

Running head: Exposure to SEM and HIV risk behaviour

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Resisting to temptation: The effects of exposure to sexually explicit material on men who
have sex with men

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Abstract

In recent years there has been an increase in both the rate of new HIV infections and HIV-related sexual risk behaviour among men who have sex with men (MSM). As research has suggested an association between MSMs' HIV risk behavior and exposure to sexually explicit material (SEM), exposure to SEM may be of concern. This study assessed the effects of exposure to SEM depicting safe sex or bareback sex on the intention to protect oneself from HIV infection among MSM. Also, we examined whether the effects of exposure to SEM depended on the extent to which MSM considered protecting their sexual health important and had been successful at self-regulating their sexual health behaviours. HIV-negative MSM between 18 and 63 years ($n = 482$), completed the online study, in which they were randomly assigned to one of three SEM conditions (safe sex, bareback sex, no SEM control). Analysis of variance showed no effect of exposure to SEM on men's intention to protect themselves against HIV infection. Also, no interaction effects were found between exposure to SEM and sexual health goal importance and/or self-regulatory success. Findings contradict previous theorizing and research and suggest that being exposed to SEM depicting safe sex or bareback sex does not increase sexual risk-taking among MSM. However, caution should be exercised before concluding that exposure to SEM has no adverse effects on MSMs' HIV risk behaviour. Specifically, we suggest that, in this study, exposure to SEM may not have sexually aroused men strongly enough to affect their intention to protect themselves from HIV infection. Future research should further investigate whether exposure to SEM could have an impact on MSMs' HIV risk behavior under high levels of sexual arousal or in other specific conditions, such as under the influence of alcohol or drugs.

Keywords: Sexually explicit material; Bareback SEM; HIV risk behavior; Men who have sex with men

Introduction

In recent years there has been an increase in both the rate of new HIV infections (Sullivan, Hamouda, Delpech, Geduld, & Prejean, 2009) and HIV-related sexual risk behaviour among men who have sex with men (MSM) (Zablotska, Crawford, Imrie, Prestage, Ji, Grulich, & Kippax, 2009). Although unprotected anal intercourse is one of the main behavioural risk factors for HIV transmission, some MSM continue to engage in this behaviour (Zablotska et al., 2009). Therefore, MSM remain a group at high risk for HIV infection. Research has identified a range of factors contributing to continued HIV risk behaviour among MSM (De Wit & Adam, in press). For instance, research has indicated a relationship between both a reduced concern about HIV and safe sex fatigue and increased sexual risk behaviour among MSM since the availability of highly active antiretroviral therapy (HAART) (Stolte, Dukers, Geskus, Coutinho, & de Wit, 2004). A factor receiving substantial attention recently is exposure to pornography or sexually explicit material (SEM) (Eaton, Cain, Pope, Garcia, & Cherry, 2011; Stein, Silvera, Hagerty, & Marmor, 2011), defined as “material used or intended to increase sexual arousal” (Allen, D’Alessio, & Brezgel, 1995, p. 259). Although research has suggested an association between exposure to SEM and HIV risk behaviour among MSM (Eaton et al., 2011; Stein et al., 2011), to date, no experimental research has been done to test the effects of exposure to SEM on HIV risk behaviour among MSM. The purpose of this study is to assess the effects of exposure to SEM depicting safe sex or bareback sex on the intention to protect oneself from HIV infection among MSM.

SEM consumption among MSM

In recent years, there has been an increase in gay SEM production (Escoffier, 2003), including the production of ‘bareback’ SEM (Grudzen, Elliot, Kerndt, Schuster, Brook, &

Gelberg, 2009), that is, pornography depicting unprotected anal intercourse (Haig, 2006). This rise in the production of SEM has coincided with an increased accessibility of SEM, resulting from new technologies such as the Internet (Bakker & Taalas, 2007). In addition to using the Internet at home or even at work to access SEM (Kuchment & Springen, 2008), gay men can also access SEM using portable video devices (Bakker & Taalas, 2007). Furthermore, SEM is widely available at venues where MSM meet sexual partners, such as gay bars, clubs, hotels and bathhouses (Holmes, Byrne, & Gastaldo 2005; Tewksbury; 2010). SEM seems to be highly acceptable and ubiquitous within the gay community (Hooper, Rosser, Horvath, Oakes, Danilenko, & Men's INternet Sex II (MINTS-II) Team, 2008). Therefore, MSM are likely to be frequently, intentionally or accidentally, exposed to SEM. Support for this assumed frequent exposure to SEM among MSM comes from an internet survey on the influence of media images on body image, eating disorders, and the drive for muscularity in gay and heterosexual men, which found that approximately 98% of gay participants had been exposed to some type of pornographic material in the thirty days preceding the study (Duggan & McCreary, 2004). Exposure to SEM may be of concern, as research has suggested an association between exposure to SEM and HIV risk behaviour among MSM (Eaton et al., 2011; Stein et al., 2011).

Exposure to SEM and HIV risk behaviour

Several studies have found an association between exposure to SEM and number of sexual partners (Wingood, DiClemente, Harrington, Davies, Hook, & Kim Oh, 2001; Braun-Courville & Rojas, 2009) and between SEM exposure and non-condom use at last sexual intercourse among both female (Wingood et al., 2001; Braun-Courville & Rojas, 2009) and male adolescents (Luder, Pittet, Berchtold, Akre, Michaud, & Suris, 2011 ; Braun-Courville & Rojas, 2009), and well as adults (Peter & Valkenburg, 2006). However, little research is

available on this suggested association among MSM. Of the few studies that have addressed the association between exposure to SEM and HIV risk behaviour among MSM, research by Eaton et al. (2011) has found that time spent viewing SEM was significantly associated with both having more male sexual partners and having unprotected insertive anal sex. In addition, Stein et al. (2011) found that watching SEM depicting unprotected anal intercourse was correlated with engaging in unprotected sex among MSM. However, Morrison, Morrison, and Bradley (2007) investigated the relationship between time spent viewing SEM and the perceived importance of practicing safer sex among MSM, and failed to find an association.

Whether exposure to SEM has a negative impact on HIV risk behaviour among MSM remains to be established. This is not unlike the situation regarding the possible, long-term effects of repeated exposure to media violence on aggressive behaviour. A considerable amount of research has shown an association between children's exposure to media violence and their aggressive and violent behaviour in young adulthood. However, as this research was cross-sectional, causality could not be established. Furthermore, although several experimental studies have shown that exposure to media violence is associated with subsequent aggressive behaviour (see reviews by Geen, 2000; Geen & Thomas, 1986), only few such studies have been conducted and focused only on short-term effects. Therefore, whether exposure to media violence actually *causes* children to behave more aggressive as adults (i.e., whether there are long-term effects), remains controversial.

HIV risk behaviour resulting from sexual arousal

We propose that an explanation for the potential effects of exposure to SEM on MSM's HIV risk behaviour lies in the sexual arousal men are likely to experience when they are exposed to SEM. According to Loewenstein (1996), visceral processes such as hunger, thirst, and sexual arousal, direct behaviour towards needs fulfilment. Hence, when MSM are

in a state of sexual arousal, their behaviour will be more influenced by the desire to have sex (i.e., sexual arousal increases the motivation to have sex) and directed towards sexual needs fulfilment than behaviour of men who are not in a state of sexual arousal (Loewenstein, 1996).

The importance of the influence of sexual arousal on men's sexual decision-making is supported by research by Ditto, Pizarro, Epstein, Jacobson, and MacDonald (2006). They investigated the influence of visceral processes on sexual decision-making by manipulating the presence or absence of visceral cues in a sexual decision situation. Specifically, participants either saw a video or read a description depicting a young couple deciding whether to have sex without a condom. The study showed that participants who saw a video (i.e. viscerally rich decision context) expressed a greater willingness to have unprotected sex in the situation than did participants reading a description of the situation (viscerally impoverished decision context) (Ditto et al., 2006). Also, Ariely and Loewenstein (2006) investigated the effects of sexual arousal on sexual decision making among young men. Sexual arousal was experimentally manipulated by asking participants to masturbate. Results showed more risky and morally questionable sexual decisions among men who were sexually aroused, including an increased willingness to engage in unsafe sex (Ariely & Loewenstein, 2006). Specifically, among men who were sexually aroused, an increase in the motivation to have sex decreased the relative importance of other considerations such as behaving ethically toward a potential sexual partner or protecting themselves against a sexually transmitted disease (Ariely & Loewenstein, 2006).

This raises the question whether sexual arousal has similar effects on sexual decision-making when men find these other considerations relatively more important. We suggest that the effects of sexual arousal on HIV risk behaviour depend on the extent to which MSM consider protecting their sexual health as important. We hence propose that exposure to SEM

is more likely to result in HIV risk behavior among MSM in the absence of a strong sexual health goal.

Exposure to SEM activating a higher-order sexual health goal

Support for the suggested moderating role of goal importance on the effects of exposure to SEM on men's intention to protect themselves from HIV infection comes from research on goal-shielding by Shah, Friedman, and Kruglanski (2002). Shah et al. (2002) suggest that individuals tend to shield their commitment to important goals against a 'goal-pull' by attractive alternatives, constituting a 'temptation'. Specifically, they suggest that people's higher-priority goal can help them overcome temptations by inhibiting (i.e., shield against) them, particularly when individuals are highly committed to an activated goal because of its perceived importance (Shah et al., 2002).

Fishbach, Kruglanski, and Friedman (2003) take this notion of goal-shielding one step further by suggesting that temptations may contribute to effective self-control by activating the higher-priority goals they threaten to undermine, which then override impulsive responding. In particular, they suggest that temptations activate the higher-order goal when this higher-priority goal is important to the individual and individuals are successful at self-regulation (Fishbach et al., 2003). In line with this reasoning, we suggest that exposure to SEM can activate men's higher-priority goal to protect their sexual health that then overrides HIV risk behavior, but only when men consider protecting their sexual health important and have been successful at self-regulating their sexual health behaviours.

The underlying principles that explain goal shielding in response to temptation-elicited goal activation are described in goals systems theory (Kruglanski, Shah, Fishbah, Friedman, Chun, & Sleeth-Keppler, 2002). Goal systems theory (Kruglanski et al., 2002) postulates that automatic associations can develop between goals (see also Bargh &

Ferguson, 2000). These associations can be facilitative or inhibitory, which means that the activation of one goal may either activate or inhibit another goal (Kruglanski et al., 2002). Building on goal systems theory, Fishbach et al. (2003) argue that when people repeatedly and successfully exert self-control in tempting situations, an automatic facilitative association between temptation and goal develops (Fishbach et al., 2003).

Support for the notion that temptations can automatically activate the higher order goals they threaten to undermine, comes from several studies by Fishbach et al. (2003). For instance, they found that for students who were successful self-regulators in pursuing academic goals, academic goals became activated in the presence of a temptation. In contrast, among students who were unsuccessful self-regulators, academic goals were inhibited in the presence of temptation cues, despite that unsuccessful self-regulators reported an equally pronounced interest in pursuing academic goals (Fishbach et al., 2003). Further support for the role of self-regulatory success comes from a study by Papies, Stroebe and Aarts (2008), that indicated that tempting food cues activate the higher-priority dieting goal in successful dieters, but inhibit the higher-priority dieting goal in unsuccessful dieters. These authors also showed that successful dieters are more likely to enact their dieting intentions than unsuccessful dieters (Papies, Stroebe & Aarts, 2008).

Fishbach et al. (2003) have suggested a combined moderation of temptation-elicited goal activation by goal importance and self-regulatory success. Specifically, when the higher-priority goal is perceived as more important, the association between the temptation and the higher-priority goal increases, but only when self-regulatory success is high. Therefore, a temptation is most likely to activate a higher-priority goal when the individual is better at self-regulation and when the overriding goal is high in importance. Support for this suggestion comes from the study by Fishbach et al. (2003), which indicated that, when confronted with a food temptation, the more important weight watching was to participants,

the more likely it was that successful (but not unsuccessful) self-regulators activated the overriding goal of dieting (Fishbach et al., 2003).

The present study

The purpose of the present study is to investigate whether exposure to SEM among MSM may be of concern. Specifically, the main question guiding the present research is whether exposure to SEM can result in HIV risk behaviour among MSM. To investigate this, a study will be conducted online. To the best of our knowledge, the present study is the first to experimentally study the association between exposure to SEM and HIV risk behaviour. For ethical reasons, we assess the effects of exposure to SEM on men's intention to protect themselves from HIV infection rather than on actual sexual behaviour, as exposure to SEM may increase risk-taking.

Also, we explore whether exposure to SEM depicting bareback sex has a different effect on men's intention to protect themselves against HIV infection than exposure to SEM depicting safe sex. To date, no research has been conducted on the potential difference between the effects of safe sex SEM compared to bareback sex SEM. We expect that both exposure to SEM depicting safe sex and bareback sex may have a negative effect on MSMs intention to protect themselves from HIV, as they are both likely to increase sexual arousal. However, based on social learning theory (Bandura, 1977), we suggest that exposure to bareback SEM may be of more concern than safe sex SEM. Social learning theory (Bandura, 1977) postulates that most human behaviour is learned observationally through modelling. From observing others, one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action (Bandura, 1977). Exposure to bareback SEM may promote the belief that having bareback sex (i.e. HIV risk behaviour) is acceptable and appropriate sexual behaviour. Therefore, we expect the effects of exposure to

SEM on the intention to protect to be stronger for MSM who have been exposed to bareback SEM.

When MSM have been unsuccessful at self-regulating their sexual behaviours, we expect that exposure to SEM decreases their intention to protect themselves from HIV infection by sexually arousing them and inhibiting their higher-priority goal to protect their sexual health, regardless of the extent to which they consider protecting their sexual health important. For MSM who have been successful at self-regulating their sexual behaviours, on the other hand, we expect that the effects of exposure to SEM on their intention to protect themselves against HIV infection depend on the extent to which they consider protecting their sexual health important. Specifically, we expect that, the more important MSM who are successful at self-regulating their sexual health behaviors consider protecting their sexual health, the more likely it is that exposure to SEM will activate, rather than inhibit, their higher-priority goal to protect their sexual health. This will, in turn, increase their intention to protect themselves from HIV infection.

Method

Design and procedures

This study used a 3 (SEM condition) 2 (sexual health goal importance) 2 (self-regulatory success) between-subjects factorial design. To be eligible for this study, participants had to be 1) older than 17 years of age, 2) sexually active, 3) have had sex with a man, 4) not be HIV positive, and 5) provide informed consent online.

Secondary data were used for this study, collected as part of '*Le project videos porno*' between March 2010 and March 2011. This project was conducted by the Institute for Prevention and Social Research (IPSR), Utrecht, in collaboration with the Syndicat National des Entreprises Gaies (SNEG), Paris, and investigated the influence of SEM on sexual decision-making among MSM. An experimental study was conducted online through the Internet and a website was created to host the online experiment (www.getting2excited.org). Participants were recruited through advertisements on a popular French gay website where they could find a link to access the study. On the website, information about the study was presented as well as the contact details of the researchers. After having provided informed consent, participants were enrolled in the experiment. No reimbursement was provided.

At the start of the study, participants who reported having the intention to have sex within the next couple of hours were excluded from the experiment in order to protect them against potential negative influences resulting from exposure to SEM. The remainder of the participants were then asked to provide some information regarding their socio-demographic characteristics (e.g., age, sexual identity, education, and HIV status). Participants were also asked some questions regarding their goal to protect their sexual health (e.g., the importance and the experienced ease or difficulty of protecting their sexual health) and their sexual behaviour in the past 6 months (e.g., number of casual partners and condom use with casual partners). In addition, participants were asked about SEM consumption and preferences (e.g.,

frequency of SEM use and potential preference for watching safe sex SEM over bareback SEM or vice versa). Then, participants were randomly assigned to one of three conditions and presented with a control video or one of two experimental videos. Participants were subsequently asked several questions to check whether they had been successfully presented with the video. Then, participants were asked to indicate how sexually arousing they found the video they had watched. After this, participants were asked about their intention to use a condom during a sexual encounter with a casual partner in the next 6 months. Lastly, participants were thanked for their participation.

Participants

Of the 1914 individuals who initiated the study, 1793 (93.7%) provided informed consent. Of these, 487 participants (27.2%) intended to have sex within the next couple of hours and were therefore excluded from the experiment. Among the remainder of participants ($N = 1306$), 610 participants (46.7%) met the eligibility criteria. Of these, 580 participants (95.1%) were successfully presented with a video and of these, 495 (85.3%) participants provided complete data. Among these, 12 suspected duplicate entries were found and removed to ensure data integrity. This resulted in a final sample consisting of 482 men. These 482 participants represent 79% of the sample of men eligible to participate. Participants mean age was 34.5 years ($SD = 9.82$; $Md = 34.0$; range 18-63 years), and most participants (70.1%) had an undergraduate degree or higher. Participants predominantly (86.1%) self-identified as gay; remaining participants identified as bisexual or more straight than gay.

Materials

Participants were either presented with a control video or one of two videos depicting SEM. In the safer sex condition the video depicted protected anal sex (i.e., a condom was

visibly used), while in the bareback SEM condition, the video clearly depicted unprotected anal sex. For the videos depicting SEM, existing material was selected and edited to ensure that the safe sex and bareback videos were comparable, other than in whether or not a condom was used for anal intercourse. Specifically, the selected material was comparable in terms of the depicted sexual acts, sexual positions and features of the actors by sexual role (e.g. body type, ethnicity/race). Comparability was further promoted by not showing the faces of the actors. The selected material was edited to ensure a similar ordering of scenes, which resulted in comparable scenarios for the two SEM conditions. Furthermore, all videos had the same duration of 4 minutes.

Measurements

Manipulation checks

To check whether the videos depicting SEM were experienced as more exciting than the control video, participants were asked to indicate how exciting they found the video they had watched. Responses were given on a scale ranging from 0 (absolutely not exciting) to 20 (extremely exciting).

Independent variables

Importance of protecting one's sexual health was measured with four items assessing participants' perceived importance of the following sexual health behaviours and outcomes: continuing to use condoms with casual partners, staying HIV negative, not getting an STI and staying healthy. Responses were given on a five-point scale ranging from (1) not important at all to (5) very important. The internal consistency of the items was very good (Cronbach's $\alpha = .89$), and a mean score was calculated; higher scores indicate stronger sexual health goals. As this mean score was highly negatively skewed, sexual health goal importance was dichotomized at the median into lower (0) vs higher (1) sexual health goal importance.

Self-regulatory success at protecting one's sexual health was measured with four items assessing participants' perceived ease or difficulty of attaining the following sexual health behaviours and outcomes: continuing to use condoms with casual partners, staying HIV negative, not getting an STI and staying healthy. Responses were given on a five-point scale ranging from (1) very difficult to (5) very easy. The internal consistency of the items was very good (Cronbach's $\alpha = .86$), and a mean score was calculated; higher scores indicate more successful self-regulation. As this mean score was also highly negatively skewed, self-regulatory success was dichotomized at the median into lower (0) vs less (1) more successful at self-regulating one's sexual health.

Dependent variable

Intention to protect oneself from HIV infection was measured with two items assessing participants plan ('If you meet a casual partner within the next 6 months, you have the intention to systematically use a condom during anal sex') and perceived likelihood ('If you have a casual partner within the next 6 months with whom you have insertive or receptive anal sex, what is the likelihood that you or your partner use a condom?') that they would systematically use a condom during anal sex within the next 6 months. Responses were given on a seven-point scale ranging from (1) very low / unlikely to (7) very high / likely. The internal consistency of the two items was good (Cronbach's $\alpha = .82$) and a mean score was computed; a higher score indicates a stronger intention to protect oneself from HIV infection.

Statistical analyses

Analyses of variance (ANOVAs; for continuous variables) and logistic regression analyses (for categorical variables) were conducted to assess potential differences in socio-demographic characteristics (i.e., age, education and sexual identity), sexual behaviour in the

previous 6 months (i.e., sexual partners, casual partners, number of casual partners and condom use with casual partners), and SEM consumption and preferences (i.e., frequency of SEM use, time since last exposure to SEM, participants' potential preference for watching safe sex SEM or bareback SEM and reported excitement from bareback sex SEM compared to safe sex SEM in everyday life and vice versa) of participants who were randomized to different SEM conditions. ANOVAs were also conducted for the manipulation check. To test the study hypotheses, Analyses of Covariance (ANCOVAs) were used and simple effects analyses were conducted when appropriate. All analyses were conducted using SPSS (version 20).

Results

Sexual behaviour and SEM consumption

Of the 482 MSM who participated in this study, approximately one third ($N = 178$, 36.9%) reported to have had a steady male partner in the previous six months. Also, the majority ($N = 414$, 85.9%) of participants reported to have had sex with one or more casual male partners in the preceding six months. Of all participants, a minority ($N = 119$, 24.7%) had engaged in potential sexual risk-taking and had not always used a condom with their casual partners.

Regarding SEM consumption, most participants ($N = 229$, 68.4%) indicated to have watched SEM very often or often in the previous six months. Almost all participants (94.3%) had watched a video depicting SEM in the month preceding the study and more than half (57.1%) had watched a video depicting SEM in the 48 hours preceding the study. Moreover, of all participants, approximately one-third (29.5%) reported a preference for watching SEM depicting safe sex and also one third (31.3%) who reported a preference for SEM depicting bareback sex. The remainder (39.2%) reported no preference for watching either SEM depicting safe sex or SEM depicting bareback sex. Furthermore, almost half of the participants (44.8%) indicated that they found videos depicting bareback SEM more exciting than videos depicting safe sex SEM.

Randomization check

ANOVAs and logistic regression analyses were conducted to test for significant differences in socio-demographic characteristics, sexual behaviour in the previous 6 months and SEM consumption and preferences across conditions. These showed that reported excitement, in everyday life, from videos depicting bareback SEM compared to videos depicting safe sex SEM, differed significant between the conditions ($OR = .546$, $p < .01$). The

proportion of participants who indicated videos depicting bareback SEM being more exciting than videos depicting safe sex SEM in their everyday lives, was significantly higher in the bareback SEM condition compared to the control and safe sex condition (51.9%, 45.2%, and 36.7%, respectively). No other significant differences between conditions were found.

Manipulation checks

An ANOVA was conducted to check whether the videos depicting SEM were experienced as more exciting than the control video. As expected, a significant main effect of condition was found for reported excitement, $F(2,479) = 262.63$, $p < .001$. Post hoc comparisons using Bonferroni correction showed that participants who were exposed to the control video ($M = .74$, $SD = 2.56$), reported this video to be significantly less exciting than participants who were exposed to safe sex SEM ($M = 11.21$, $SD = 4.94$) or bareback SEM ($M = 10.38$, $SD = 1.81$). Post hoc comparisons identified no significant difference in reported excitement between the safe sex SEM condition and the bareback SEM condition.

Test of hypotheses

As reported excitement from videos depicting bareback SEM compared to videos depicting safe sex SEM in everyday life differed significantly between conditions, this was included as a control variable in further analyses. To test the study hypothesis, a full factorial ANCOVA was conducted, with SEM condition (control, safe sex SEM or bareback SEM), sexual health goal importance (low sexual health goal importance vs high sexual health goal importance) and self regulatory success (low vs high self-regulatory success) as factors, excitement from bareback SEM compared to safe sex SEM as a control variable and intention to protect oneself from HIV infection as dependent variable. Results revealed a significant main effect of sexual health goal importance on intention to protect oneself from HIV

infection, $F(1, 469) = 70.79, p < .001$. Participants with a stronger sexual health goal had a significantly higher intention to protect themselves from HIV infection ($M = 6.67, SD = .71$) than participants with a weaker sexual health goal ($M = 5.77, SD = 1.22$). In addition, a main effect emerged for self-regulatory success, $F(1,469) = 9.12, p < .01$. Participants who were more successful at self-regulating their sexual health behaviours, had a significantly higher intention to protect themselves from HIV infection ($M = 6.57, SD = .84$) than participants who were less successful at self-regulating their sexual health behaviours ($M = 6.15, SD = 1.11$).

In addition, a (marginally) significant interaction-effect emerged between sexual health importance and self-regulatory success, $F(1, 469) = 3.58, p = .06$ (see Figure 1). Simple main effects analysis showed that, participants who had a weak sexual health goal were more successful at self-regulating their sexual health behaviours had a significantly intention to protect themselves from HIV infection than participants who were less successful at self-regulating their sexual health behaviours, $F(1,469) = 8.68, p < .005$ (see Table 1). When participants had a strong sexual health goal, there was no difference between participants who were more successful at self-regulating their sexual health behaviours compared to participants who were less successful at self-regulating their sexual health behaviours, $F(1,469) = 1.06, p = .31$.

Table 1. Mean scores (SD) regarding intention to protect oneself from HIV infection by sexual health importance and self-regulatory success

Sexual health goal importance	Self-regulatory success	
	High	Low
High	6.69 (.06)	6.58 (.08)
Low	6.07 (1.12) ^a	5.62 (.10) ^a

Note. ^a = values with the same superscript letter are significantly different ($p < .005$)

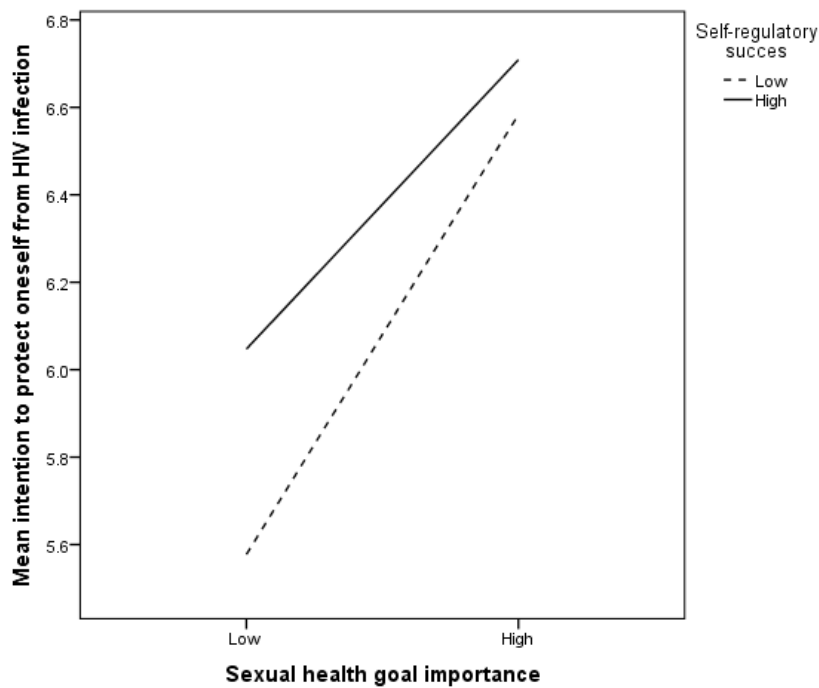


Figure 1. *Interaction between sexual health goal importance and self-regulatory success on intention to protect oneself from HIV infection*

The predicted three-way interaction between exposure to SEM, sexual health goal importance and self-regulatory success was not significant $F(2,469) = .32, p = .73$ (mean scores and standard deviations are shown in Table 2), nor were the two-way interactions between SEM condition and sexual health goal importance or self-regulatory success, all $F_s \leq .50, p \geq .61$.

Table 2. *Mean scores (SD) regarding intention to protect by SEM condition, sexual health goal importance and self-regulatory success*

Sexual health goal importance	Control condition (n = 146)		Safe sex SEM condition (n = 186)		Bareback SEM condition (n = 156)	
	Self-regulatory success		Self-regulatory success		Self-regulatory success	
	High	Low	High	Low	High	Low
High	6.63 (.90)	6.51 (.73)	6.83 (.47)	6.71 (.48)	6.67 (.79)	6.53 (.64)
Low	6.02 (1.23)	5.43 (1.37)	6.12 (.81)	5.51 (1.37)	6.06 (.98)	5.79 (1.32)

Discussion

To the best of our knowledge, the present study is the first to experimentally investigate the effects of exposure to SEM on the intention to protect oneself from HIV infection among MSM, in the context of the importance of their sexual health goals and their self-regulatory success in preventing sexual risk-taking. Results showed main effects of sexual health goal importance and self-regulatory success on MSMs intention to protect themselves from HIV infection, which were qualified by an interaction. When MSM held a weaker sexual health goal and were more successful at self-regulating their sexual health behaviours, they had a stronger intention to protect themselves from HIV infection compared to MSM who held a weaker sexual health goal but were less successful at self-regulating their sexual health behaviours. This interaction-effect could be explained by Bem's self-perception theory (1972), which suggests that individuals develop their attitudes by observing their own behaviour and circumstances in which they occur. Support for the influence of past behaviour with respect to sexual risk-taking comes from research by Albarracín, Johnson, Fishbein, and Muellerleile (2001), which has shown that the intention to use a condom is strongly correlated with past behaviour.

Importantly, and in contrast with our expectations, results did not show a main effect of exposure to SEM, nor interaction effects with sexual health goal importance and/or self-regulatory success. No significant effect of exposure to SEM on MSM's intention to protect themselves from HIV infection was found. Also, no differences were found between the effects of exposure to SEM depicting safe sex and exposure to SEM depicting bareback sex on the intention to protect against HIV infection. However, as our study has some limitations, caution should be exercised before concluding that exposure to SEM has no adverse effects on MSMs' HIV risk behaviour.

A first limitation of our study is the use of a convenience sample of MSM who were motivated to participate in this study. MSM who participated in the present study may hence hold different, more favourable attitudes towards SEM compared to other MSM. The present findings can hence not necessarily be generalized to all MSM.

Also, by conducting the experiment online, there was limited control over the conditions under which men participated in the study (Birnbaum, 2004; Reips, 2002; Skitka & Sargis, 2006). Uncontrolled factors such as monitor size, distractions, noise and time of day may have had an influence on men's responses. Importantly, uncontrolled factors may have influenced the impact of the manipulation (i.e., the exposure to SEM). Specifically, the effects of exposure to SEM may have been less when MSM were distracted by other stimuli in their environment that competed for their attention, than when MSM had little in the way of distraction. Research has, however, also suggested that reduced control over situational variables allows for wider generalizability of results (Reips, 2002). Notable, when MSM are exposed to SEM at a gay bar or club, for instance, they are also likely to be distracted by other features of the environment, such as music or the presence of other people.

Furthermore, the measures that were used for this study may have affected the study results. Specifically, although the scales that were used to assess sexual health goal importance and self-regulatory success were reliable in terms of their internal consistency, they were less reliable in terms of discriminant validity (Campbell & Fiske, 1959), as there was a ceiling effect. That is, a high proportion of MSM had a maximum score on these scales, which may have reduced the ability to distinguish between MSM with a weaker or stronger sexual health goal and MSM who were more or less unsuccessful at self-regulating their sexual behaviours. However, other studies have used similar measures to assess goal importance and self-regulatory success and did find significant effects (Fishbach et al., 2003).

Lastly, the manipulation (i.e., exposure to SEM) may have been too weak to influence men's intention to protect themselves from HIV infection. Although our manipulation check indicated, as intended, that MSM who were exposed to a video depicting SEM reported the video to be significantly more exciting than MSM who were exposed to a video depicting no SEM, this does not imply that MSM who were exposed to a video depicting SEM found the video *very* exciting. When we look, on average, how exciting MSM found the videos depicting SEM on a scale from 0 to 20, both the video depicting safe sex SEM, and the video depicting bareback SEM, were rated as only moderately exciting. Also, we did not directly assess to what extent MSM were sexually aroused by the exposure to the videos depicting SEM. The question therefore is, whether the effect of the exposure to SEM was strong enough to influence men's intention to protect themselves from HIV infection.

Role of sexual arousal from exposure to SEM

Our results suggest that exposure to SEM did not have an effect on men's intention to protect themselves from HIV infection. Therefore, these findings are not in line with previous research, showing more risky and morally questionable sexual decisions among young men who were sexually aroused, including an increased willingness to engage in unsafe sex (Ariely & Loewenstein, 2006; Ditto et al., 2006). Also, the study does not support previous findings (Shah et al., 2002; Fishbach et al., 2003; Papies et al., 2008; Kroese et al., 2009) and theoretical assumptions (Fishbach et al., 2003), positing that temptations may activate a higher-priority goal that then overrides impulsive responding. This could be explained by the extent to which MSM were sexually aroused by the exposure to the videos depicting SEM. In the study conducted by Ariely and Loewenstein (2006), participants were asked to masturbate and were instructed not to answer any questions until they had achieved a high, sub-orgasmic level of sexual arousal. Therefore, participants were presumably highly sexually aroused

when they made more risky and morally questionable sexual decisions. Also, we suggest that our study results may contradict previous findings of the studies by Ariely & loewenstein (2006) and Ditto et al. (2006), due to the use of different samples in terms of sexual orientation and age. Specifically, we suggest that sexual arousal may have stronger effects on sexual decision-making among relatively younger (i.e., 18-25 years old) heterosexual men, than among relatively older (average age was approximately 35 years old) MSM.

We suggest that exposure to SEM may have to sexually arouse men above a certain threshold to have an effect on men's intention to protect themselves against HIV infection. This is in line with the Reflective-Impulsive Model (RIM; Strack & Deutsch, 2004; see also Deutsch & Strack, 2006). According to the RIM, behaviour is a joint function of both reflective or reasoned and impulsive or reactive mechanisms (Strack & Deutsch, 2004). The RIM proposes that when one is sexually aroused, this may result in behavioral responses that originate in the impulsive system (i.e., engaging in sexual-risk taking). However, the RIM suggests that whichever action system is most influential in guiding behaviour depends on a range of factors, such as the motivation and ability to devote thought to deciding on a course of action, and, importantly, the strength of action tendencies in the impulsive system (i.e., the level of sexual arousal) (Strack & Deutsch, 2004). From this line of reasoning, exposure to SEM may result in HIV risk behavior among MSM, but only under certain conditions, in particular, under high levels of sexual arousal.

Implications and future research

Future research should further investigate whether, under certain conditions, exposure to SEM may lead to increased risky sexual decisions among MSM. In addition to a higher level of sexual arousal, we suggest that the use of alcohol or other drugs may also influence the effects of exposure to SEM on HIV risk behaviour. According to the RIM (Strack &

Deutsch, 2004), alcohol or drugs should impair the reflective system. Therefore, it is suggested being more likely for the impulsive system to guide behavior when one is under the influence of alcohol or drugs. Support for this line of reasoning comes from past research that has shown that alcohol use is associated with the decision to engage in risky behaviors (MacDonald, MacDonald, Zanna, & Fong, 2000). For instance, research by Vanable, McKirnan, Buchbinder, Bartholow, Douglas, and Judson (2004) has shown that, among MSM, consumption of 4 or more drinks tripled the likelihood of engaging in unsafe sex for episodes involving a non-primary partner. Exposure to SEM may have a (stronger) effect on HIV risk behaviour when MSM are under the influence of alcohol.

However, Steele and Josephs (1990) suggest that alcohol use does not necessarily result in HIV risk behaviour. Their alcohol myopia theory postulates that alcohol causes a restriction in cognitive capacity, such that people who are under the influence of alcohol no longer have the requisite processing skills to attend to all of the information in their environment. Instead, they are likely to focus on the aspects of their environment that are most salient or immediate. Importantly, alcohol myopia theory predicts that alcohol use may make a person more or less likely to engage in risky behaviours, depending on the types of cues that are salient in the environment (Steele & Josephs, 1990). Research by MacDonald, Martineau, Fong, and Zanna (2000) has shown that when impelling cues were salient, that is, cues promoting unsafe behaviours, alcohol use resulted in participants reporting stronger intentions to engage in risky behaviours. On the other hand, when inhibiting cues were salient, that is, cues promoting safe behaviours, alcohol use attenuated intentions to engage in risky behaviours (MacDonald et al., 2000).

Extrapolating from these findings suggests that exposure to SEM may result in HIV risk behavior when MSM are under the influence of alcohol or drugs, but only when no strong inhibiting sexual health goal (promoting protective sexual behaviour), is salient. This

is in line with our previously suggested moderating role of sexual health goal importance on the relationship between exposure to SEM and HIV risk behavior. We suggest that exposure to SEM may result in HIV risk behavior, for instance, at sexual premises venues, such as gay bars and clubs, as MSM are likely to be both under the influence of alcohol or drugs and being exposed to SEM at these venues. Therefore, research should investigate the possible influence of alcohol and drug use on the relationship between exposure to SEM and HIV risk behaviour.

Conclusion

This study suggests that, among MSM, there are no effects of exposure to SEM depicting safe sex or bareback SEM on men's intention to protect themselves from HIV infection. This suggests that being exposed to SEM depicting safe sex or bareback sex does not increase sexual risk-taking among MSM. However, we suggest that caution should be exercised before concluding that exposure to SEM has no adverse effects on HIV risk behaviour among MSM. Future research should investigate whether conditions exist under which exposure to SEM may have an impact on HIV risk behaviour among MSM, for instance under high levels of sexual arousal or under the influence of alcohol or drugs.

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Appendix A – Questionnaire

Bienvenue !

Tu es?

- Un homme
- Une femme

Quel âge as-tu ? Indique ton âge en années

Les vidéos gay, t'en penses quoi ?

Cette étude est destinée aux gays et aux autres hommes qui ont des rapports sexuels avec des hommes. L'étude porte sur la façon dont les vidéos pornographiques sont perçues et utilisées au masculin. Si tu acceptes de participer à cette étude, tu seras non seulement amené à répondre à des questions d'enquête mais nous te demanderons de visionner une vidéo et de réagir face à certaines images. Nous garantissons un parfait anonymat à tous les répondants. Il faut environ 15 minutes pour participer à l'étude. Tu as à tout moment la possibilité d'arrêter de répondre aux questions ou d'arrêter de visionner le matériel qui t'est présenté. Les résultats seront publiés sur le site Getting2excited.org et le répondant qui gagnera le mini voyage sera contacté discrètement par email.

Après lecture des informations précédentes, acceptes-tu de participer à cette étude ?

- Oui
- Non

Acceptes-tu de laisser une adresse email qui permettrait au système de te recontacter discrètement ultérieurement, par exemple, si tu gagnes le mini voyage pour deux ? Cette adresse sera traitée de façon confidentielle.

- Oui
- Non

Merci de saisir ton adresse email ci-dessous :

As-tu l'intention d'avoir dans les prochaines heures un rapport sexuel avec un ou des partenaires sexuels ?

- Oui
- Non

Dans la mesure où le matériel présenté dans cette étude pourrait influencer temporairement tes attitudes vis-à-vis de la sexualité, il est préférable que tu fasses le test en ligne à un moment qui ne sera pas suivi par un rapport sexuel. Acceptes-tu faire le test ultérieurement ?

- Oui
- Non

Le système automatique a envoyé sur ton adresse email un lien qui te permettra de refaire le test à un moment plus propice. Merci pour ta future participation. Nous te conseillons de revenir sur le site de Getting2excited.org ultérieurement à un moment plus propice à ta participation.

Par quel biais as-tu été amené à participer à cette étude ?

- Tu as vu une bannière sur Internet
- Tu as reçu un message t'invitant à participer

- Tu as été sollicité pour pré-tester le questionnaire

Sur quel site internet as-tu vu cette bannière ?

Quel ordinateur utilises-tu en ce moment ?

- Un PC
- Un Mac

Es-tu seul face à ton écran ?

- Oui
- Non

Ton profil

Quel est ton niveau d'études le plus élevé ?

- Pas de diplôme
- CAP ou BEP
- Bac ou brevet de technicien
- 1er cycle universitaire, IUT, BTS, classe prépa ou équivalent
- 2ème cycle universitaire ou équivalent
- 3ème cycle universitaire ou diplôme de grande école

Résides-tu en France ?

- Oui
- Non

Quel est ton code postal ?

Tu te définis comme...

- Homosexuel ou gay
- Plus homo qu'hétéro
- Bisexuel
- Plus hétéro qu'homo
- Hétérosexuel

As-tu actuellement une relation stable avec un homme?

- Oui
- Non

As-tu déjà fait un test de dépistage du VIH ?

- Oui
- Non

Quel est ton statut sérologique ?

- Tu es séronégatif
- Tu n'es plus certain d'être encore séronégatif
- Tu es séropositif
- Tu ne connais pas ton statut sérologique
- Tu ne souhaites pas divulguer cette information

Tes objectifs à long terme

Si tu penses à ta vie sur le long terme, les objectifs suivant sont-ils pour toi importants ?

Rester fidèle au préservatif avec tes partenaires de rencontre

- Pas du tout important
- Pas vraiment important
- Neutre
- Assez important
- Très important

Rester séronégatif pour le VIH

- Pas du tout important
- Pas vraiment important
- Neutre
- Assez important
- Très important

Ne pas avoir de maladies sexuellement transmissibles (syphilis, LGV, etc.)

- Pas du tout important
- Pas vraiment important
- Neutre
- Assez important
- Très important

Être en bonne santé

- Pas du tout important
- Pas vraiment important
- Neutre
- Assez important
- Très important

Est-il facile pour toi d'atteindre ces objectifs ? Merci de répondre en faisant comme si tous les objectifs listés ci-dessous étaient importants pour toi.

Rester fidèle au préservatif avec tes partenaires de rencontre

- Très difficile
- Plutôt difficile
- Ni difficile, ni facile
- Plutôt facile
- Très facile

Rester séronégatif pour le VIH

- Très difficile
- Plutôt difficile
- Ni difficile, ni facile
- Plutôt facile
- Très facile

Ne pas avoir de maladies sexuellement transmissibles comme la syphilis, la LGV, etc.

- Très difficile
- Plutôt difficile
- Ni difficile, ni facile
- Plutôt facile

Très facile

Être en bonne santé

Très difficile

Plutôt difficile

Ni difficile, ni facile

Plutôt facile

Très facile

Tes objectifs à long terme

Si tu penses à ta vie sur le long terme, les objectifs suivant sont-ils pour toi importants ?

Rester fidèle au préservatif avec tes partenaires de rencontre

Très difficile

Plutôt difficile

Ni difficile, ni facile

Plutôt facile

Très facile

Éviter tout risque de transmission du VIH à tes partenaires

Très difficile

Plutôt difficile

Ni difficile, ni facile

Plutôt facile

Très facile

Ne pas avoir de maladies sexuellement transmissibles (syphilis, LGV, etc.)

Très difficile

Plutôt difficile

Ni difficile, ni facile

Plutôt facile

Très facile

Être en bonne santé

Très difficile

Plutôt difficile

Ni difficile, ni facile

Plutôt facile

Très facile

Est-il facile pour toi d'atteindre ces objectifs ? Merci de répondre en faisant comme si tous les objectifs listés ci-dessous étaient importants pour toi.

Rester fidèle au préservatif avec tes partenaires de rencontre

Très difficile

Plutôt difficile

Ni difficile, ni facile

Plutôt facile

Très facile

Éviter tout risque de transmission du VIH à tes partenaires

Très difficile

Plutôt difficile

- Ni difficile, ni facile
- Plutôt facile
- Très facile

Ne pas avoir de maladies sexuellement transmissibles comme la syphilis, la LGV, etc.

- Très difficile
- Plutôt difficile
- Ni difficile, ni facile
- Plutôt facile
- Très facile

Être en bonne santé

- Très difficile
- Plutôt difficile
- Ni difficile, ni facile
- Plutôt facile
- Très facile

Ton opinion sur le porno gay

Que penses-tu des énoncés suivants ?

Tu aimes regarder des images ou des vidéos porno.

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Regarder une vidéo porno t'excite.

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Pratiquement tout le porno est écoeurant.

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Le porno ne t'intéresse pas.

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Merci d'indiquer dans quelle mesure les images suivantes seraient pour toi excitantes?

Deux hommes ayant un rapport anal protégé

- Pas excitant du tout
- Assez peu excitant
- Neutre
- Assez excitant
- Très excitant

Deux hommes ayant un rapport anal non protégé

- Pas excitant du tout
- Assez peu excitant
- Neutre
- Assez excitant
- Très excitant

En regardant certaines images, on est parfois tenté d'avoir certains comportements. Nous voudrions savoir dans quelle mesure, le fait d'être exposé à l'image de deux hommes ayant un rapport sexuel protégé tenterait d'avoir ce comportement.

Devant l'image de deux hommes ayant un rapport anal protégé, tu te sentirais?

- Pas tenté du tout
- Pas vraiment tenté
- Neutre
- Assez tenté
- Très tenté

Nous souhaitons à présent savoir dans quelle mesure, le fait d'être exposé à l'image de deux hommes ayant un rapport sexuel non protégé te tenterait d'avoir ce comportement.

Devant l'image de deux hommes ayant un rapport sexuel non protégé, tu te sentirais?

- Pas tenté du tout
- Pas vraiment tenté
- Neutre
- Assez tenté
- Très tenté

A quel âge as-tu commencé à regarder du porno de ta propre initiative ? Si tu n'en as jamais regardé, réponds 99.

Au cours des six derniers mois, avec quelle fréquence as-tu regardé du porno gay ...

- Très souvent
- Souvent
- Occasionnellement
- Rarement
- Jamais

En moyenne combien d'heures par mois passes-tu à regarder des vidéos porno gay ?

Tu préfères regarder des vidéos porno gay avec...

- | | | |
|-----------------------|-----------|---------------------------|
| Des mecs jeunes | 1 2 3 4 5 | Des mecs matures |
| Des rapports protégés | 1 2 3 4 5 | Des rapports non protégés |
| Des rapports soft | 1 2 3 4 5 | Des rapports hard |

Dernières vidéos regardées

La dernière fois que tu as regardé une vidéo porno gay c'était?

- Il y a moins de 48 heures
- Il y a plus de 48 heures mais moins d'une semaine
- Il y a plus d'une semaine mais moins d'un mois
- Il y a plus d'un mois

Merci d'indiquer plus précisément combien d'heures se sont écoulées depuis que tu as visionné ta dernière vidéo porno gay ? Si cela a lieu il y a moins d'une heure, réponds 0.

Lors de la dernière séance durant laquelle tu as visionné du porno gay, y avait-il des scènes présentant des hommes ayant des rapports anaux non protégés ?

- Oui
- Non

Que penses-tu des énoncés suivants ?

Les scènes de baise sans préservatif t'excitent plus que celles avec capote.

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Les vidéos pornos dans lesquelles les hommes baisent avec préservatif sont plus excitantes que celles sans préservatif.

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Dans une vidéo, voir les mecs baiser avec des capotes c'est hot.

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Ta sexualité

Avec quelle fréquence te masturbes-tu ?

- Tous les jours (ou presque) plusieurs fois
- Une fois par jour
- Plusieurs fois par semaine
- Une fois par semaine
- Plusieurs fois par mois
- Une fois par mois
- Moins souvent

As-tu déjà eu un rapport sexuel avec un homme ?

- Oui
- Non

La dernière fois que tu as eu du sexe avec quelqu'un c'était?

- Il y a moins de 48 heures
- Il y a plus de 48 heures mais moins d'une semaine
- Il y a plus d'une semaine mais moins d'un mois
- Il y a plus d'un mois

Merci d'indiquer plus précisément combien d'heures se sont écoulées depuis que tu as eu du sexe ? Si cela a lieu il y a moins d'une heure, réponds 0.

Ces 6 derniers mois, où as-tu rencontré tes partenaires sexuels ?

Sites Internet de rencontre

- Jamais
- Rarement
- Parfois
- Souvent
- Très souvent

Bars ou clubs sans backroom

- Jamais
- Rarement
- Parfois
- Souvent
- Très souvent

Saunas

- Jamais
- Rarement
- Parfois
- Souvent
- Très souvent

Bars ou clubs avec backrooms

- Jamais
- Rarement
- Parfois
- Souvent
- Très souvent

Partouzes privées

- Jamais
- Rarement
- Parfois
- Souvent
- Très souvent

Bareback parties

- Jamais
- Rarement
- Parfois

- Souvent
- Très souvent

Lieux extérieurs de rencontres

- Jamais
- Rarement
- Parfois
- Souvent
- Très souvent

Autre situation

- Jamais
- Rarement
- Parfois
- Souvent
- Très souvent

Dans quelle mesure les énoncés suivants correspondent-ils à ta situation personnelle...

Avec tes partenaires occasionnels masculins?

Tu en as assez de toujours utiliser le préservatif

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Tu réussis à rester motivé par rapport à l'utilisation du préservatif

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Cela ne te pose pas de difficulté d'utiliser le préservatif systématiquement

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Tu n'as plus envie d'utiliser le préservatif

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Avec tes partenaires occasionnels masculins?

Il t'arrive d'être ambivalent quant à savoir si tu dois utiliser le préservatif ou pas

- Pas du tout d'accord

- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Tu as parfois l'impression que tu pourrais basculer dans la prise de risque

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

L'idée d'avoir un rapport non protégé t'attire parfois

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Tu sais que tu peux résister à la tentation d'avoir un rapport non protégé

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Dans certaines situations tu as du mal à résister à la tentation de baiser sans capote

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Utiliser le préservatif pour la pénétration anale (active ou passive) avec un partenaire de rencontre, c'est quelque chose ?

- Non Plutôt non Neutre Plutôt oui Oui
- Que tu fais automatiquement.
- Que tu trouverais bizarre de ne pas faire.
- Que tu fais sans même y penser.
- Que tu fais fréquemment.
- Qu'il te coûterait de ne pas faire.

Parmi les énoncés suivants quel est celui qui décrit le mieux tes comportements avec des partenaires occasionnels ?

- Tu baisses toujours avec préservatif
- Il t'arrive de temps en temps de baiser sans préservatif
- Tu baisses systématiquement sans préservatif
- Tu n'as pas de rapports anaux avec des partenaires occasionnels

Partenaires occasionnels ?

Au cours des 6 derniers mois, as-tu eu des rapports sexuels avec un ou des partenaires occasionnels masculins ?

- Oui
- Non

Avec combien de partenaires occasionnels masculins as-tu eu des rapports sexuels au cours des 6 derniers mois ?

- 1 partenaire
- 3 à 5
- 6 à 10
- 11 à 20
- 21 à 50
- 51 à 100
- Plus de 100

Ces 6 derniers mois, avec quelle fréquence as-tu utilisé des préservatifs lorsque tu as pénétré tes partenaires occasionnels masculins?

- Toujours
- Presque toujours
- Souvent
- Parfois
- Rarement
- Jamais de préservatif lorsque tu les pénètres
- Tu n'as pénétré aucun partenaire occasionnel

Au total, combien de partenaires occasionnels masculins as-tu pénétré sans préservatif au cours des 6 derniers mois ?

- 1 partenaire
- 3 à 5
- 6 à 10
- 11 à 20
- 21 à 50
- 51 à 100
- Plus de 100

Avec quelle fréquence tes partenaires occasionnels ont-ils utilisé des préservatifs lorsqu'ils t'ont pénétré au cours des 6 derniers mois?

- Toujours
- Presque toujours
- Souvent
- Parfois
- Rarement
- Jamais de préservatif lorsqu'ils te pénètrent
- Tu n'as pas été pénétré par un partenaire occasionnel

Au total, par combien de partenaires occasionnels masculins as-tu été pénétré sans préservatif au cours des 6 derniers mois ?

- 1 partenaire
- 3 à 5
- 6 à 10

- 11 à 20
- 21 à 50
- 51 à 100
- Plus de 100

Y avait-il des partenaires rencontrés sur Internet parmi les hommes avec lesquels tu as eu des rapports anaux non protégés ?

- Oui
- Non

Projection vidéo

Après avoir donné quelques instructions, le système va afficher une première vidéo sonorisée de 4 minutes. Merci d'allumer les haut-parleurs de ton ordinateur si tu disposes de cet équipement. Merci de visionner cette vidéo dans son intégralité. Si tu le souhaites, tu peux prendre du plaisir en regardant la vidéo. Pour les besoins de l'expérience, nous te demandons simplement de ne pas éjaculer.

Une vidéo s'est-elle affichée à l'écran ?

- Oui
- Non

Nous sommes désolé pour ce problème technique. Appuie sur la touche 'Suite' pour continuer le test.

Es-tu parvenu à visionner entièrement cette vidéo de 4 minutes ?

- Oui
- Non

Au total, combien de fois as-tu regardé cette vidéo ?

- Une fois
- Deux fois
- Trois fois et plus

Peux-tu nous dire ce qu'il s'est passé ?

- Un problème technique t'a empêché de voir la vidéo correctement
- Tu ne pouvais pas regarder car tu n'étais pas seul
- Tu as été interrompu
- La vidéo ne t'intéressait pas
- Tu n'aimes pas ce genre de vidéo
- Autre cas ou situation

Merci de préciser...

As-tu trouvé cette vidéo excitante ? Merci de donner une note de 0 (absolument pas excitante) à 20 (extrêmement excitante).

La vidéo avait-elle un contenu sexuel ?

- Oui
- Non

La vidéo présentait deux hommes ayant un rapport anal...

- Avec préservatif
- Sans préservatif
- Tu ne te souviens plus

Lors de ce rapport anal non protégé le partenaire actif a-t-il éjaculé sur l'anus de son partenaire ?

- Oui
- Non
- Tu ne te souviens plus

En regardant cette vidéo...

Tu t'es senti excité

- Oui
- Non

Tu as eu une érection

- Oui
- Non

Tu t'es masturbé

- Oui
- Non

Tu as éjaculé

- Oui
- Non

Nous allons à présent te poser des questions plus générales sur ta sexualité. Nous te demandons de penser uniquement aux aspects négatifs liés au fait de baiser SANS préservatif avec un partenaire occasionnel. Merci de nous dire à quel point ces aspects sont négatifs pour toi.

Tu dirais que les aspects négatifs liés au fait de baiser SANS préservatif sont?

Absolument pas négatifs 1 2 3 4 5 6 7 Extrêmement négatifs

Pense à présent uniquement aux aspects positifs liés au fait de baiser SANS préservatif avec un partenaire occasionnel. Merci de nous dire à quel point ces aspects sont positifs pour toi.

Tu dirais que les aspects positifs liés au fait de baiser SANS préservatif sont?

Absolument pas positifs 1 2 3 4 5 6 7 Extrêmement positifs

Considère à présent non plus le fait de baiser sans préservatif mais le fait de baiser avec préservatif. Merci de penser uniquement aux aspects négatifs liés au fait de baiser AVEC préservatif avec un partenaire occasionnel.

Tu dirais que les aspects négatifs liés au fait de baiser AVEC préservatif sont?

Absolument pas positifs 1 2 3 4 5 6 7 Extrêmement positifs

Pense à présent uniquement aux aspects positifs liés au fait de baiser AVEC préservatif avec un partenaire occasionnel. Tu dirais que les aspects positifs liés au fait de baiser AVEC préservatif sont?

Absolument pas positifs 1 2 3 4 5 6 7 Extrêmement positifs

Ton opinion sur la transmission du VIH

Étant donné tes comportements et ce que tu sais du VIH, le risque que tu sois un jour infecté par le HIV à est selon toi...

Extrêmement faible 1234567 Extrêmement élevé

Ton opinion sur la transmission du VIH

Étant donné tes comportements et ce que tu sais du VIH, le risque que tu transmettes le HIV à un partenaire sexuel est selon toi...

Extrêmement faible 1234567 Extrêmement élevé

Ton sentiment vis-à-vis du préservatif

Pour toi, utiliser systématiquement le préservatif au cours des 6 prochains mois avec tes partenaires occasionnels serait quelque chose de ?

Dommageable 1234567 Bénéfique

Déplaisant 1234567 Plaisant

Désagréable 1234567 Agréable

Négatif 1234567 Positif

Selon toi, combien de gays de ton âge... Trois

Utilisent toujours le préservatif lorsqu'ils baisent avec des partenaires occasionnels.

- Aucun
- Un quart
- Un tiers
- La moitié
- Deux tiers
- Tros quars
- Tous

Baisent de temps en temps sans préservatif avec des partenaires occasionnels.

- Aucun
- Un quart
- Un tiers
- La moitié
- Deux tiers
- Tros quars
- Tous

Et parmi tes amis gays combien...

Utilisent toujours le préservatif lorsqu'ils baisent avec des partenaires occasionnels.

- Aucun
- Un quart
- Un tiers
- La moitié
- Deux tiers
- Tros quars
- Tous

Baisent de temps en temps sans préservatif avec des partenaires occasionnels.

- Aucun

- Un quart
- Un tiers
- La moitié
- Deux tiers
- Tros quars
- Tous

La plupart des personnes qui sont importantes pour moi pense que?
Je devrais 1234567 Je ne devrais pas

Utiliser systématiquement le préservatif avec mes partenaires occasionnels.

Les personnes qui comptent pour moi?

Approuveraient 234567 Désapprouveraient

? mon utilisation systématique du préservatif avec mes partenaires occasionnels.

Mes amis gays pensent que je devrais utiliser systématiquement des préservatifs avec mes partenaires occasionnels.

Complètementfaux 1234567 Complètementvrai

Avec tes partenaires occasionnels?

Il t'est difficile de résister à la tentation de ne pas utiliser de préservatif lorsque tu es pris dans le jeu sexuel.

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Tu peux résister aux situations dans lesquelles on est tenté de ne pas utiliser systématiquement le préservatif.

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Tu es capable de contrôler tes actes y compris lorsque tu es pris dans le feu du jeu sexuel.

- Pas du tout d'accord
- Plutôt pas d'accord
- Neutre
- Plutôt d'accord
- Tout à fait d'accord

Pense à ta sexualité avec des partenaires occasionnels au cours des six prochains mois.

Quel degré de contrôle penses-tu avoir sur ton utilisation du préservatif avec tes prochains partenaires occasionnels ?

Aucun contrôle 1234567 Contrôle absolu

Tu te sens parfaitement en contrôle vis-à-vis de l'utilisation du préservatif avec tes prochains partenaires occasionnels.

Complètementfaux 1234567 Complètementvrai

Pour toi, utiliser un préservatif avec tes partenaires occasionnels au cours des 6 prochains mois sera?

Très facile 1234567 Très difficile

Tu es confiant dans ta capacité à utiliser le préservatif dans les rapports sexuels au cours des 6 prochains mois.

Pas du tout d'accord 1234567 Tout à fait d'accord

Si tu as dans les 6 prochains mois un partenaire occasionnel masculin avec lequel tu as envie d'avoir un rapport anal actif ou passif, quelle est selon toi la probabilité...

Que tu aies un rapport anal non protégé.

- Extrêmement faible
- Très faible
- Faible
- Moyenne
- élevée
- Extrêmement élevée

Que toi (ou ton partenaire) utilisiez le préservatif.

- Extrêmement faible
- Très faible
- Faible
- Moyenne
- élevée
- Extrêmement élevée

Si tu rencontres un partenaire occasionnel masculin au cours des 6 prochains mois, as-tu l'intention...

D'utiliser systématiquement le préservatif pour la pénétration anale

- Non catégorique
- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui
- Oui catégorique

D'avoir des rapports anaux non protégés

- Non catégorique
- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui
- Oui catégorique

Voici une liste d'adjectifs qualificatifs qui permettent de décrire une personne.

Pour toi, un homme de ton âge qui baise de temps en temps sans préservatif avec ses partenaires occasionnels est quelqu'un de ...

Intelligent

- Non catégorique
- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui
- Oui catégorique

Sexy

- Non catégorique
- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui
- Oui catégorique

Égocentrique

- Non catégorique
- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui
- Oui catégorique

Branché

- Non catégorique
- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui
- Oui catégorique

Sûr de lui

- Non catégorique
- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui
- Oui catégorique

Ennuyeux

- Non catégorique

- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui
- Oui catégorique

Fiable

- Non catégorique
- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui
- Oui catégorique

Irresponsable

- Non catégorique
- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui
- Oui catégorique

Fréquentable

- Non catégorique
- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui
- Oui catégorique

Attirant

- Non catégorique
- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui
- Oui catégorique

Excitant

- Non catégorique
- Non
- Plutôt Non
- Neutre
- Plutôt oui
- Oui

o Oui catégorique

Conseil de l'équipe IPSR-SNEG Prévention

Au cours de cette expérience, tu as été exposé à du matériel sexuellement explicite qui pourrait influencer tes envies sexuelles. Préféablement, nous te demandons de ne pas avoir de rapport sexuel dans les heures qui suivent. S'il t'arrivait d'avoir un rapport sexuel dans les prochaines heures, rappelle-toi que le geste simple qui consiste à utiliser le préservatif pour la pénétration constitue la meilleure protection contre le VIH et les IST.

Pour plus d'information sur le safer sex, visite notre site www.histoiresdemecs.sneg.org ou téléphone à Sida info service au 0 800 840 800

Pour finir, nous t'invitons à faire un test au cours duquel tu seras amené à réagir face à certaines images. L'objectif du test est de mesurer la différence entre tes attitudes conscientes et tes attitudes inconscientes face à la sexualité et au risque. C'est la première fois qu'une telle étude est réalisée en France!