelihood model and campaign implications).

Traditionally, early explorations of interpersonal communication and mass media's mutual influence evolved from Katz and Lazarsfeld's (1955) two-step flow model, which posits that interpersonal conversation is a mediator between a person's engagement of and motivation to act on communication and the dissemination of these mass-mediated messages. In this way, important individuals can both interface with media sources and disseminate the information themselves to a network of followers. While this model has evolved from two to multiple steps of information mediation, the core of much research on media effects incorporates these basic ideas (see Katz, 1987; Rogers, 1995). The direction of flow is still another matter, as a chicken-and-egg debate exists regarding whether individuals learn specific information via discussions among their existing social contacts or whether individuals tend to seek out specialized information so that they in turn can have discussions with their social contacts (Southwell & Yzer, 2007). Most likely the path of information acquisition ebbs and flows like an ocean tide, with both external as well as internal societal pressures directing the direction of flow.

Given the potential myriad of ways in which interpersonal communication can impact the persuasive effects of mass media messages, focused study of what people talk about after viewing campaign messages (other than simply the campaign itself), with whom, and in what context is warranted. Through such exploration it is hoped that a more complete picture will be painted of the roles conversation played in the overall reach, processing, and personal evaluations of the safer sex messages included in the larger study, and perhaps provide deeper insight into the overall results of the campaign.

Given the previous discussion the following research questions are proposed:

1. With whom did respondents watch the PSAs, and did they engage in interpersonal discussion with important others about the PSAs viewed?
2. For those respondents who did engage in interpersonal discussion regarding the PSAs viewed, what was the content and focus of the discussions?

METHOD

Recruitment

This paper presents conversational data from 139 individual interviews collected as part of a larger safer sex media campaign study aimed at promoting the use of condoms among young adults in order to prevent the spread of HIV/STD and unwanted pregnancy (see Palmgreen

et al., 2008; Zimmerman et al., 2007). The larger campaign study interviewed approximately 100 young adults in each of two communities each month for several months, utilizing an interrupted time series evaluation design (Palmgreen, 2009). Each of two southern cities received a 3-month safer sex mass media campaign at a different point in time, with each city serving as a control for the other city (for more detail on methods for the larger study, see Zimmerman et al., 2007).

For the current study, over a period of 4 months (February—the second month of the campaign—March, April, and May, 2004) participants who completed their interview for the main campaign study were asked if they were interested in the opportunity to participate in a second study. If interested, they were given a one-page screening questionnaire consisting of several questions about their media usage. While most questions were designed to mask the true intent of the screener, the key question of interest was how often individuals had seen any safer sex PSAs on television over the past few to several months (since the beginning of the campaign aired in that city). Those who answered that they had seen one or more safer sex PSAs were eligible for the study. Almost all PSAs on TV during the 4 months of the current study were those selected/designed for the campaign (see Table 1 for a description of the campaign PSAs). Only those who indicated that they had not seen *any* safer sex PSAs on TV were ineligible. For those both interested and eligible, an interview was scheduled over the forthcoming 1–2 weeks.

In total, 429 individuals who were interviewed in the intervention city over the 4 months of the campaign were offered the opportunity to participate in this study. Of these individuals, 130 (30%) were ineligible due to their responses to the screener questionnaire; of the 299 who were eligible, 18 (6%) decided that they were not interested in participating. This left 281 participants who were interested and eligible to participate. Ultimately, in total, 139 qualitative interviews were conducted, and each person was paid \$35 for participation. Those interested and eligible but who did not ultimately participate ($n = 142$, or 51% of those who had initially indicated they were interested in participating) did not do so for a variety of reasons, including conflicts in scheduling the interview, difficulty contacting the individual, and/or failure to show up for a scheduled interview despite repeated attempts to schedule/reschedule. Responses of each participant in the study were recorded and transcribed.

Qualitative Interviews

The 139 respondents were shown (on laptop computers) each of the five PSAs designed and produced specifically for the safer sex campaign (see Table 1). The PSAs were presented one at a time, and followed by several questions about each PSA. These included questions regarding PSA recognition, whether the PSA was viewed with other people, (if so) with whom the PSA was viewed, and whether the PSA was discussed with anyone besides those with whom they may have watched the PSA.

For those who said that they did talk about a particular PSA, the interview guide included a number of prompting questions that could be used to explore the participant's recounting of the conversations. These questions included such areas as who started the conversation, whether the conversation touched on the characters or specific content, or whether they

talked about how realistic or relevant it was. Interviewers generally tried to let the participant tell about their conversations as freely as possible in their own way, and used the additional prompting questions to encourage quieter respondents or to clarify what the participants were saying.

Qualitative Analytic Strategy

Conversational data collected were analyzed using open-coding techniques (see Strauss & Corbin, 1998). Open coding is an analytic process that allows the systematic interpretation of qualitative data, in this instance the transcripts of the interviews conducted with the study's participants. The coder's reading of the text begins with the identification of *concepts* that represent (and label) the phenomena expressed in the text. Each participant's response to each interview question was analyzed as an individual unit of data, and in its entirety, to preserve the context and meaning and any connotation associated with what was said. The next stage of interpretation groups the concepts into non-mutually exclusive *categories*, which acknowledge the shared themes and more general linkages between some concepts. An understanding of the categories is then rounded out as their *properties*, or specific characteristics, are identified and compared. In addition, the comparison reveals the *dimension* of each category, which includes an understanding of the scope or predominance of each category in the text. Once the categories' properties and dimensions are identified, axial coding identifies more specific subcategories of each category (if any), and the more specific ways in which they are linked to the category, through their shared properties and dimensions. At this stage, the category functions as an axis for its concept, and the identification of the ways in which the subcategories link provides a structure for the interrelationships that may exist in the data. The identification of categories, and of properties, dimensions, and relationships within the data, was continued until the point of theoretical saturation was reached (see Table 2 for categories and dimensions identified). This comparison of the categories in terms of their properties and dimensions results in the emergence of *patterns* from the text, discussed at length after the qualitative results are reported. It is from these patterns that the study's insights have emerged. All interview transcripts were read and coded separately by the same two experienced researchers, who then worked together to meld their interpretations of the text and the identification of categories and dimensions.

In order to answer research question 1, we first report descriptive data that represents tallies of all 139 participants. In order to answer research question 2, we present a thorough analysis of the qualitative data, with examples of comments triggered by each PSA with each comment's corresponding category and dimension identified.

RESULTS

Descriptive Data

Table 3 presents descriptive data about PSA viewing. Across the five PSAs, participants varied in whether they had seen each PSA—from a low of 60% (for *Boyfriend*) to a high of 89% (for *Translation*). Interestingly, these PSAs tended to be viewed in the company of others, as the majority of individuals indicated that they had seen each PSA with others. Not

surprisingly, individuals reported most often watching PSAs with friends—this was reported by more than 70% of individuals across every PSA. In addition, across every PSA, more than one-third of individuals reported watching these ads with their boyfriend or girlfriend. This is very promising in the context of a campaign that aims to promote consistent condom use with all sexual partners. Only a small number of individuals reported watching the PSAs with family members, and even fewer with another sexual partner (other than significant other) or “anyone else.”

Participants also reported that PSA viewing with others often led to conversations about the ads. For example, among those watching a particular PSA with friends, between 35 and 63% reported discussing the PSA, while among those watching the PSA with their boyfriend or girlfriend, between 25 and 53% reported discussing the PSA. These figures were even higher for those watching with other sexual partners (approximately 75%) and family members (approximately 62%) (see Table 3).

Another way to look at these data is with regard to which PSA sparked the most conversation. Interestingly, our large-scale survey data indicated that of the 5 PSAs used in the campaigns, the PSAs viewed as most effective were *Translation* and *My Story* (Noar, Palmgreen, Zimmerman, Lustria, & Lu, 2010). In the current data, the PSA that sparked the most conversation among romantic partners (boyfriend or girlfriend) was *My Story* (53%), closely followed by *Boyfriend* (47%). Among individuals who watched with their friends, the PSA that sparked the most discussion was *Translation* (63%), followed by *Boyfriend* (59%) and *My Story* (55%). The average across all of the categories for *My Story* was 71%, compared to 64% for *Boyfriend*, 53% for *Street Smarts* and *Translation*, and 49% for *Big Date*. This suggests some PSAs may elicit more conversation than others.

As seen at the bottom of Table 3, the number of conversations with others, beyond those they watched the PSAs with, was quite small, with a total of 36 conversations across all five PSAs, as compared to 341 conversations that occurred with people whom they watched the PSAs.

Qualitative Data

Category 1: Discussions About Overall PSA Realism and Messages Presented

—Conversational excerpts coded as category 1 were those conversations or comments that focused on the overall sense of realism portrayed by the PSA and/or the persuasive message being delivered to the viewer. Within category 1 were several dimensions the open-coding process identified. The first dimension (A) involves discussions about the quality and/or believability of the informational facts presented in the PSA. Dimension B discussions tended to focus on the level of realism shown by the PSA scenarios depicted or played out by the actors. The third dimension (C) concerns discussions or comments about the viewers’ overall impression of the PSA, when taken as a whole.

Discussions about quality/believability of informational facts presented by PSA:

Conversations coded as dimension A about *Street Smarts* often included reactions to its presentation of the message about condom use. The informational content of this PSA, and

how it quantified the potential risk of contracting an STD, made a particular impact on respondents:

[Female, watching with female roommate at roommate's boyfriend's house, because he has cable TV] I don't know, I think I must have said something about it being informative, because a lot of the other ones are, like, people doing sports, or trying to get you engaged, and with that one you're seeing little statistics and facts and I said it was informative and she agreed maybe. [*Street Smarts*; category 1, dimension A]

Another couple expressed their mutual dislike for fear appeals:

[Male, watching with girlfriend in dorm room] "Yeah, just kind of, she was like there's better ways to get that point across. And I don't know. Neither of us really agree with scare tactics. [*Street Smarts*; category 1, dimension A]

The following comment occurred apart from viewing *Translation* with a friend, and expresses a sense of disbelief generated by the portrayal:

[Female, talking about it in a class] "A class I was in. It was a student. We were talking about a TV event, and this ad was one of the things that someone remembered ... This person was saying how they couldn't relate to the ad because of the stuff that was being said. Thought that it was more funny than anything else. [*Translation*; category 1, dimension A]

Discussions about the level of realism shown in the PSA scenarios: Not all discussions of *Street Smarts* were necessarily favorable. One participant thought that the "caller as condom coach" scenario was unrealistic:

[Male, at his home, who started the conversation with a sex partner who wasn't his girlfriend] I just said that that's a little ridiculous. Pretty much we concurred that people don't talk like that I guess. We just said we couldn't see ourselves—I said, could you see me calling somebody and ... [*Street Smarts*; category 1, dimension B]

The next comment recounts a conversation about *Translation* that occurred apart from viewing the PSA. In this case, it was a group of male friends talking about women and sex. This comment may speak to a high level of recall inspired by the importance of the PSA content:

[Male, talking with male friends in dorm room] "They were talking about girls in general and sex in general, and that [ad] just came up, and stuff, so. But I think this commercial is more of a dude's commercial, I think dudes can relate to this better than females, because the whole situation ... [*Translation*; category 1, dimension B]

Others focused more on the level of realism in the actor's portrayal, such as this comment regarding *My Story*:

[Male, about watching the ad with friends in a university cafeteria with a TV] She did seem like she was an actual victim. She was very convincing in the fact of how

she presented herself, so ... that's one of those commercials where ... it's realistic no matter what you say, no matter what you think is out there. [*My Story*; category 1, dimension B]

Some of the discussions about *Big Date* also tended to focus on the level of realism it portrayed, and how the scenario presented was similar to conversations they had been part of:

[Female who watched and discussed it with boyfriend] That it was a realistic message, because I think that he said he had talked to his brother or somebody ... [in] a similar context. I remember him saying that he had a similar conversation, soon after we'd started dating. [*Big Date*; category 1, dimension B]

Conversations coded as category 1 for *Boyfriend* were rare, but those that did occur expressed dismay at the unrealistic scenarios depicted in the message and how they detracted from the overall effectiveness of the PSA:

[Female, talking to friend who had not seen the ad] It was over the phone. I told my friend that I had seen a pointless commercial. Yeah, I talked to her about the characters and just the whole concept of the commercial. I just told her that they were skydiving, and then they go to the party. And then they're kissing on the bed and it said "Use a condom, Every partner, Every time." [*Boyfriend*; category 1, dimension B]

Discussions about viewer's overall impression of the PSA message: The *PSA Translation* engendered a spontaneous comment of praise about the overall impression of the PSA. This comment occurred apart from viewing the PSA, which speaks to the level of recall generated by the PSA message:

[Female, talking with a friend while driving in a car] "Yes. I think I told someone about it because I thought it was really great. Just driving somewhere. I don't know why I was talking about that ad. [*Translation*; category 1, dimension C]

For a few participants, conversations about *My Story* went beyond just talking with friends about a mutual viewing experience, or a media event; rather, it seems that the totality of the PSA's message and presentation made a lasting impression on the viewer. These people saw it almost as a mission to share what they learned from seeing the PSA and spread the word to stay healthy.

Well, you know since I've been doing these surveys I've been talking to people, getting the word out or whatever, and telling them about it, and what goes on, so I guess I've been talking to people ... [to] friends. I would tell them that they [the ads] were pretty good, and I think it's good to have them out there because it's really serious right now, but yeah, I have had conversations. [*My Story*; category 1, dimension C]

Category 2: Discussions About the Seriousness of the Persuasive Message—

Conversations that were coded as category 2 during the open coding process were those comments that seemed to focus on the seriousness of the information being presented and the resulting sense of "unease" generated by the PSA and the depicted scenarios. Within

category 2 several dimensions were also identified that more explicitly outline the uncomfortable feelings experienced by some viewers. The first dimension (A) captures discussions about the anxiety viewers felt after viewing the PSA. Dimension B comments were those that identified a sense of suspicion or distrust in either the conversational participant's current or previous romantic partner. Because of the tendency for anxiety produced by safer sex messages tended to lead to suspicion and distrust of current and former partners among our participants (necessitating some comments being coded for both dimensions), dimensions A and B are reported together for category 2. Dimension C discussions concerned comments wherein the participants identified relevant sexual behaviors (past or present) by themselves or others that were similar to those shown in the PSA—and how the PSA portrayal made them aware of their personal risk for contracting a sexually transmitted disease (STD) or becoming pregnant. Dimension D comments, while sparse, illuminated concerns that some viewers might have for the PSA content to promote unsafe sex among younger viewers.

Discussions about the anxiety generated by viewing the PSA and discussions about suspicion/distrust in current or previous partner(s) generated by PSA: In sharp contrast to many of the humorous conversations generated about and by *Translation* (see results for category 3), the dialog of some participants was very serious, focusing on the anxiety generated by the ad. One person said that the PSA also inspired distrust in a significant other (a dimension B characteristic):

[Female, watching with boyfriend at home] I just told him that those commercials made me uncomfortable I suppose, yeah ... Well, I'm in a monogamous relationship, and we've been together for quite some time, and it just makes you think, you know. I don't know. It just kind of freaked me out a little. It made me not trust him for a spilt second, I mean, I trust him, but you never know.
[*Translation*; category 2, dimension A, B]

Another conversation expressed dismay at the threat of disease:

[Female, talking with boyfriend at home while watching TV] ... how crazy it is that people are walking around carrying stuff and spreading it around. [*Translation*; category 2, dimension A]

In accordance with the powerful emotional storyline of *My Story*, people tended to react on a personal level. The conversations associated with *My Story* were thus quite serious and even anxious. Dialog about this ad took on urgency and a practicality, perhaps driven by the personal quality and inherent perceived unfairness of the threat of getting a lifelong consequence from someone you are supposed to be able to trust, as well as how past behaviors by self or others can have lifelong impact (earning some comments an additional dimension C coding). Many expressed how sad the circumstances were, and most expressed sympathy for the victim:

[Male, about talking with a friend who is a girl] I've heard one person talking about it, and just talking about the emotions in it, but I think they had just taken the [STD] test not long ago, so ... Just how it could happen to anybody. And that the

emotions in it ... that it was a real life situation. [*My Story*; category 2, dimension A]

[Male, about watching the ad with friends in a university cafeteria with a TV] The fact of how true it is and how you may not know. And you can get that at any given moment. If you don't know, and you put yourself at risk, you can get something that's not just treatable. So yeah, we talked about the seriousness of the whole situation. [*My Story*; category 2, dimension A, C]

[Female, watching with boyfriend in his room] I guess that we were both pretty moved by it, because it is just so horrible when you think that you are in love with somebody and you think that you can trust them. To think that they wouldn't tell you about it or that they wouldn't get themselves checked out ... we have been together for a long time, so its not really relevant for us right now. If we ever were to break up, then ... [*My Story*; category 2, dimension A, B, C]

[Male watching with a group of his male friends] We talked about how that could be one of their girlfriends. [The response was] some silence and some "that's not funny" kind of things. But I was being serious. [*My Story*; category 2, dimension A, B]

Discussions about relevant past sexual behaviors by self or others: The following conversations about *My Story* illuminate how the scenarios depicted and actor portrayals of risky-sex situations can lead individuals to focus the content of their conversations on how past sexual behaviors—either their own or those of others they know—could have significant negative impacts on their lives.

[Female, talking with her mother in their family home] I think I remember saying to my mom that that was bad for her [the character], that that stinks. I guess my mom has a friend that that happened to her daughter, her friend's daughter. Her boyfriend gave her herpes, too. We brought that up. But she just said that happened, she agreed that that could happen. [*My Story*; category 2, dimension C]

[Male] Let's see, I've talked about it at work, school ... Well, they were just talking about all the commercials, how they're seeing them all the time. I didn't start the conversation, just jumped in. Just that it's sad. It all goes down to life experiences, like, how we know some people with 30 partners and doesn't have anything, then we know someone with like 2, and they have one (STD). [*My Story*; category 2, dimension C]

[Male, talking with an ex-girlfriend] Just how we should have used condoms when we were seeing one another. [*My Story*; category 2, dimension C]

Dimension C conversations about *Big Date* tended to fall into a narrow range about condom use, and talk with friends or roommates about preparing for safe sex. Several of these comments confirmed that the participant or their discussion partner, or someone known to them, had discussions similar to the ones portrayed in the ad.

[Female who watched and discussed it with boyfriend] We just talked about how 'cause we found ourselves in a similar situation like the beginning of the

relationship we decided to go get tested and everything to make sure that, you know, we didn't think that either of us had anything, but you can never be too sure. [*Big Date*; category 2, dimension C]

[Female, talking with female friend] We discussed a little about condom use and some of the guys that we had been with previously ... but our conversation was aimed in that direction since it was about talking about our own experiences. [*Big Date*; category 2, dimension C]

[Male, watching with male friends in his home] We were at my apartment, it was actually a bunch of us guys that came down—some of my old roommates that came down to visit. And we said the one guy was (like) my friend ... like the black guy [in the ad]. [*Big Date*; category 2, dimension C]

The following comment concerns a conversation that occurred between sisters, and seems to point toward encouraging a loved one to be safe while also expressing that dramatic portrayal in the PSA was very realistic, giving the excerpt a secondary category 1, dimension B rating:

[Female who talked with sister about it on instant messenger or telephone] "I think she was talking about some guy she was talking to, I don't remember how the ad came up, but we started talking about the ad, and she said ... "Did it make you think?" Or something along those lines ... She thought that it was realistic, her and her girlfriend had been in a situation where they had talked about something similar like what the girls were talking about. [*Big Date*; category 2, dimension C] [*Big Date*; category 1, dimension B]

[Male, about talking with friends around campus about ad] We talked about the ad itself and the way it happened, started in a club, and ... the high chances of meeting someone bad in the club for different reasons other than just sexual encounters. And then we just talked about the seriousness of it ... you can get an STD and it will not be treatable. You will have it for life. [*My Story*; category 2, dimension C]

Discussions about potential for PSA to promote unsafe sexual practices: This comment recalled a debate about whether promoting safe sex encourages promiscuity:

[Male, watching with a male roommate at their dormroom] He [the roommate] was saying you know, he liked the commercials. But he, in this instance, actually thought that a lot of them are kind of bold, and he thinks that they might like actually promote like sex, you know, even to younger audiences. I kind of disagree with him about that. But he did think that it was good that they started having things like this. [*Translation*; category 2, dimension D]

Category 3: Humorous Discussions Generated by and About the PSA—

Conversations coded as category 3 contained some element of humor, in terms of making fun of either the production quality of the PSA (quality of acting, ridiculous scenarios, etc.), the information presented, or some hypothetical situation wherein the conversants pretended they were in the PSA themselves. As such, three dimensions were identified that more explicitly illustrate these variations. Dimension A concerns jokes about the quality of the

acting, quality of the production value of the PSA, or the absurdity of the scenarios presented. Dimension B concerns jokes about the informational content of the PSA, while dimension C contains jokes about actual behaviors or funny hypothetical scenarios wherein the conversational participants themselves or others known to them are the actors.

Jokes about quality of the acting or scenarios portrayed in the PSA: The following comment for *Street Smarts* describes friends sharing laughs at the PSA's expense, but the man's comment hints at a third-person effect, when he notes that he practices safe sex but others do not:

[Male, talking with male friends at his apartment] You know, making fun of the girl's voice, and all of that. I don't know, actually poking fun at the fact that ... you should wear a condom every time, because while I do that, no one else really pays attention to that. [*Street Smarts*; category 3, dimension A]

Jokes about the informational content of the PSA: One of the hallmarks of the PSA *Translation* was its humorous delivery of a serious message. The humor highlighting the contrast between the club characters' promises and the actual consequences of unsafe sex created entertainment that spawned many joking conversations between respondents and their friends. The effect of the joking about the negative consequences was that people and their friends were repeating these bad outcomes over and over to each other, undoubtedly reinforcing them in their memories. Additionally, some viewers also felt the delivery was realistic and that the sense of realism/believability was helpful in "driving the point home," giving the following portion of dialog a second category 1 rating:

[Female, talking with friends/roommates while watching TV in their living room] Just sort of the tag line at the end about the condom. We thought that was sort of humorous, although it did make a great valid point. I think we did say how it was realistic. A good ad that drove the point home. [*Translation*; category 3, dimension B] [*Translation*; category 1, dimension B]

Although the type of joking about the previous and next conversation seemed most common between friends, a female participant and her parent also appreciated the humorous content:

[Female, watching with family in their home] I said I think that's funny and it's very catchy, flashy, so it makes you think about it in a different way. Instead of the boring "Be Safe," the straight messages that you typically hear. This one's different. A different approach ... My mom thought it was funny, too. [*Translation*; category 3; dimension B]

Jokes about (actual) previous or hypothetical scenarios similar to those in PSA: Several comments about *Street Smarts* point out the intriguing role that humor played in how some participants engaged the PSAs message. The first comment demonstrates how making fun of the PSA also encourages a person to recall the message and the behavior that was modeled:

[Male, watching with girlfriend at her apartment] We both sat there and kind of laughed about it, and shortly thereafter my phone rang, and I said, "All right, I'll

bring some condoms, I'm going out with Katherine tonight!" [*Street Smarts*; category 3, dimension C]

The second comment illustrates a phenomenon that came up many times in this study—a group of friends watching together will make jokes and laugh about the ad. In some cases the discussion involved criticizing the ad, but here the participant makes the point that it kept their attention focused on the PSA, so they heard the message in its entirety:

[Female, watching with friends in their apartment] We usually don't pay attention to commercials. Sometimes if we're just laying around, it came on, and we were just like, ha-ha. The guy you know, "Maybe I'll pick up some," you know? We thought that was kind of funny, right there at the end. But we listened to it all of the way through, we didn't comment until it was over. It caught our attention. [*Street Smarts*; category 3, dimension C]

Several of the humorous comments for *Translation* involved the conversational participants making fun of the PSA and the scenarios depicted by proposing additional hypothetical scenarios that involved either themselves or friends/acquaintances:

[Male, talking with friend at home] How it was funny ... How it would be funny if someone said that, like if you were at a club or something, and they said, "I have herpes." [*Translation*; category 3, dimension C]

[Male, talking with group of male friends] Yes, we laughed at it, of course. 'Cause it was just like, "I don't want that girl to give me that." Somebody, I mean, when it came on, everyone was just like, "What, what's goin' on?" Then everyone just started talking and laughin', and everyone just made jokes on it ... Like someone said "I can give you chlamydia," then someone said, "I can give you herpes," and then, I think we started picking on people that we knew ... We bad!" [*Translation*; category 3, dimension C]

The PSA *Boyfriend* inspired a few discussions, although they tended to concentrate on the extreme sports setting rather than the more personalized discussions that some of the other ads triggered. Humorous conversations about satirizing this PSA's extreme sports theme occurred, and seemed to also serve the function of causing people to repeatedly think of condom use.

[Male about talking with friends while watching ad at friend's house; respondent and friends often joke and make fun of PSAs] He [friend] had some carabiners and we were discussing how you could get a little bag attached to your carabiners so that you could keep all of your contraceptives with you while scaling a rock face. [*Boyfriend*; category 3, dimension C]

[Female, talking with roommate] "I think I've laughed about it and made fun of it to my roommate. I think we were talking about, or we saw another ad where someone was whitewater rafting, and I was like, yes! Let's use condoms while we're whitewater rafting! Like, just making fun of it later. [*Boyfriend*; category 3, dimension C]

DISCUSSION

The purpose of the current exploratory study is to advance our understanding of the role of interpersonal communication in the reach and potential impact of a safer sex mass media campaign. To achieve this, 139 young adults who had seen one or more PSAs in the media campaign were interviewed. Results indicate that individuals often view PSAs with other people, providing the opportunity for immediate discussion about the ads. Moreover, our data indicate that individuals more often than not discussed the PSAs when watching with others. This is a very important finding, as it suggests that campaigns can play an agenda-setting role, at a minimum influencing *what* their target audience talks about. This simple fact leads to the observation that interpersonal discussion may be a necessary, but not sufficient, precursor to attitude and/or behavioral change in response to a campaign. It also suggests that conversation about campaigns be integrated into campaign evaluations, as it is capable of affecting both the reach and potentially the impact of campaigns. Finally, these findings suggest that campaign designers carefully consider the viewing context of a particular target audience, as this context may affect the process by which messages are viewed and processed.

Of course, the ultimate goal of many health mass media campaigns is not merely to get individuals to converse, but rather to persuade individuals to change the way they think about a particular topic and take recommended actions (Noar, 2006; Salmon & Atkin, 2003). By focusing on the content of the interpersonal discussions, the qualitative interviews presented in the current study shed some light on how individuals reacted to the PSAs through their conversations, some of which may have influenced campaign outcomes. As a whole, these data suggest that interpersonal communication may be an important mediator of campaign effects. Most notably, it may not be so important what individuals think when they watch an ad, but rather (in the context of a conversation with others) what their lasting impression is, which may be the result of the conversation that takes place about the ad. Toward that end, it may be particularly important for campaign designers to consider designing ads a way that influences conversations in the “right” direction. We now discuss the overall patterns that emerged across the PSA categories and address implications of the current study for campaign designers.

Patterns From Category 1: Discussions About Overall PSA Realism and Messages Presented

In one or more ways all the PSAs included in this study attempted to educate the viewer about the risks associated with having unsafe sex. Often this was done through presentation of information about risky behaviors combined with other contextually bound tactics (use of drama, humor/satire, or some combination). The extent to which these strategies delivered the intended persuasive message realistically and effectively often depended on the quality of the other strategy. For example, the PSA *Street Smarts* focused heavily on the delivery of statistical information compared to the other four PSAs. However, one respondent found the use of a “condom coach” to be unrealistic and found the actor’s portrayal to be distracting and ineffective, while others found the conversations portrayed in the PSA and the use of fear tactics to be equally ineffective. For several of the respondents the heavy-handed

approach of the PSA led to making fun of the PSA, the actors, and the conversations presented.

While we do not know the ultimate impact of these reactions, it is likely that for many individuals, this PSA did not advance the message of the campaign. This leads to the idea of distracting components of campaign messages. If individuals have a negative reaction to a spot because they find it to be unrealistic (for any of a number of reasons), the effect of the message may not be the intended effect. Rather than persuading an individual to rethink the person's own condom use behavior, these distracting elements may instead lead to conversations that are "off topic," or worse, may lead to what Witte in the extended parallel process model (EPPM) describes as "fear control" rather than "danger control," where the core of the message is intentionally ignored (see Witte, Meyer, & Martell, 2001). The implication here is that care should be taken so that the PSA does not come across as "preachy" or "fake" and that the dialog presented is written in such a manner that the situations and actors portrayed are ecologically valid. This necessitates significant formative research in the development of a campaign. Moreover, even when such work is done, as it was in the current campaign (see Noar et al., 2008), there is no guarantee that such ecological validity will be achieved. Put simply, developing an average or mediocre PSA is much easier than developing a PSA that resonates with most of a particular target audience.

Patterns From Category 2: Discussions About the Seriousness of the Persuasive Message

In the PSA *My Story*, many of those interviewed found the dramatic portrayal to be fairly realistic, with much of the conversation reported having serious or even anxious undertones. Several of the respondents felt they were able to identify with the women in the PSA at a personal level, through either knowing or having experienced something similar or through having been (or being) in romantic situations where the outcomes portrayed in the PSA are a personal possibility. The realistic situation presented appears to have struck a chord with the respondents, highlighting how dramatic portrayals—when presented with compelling actors and plotlines—can very effectively convey the seriousness of many issues (such as sexually transmitted diseases) and can personalize risks in a way that statistics often cannot.

It is worth noting that in our previous work evaluating an effective antimarijuana campaign, there was broad consensus that the most effective PSA (called *Michael*) was also a dramatic portrayal (Palmgreen, Donohew, Lorch, Hoyle, & Stephenson, 2002). There has also been increased application of entertainment education in safer sex promotion, in terms of both stand-alone dramas and integration of HIV prevention storylines into existing television programs (Kennedy, Beck, & Freimuth, 2008). Such dramas may be particularly effective in sparking conversations, as indicated by the many participants in the current study who related to the woman in *My Story* and discussed friends who had had similar experiences. Such dramatic impact of a PSA is only possible, however, if the production quality and acting are at a high enough level to make the story believable. Along similar lines, the discussions spurred by *Big Date* also highlight how realistic interactions displayed on screen can either spur recall of previous conversations or act as a catalyst for initiating safer sex conversations with romantic partners.

Patterns From Category 3: Humorous Discussions Generated by and About the PSA

In several of the PSAs (*Street Smarts*, *Translation*, *Boyfriend*), individuals reported that they found the PSA to be humorous—whether humor was included intentionally or not. While these PSAs did spur conversation and joking regarding humorous scenarios for condom use as well as providing repeated opportunities to discuss condom use in general, what we do not know is whether this humorous discussion actually translated into pro-health attitude or behavioral change, or whether the portrayals undermined the safer sex message of the ad. Humor, whether intentional or not, can have both positive and iatrogenic effects in health communication advertisements. Previous research has shown that intentional use of humor is risky at best, and its unintentional inclusion in a PSA can lead to negative perceptions of ad quality and production values, all of which can detract from message processing and effectiveness (Adnsager, Austin, & Pinkleton, 2006; Fishbein, Hall-Jamieson, Zimmer, von Haefen, & Nabi, 2002).

That said, some of the discussion surrounding humor highlighted that when individuals are mocking the PSA, they are still discussing the PSA and the information and/or message attempting to be conveyed. When done artfully and with an eye for strategic use of humor, joking (contained within the PSA itself) can provide a lighthearted vector for information transmission and can be a welcome departure from the more traditional scare tactics often employed in many (safer sex) campaigns. Thus, careful use of humor, where its purpose is to advance the argument being made (rather than undermine it), may be effective in the context of campaigns. In particular, the PSA *Translation* was able to use humor in a way to “lighten” up a serious subject (AIDS/STDs) and to promote conversation on that topic. Given that our large-scale quantitative data suggest that this PSA was relatively effective (second only to *My Story*; Noar et al., 2010), humor in this case may have been well used. On the other hand, for example, humor used to make fun of the *Boyfriend* PSA that focused on the “extreme sports” component of the ad, rather than its safer sex persuasive message, is unlikely to have engendered the desired outcome.

Implications for Campaign Designers

An interesting finding in the current study is that the PSAs sometimes sparked conversations that were irrelevant to the goals of the campaign. For example, some of those viewing *Boyfriend* began a conversation about extreme sports, while some viewing *My Story* talked about how men are “dirty” because they sometimes cheat. Based on these data, we can speculate that many campaigns have likely stimulated conversations that had little or nothing to do with the aims of the campaign. The key question confronted by campaign designers, then, is how to design ads that have the intended effect of individuals discussing the “right” topic, rather than the unintended effect of individuals talking about the “wrong” topic. Hornik and Yanovitzky (2003) have demonstrated that simply exposing a viewer to a PSA does not automatically mean a PSA-relevant discussion will ensue, much less a discussion about the “right” topic. Yet sometimes simple exposure has exactly this effect. Why? Much of the answer may lie in the topical relevance of the campaign itself or with the production quality of the televised PSA—maybe the viewer has a friend recently diagnosed with an STD—or alternately the actors in the PSA appear unrealistic or unintentionally comical. In the first instance the discussion generated could be seen as a positive outcome

by campaign planners and may help to boost the campaign's persuasive goals, with the latter situation being potentially iatrogenic (David, Capella, & Fishbein, 2006).

If conversation does act as a mediator for the effects of campaign messages, it would behoove campaign planners to either incorporate conversation-generating strategies into their message design (Noar, 2006) or at the very least to track whether and what types of conversation were stimulated by their messages to better understand the campaign's true reach and effects (Hornik, 2002). Both Hornik and Yanovitzky (2003) and Southwell and Yzer (2007) note that this form of mediation can lead to situations where viewers speak with important others about campaign messages in an effort to either confirm or disconfirm perceived norms regarding behaviors of interest. Both confirmation and disconfirmation of these perceived norms could therefore influence the path of behavioral change (and strengthen likelihood of occurrence). Such strategies have been implemented before, notably with the U.S. Office of National Drug Control Policy's antidrug media campaign from the late 1990s to the present (Hornik & Yanovitzky, 2003). Indeed, a primary focus of this national campaign has been to stimulate discussion between parents and their teens about the dangers of drug use. More recently, direct-to-consumer advertising (DTCA) of prescription medications has encouraged potential patients to talk with their doctors to decide whether the advertised medication may have potential benefit for the patients (Lyles, 2002). Other types of interventions have targeted social networks directly, such as the peer opinion leader approach developed by Kelly et al. (1992). The Kelly et al. work found that within urban homosexual community social networks, those individuals who were viewed as "popular" could serve effectively as champions or promoters of safer sex skills and disease prevention information. As such, Kelly and colleagues worked directly with these individuals and concluded that their social status contributed to broader social network connectivity and influence, making these individuals potentially important mediators of health promotion skills and information.

Advances in this area are likely to come from additional studies—perhaps ecologically sound laboratory-based studies of how individuals in groups react socially to messages. However, most studies of message design are conducted with individuals in attempts to study how socially isolated individuals react to particular message manipulations, not how groups react and converse (e.g., O'Keefe & Jensen, 2006). It is true that focus groups sometimes spark discussions of message concepts among the participants, but most reactions are directed at the moderator—not to each other. Advances in message design may require additional studies and formative research techniques that involve showing PSAs to groups of individuals and allowing them to engage in conversations about those ads. While the dynamics of this social process are complex, further study will help us to better understand what elements of messages resonate with "grouped" audience members and under what circumstances conversations will move in differing directions.

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TABLE 1

Titles and Descriptions of the Original Safer Sex Public Service Announcements

PSA	Title	Description
1	<i>Street Smarts</i>	Man walks down busy street talking to his female friend on his cell phone. While she lists the reasons he should practice safe sex on his date that night, the man runs into reminders everywhere he turns: He sees a father pushing a baby cart, and reads a street sign with statistics about STDs. Then as he is persuaded to go into a drugstore to buy some condoms, he sees another poster saying that there is no cure for AIDS. Superimposed on the same poster is the campaign slogan: "Use a condom. Every partner. Every time."
2	<i>Translation</i>	Ad begins with people dancing to loud music in the background. The text "Believe everything you hear?" is superimposed. Rapid cut to close-up of young male telling female "I can give you everything you've ever dreamed of." This blurs into the background as the following text is stamped on screen in big bold letters: 'DIRTY DIAPERS, SCREAMING BABIES'. This cuts to closeup of a female who says "I can give you something you'll never forget." The image blurs into the background as this text appears: "GONORRHEA, CHLAMYDIA, AIDS." The next cut is to a male who says, "I can put a smile on your face for weeks." This cuts to the following text: "HE'S RIGHT ... HE USES CONDOMS." The ad ends with the campaign slogan: "Use a condom. Every partner. Every time."
3	<i>My Story</i>	The PSA begins with a young woman dancing at a party, then kissing a man on the couch. In the background, the female narrator relates her story about being a party person and "hooking up" with various men, but says that she always made sure she had safe sex. Scene cuts to closeup of the girl. She looks sad and pensive as she relays the rest of her story. "I was always safe except when I got into a relationship ... I never thought I would get an STD from my own boyfriend." She relates how she got herpes and how her boyfriend had said he loved her and would give her anything ... "He gave me something he can't ever take back," she says. The ad ends with campaign slogan superimposed on screen: "Use a condom. Every partner. Every time."
4	<i>Big Date</i>	Two related stories play out on split screens. One screen shows a young <i>woman</i> getting ready to go out on a date. The other shows a young <i>man</i> getting ready to go out on a date. Both are with their friends as they get ready for their dates. The woman asks her roommate if she has a condom. As the roommate rummages through her purse she says, "I thought you trusted the guy." In the meantime, the man frantically searches for a condom as his roommate comments, "You said Kelly's on the pill and she doesn't mess around." On the other screen, Kelly tells her friend, "Still, you don't know who he's been with." Similarly, the man tells his roommate, "but I'm not her first either." The ad ends with the campaign slogan superimposed on screen: "Use a condom. Every partner. Every time."
5	<i>Boyfriend</i>	Begins with rapid cuts of men doing extreme sports. Female narrator says, "My boyfriend does some crazy things ... living on the edge ... taking chances ..." Then cut to scene of couple making out on bed and then reaching for a condom. Female narrator continues, "But I never let him take chances with me ... we always use a condom." Ad ends with the following text superimposed on the screen: "Use a condom. Every partner. Every time."

Note. STD, sexually transmitted disease; PSA, public service announcement.

TABLE 2**Categories and Properties/Dimensions Derived From Open-Coding Technique**

Category 1:	Discussions about overall PSA realism and messages presented
	<ul style="list-style-type: none">A. Dimension: Discussions about the quality/believability of the informational facts presented in the PSA.B. Dimension: Discussions about the level of realism shown in the PSA scenarios.C. Dimension: Discussions about the viewer's overall impression of the PSA message.
Category 2:	Discussions about the seriousness of the persuasive message
	<ul style="list-style-type: none">A. Dimension: Discussions about the anxiety generated by viewing the PSA.B. Dimension: Discussions about suspicion/distrust in current or previous partner(s) generated by viewing the PSA.C. Dimension: Discussions about relevant past sexual behaviors by self or others.D. Dimension: Discussions about the potential for PSA content to promote unsafe sexual practices.
Category 3:	Humorous discussions generated by and about the PSA
	<ul style="list-style-type: none">A. Dimension: Jokes about quality of the acting or scenarios portrayed in the PSA.B. Dimension: Jokes about the informational content of the PSA.C. Dimension: Jokes about (actual) previous or hypothetical scenarios similar to those shown in the PSA.

TABLE 3

Descriptive Data on Participants' Viewing and Discussion of the PSAs

Variable	Street Smarts		Translation		My Story		Big Date		Boyfriend	
	N	%	N	%	N	%	N	%	N	%
Ever seen this PSA?	99/139	71	123/139	89	122/139	88	106/138	77	83/133	60
Ever watched this PSA with other people?	68/96	71	97/123	79	79/122	65	58/106	55	40/82	49
Who did you watch the PSA with?:										
Boyfriend/girlfriend	28/69	41	36/97	37	30/79	38	19/58	33	15/40	38
Did you talk about it?	7/28	25	14/36	39	16/30	53	6/19	32	7/15	47
Another sexual partner	2/68	3	3/97	3	2/79	3	2/58	3	2/40	5
Did you talk about it?	2/2	100	—	—	2/2	100	1/2	50	1/2	50
Friends	51/68	75	75/97	77	56/79	71	43/58	74	29/40	73
Did you talk about it?	18/52	35	47/75	63	31/56	55	20/43	47	17/29	59
Family members	7/62	11	9/94	10	3/73	4	6/56	11	—	—
Did you talk about it?	4/8	50	5/9	56	3/4	75	4/6	67	—	—
Anyone else	—	—	—	—	—	—	—	—	1/33	3
Did you talk about it?	—	—	—	—	—	—	—	—	1/1	100
Discussed PSA with anyone besides those you may have watched it with?	2/68	3	15/96	16	9/78	12	6/59	10	4/40	10
Who did you discuss it with?:										
Boyfriend/girlfriend	—	—	—	—	2/9	22	—	—	—	—
Another sexual partner	—	—	—	—	—	—	—	—	—	—
Friends	2/2	100	14/15	93	6/9	67	5/6	83	4/4	100
Family members	2/2	100	14/14	100	8/8	100	5/6	83	4/4	100
Anyone else	—	—	1/14	7	—	—	—	—	—	—