

HIV Messaging Focus Group Results

Aunt Rita's Foundation

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SIRC, Office of Evaluation and Partner Contracts

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Methodology

Beginning in June of 2016, the Aunt Rita's Foundation (hereafter referred to as the Foundation) in collaboration with the Southwest Interdisciplinary Research Center (SIRC) at Arizona State University (ASU), explored effective HIV messaging for teenagers and young adults. The purpose was to determine youth's perspective on existing HIV messaging, and get insights into what HIV messaging has been effective and ineffective in reaching their age groups. The ultimate goal of this project was to use the information gathered to inform and provide recommendations on the Foundation's future messaging strategies. After multiple meetings, focus groups were determined to be the most effective data collection strategy by SIRC Staff as the interest was in understanding the effect of current HIV media messaging on teens and young adults generally (Kitzinger, 1994). With the assistance and input from the Foundation, SIRC developed focus group protocols, permission forms, and assent letters – required documents and permissions needed in order to conduct a focus group. The ASU Institutional Review Board for Human Subjects Research approved the research design and related documents before SIRC began the recruitment process.

To ensure a diverse representation of teens and young adults, the Foundation and SIRC scheduled three (3) focus groups across Maricopa County with the assistance of several community partners. SIRC conducted the first focus group in collaboration with the Boys and Girls Club (B&GC) of Chandler, a community-based youth development organization serving boys and girls from various ethnic and racial backgrounds. B&GC provided use of their facility to hold the focus group. All focus group participants were teenage boys under the age of 18 who took part in Boys and Girls Club programming. The second focus group was conducted at one n' ten, a non-profit organization dedicated to serving lesbian, gay, bisexual, transgender, and questioning youth between the ages of 14-24 years. Focus group participants ranged from 19-24 years of age and the discussion was open to all gender identities. SIRC conducted the third and final focus group in conjunction with the Tanner Community Development Corporation (TCDC), a non-profit organization that aims to address the economic, educational, spiritual, health, and housing needs of African American families in Central and Southern Phoenix. The majority of participants in the TCDC group were teenagers under the age of 18. Although race/ethnicity was not asked, the participants at B&GC and one-n-ten appeared to be from multiple race/ethnicity groups, while the participants at TCDC appeared to be of mostly African-American heritage.

There were a total of 32 participants from the three focus groups: 13 from B&GC, 11 from one n' ten, and eight (8) from TCDC. There were two different processes used to conduct the focus groups. As participants from TCDC and the B&GC were all under the age of 18, parents and guardians who were willing for their youth to participate in the study were required to sign permission letters. Only those youth who returned signed permission letters participated in the focus group. Furthermore, each participant under the age of 18 received an assent letter, an informational letter highlighting that participation in the study was voluntary. The assent letter did not require a signature from the youth as parents and guardians gave consent on their behalf. Participants over the age of 18, the one n' ten participants, signed permission letters on their own behalf. Similarly, only individuals who signed the permission letters and therefore gave consent participated in the discussion.

After the completion of the consent/assent process, facilitators asked participants a series of questions related to their knowledge and experiences with HIV. All facilitators used the same protocol, although the amount of discussion on each topic varied from group to group. The discussion was guided by a series of nine questions, with corresponding follow-up questions, focused on youth perception of HIV messaging. One of the questions was an activity where all participants rated existing HIV messages used across the country. Appendix A has the full focus group protocol. Although there were many similarities among the groups, each group brought forward its own unique ideas and perspectives when it comes to HIV messaging.

Results

Question 1

Question 1 asked participants general questions about their exposure to information about HIV. Question 1 asked participants, *Where have you heard about HIV before?* This was followed by a series of follow-up questions to facilitate discussion. All three focus groups recognized school (highlighting health, sex-ed, and biology classes), TV, and the internet/social media as places they heard about HIV. The groups from B&GC and TCDC specifically acknowledged Magic Johnson when referring to TV. In regards to the internet/social media, participants from B&GC and TCDC mentioned social media sites like Facebook (TCDC) and Snapchat (B&GC). Participants from one n' ten brought up dating websites like Tinder. Some responses varied between focus groups. Participants from B&GC and TCDC specified hearing about HIV on the radio (they did not specify where). Participants from one n' ten more frequently mentioned learning about HIV from personal experience or their friends, and several commented on being personally affected by HIV; participants from the B&GC also heard about HIV from friends, but to a lesser extent. Some participants from one n' ten highlighted unique places where they heard of HIV including the AIDS Walks and local billboards. One participant from one n' ten mentioned seeing it in *Echo Magazine*. Table 1 lists a detailed breakdown of where participants heard about HIV.

Table 1: *Where have you heard about HIV before?*

Idea mentioned in focus group	B&GC	one n' ten	TCDC
School	X	X	X
TV	X	X	X
Internet/social media	X	X	X
Personal experience/Friends	X	X	
Radio	X		X
Magazine		X	
AIDS Walk		X	
Billboards		X	

As a follow-up question, facilitators asked participants with whom they have talked about HIV. Generally speaking, one n' ten participants shared more on this topic. One participant from one n' ten specifically said they talk to everyone (including friends and family) about it, and frequently ask each other if they have been tested. Participants from one n' ten did acknowledge that there is a

bit of a bubble in the LGBT community concerning HIV, and that outside the bubble it is more taboo to talk about it. Participants from B&GC and TCDC had fewer experiences communicating about HIV, but a few individuals mentioned discussing HIV with their doctors (TCDC) and teachers at school (B&GC).

Facilitators also encouraged participants to explore the idea of *Who gets HIV?* Again there were some differences between the B&GC and TCDC groups and one n' ten. Participants at B&GC and TCDC identified drug addicts, people who have a lot of sex, and people who have sex without protection as individuals most likely to get HIV. Also during this discussion, participants from the B&GC brought forward misconceptions about HIV transmission including people getting HIV from cuts and people contracting HIV from mosquitoes. This is in contrast to the group at one n' ten who all agreed that anyone could get HIV.

The final follow-up question asked participants *Where and when should people get information about HIV?* In regards to where, participants offered a variety of answers including: doctors (TCDC), parents (TCDC, one n' ten), school (TCDC, one n' ten), online (TCDC), and from TV (one n' ten). In regards to when youth should get information about HIV, there was a general agreement that youth should get that information at a young age. The participants from the B&GC stated that at the minimum, HIV information should be shared with 7th graders, but potentially even earlier. The one n' ten focus group had the same idea but took it further by sharing that education about HIV should start before 4th grade. They also stated that it was critical for this information to be honest and it should foster real honest dialogue, a point that was raised in all focus groups at one point during the discussion.

Question 2

The next focus group discussion question asked: *How does talking/reading about HIV make you feel?* Once again, the answers to this question varied widely among the three focus groups, and even within each group. In the TCDC focus group, participants were split about how talking about HIV made them feel. A few participants explained that talking about HIV made them feel uncomfortable, especially when discussing it with strangers, and one participant specified it made them feel uncomfortable but protected. More participants stated that discussing HIV did not make them feel uncomfortable, and in fact having HIV discussions made them feel prepared and made them want to be more careful.

The one n' ten focus group had a different perspective about discussing HIV. Most participants generally felt comfortable discussing HIV, but several expressed a level of frustration about the lack of research/accurate information on the subject. This group once again brought up the need for “real” conversations that are not, in their words, sugarcoated. One participant mentioned they used to be uncomfortable, but no longer feel that way.

Finally, the B&GC focus group expressed more indifference to talking about HIV, and described it as just another topic in school. Some participants saw it as something that did not really apply to them, but one individual specifically stated they would not want to share with others if they were infected.

Question 3

The next discussion question asked participants what they learned about HIV prevention, and in general, participants across all the focus groups demonstrated a common baseline knowledge about HIV. Participants across all focus groups mostly focused on prevention knowledge like using condoms (mentioned in all three groups). Participants from the B&GC and TCDC group mentioned not sharing needles as a lesson they learned about HIV. Beyond the basic prevention concepts, the discussion in the one n' ten focus group centered on personal responsibility and communicating with partners, while the discussion at the B&GC focused on getting tested and informing partners. A detailed breakdown of their answers are shown in Table 2.

Table 2: What have you learned about HIV prevention? What do you know about preventing HIV?

Idea mentioned in focus group.	TCDC	one n' ten	B&GC
Abstinence	X		
Condoms	X	X	X
Don't share needles/do drugs	X		X
Communicate with partners		X	X
Personal Responsibility		X	
Testing	X		X
Fewer Partners			X

Question 3 also asked participants *Where did you learn about preventing HIV?* Answers were generally similar for the B&GC and TCDC groups with both mentioning parents, school (specifically health and sex ed classes), and sometimes friends. The answers from one n' ten were somewhat different, with several participants saying they learned about HIV prevention from living on the streets and the "party scene." One n' ten focus group participants also referenced the one n' ten organization as a source of HIV prevention information.

Question 4

Question 4 asked participants *What do you know about getting tested?* Again, there were significant variations among the three focus groups. Most participants from the B&GC focus group explained that they knew nothing, or very little, about getting tested, and those that did know mentioned clinics, blood drives, and doctors' offices as potential places to get tested. Participants from TCDC also mentioned clinics, doctor's offices (during checkups), and the hospital, but also said that the testing could be done using blood or urine. Finally, the one n' ten group participants were more knowledgeable about how to get tested, and knew more testing locations including the one n' ten organization and local bars. Some participants shared getting tested monthly, however, they also expressed some concerns related to gender identity and testing, as clinics and doctor's offices often only offer binary options for gender questions.

As a follow-up to Question 4, facilitators asked participants *What teens should know about getting tested?* There were several ideas brought forward. Most participants from TCDC mentioned it was

generally common sense, but also specified the need to eliminate issues like embarrassment and fear about getting tested. The B&GC focus group shared the need for basic information like where to get tested, the process, and information about what happens if there is a positive diagnosis. When asked, participants across all three groups thought it was not hard to get tested, although participants from B&GC said they would have to ask around to get information.

The final follow-up question in relation to Question 4 was *What would make it easier to get tested?* The most common response to this question, specifically from B&GC and TCDC, were about anonymity to help minimize stigma. Participants from TCDC also thought youth should be able to get tested without parental permission. B&GC participants emphasized that the tests should be free, and there should be more advertisements about where someone can get tested. Participants from one n' ten said it was easy to get tested, but stated it was important that the test be free, and expressed a need for rapid tests as well as the HEP long term test.

Question 5

Question 5 involved a discussion about the impact of HIV, asking participants *What words describe the impact of HIV.* For this question, responses from the B&GC and TCDC groups were very different than those of the one n' ten focus group. The responses from one n' ten were generally positive and expressed that they saw an HIV diagnosis as something that brings people together, and created a common cause. One participant specifically mentioned how a positive diagnosis of HIV opened doors to new opportunities for community outreach. Participants from the B&GC and TCDC had a much more negative perspective for the impact of HIV using words such as *deadly, devastating, humiliating, death, fear, and embarrassment* to describe how a positive diagnosis of HIV would make them feel.

As a follow-up to Question 5, facilitators had participants consider how their friends and family would react; the responses somewhat mirrored those from the question about the impact of HIV. The TCDC and B&GC groups had generally negative perceptions of the reaction of friends and family using words such as *shocked, sad, surprised, and disappointed.* On the other hand, mixed responses came from the one n' ten participants; several shared how they would expect an accepting response from their family and friends while others expected a more negative perception from friends and family, and one described informing friends and families of their HIV diagnosis as a second “coming out.”

Question 6

The culminating activity of this focus group came during Question 6, as facilitators asked participants to select their favorite and least favorite messages related to HIV. There were 12 messages that participants had to rank and discuss. These selected messages are prominent in information campaigns either currently or formerly utilized across the nation. Table 3 shows a frequency distribution of participant's favorite messages. Further, Appendices B through E show a group-by-group breakdown of message preference. The most frequently selected response was *It's only dangerous if you don't know it's there. Awareness is the answer. Knowing your status is a powerful thing,* with 14 participants selecting this message. The next most frequently selected message was *Safe or sorry? Use a condom,* with 13 selections.

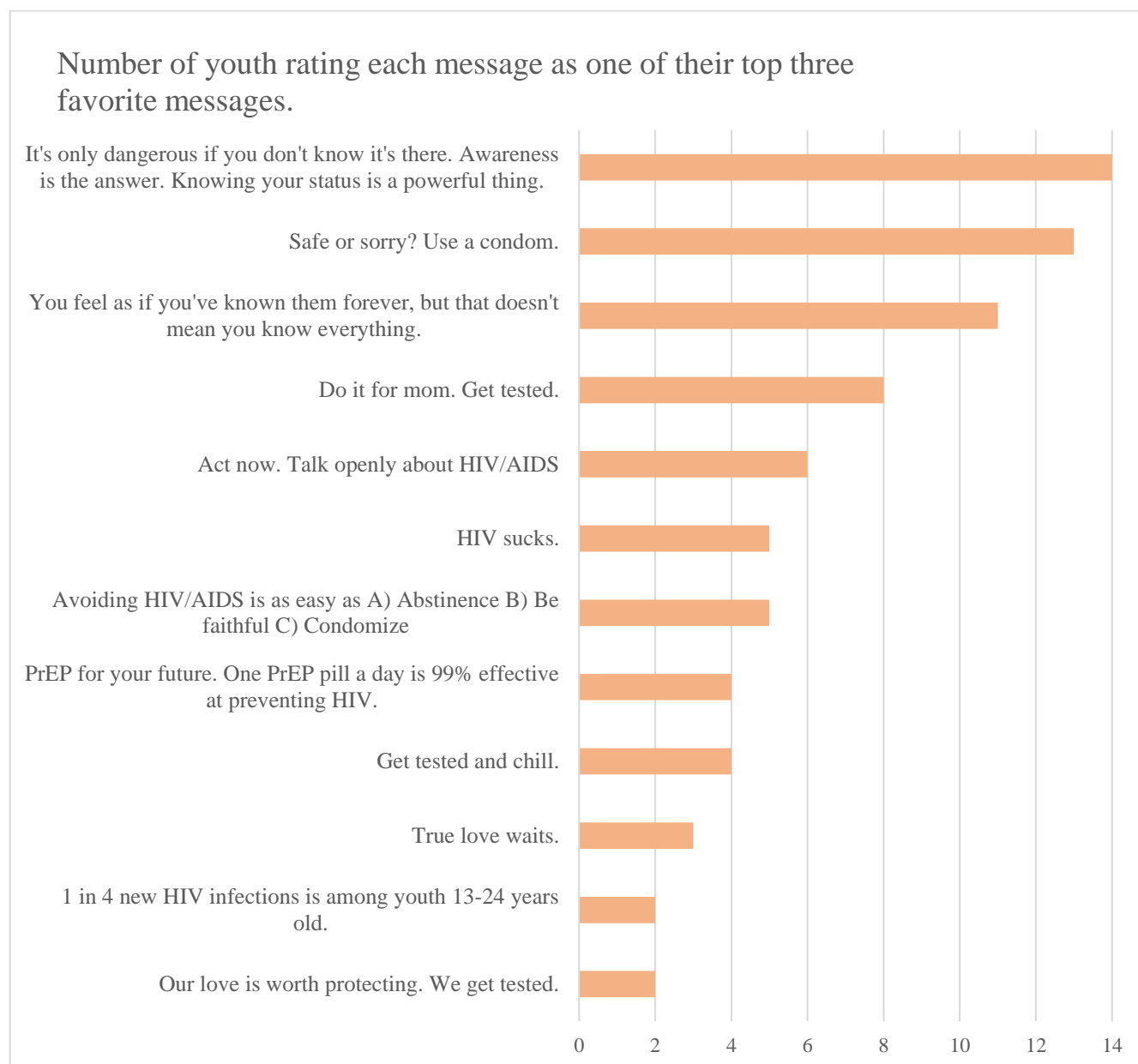


Figure 1. Number of youth rating each message as one of their top three favorite messages

Facilitators also encouraged participants to select one message that they each disliked the most. Participants indicated their dislike could not be limited to just one message. Therefore, participants shared all HIV messaging they disliked. Table 4 shows a detailed breakdown of participants' least favorite messages. The most commonly selected messages were *Get tested and chill*, *HIV sucks*, and *True love waits* each being selected 15 times. In addition, the two messages that received the fewest selections were also the most commonly rated as participants' favorites. Appendix E details the breakdown of each participants' responses to this question.

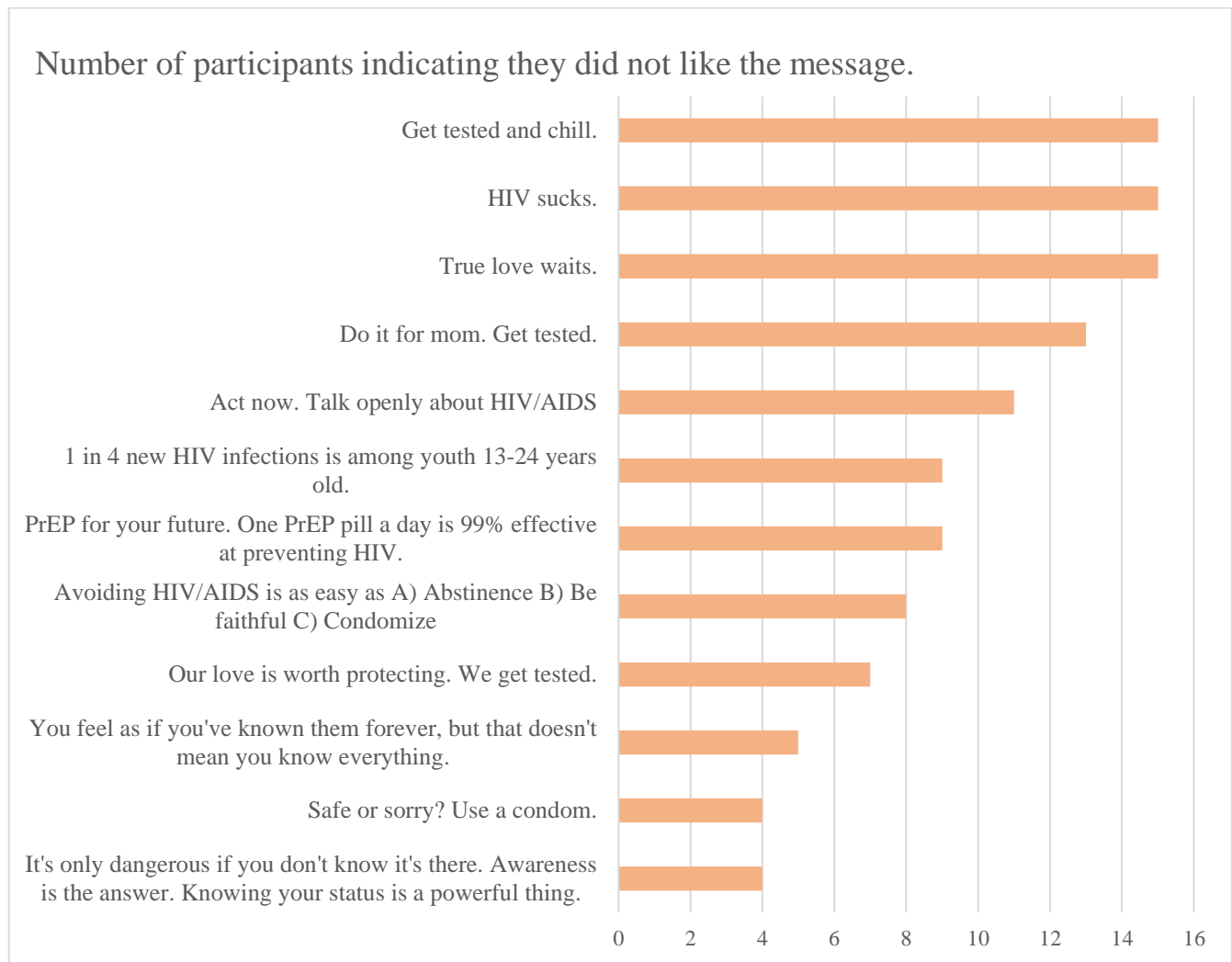


Figure 2. Number of participants indicating they did not like the message.

Also during the activity, facilitators asked participants to explain what they did or did not like about the messages they selected. For the most liked message, *It's only dangerous if...*, participants indicated they liked it because it encourages youth to get tested. Participants from TCDC specifically acknowledged that getting tested is a powerful and important message. *Safe or Sorry? Use a Condom* was the second most liked message among participants because, as some participants shared, it used fear. Even so, the B&GC group participants shared that this message would be stronger if it included some statistics. *Get tested and chill* was one of the most frequently selected for being disliked as participants felt that it was vague and ignored the possibility of getting a positive result. Participants disliked *True love waits* because it was “corny” and overly idealistic. Finally, participants did not like *HIV sucks* because they felt it minimized the impact of the disease and they saw it as offensive to those who already have HIV.

Question 7

After rating messages related to HIV, facilitators asked participants to think about *What other kind of messages would you like to see about HIV?* Participants from TCDC mentioned they would like to see a video that visually depicts what happens when you find out you got a positive HIV diagnosis, along with the side effects and details about the consequences. Participants from the B&GC wanted the messaging to emphasize personal responsibility for health, and wanted the messages to be emotional and backed up by statistics. The B&GC participants also stressed being honest rather than “sugarcoating” the information. Participants from one n’ ten wanted the messages to be empowering and possibly mention being courageous and highlighting love for oneself. Participants from one n’ ten also wanted messages from people who have HIV.

As a follow-up to Question 7, facilitators probed participants to share *What age group this messaging should be targeted?* There was agreement among the three focus groups that the messages should target individuals as young as 13 but as old as 24 years of age. Participants from TCDC and the B&GC specifically stated they wanted different messages that reflect the diversity of their community, as there is not just one group of people who would need the message.

Question 8

Question 8 asked *If someone found a good message, how would you want them to send it to you? How would you get the messaging?* All three focus groups explained social media would be a good way to get the messaging out there, referencing social media sites such as Facebook, Gmail, Instagram, Twitter, Myspace, YouTube, and Snap Chat. While most agreed that social media is an effective tool to deliver the message, a few participants from the B&GC explained that it is easy to ignore social media messages and scroll right by. Rather, the B&GC participants provided other alternatives, such as a field trip to a clinic or blood bank and more hands on activities to help them learn and engage in HIV prevention. Participants from one n’ ten suggested TV commercials, flyers with condoms at the PRIDE Festival, and an advertising campaign with the April 10th National Youth Testing Day; they also mentioned that billboards are not as effective. Participants from TCDC stated that pamphlets and flyers were not useful, and one participant suggested that a text or phone call might be a good way to deliver messaging.

Question 9

Facilitators closed with the question *What else should we talk about?* The group from TCDC was the only group that had anything to add to this question. Participants were interested in learning more about the side effects of being HIV positive. They also wished to learn how to tell if someone was infected. Furthermore, participants had additional conversations about sex. This group viewed sex as a natural behavior determined by hormones. There were additional discussions about purchasing condoms, with confusion about whether or not youth under the age of 18 years could purchase them. Several participants indicated that it was possible to get condoms from the school nurse. Half of participants also shared that they did not experience pressure to have sex, however, they did know of peers in their school who kept a “roster” of sexual partners. The use of condoms was another point of discussion, as some participants mentioned that girls sometimes pressure them not to use condoms saying they are allergic to latex or felt uncomfortable. Most participants knew of non-latex options. Finally, in regards to HIV messaging, participants emphasized the need to express that HIV is not cool or cute, and that teens need to be smart about their lives.

Conclusion

The three focus groups provided very relevant insights into what might, or might not, work for reaching teens with HIV messaging. Although the groups were very different in demographics, there were a few salient ideas, which were present in all three focus groups. One important thing to consider is that teens and young adults alike do not want the information about HIV “sugarcoated.” Several participants mentioned it was important to have honest messaging about HIV, which could in turn start an important dialogue. Although there was no clear consensus on the best message, the *‘It’s only dangerous if you don’t know it’s there...’* message did seem to address many important ideas for youth including: emphasizing the importance of testing, providing an element of empowerment, and not stigmatizing the testing process. Participants in all three focus groups also seemed to agree that messaging and education needs to start at a younger age, with some participants suggesting education about HIV begin as young as 4th grade. Participants also acknowledged that messaging should be targeted to younger audiences (age 13-24 years) as this was a population that is likely to be engaging in risky sexual behavior. Furthermore, although not discussed directly in all the groups, it seems the idea of having a discussion (as opposed to just presenting information) may be a better route to educating youth about HIV and HIV prevention.

While there were several similarities within the groups, there were also several differences. The one n’ ten group seemed to have a more sophisticated grasp on HIV and HIV prevention, which could potentially be explained by their participation in one n’ ten programming. The youth from TCDC and the B&GC did seem to have an understanding of the basics of HIV (like using condoms and not sharing needles). However, they also presented some common misconceptions about the virus (such as HIV transferred by mosquitoes, testing by urine, and transmission through saliva). Additionally, the discussions about how HIV would affect them and their social circles highlighted a discrepancy between the TCDC and B&GC groups and participants from one n’ ten. The perception of HIV with the TCDC and B&GC groups was almost universally negative, and commonly perceived as a death sentence. These misconceptions underline the need for greater education specifically within this age group.

Recommendations

With a relatively small sample size, it is difficult to make sweeping generalizations about what HIV messaging is effective for youth. There are a few ideas, which could be useful in future messaging:

- Start HIV education younger.
- Tap into existing technology, like social media, to have a broader reach.
- Treat the audience of the messaging campaign as mature individuals who are capable of thinking for themselves.
- Be honest and open about the impact of HIV.
- Make sure any HIV messaging reflects the diversity of the targeted community.
- Do not be patronizing or “corny” with messages as this can often force youth to tune out.
- Encourage a dialogue about HIV and HIV prevention.
- Incorporate real life stories, and potentially statistics, to help drive home messaging.
- Messaging should strive to eliminate the stigma many associate with HIV.

Appendices

Appendix A

TEENS HIV FOCUS GROUPS - FACILITATOR DIRECTIONS & SCRIPT

DO NOT READ to Participants: DIRECTIONS for Facilitator

[As you read through the explanations and questions, please do not explain the terms any more than in the text you read. If participants ask a question, your best response is “what do you think?” Also, please be sure not to respond with new information if asked if something is true or not, or in any way present answers to specific HIV related questions.]

For facilitator to read:

Hi, I’m [NAME] – and I’m from Arizona State University. We are working with Aunt Rita’s Foundation and [Boys & Girls Club or one-n-ten]. We want to know what you think about media and messages that talk about HIV and HIV prevention.

We really value your opinion as we want to know how to reach teenagers and give them information about this really important topic. Because your feedback is really important, I am inviting you to be a part of this focus group discussion. Your parent/guardian or caregiver has given permission for you to take part, but it is your decision if you want to take part in the discussion or not. It is **anonymous** – we do not want your name - and it is completely **voluntary**. You do not have to answer any questions you do not want to answer, or you can leave at any time. There is no penalty for not participating, and the discussion is confidential so what you say will not be connected to your name, and we ask everyone in the room not to share any of the information discussed today.

The focus group discussion will take about 60-90 minutes to finish.

Please read the Information Letter and decide if you want to take part in the focus group discussion.

Now, let’s begin.

Today we are going to discuss HIV, HIV prevention and HIV messages. HIV, the **human immunodeficiency virus** is a virus that, over time, causes acquired immunodeficiency syndrome (AIDS). AIDS is a condition where progressive failure of the immune system allows life-threatening infections and cancers to thrive. People become HIV+ mainly through having sex and sharing needles -- HIV is spread through contact with the blood, semen, vaginal fluid, pre-ejaculate or breast milk of an HIV+ person. HIV can be prevented by using condoms, talking with your partners about their status, and limiting the number of sexual partners you have. Because anyone can get HIV, it is recommended that all sexually active people get tested every 6 months. If you want more information on HIV or where to get tested, information will be available to you after the focus group is done.

FOCUS GROUP QUESTIONS

- 1. Where have you heard about HIV before?**
 - a. Have you seen ads? where?
 - b. Who have you talked about it with?
 - c. When/where do you think teens should get information about HIV?
 - d. Who gets HIV, and why do you think that?

- 2. How does reading or talking about HIV make you feel?**

- 3. What have you learned about HIV prevention? What do you know about preventing HIV?**
 - a. Where did you learn about preventing HIV?
 - b. What should teens know about prevention?

- 4. What do you know about getting tested for HIV? Do you know where anyone would get tested?**
 - a. What should teens know about getting tested?
 - b. Is it hard to get tested?
 - c. What would make it easier to get tested?

- 5. What are some good words to describe how HIV impacts people's lives?**
 - a. How do their friends and family react?
 - b. What happens to their health?
 - c. How do their relationships change?

- 6. Take the sample messages out of their envelope. Take a moment to look at each one, and pick your top three--write 1, 2, and 3 on the top right corner of them, with the one you like the very best being #1. On the messages that you don't like, please put an "X" in the top right corner. Also which message is the worst? With the following questions, let's talk about the messages you each picked as #1.**
- What do you think about this message? How does it make you feel?
 - Does it make you want to find out more information?
 - What action, if any, would this message lead you to take?
 - What do you like or not like about these messages?
 - What would you change about these messages?

Sample messages:

1. "It's only dangerous if you don't know it's there. Awareness is the answer. Knowing your status is a powerful thing."
2. "Avoiding HIV/AIDS is as easy as
A) Abstinence,
B) Be faithful,
C) Condomize."
3. "Do it for mom. Get tested. <<website for testing>>"
4. "HIV sucks. <<website for testing>>"
5. "Our love is worth protecting. We get tested."
6. "Safe or sorry?
Use a condom."
7. "You feel as if you've known them forever, but that doesn't mean you know everything. <<website for testing>>"
8. "Get tested and chill. <<website for testing>>"
9. "Act now. Talk opening about HIV/AIDS."
10. "PrEP for your future. One PrEP pill a day is 99% effective at preventing HIV. <<website>>"
11. "True love waits."
12. "1 in 4 new HIV infections is among youth 13-24 years old. <<website>>"

7. What other kind of messages would you like to see about HIV?

- a. What information would they include?
- b. What words would they use?
- c. What groups of people should the messaging be targeted at?

8. If someone found a good message, how would you want them to send it to you?

How would you get the messaging?

- i. Social media (facebook, tumblr, etc)
- ii. Website
- iii. Pamphlet
- iv. Text message
- v. Radio
- vi. TV
- vii. Billboards
- viii. Other

9. Ok, now that we've talked about this a lot, what else should we talk about as a group?

Appendix B

What was your number one message?	Boys and Girls Club	one n' ten	TCDC
	Count	Count	Count
It's only dangerous if you don't know it's there. Awareness is the answer. Knowing your status is a powerful thing.	1	1	4
Do it for mom. Get tested.	5	0	0
Our love is worth protecting. We get tested.	0	0	0
You feel as if you've known them forever, but that doesn't mean you know everything.	1	0	2
Act now. Talk openly about HIV/AIDS	1	2	0
True love waits.	0	1	0
Avoiding HIV/AIDS is as easy as A) Abstinence B) Be faithful C) Condomize	1	1	0
HIV sucks.	2	0	1
Safe or sorry? Use a condom.	0	0	0
Get tested and chill.	1	0	1
PrEP for your future. One PrEP pill a day is 99% effective at preventing HIV.	0	0	0
1 in 4 new HIV infections is among youth 13-24 years old.	1	0	0

Appendix C

What was your number two message?	Boys and Girls Club	one n' ten	TCDC
	Count	Count	Count
It's only dangerous if you don't know it's there. Awareness is the answer. Knowing your status is a powerful thing.	1	1	1
Do it for mom. Get tested.	1	0	1
Our love is worth protecting. We get tested.	1	0	0
You feel as if you've known them forever, but that doesn't mean you know everything.	1	2	2
Act now. Talk openly about HIV/AIDS	2	0	0
True love waits.	0	1	1
Avoiding HIV/AIDS is as easy as A) Abstinence B) Be faithful C) Condomize	2	0	0
HIV sucks.	0	0	0
Safe or sorry? Use a condom.	4	0	3
Get tested and chill.	0	0	0
PrEP for your future. One PrEP pill a day is 99% effective at preventing HIV.	1	1	0
1 in 4 new HIV infections is among youth 13-24 years old.	0	0	0

Appendix D

	Boys and Girls	one n' ten	TCDC
	Club	Count	Count
What was your number three message?	Count	Count	Count
It's only dangerous if you don't know it's there. Awareness is the answer. Knowing your status is a powerful thing.	4	1	0
Do it for mom. Get tested.	1	0	0
Our love is worth protecting. We get tested.	1	0	0
You feel as if you've known them forever, but that doesn't mean you know everything.	1	0	2
Act now. Talk openly about HIV/AIDS	0	1	0
True love waits.	0	0	0
Avoiding HIV/AIDS is as easy as A) Abstinence B) Be faithful C) Condomize	1	0	0
HIV sucks.	0	0	2
Safe or sorry? Use a condom.	2	1	3
Get tested and chill.	1	1	0
PrEP for your future. One PrEP pill a day is 99% effective at preventing HIV.	1	1	0
1 in 4 new HIV infections is among youth 13-24 years old.	0	0	1

Appendix E

	Boys and Girls	one n' ten	TCDC
	Club	Count	Count
What message did you dislike?	Count	Count	Count
It's only dangerous if you don't know it's there. Awareness is the answer. Knowing your status is a powerful thing.	2	1	1
Do it for mom. Get tested.	4	5	4
Our love is worth protecting. We get tested.	3	1	3
You feel as if you've known them forever, but that doesn't mean you know everything.	2	1	2
Act now. Talk openly about HIV/AIDS	6	0	5
True love waits.	5	5	5
Avoiding HIV/AIDS is as easy as A) Abstinence B) Be faithful C) Condomize	1	2	5
HIV sucks.	8	4	3
Safe or sorry? Use a condom.	1	1	2
Get tested and chill.	7	2	6
PrEP for your future. One PrEP pill a day is 99% effective at preventing HIV.	4	1	4
1 in 4 new HIV infections is among youth 13-24 years old.	5	0	4