

## ICONOGRAPHY AND STIGMA: GRAPHIC STRATEGIES OF HIV/AIDS CAMPAIGNS WHICH TARGET MEN WHO HAVE SEX WITH MEN (MSM) IN HONG KONG.

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### ABSTRACT:

Recent Hong Kong government strategies on HIV/AIDS intervention prioritised four “communities” prone to be at risk: commercial sex workers, cross border travellers, illicit drug users, and men who have sex with men. The generic term “men who have sex with men” (MSM) is used as an inclusive descriptor in Australia, Britain and North America. The term is problematic when applied to Asian societies where MSM define themselves according to their adopted gender, with feminine and masculine roles shaping both sexual behaviour and personal relationships. The challenge for HIV/AIDS campaigns in Hong Kong is how to communicate health messages to stigmatised individuals of multivarious gender and sexual identities. This paper concerns the iconography and material culture of HIV/AIDS campaigns in Hong Kong with emphasis on associated social and cultural relationships which surround design and production, consumption and, importantly, everything of any bearing that lies between the two.

## KEYWORDS

design communication, HIV/AIDS campaigns, Hong Kong MSM

## INTRODUCTION

It has been over twenty-five years since the first case of HIV/AIDS was reported in the United States of America. HIV/AIDS is a controversial, difficult, and unpopular topic since it affects behavioural change in the morally-charged domain of sexual health. Response to the epidemic is similar to any socio-sexual crisis such as sexually transmitted infections, in which the network of relationships – bio-medical, cultural, economic, legal, political, psycho-social – within and surrounding HIV/AIDS consists of “interwoven dynamics of exceeding complexity” (Close 1995: 23). Initially diagnosed in the United States among homosexual men and men who have sex with men (MSM), the impact of HIV/AIDS on these populations in the United States and developed countries including Australia, resulted in quick grass-roots responses from gay communities and activists because of inaction on the part of the health authorities to quell confusion and panic due to the lack of public information about the syndrome (Donovan 1998). During the 1980s and 1990s HIV/AIDS interventions from community-based organizations and targeted campaigns from the public health sector addressed high risk behaviours including unprotected anal sex among homosexual men, and substance use. The implementation of these interventions led to significant reductions in sexual risk and the prevention of new HIV infections in homosexual men. These achievements have reached a stable level over time but recent evidence shows that HIV infection is recurring in new groups of MSM in developed countries including USA and Australia, and is an emerging epidemic in MSM populations in developing countries (UNAIDS 2005; UNAIDS 2006b).

In 2004 the AIDS Council of New South Wales launched a campaign poster in response to rising rates of HIV infection among homosexual men in inner Sydney with an arresting message in large black letterforms against an orange background: “HIV up 18% in Sydney and still rising” followed by “The person most likely to pass on HIV probably doesn’t know he has it. Protect yourself and your partner by using condoms and lube for anal sex” in smaller black letters (AIDS Council of New South Wales 2004).

HIV/AIDS awareness and prevention programmes in East and Southeast Asia were introduced in response to the discovery of local HIV infections during the mid- to late 1980s, and were

modelled on early strategies and campaigns from Australia, England and the United States of America, but modified to adapt to the local contexts (Chan and Donovan 2005: 123). In 2006 UNAIDS reported on increased HIV infections among MSM globally and classified MSM as one of four key populations which are neglected and at risk (UNAIDS 2006a: 110). In 2000 the MSM Working Group was established as part of the Hong Kong Community Planning Process on HIV/AIDS to review research and prevention programmes for MSM, followed by the prioritisation of MSM as one of four “communities” prone to be at risk: commercial sex workers, cross border travellers, illicit drug users, and MSM (Hong Kong Advisory Council on AIDS 2002).

The first part of this paper provides a background to the definition and rationalisation of MSM as a category in social research, the behavioral and socio-cultural factors which may place MSM at risk of HIV infection, and the challenges to the design and development of HIV intervention programmes for MSM. The second part examines the social and cultural identity of MSM in Hong Kong, and the iconography and material culture of HIV/AIDS campaign graphic designs with an emphasis on associated social and cultural relationships which surround design, production and consumption of knowledge about MSM identity and HIV/AIDS.

## MEN WHO HAVE SEX WITH MEN (MSM)

In HIV social research the category of “men who have sex with men” (MSM) includes a broad range of sexual and gender identities and behaviours among people in various socio-cultural and sexual contexts (Dowsett 2003). The term refers to a non-static, “social and behavioural phenomenon” rather than a particular group of people, and “includes not only self-identified gay (homosexual) and bisexual men, but also men who engage in male-male sex and self-identified as heterosexual or who do not self-identify at all, as well as transgendered male” (UNAIDS 2006a: 110). In Asia the diversity of MSM identities can include transgender individuals (e.g. the *hijra* in Bangladesh and India, the *katoey* in Thailand and the *waria* in Indonesia), feminine-acting MSM (e.g. the *kothi* in South Asia), their masculine-acting partners (e.g. the *panthi* in South Asia), gay-identified men, and men who have situational sex with each other (UNAIDS 2006b: 24-26).

In the Australian context, most of the early and recent HIV/AIDS interventions have been successfully targeted at male homosexuals who represent the major group at risk statistically, while campaigns for MSM, such as married men who do not identify as gay but engage in anonymous sex with men, are more sporadic because of the difficulty in identifying and accessing this group. Male-male sex occurs in all societies and yet MSM are largely invisible in many places.

A consultancy report on HIV/AIDS for the Hong Kong Department of Health describes MSM as “men who have sex with men who are at substantial risk of HIV infection through practice of anal sex, which is very efficient at transmitting HIV” with an emphasis on sex behaviour rather than sexual identity (Brown 2006: 30). Although high-risk activities among MSM, including unprotected anal sex, are recognized as transmission modes for the HIV virus, these activities take place in social and cultural situations in which identity plays a vital role. The interaction between identity in socio-cultural contexts and behaviour in the negotiation of sexual practices represents an important relationship in the construction and acquisition of epidemic knowledge, and particularly in the design and implementation of HIV interventions for MSM (Hong Kong Community Planning Process on HIV/AIDS MSM Working Group 2000).

## MSM AND HIV PROGRAMMES

The task of developing HIV intervention programmes for MSM is challenging. The report, *HIV Prevention for Men Who Have Sex With Men*, confer that rising rates of infection in MSM in developed and developing countries may be attributed to a complex set of biological, behavioral and socio-cultural factors which may place MSM at increased risk for acquiring and transmitting HIV (amfAR 2006b: 1-2). Although this paper focuses on socio-cultural factors which influence the design, production and consumption of epidemic knowledge in HIV intervention, the behavioral patterns of MSM populations complement socio-cultural perspectives, and contribute to a broader understanding of this complex group.

## BEHAVIORAL FACTORS

The authors of the report, *HIV Prevention for Men Who Have Sex With Men*, identified risk behaviour as contributing factors to the vulnerability of MSM to HIV infection (amfAR 2006b: 2). These include: (1) specific acts in the sexual practices of MSM which are conducive to HIV infection, particularly unprotected receptive/insertive anal sex, and oral sex, (2) increased risk of HIV infection which can be influenced by sex with multiple partners, inconsistent condom use, ignorance or lack of knowledge about HIV risk, and negative or smug attitudes towards safer sex, (3) the link between alcohol and drug use, and increased rates of unprotected receptive/insertive anal sex, increased number of sex partners and inconsistent condom use to the increased risk of acquiring HIV, (4) depression in MSM which may be linked to increased risky behaviour including unprotected receptive/insertive anal sex, alcohol and drug abuse, inconsistent condom use and

multiple sexual partnerships, and (5) the potential for increased HIV infections caused by “expeditious partnerships” as a result of sexual encounters at short notice by MSM via personal classifieds and chat rooms on the Internet (amfAR 2006b: 2).

## SOCIO-CULTURAL FACTORS

Socio-cultural factors, such as perceptions and experiences of stigma and discrimination, homophobia, social and legal marginalization, criminalization, lack of HIV information and awareness of risk, racism, self-esteem and internalized oppression may also contribute to increased risk of HIV infection in MSM. Several studies in North America and Latin America indicate that stigma and discrimination, homophobia, social and legal marginalization, and self esteem may be a significant link to increases in risk behaviours including drug use before or during sexual encounters, unprotected insertive/receptive anal sex, multiple sexual partnerships, and inconsistent condom use (amfAR 2006b: 2).

The programming of HIV intervention for MSM is inhibited by stigma associated with male-male sex. Many MSM do not identify themselves as homosexual or bisexual, potentially leading to denial of their own risk, and so are less likely to respond to MSM-specific programmes. This group includes masculine-acting MSM who may view sexual encounters with other males or transgender individuals as heterosexual. Even among those who identify as gay, bisexual or transgender, there is a lack of awareness of HIV and what constitutes sexual risk behaviour (Gibson *et al.* 2004; Longfield *et al.* 2004). Stigma is present at many levels, particularly in countries where male-male sex is criminalized or where MSM are subject to unofficial persecution by the authorities or discriminated against, even though same-sex behaviour is not illegal. Criminalization and homophobia severely hinder the ability of many MSM to access HIV prevention information and treatment (UNAIDS 2004). Faced with legal or social sanctions, MSM are either excluded or exclude themselves from sexual health and welfare agencies because they fear being identified as homosexuals. Where MSM venues are marginalized the only remaining possibility is secret encounters, which are far more likely to involve unsafe practices. The marginalization of MSM relationships results in higher numbers of multiple sexual partnerships and lower self-esteem, again leading to risk behaviours (amfAR 206a: 2).

In many Asian countries the absence of a vocal, self-identifying MSM population prevents the application of Western models of HIV prevention and behaviour change, which are based on establishing behaviour norms in a self-reinforcing community. A recent survey of MSM in five

Indian cities found that the use of peers to distribute and promote condoms resulted in significant increases in condom use, particularly in Mumbai where peer educators distributed more than two-thirds of the condoms used by the survey population (MAP 2005).

The optimism about widespread access and efficacy of antiretroviral therapy may lead to the erroneous belief that HIV/AIDS is more or less curable and protected sex is therefore optional. This view may be linked with the resurgence of sexual risk behavior in young MSM. The optimism may either lessen the individual's concerns about becoming infected (thereby facilitating risk behavior) or may be a post hoc rationalization after unprotected sex has occurred (amfAR 2006b: 2; UNAIDS 2006b: 113)

## HIV/AIDS AND MSM IN HONG KONG

The first case of HIV infection in Hong Kong was reported in 1984 (Wong and Lee 1998). Under the voluntary and anonymous HIV/AIDS reporting system, the Department of Health received a cumulative total of 2512 reports of HIV infection to the end of 2004. Reports have increased gradually in each year; 268 were notified in 2004. The incidence of AIDS has decreased since 1996, with the availability of effective antiretroviral treatments. Fifty new AIDS cases are reported each year, representing a cumulative total number of 689 cases since 1984 (Hong Kong Department of Health 2005).

The prevalence of HIV/AIDS in Hong Kong is low (World Health Organisation 2002a; 2002b). An estimated 3000 individuals have HIV, sexual transmission the predominant route for infection (Chin 1999; Lin *et al.* 2004). Although heterosexual transmission remains the predominant route, an increasing spread of male-male infection has been documented amongst young male adult Chinese. Three-quarters of those with HIV in 2004 were Chinese males aged between 20 and 49 years. Non-Chinese comprise five percent of the population of 7 million accounted for 31 per cent of reported infections (Hong Kong Department of Health 2005).

Since the mid-1980s, official Hong Kong HIV/AIDS intervention strategies have primarily focused on heterosexual transmission and intravenous drug use. Consensual sex between men in private – within the home – was decriminalised in 1991. The age of consent for MSM was, until October 2006, set at 21 years compared 16 years for heterosexuals. “Under age” male-male sex has attracted arbitrary harassment by the police, and “buggery” or “gross indecency” carried a penalty of two to five years imprisonment. Discrimination, stigma and taboos are attached to male-male

sex in Hong Kong. In Asian cultures Western notions of “gay” and “homosexual” do not comfortably or easily translate into the cultural vernacular (Chou 2000).

MSM in Hong Kong meet for social purposes and sexual liaisons in the ten or more gay bars, night clubs and Karaoke clubs, the fourteen or more “beats” and public toilets, and the twenty or more saunas or ‘fitness clubs’ (Hong Kong Advisory Council on AIDS 2006). The challenge for HIV/AIDS campaigns in Hong Kong is how to communicate effective health messages to a socially tabooed diaspora of individuals of multivarious gender and sexual identities. Although HIV/AIDS has not had the impact on MSM in Hong Kong it has in the West, steady increases in the rate of infection amongst these individuals and evidence from behavioral studies suggest that a high incidence of unsafe sex is of concern (Brown *et al.* 1998; Lau *et al.* 2004). Recent Hong Kong government strategic frameworks to contain the epidemic identified four “communities” prone to be at risk: commercial sex workers, cross border travellers, illicit drug users, and MSM (Hong Kong Advisory Council on AIDS 2002; 2006).

If HIV/AIDS prevention includes safer sex practice such as condom use, how is it possible to promote behavioral change in sexual activities between consenting adult males which by law is legal but is a social taboo in Hong Kong? HIV/AIDS prevention for MSM in Hong Kong is challenged by the invisibility of MSM, the stigmatisation of male-to-male sex, and the rarity of public announcements on HIV infection among MSM (a sensitive issue for the government and community) which avoids any misconception and stigmatization that AIDS is a gay disease, but it also conveys a message to the MSM community that HIV/AIDS no longer concerns them (Hong Kong Advisory Council on AIDS 2001). HIV/AIDS prevention, in common with public health campaigns for sexually transmitted diseases in England during the Second World War, runs counter to the promotion of other public health issues, exhorting us to consider seriously about the implications of corporeal pleasure and confronting us with our mortality and morality (Close 1995). Preliminary analysis of visual materials from HIV/AIDS campaigns in Hong Kong, such as posters, condom packs and brochures, has identified traditional and transitional moral attitudes and conditioning in relation to gender, sexual identity and taboo (Donovan and Chan 2001).

## TONGJI AND MSM IDENTITIES IN HONG KONG

“Gay” or “homosexual” identities rarely apply in Asian cultures. Many Asian MSM define themselves according to their adopted gender, with feminine and masculine roles shaping both sexual behaviour and personal relationships (Chou 2000). The generic term “men who have sex

with men” (MSM) – men who do not identify as gay or bisexual but have sex with men – is usually used as an inclusive descriptor in Australia, Britain and the United States. But these terms are problematic when applied to Asian cultures. MSM in Hong Kong encompass gays (同志 *tongji*: literally, “comrade”), bisexuals (干濕機 *gonsupgei*: literally, “dry and wet machine”), transgenders, transsexuals, and married heterosexual men who have frequent or occasional situational sex with other men (Chou 2001; Jenkins 2004).

The term *tongji* was appropriated by a Hong Kong gay activist in 1989 for the first Lesbian and Gay Film Festival in Hong Kong (Chou 2001). The intention was to reject the medical description of “homosexual” with references to illness and pathology, and employ an indigenous term which represented of Chinese same sex eroticism and same sex relationship. The reappropriation of *tongji* is widely accepted by the community for “its positive cultural references, gender neutrality, desexualization of the stigma of homosexuality, politics beyond the homo-hetero duality, and use as an indigenous cultural identity for integrating the sexual into the social” (Chou 2001: 2). Over time *tongji* has become the most common usage in Hong Kong and Taiwan, though the English term “gay” is still commonly used, sometimes interchangeably with *tongji*. Chou observed the poignant symbolism in the Hong Kong *tongji*’s reappropriation of the most sacred term in the lexicon of communist China as their identity to signify both “a desire to indigenize sexual politics and to reclaim their cultural identity” as the British colony approached 1997 (Chou 2001: 3).

The other commonly used English term in *tongji* circles is “member,” which is pronounced in Cantonese as *mem-bah* (*mem-* 吧) implying a strong sense of inclusion but without specifying what kind of membership or club it is (Ho 1997). Chou argues that the ambiguity is not the result of self-denial or internalized homophobia, because (1) the activists use the term, (2) it is a local strategy to avoid using the term *tongxinglian* (homosexuality) directly in a homophobic society, and (3) *mem-bah* reveals the indigenous approach of blending the “sexual” into everyday life and rejecting a rigid and discrete sexual identity.

In 1998 AIDS Concern produced a poster to promote “Gay Men’s Health Week” which addressed *tongji* with codified textual and visual iconography (Figure 1). The bilingual Cantonese and English texts use the phrase “I am a *mem-bah*” – the self-identifying code for Hong Kong *tongji*. The sexual references are illustrated by the toucan which has a condom over its beak, the panther (sexual prowess), and the male peacock (masculinity). The words “body” and “mind” float in the background of the multi-layered composition as a reminder of the focus of the

workshop which addressed gay men's health. The poster design relied on textual and visual codes using language and iconography which resonated with the *tongji* population (Chan and Donovan 2000).



Figure 1. Gay men's health week. Poster © AIDS Concern, Hong Kong, 1998.

## HIV INTERVENTION FOR MSM IN HONG KONG

In 2000 the MSM Working Group was appointed as part of the Hong Kong Community Planning Process on HIV/AIDS to review research and prevention activities for AIDS prevention among MSM in Hong Kong in response to observation of a steady growth in the rate of reported infections and evidence from behavioral studies suggesting a high degree of risk behaviour in sexual practices among MSM. The review identified the scarcity of social research on MSM, but that some of the qualitative and quantitative research conducted independently by academics and non-government organizations about *tongji* organizations and networks provided preliminary data on gay identity, sexual and social behaviour, discrimination and attitudes towards homosexuality, risk behaviour, social attitudes towards MSM, and HIV prevention experience among MSM. Four topics stand out as significant to the design and development of HIV interventions.

## CULTURE AND RACE

Culture plays a major role in HIV intervention. "Chinese culture" can be used as a justification for inaction on the part of governments to promote HIV intervention programmes for MSM populations, by healthcare workers to explain the lack of HIV resources and services for MSM,

and by owners of commercial sex venues to defend the reluctance to make condoms more openly available to customers (Smith 1998a). Culture also discourages a man to disclose his MSM identity and take condoms and HIV prevention materials home especially if he lives with a family (Smith 1998a). Power in inter-racial relationships between Hong Kong Chinese and Westerners plays an important part in the negotiation of sex roles in anal sex (Ho 2000). Further research is needed to understand the cultural representations of sexual identity from local and foreign influences which inform Hong Kong *tongji* everyday life and sexual experiences.

## DISCRIMINATION OF MSM

Discrimination affects vulnerability to HIV in several ways: resulting in MSM being less likely to seek HIV testing and medical care; reducing the support network for MSM to discuss concerns about sex and HIV, resulting in planning sexual activities around the need to hide one's sexual orientation; and lower self-esteem and motivation to protect oneself and partner against infection (amfAR 206a: 2).

## MSM COMMUNITY

Most of the success stories in HIV among MSM in Western countries have been interventions which were developed directly by the communities from which the target audiences come from (Kippax et al. 1992; Kelly et al. 1993). The argument is that effective prevention programmes for MSM should not emphasise techniques of surveillance and intervention but rather making safer sex a "community practice" (Watney 1990). It is still relatively new to consider a "sense of community" among MSN in Hong Kong (amfAR 206a: 2).

## MSM PERCEPTION OF HIV IN HONG KONG

The benefits of good medical care and relative low levels of HIV infection obscure the need to increase HIV awareness in Hong Kong. This invisibility of the epidemic contrasts sharply with the high rates of HIV infections and deaths among gay men in cities like San Francisco, Sydney and London during the 1980s which created the climate of a "crisis" with mobilized effort from the communities (Rofes 1998). Low infection rates and the availability of antiretroviral therapy mean that most *tongji* are not directly exposed to evidence or examples of HIV infection and its consequences among their peers.

## MSM AND HIV TESTING

Research on MSM and HIV antibody tests in Hong Kong point to a low rate of MSM getting tested for the virus (Lau and Wong 2000), even though MSM generally seem to be aware of the risk of HIV and hold concerns about their own vulnerability while many of them are reluctant to take an HIV test. The reasons may include reluctance due to discrimination and stigmatization, fear of a positive result, perception that the test is unnecessary, underestimating the chances of being infected, inconvenience of test venues, long waiting periods and lack of training in pre- and post-test counseling for MSM.

## HIV/AIDS CAMPAIGNS FOR MSM IN HONG KONG

In the article, “Visual AIDS” for *Eye* magazine (1992) Simon Watney was critical of governments which are reluctant to provide honest safer sex material because of the fear of offending potential voters, and thus official campaigns “tended to be vague and euphemistic, relying on scare tactics and pretence that *everyone* is at equal risk” whereas non-government organizations produced imaginative campaign materials with demonstrable effective strategies which addressed topics and population groups within their constituencies. Watney concluded by recommending the following “guidelines” when designing HIV/AIDS intervention posters: (1) the need for clear and honest information which addresses the target audience considerably, (2) target specific groups rather than the abstract general public, (3) information should be available as widely as possible without any obscurity, (4) the messages should support the people’s emotional and sexual needs, (5) the message should counter ignorance and prejudice.

Three case studies of graphic design approaches to HIV/AIDS intervention for MSM – two non-government organizations, AIDS Concern and the Hong Kong AIDS Foundation, and the Hong Kong Department of Health – have been selected for discussion in this paper.

## AIDS CONCERN HONG KONG

Formed in 1990 AIDS Concern commenced its Gay Outreach Programme in 1994, and since then has continued to produce extensive HIV education resources for MSM for distribution in bars, clubs, saunas, through *tongji* organizations, in public toilet outreach activities and at special events like the *Tongji* Film Festival. AIDS Concern produces HIV resources for MSM which mostly

use language and iconography specifically selected to support the emotional and sexual needs of the target audience. Since these resources are restricted in their distribution to venues frequented by MSM only, the designers are able to use photographic or illustrated images of eroticized bodies as a “visual hook” and complement to the engaging messages.

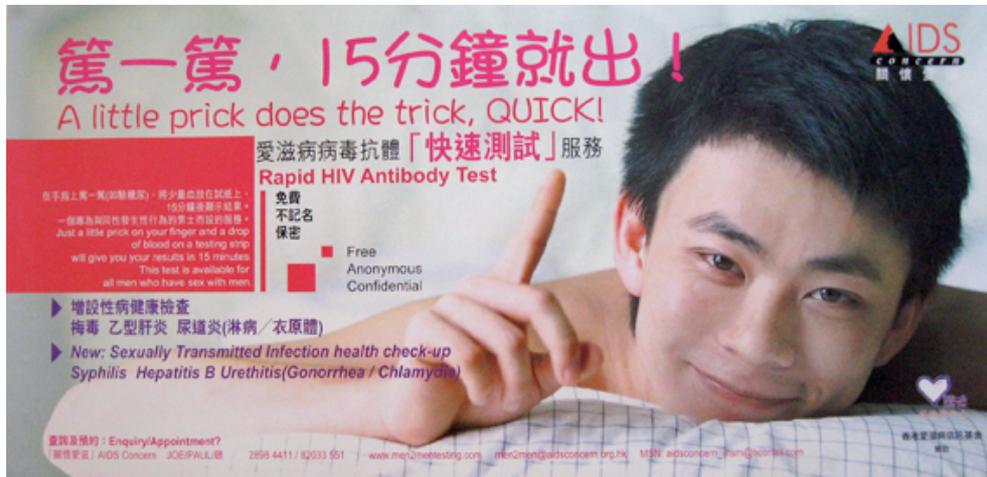


Figure 2. A little prick does the trick, QUICK. Poster © AIDS Concern, Hong Kong, 2006.

In 2006 AIDS Concern produced a poster to promote HIV antibody testing among MSM. The design relies on bilingual messages in Cantonese and English to cater to the broad cultural backgrounds of MSM, and features the photograph of an engaging and smiling Chinese male with the catchy tag-line, “A little prick does the trick, QUICK” (Figure 2). The poster provides carefully designated multiple levels of information which include an assurance of a “rapid HIV antibody test”; a simple description of the test method to assure MSM of the efficient, fast and safe process; the identification of “men who have sex with men” discreetly on the poster to alert the target group; confirmation of the test being “free, anonymous and confidential”; information on “new” sexually transmitted infection check-up service; and a list of telephone numbers, email addresses and websites for queries and appointments.

## HONG KONG AIDS FOUNDATION

The Hong Kong AIDS Foundation (HKAF) is a non-government organization which launched the “Sexual Health for MSM” programme in 2005 in response to the report, *Recommended HIV/AIDS Strategies for Hong Kong 2007-2012*, which identified MSM as one of the “vulnerable communities prone to be at risk (Hong Kong Advisory Council on AIDS 2006). The rationale for the programme was based on the concept of “normalization” of the negative image of a problem

which led to the reconfiguration of HIV/AIDS education as Sexual Health for MSM (Wolfsbergen 1972).



Figure 3. Diary of the Left-Handed Guy. Booklet © Hong Kong AIDS Foundation, 2006.

The booklet, “Diary of the Left-Handed Guy”, was designed and produced by HKAF in 2006 to introduce sexual health for gay men through the daily experiences of self-discovery of a gay character. The introduction of the booklet informs the reader that being gay is like a left-handed guy feeling “different or special” in a mainstream world of right-handed guys – “like discovering your sexual orientation is different from mainstream society”. The format of the narrative follows an illustrated diary with daily handwritten entries of the “self-discoveries” over 12 pages. The content of the diary deals with various topics including risk behaviour in sexual intercourse, sexual diseases, interpersonal relationships, gender recognition, and sexual orientation. The gay character is presented as an illustration to provide a lighter note to the serious nature of the topics, while the introduction of numerous issues in gay men sexual health is hampered by the lengthy diary entries with no graphic strategies to organize and “layer” the information. The choice of a left-handed character to represent a gay man is problematic because of the double stigmatization.

## DEPARTMENT OF HEALTH, HONG KONG

The Department of Health produces most of the official HIV/AIDS campaign materials for Hong Kong, and the messages are mostly aimed at the general public. During the late 1980s the department produced two television advertisements, “Bar” and “Homosexuals”, aimed specifically at MSM. Both television advertisements cautioned against homosexual behaviour in general rather than offer information about risk reduction. A survey of MSM responses to the

government television advertisements reported MSM doubts about the government's commitment to providing HIV education to MSM while others expressed that the government campaigns had done more to stigmatize MSM than to help them avoid infection (Jones and Lau 1997; Jones *et al.* 2000; Jones, Candlin and Yu 2000).

In 2006 the Hong Kong Department of Health through its Red Ribbon Centre, an UNAIDS Collaborating Centre, collaborated with AIDS Concern, Hong Kong AIDS Foundation and members of the *tongji* community to develop the MSM HIV prevention Campaign. The target audience was the MSM population, including homosexual and bisexual men, aged 20-49. The campaign was launched at the 2006 Hong Kong Lesbian and Gay Film Festival to access the target audience. The aim of the campaign was to increase HIV prevention effort in MSM and *tongji* community by (1) raising awareness of HIV/AIDS in the *tongji* community, (2) promoting safer sex practice, and (3) encouraging MSM with unsafe sex behaviour to take up HIV testing and counseling. The campaign adopted an "integrated" approach for maximum exposure over three phases with print designs (posters in gay venues, advertisements in toilets of gay venues, advertisements and editorials in the gay press), website banners, radio and television advertisements, condom distribution at gay sex venues, and MSM-specific AIDS hotline and website.



Figure 4. I've tested. Have you?. Poster © Department of Health, Hong Kong, 2006.

Six bilingual posters were produced, each with the main campaign message "Do it Safely" and a rainbow symbolizing gay culture, but with a different tag-line. The poster images are black and white photographs of Chinese males, often posing in close relationship. The poster for promoting HIV testing features two fit Chinese males in close proximity plus the tag-line, "I've tested. Have

you?” (Figure 4). Other information on the poster encourages one to test regularly if one has a steady partner, and to “test early, treat early [and] live healthy.” The poster includes one website address and a gay men HIV testing hotline number.

## CONCLUSION

Populations identified by UNAIDS (2006) to be at risk of HIV infection – including MSM, sex workers, injecting drug users and prisoners – still face stigmatization and discrimination, and the lack of access to resources and treatment. It is been 15 years since Watney wrote the article on HIV/AIDS poster designs for *Eye* magazine, and his guidelines for HIV intervention posters still hold significant meaning for designers. HIV/AIDS intervention is about affecting behavioral change in the morally charged area of sexual health and pleasure. During the early years of the epidemic gay men and men who have sex with men were confused, frightened and angry; they wanted straightforward, factual information which they expected from the public health authorities although it was the grass-roots response from the gay community which pioneered HIV/AIDS intervention.

In part premised on Williams’ (1977: 132) hypothesis that social ideologies are reflective of “structures of feelings”, this paper argues that HIV/AIDS campaigns for MSM in Hong Kong demonstrates Williams’ notion of “process” in demonstrating the differences between government and community-based campaigns, contextualising the diverse types of campaigns within the shifting parameters of dominant official, *and* oppositional public health promotion strategies. Comparatively, the paper reflects the observation by Swann (2002: 51): “Design is for human consumption and not bounded by the quantifiable “certainties” of the physical world...[I]t is in the end usage of a designed product that belongs in the social science world”. This observation is pivotal to the focus of the paper.

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