

**DAY 3**

TIME	ACTIVITY	FACILITATOR/ PRESENTOR	READINGS	HANDOUT
9:00am – 12:00pm (60 minutes each group)	<i>Prevention Intervention Development II, continues:</i> <input type="checkbox"/> Report backs from individual work group / large group feedback -Immigrant -Youth -Commercial sex workers	Kihara		
12:00pm – 1:30pm	Lunch			
1:30pm – 3:30pm (60 minutes)	<i>Prevention Intervention Development III:</i> <input type="checkbox"/> Adaptation of Existing Interventions (HHKIU)	Chow		X
(60 minutes)	<input type="checkbox"/> Next Steps	Chow and Choi		
3:30pm – 4:30pm	Closing	Kihara		

**Individual Work Group Worksheet**

**HIV Prevention Intervention Development Training, Kyoto, December 3-5, 2001**

Work Group Name: *MSM (Case Study I: HHKIU)*

Date: December 3, 2001

Target Group	<i>Asian and Pacific Islander MSM</i>
Problem Statement	<ol style="list-style-type: none"> <li>1. <i>Asian and Pacific Islander MSM in the U.S. were at high risk for HIV.</i></li> <li>2. <i>Few efforts had been made to reduce risk behaviors among these men.</i></li> </ol>
Objective	<ol style="list-style-type: none"> <li>1. <i>Foster positive self-identity</i></li> <li>2. <i>Improve AIDS knowledge</i></li> <li>3. <i>Enhance attitudes toward safer sex</i></li> <li>4. <i>Increase safer sex negotiation skills</i></li> <li>5. <i>Reduce HIV risk behaviors</i></li> </ol>
Background Information	<p>What information did we know about the target group?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> HIV/AIDS surveillance data (list below) <i>AIDS/HIV cases</i></li> <li><input checked="" type="checkbox"/> HIV-related risk behaviors (list below) <i>Sexual behavior, substance use</i></li> <li><input checked="" type="checkbox"/> HIV-related knowledge, attitudes, and beliefs (list below) <i>AIDS knowledge, HIV risk perception, attitudes toward condoms</i></li> <li><input type="checkbox"/> Factors associated with risk behavior (list below)</li> <li><input type="checkbox"/> Other information you need to get (list below)</li> </ul>
Community Collaboration and Key Players	<p>How did we work with community / target group?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Partnership/collaboration with NGO (list NGOs below) <i>Asian and Pacific Islander Wellness Center in San Francisco</i></li> <li><input type="checkbox"/> Community Advisory Group (list members below)</li> <li><input type="checkbox"/> Other (list below)</li> <li><input type="checkbox"/> Other Key Players (list below)</li> </ul>

Mode of Intervention	<input type="checkbox"/> Individual Level Intervention <ul style="list-style-type: none"> <li>- Venue-based Outreach</li> <li>- Individual Risk Reduction Counseling</li> <li>- Counseling, Testing, Referral, and Partner Notification</li> <li>- Prevention Case Management</li> <li>- Hotlines</li> </ul> <input checked="" type="checkbox"/> Group Level Intervention <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Single Session Group Workshops</li> <li>- Multiple Session Group Workshops</li> </ul> <input type="checkbox"/> Community Level Intervention <ul style="list-style-type: none"> <li>- Media Campaigns</li> <li>- Venue-based Community Outreach (e.g., social events, theater performances)</li> </ul> <input type="checkbox"/> Structural Level Interventions <input type="checkbox"/> Other (list below)
Theoretical Framework	<input checked="" type="checkbox"/> Health Belief Model <input checked="" type="checkbox"/> Theory of Reasoned Action <input checked="" type="checkbox"/> Social Learning Theory <input type="checkbox"/> Diffusion Theory <input type="checkbox"/> Ecological Model <input type="checkbox"/> Other (list below)
Intervention Topic Areas	<ol style="list-style-type: none"> <li>1. <i>AIDS knowledge</i></li> <li>2. <i>Attitudes toward safer sex</i></li> <li>3. <i>Safer sex negotiation skills</i></li> <li>4. <i>Risk assessment and risk reduction strategies</i></li> <li>5. <i>Gay and ethnic identity</i></li> </ol>
Evaluation Plan	<input type="checkbox"/> Post-test <input type="checkbox"/> Pre- and post-test <input checked="" type="checkbox"/> Randomized, controlled clinical trial <input type="checkbox"/> Randomized, community-level field trial <input type="checkbox"/> Serial, cross-sectional survey <input type="checkbox"/> Other (list below)
Next Steps	<input type="checkbox"/> Planning Team Members (list below)  <input type="checkbox"/> Gathering Background Information (list information below)  <input type="checkbox"/> Analysis and Planning (list timeline below)  <input type="checkbox"/> Create Budget Plan  <input type="checkbox"/> Funding (list sources below)  <input type="checkbox"/> Timeline of Key Milestones (list below)  <input checked="" type="checkbox"/> Other (list below) <i>HHKIU has been evaluated and proven effective. It is being used by U.S. NGO's that serve Asian and Pacific Islander MSM.</i>

**Individual Work Group Worksheet**  
**HIV Prevention Intervention Development Training, Kyoto, December 3-5, 2001**

Work Group Name: *MSM (Case Study II: POL)*

Date: December 3, 2001

<b>Target Group</b>	<i>MSM in small cities</i>
<b>Problem Statement</b>	<ol style="list-style-type: none"> <li>1. <i>MSM in small U.S. cities reported high rates of HIV risk behavior.</i></li> <li>2. <i>Little was known about the efficacy of community-level interventions in preventing HIV infection.</i></li> </ol>
<b>Objective</b>	<ol style="list-style-type: none"> <li>1. <i>Change community norms about safer sex</i></li> <li>2. <i>Reduce HIV risk behaviors</i></li> </ol>
<b>Background Information</b>	<p>What information did they know about the target group?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> HIV/AIDS surveillance data (list below) <i>AIDS/HIV cases</i></li> <li><input checked="" type="checkbox"/> HIV-related risk behaviors (list below) <i>Sexual behavior, substance use</i></li> <li><input checked="" type="checkbox"/> HIV-related knowledge, attitudes, and beliefs (list below) <i>AIDS knowledge, misconceptions about HIV risk, community norms about safer sex</i></li> <li><input checked="" type="checkbox"/> Factors associated with risk behavior (list below) <i>Peer norms about safer sex</i></li> <li><input type="checkbox"/> Other information you need to get (list below)</li> </ul>
<b>Community Collaboration and Key Players</b>	<p>How did they work with community / target group?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Partnership/collaboration with NGO (list NGOs below)</li> <li><input type="checkbox"/> Community Advisory Group (list members below)</li> <li><input type="checkbox"/> Other (list below)</li> <li><input type="checkbox"/> Other Key Players (list below)</li> </ul>

Mode of Intervention	<input type="checkbox"/> Individual Level Intervention <ul style="list-style-type: none"> <li>- Venue-based Outreach</li> <li>- Individual Risk Reduction Counseling</li> <li>- Counseling, Testing, Referral, and Partner Notification</li> <li>- Prevention Case Management</li> <li>- Hotlines</li> </ul> <input type="checkbox"/> Group Level Intervention <ul style="list-style-type: none"> <li>- Single Session Group Workshops</li> <li>- Multiple Session Group Workshops</li> </ul> <input checked="" type="checkbox"/> Community Level Intervention <ul style="list-style-type: none"> <li>- Media Campaigns</li> <li><input checked="" type="checkbox"/> Venue-based Community Outreach (e.g., social events, theater performances)</li> </ul> <input type="checkbox"/> Structural Level Interventions <input type="checkbox"/> Other (list below)
Theoretical Framework	<input type="checkbox"/> Health Belief Model <input type="checkbox"/> Theory of Reasoned Action <input type="checkbox"/> Social Learning Theory <input checked="" type="checkbox"/> Diffusion Theory <input type="checkbox"/> Ecological Model <input type="checkbox"/> Other (list below)
Intervention Topic Areas	<ol style="list-style-type: none"> <li>1. <i>Misconceptions about HIV risk</i></li> <li>2. <i>Risk reduction strategies</i></li> </ol>
Evaluation Plan	<input type="checkbox"/> Post-test <input type="checkbox"/> Pre- and post-test <input type="checkbox"/> Randomized, controlled clinical trial <input checked="" type="checkbox"/> Randomized, community-level field trial <input type="checkbox"/> Serial, cross-sectional survey <input type="checkbox"/> Other (list below)
Next Steps	<input type="checkbox"/> Planning Team Members (list below)  <input type="checkbox"/> Gathering Background Information (list information below)  <input type="checkbox"/> Analysis and Planning (list timeline below)  <input type="checkbox"/> Create Budget Plan  <input type="checkbox"/> Funding (list sources below)  <input type="checkbox"/> Timeline of Key Milestones (list below)  <input checked="" type="checkbox"/> Other (list below) <i>The POL model was evaluated and proven effective. This model has been adapted and is widely being used with various risk groups such as teenagers and young MSM.</i>

**Follow-Up Meeting of the HIV Prevention Intervention Development Training Held on December 3-5, 2001  
Kyoto, March 9, 2002**

Handout: Link Between Theory and Intervention  
 Prepared by: Kyung-Hee Choi, PhD, MPH  
 University of California, San Francisco Center for AIDS Prevention Studies (CAPS)

**1. Health Belief Model**

Theoretical Domain	Example Problems/Issues	Intervention Objectives	Intervention Activities
Perceived susceptibility	"I could get it."	To increase knowledge about AIDS	1. Didactic lectures on basic knowledge about AIDS & HIV transmission routes 2. Mass media campaigns (posters, pamphlets, TV, Internet)
Perceived severity	"The consequences of getting it would be serious."		
Perceived benefits	"If I use condoms, I can prevent HIV infection."	To help aware of benefits and costs associated with adopting safer sex practices	1. Group discussion of pros and cons of safer sex practices 2. Brainstorm ways to overcome barriers to adopting safer sex practices
Perceived barriers	"If I ask my partner to use condoms, he may suspect that I'm having sex with other people."		

**2. Theory of Reasoned Action**

Theoretical Domain	Example Problems/Issues	Intervention Objectives	Intervention Activities
Attitudes	"I don't like to use the condom because it diminishes sexual pleasure."	To increase positive attitudes toward condom use	1. Group discussion of pros and cons of condom use 2. Brainstorm ways to make condom use more erotic 3. Reinforce positive aspects of use
Social norms	"My friends don't like to use the condom either."	To change peer norms around condom use	1. Mass media campaigns (posters, pamphlets, TV, Internet)

### 3. Social Learning Theory & Use of Qualitative Data

<u>Theoretical Construct</u>			
Theoretical Domain	Example Problems/Issues	Intervention Objectives	Intervention Activities
Information	"I don't know much HIV and safer sex practices."	To increase knowledge about HIV/STD, safer sex practices, and female anatomy	1. Didactic lectures on HIV/STD, safer sex practices, and female anatomy
	"I don't know how to use the condom properly."	To increase knowledge about proper use of the female condom	1. Video viewing on how to use the female condom 2. Demonstrating female condom use with an ortho female pelvic model
Skills		To enhance female condom use skills	1. Practice insertion and removal of the female condom using an ortho female pelvic model 2. Practice of insertion into and removal from one's own vagina
		To increase female condom use negotiation skills	1. Model female condom use negotiation by facilitators 2. Role-play female condom use negotiation by participants
Self-efficacy	"I'm not confident that I can use the condom properly."	To enhance self-efficacy on proper use and negotiation of the female condom	1. Offer encouragement and corrective feedback on female condom use 2. Offer encouragement for attempts to negotiate female condom use and congratulate for successful negotiation outcomes
	"I'm not confident that I can negotiate condom use with my sexual partner."		
Social support		To increase social support for female condom use	1. Encourage active group support of one another's change efforts
<u>Other Intervening Variables Not Covered by Theories*</u>			
Initial use of the female condom	"I had a very negative experience of using the female condom for the first time and am not sure whether to use it again."	To help with having first positive experiences of using the female condom	1. Practice of insertion into and removal of the female condom from one's own vagina 2. Offer encouragement and corrective feedback
Mechanical and situational barriers to use of the female condom	"I have a difficulty inserting the female condom." "I didn't have the female condom at the time when I have sex."	To overcome mechanical and situational barriers to use of the female condom	1. Facilitate group sharing of positive and negative experiences of using the female condom 2. Brainstorm ways to overcome mechanical and situational barriers to use of the device 3. Reinforce positive aspects of use

\*Information obtained from a qualitative study of women attending family planning clinics (Choi et al., Facilitators and barriers to use of the female condom: qualitative interviews with women of diverse ethnicity. *Women & Health* 1999; 30:53-70.)

#### 4. Diffusion Theory

##### Key Components:

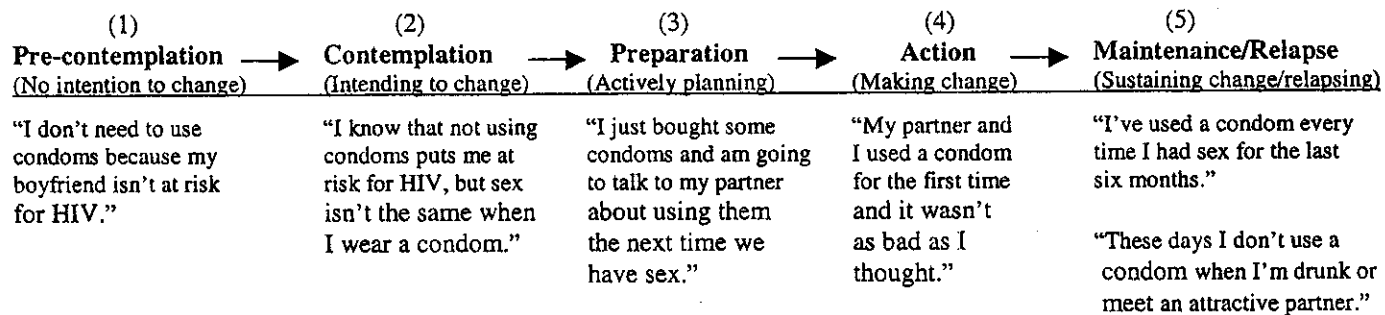
- New Innovation: Safer sex practices
- Opinion Leaders: Visible, respected, popular people who can assist in dispersing the new innovation
- Communication Channels: word of mouth, Internet, posters, pamphlets, role model stories printed on a postcard-size card
- Social Network: Use existing social networks such as friends and family to disseminate the new innovation to members of a target group

##### Intervention Example:

- Problem: "A group of my friends including myself don't practice safer sex with their sexual partners."
- Intervention Objective: To change peer norms around safer sex practices
- Intervention Activities: (1) Peer outreach using popular opinion leaders; (2) Mass media campaign

#### 5. Transtheoretical Model

##### Five Stages of Change:



##### Domains to be addressed to facilitate behavior change:

Stages (1) to (2): Perceived susceptibility	Stages (2) to (3): Attitudes toward the condom	Stages (3) to (4): Self-efficacy & skills	Stages (4) to (5): Situational context (i.e., alcohol use and meeting new partners)
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## **The Role of Social Research in the Australian Response to HIV and AIDS**

**Susan Kippax  
National Centre in HIV Social Research  
University of New South Wales**

### **Themes (slide 2)**

- Australian picture of HIV and AIDS – 1983/4 to the present
- Partnerships – government, researchers, communities, health care professionals
- Research – social aspects of prevention (including vaccines) and of treatment and care
- ‘New’ public health or ‘social’ health

### **Australian Picture of HIV and AIDS (slide 3)**

- Pre-1996: Harm reduction works
- Post-1996 – post-crisis: the context of successful new treatments (HAART)
- The contemporary picture: What do the increases in unsafe/unprotected sex mean?

### **Pre-1996 (slide 4)**

- Decline in HIV
  - No IDU epidemic
  - Decline in risk behaviour
  - In the main HIV confined to gay and homosexually active men
- HIV/AIDS<sup>1</sup> diagnoses in Australia (slide 5)

### **Post - 1996 (slide 6)**

- The success of combination anti-viral treatments
  - Decline in AIDS deaths (slide 7)
  - Continuing plateau of HIV infections (slide 8)
  - Increases in risk practices among gay men (slide 9)
- AIDS incidence by year and timing of HIV diagnosis  
Number of deaths following AIDS in Australia adjusted for reporting delay by year of death

### **Current Prevention Issues (slide 10)**

- Prevention has been effective in slowing the epidemic among gay men – and preventing epidemic among injecting drug users and heterosexual population
- With increasing unprotected anal intercourse, there is a question now however about whether the culture of ‘safe sex’ can be sustained
- The absence of a matching increase in HIV infections has raised questions about the impact of low viral load in the populations at risk

### **Themes (slide 11)**

- Australian picture of HIV and AIDS – 1983/4 to the present
- Partnerships – government, researchers, communities, health care professionals

- Research – social aspects of prevention (including vaccines) and of treatment and care
- ‘New’ public health or ‘social’ health

#### **Partnerships (slide 12)**

- Early response of gay men and the formation of what became AIDS Councils
- Recognition by governments of the need to listen to affected populations – gay men, sex workers, and injecting drug users

#### **Commitment of Funds (slide 13)**

- Development and implementation of National AIDS Strategies
- Funding of AIDS Councils to promote harm-reduction and risk-reduction strategies and support those living with HIV and AIDS
- Establishment of National Research Centres – in Virology, Epidemiology and Clinical Research, and Social Research

#### **Social Research Partnerships (slide 14)**

- Research in relation to the goals of the strategy
- Work reflexively with AIDS Councils and the communities served by them– in the main gay men
- Work alongside epidemiologists and clinicians

#### **Working with AIDS Councils (slide 15)**

- Resist the notion of ‘risk-group’ – avoid stigma and discrimination
- Focus research on practices not behaviours
- Identify the patterns of sexual risk practices, e.g. regular or casual relationships,
- Identify co-factors/causes of risk practice, e.g. gay community attachment

#### **Social Research and Education (slide 16)**

- Identify practices already in place
- These can be built on and/or modified in health promotion
- AIDS Councils do the education (peer-led) informed by social and epidemiological research
- Social research is informed by gay men and by AIDS Councils

#### **Harm Reduction Strategies – Sexual Practice (slide 17)**

- Condom use
- Negotiated safety (not monogamy)
- Eroticisation of safe sex
- Sex education in schools

#### **Negotiated Safety (slide 18)**

Unprotected anal intercourse is ‘safe’ within a relationship in which both partners:

- are HIV-ve
- know their partner’s status

- discuss and agree upon a 'safe' strategy for any sex outside the relationship
- and where trust and honesty prevail.

#### **Harm Reduction Strategies – Drug Use (slide 19)**

- Needles and Syringe programs
- Methadone Maintenance programs
- Safe injecting rooms

#### **Optimism (slide 20)**

In the context of

- Almost twenty years of living with HIV and the
- Introduction of treatments and non-occupational post exposure prophylaxis (PEP)
- A probable decline in population viral load
- Trialing of candidate vaccines

#### **Other Strategies (slide 21)**

- Withdrawal in unprotected anal intercourse
- Positive-positive sex
- Strategic positioning in sex
- Venue distinctions

#### **Themes (slide 22)**

- Australian picture of HIV and AIDS – 1983/4 to the present
- Partnerships – government, researchers, communities, health care professionals
- Research – social aspects of prevention (including vaccines) and of treatment and care
- 'New' public health or 'social' health

#### **Social HIV Research (slide 23)**

- Social Aspects of Prevention
- Social Aspects of Vaccines and the trialing of Vaccines
- Social Aspects of Treatment and Care

#### **Work-Plan of the NCHSR (slide 24)**

- Mapping of risk practice
- Negotiating the medical field
- Exploring cultural dynamics – risk and health
- Health knowledges, policies and practices

#### **Mapping of Risk (slide 25)**

We are engaged in a number of studies – many in collaboration with NCHECR and AIDS Councils. They include:

- Longitudinal cohort studies of HIV-negative men

- Cross sectional studies of gay men
- National Survey of Sexual Practice
- Studies of young injectors

#### **Negotiating the Medical (slide 26)**

These studies include:

- Cohort study of people with HIV
- Barriers and Incentives to Drug Treatment Programs
- Living with HIV side effects – the impact of illness on the body
- A comparison of chronic illnesses

#### **Exploring Cultural Dynamics (slide 27)**

These include:

- A study of masculinity, mortality and risk: the impact of death on men's management of risk
- Seroconversion study
- A study of those who present for non-occupational PEP
- Analysis of 'blood' awareness

#### **Health Knowledges, Policies and Practices (slide 28)**

- Evaluation of AIDS Council Health Promotion
- Study of Doctor-Patient Communication in relation to Treatment Adherence
- International Collaboration of Optimism
- Evaluation of Enhanced Care Project

#### **Illustration of Research (slide 29)**

- Monitoring of sexual risk among gay men in Australia using Male-Call and Periodic Surveys (cross sectional – over time)

• Seroconversion study and other research that focuses on men's narratives/stories of risk events  
Seroconversion Study (slide 30) (slide 31)

Accounts of men of the purported risk event provide insight into their understandings of risk. These understandings are related to:

- Discourses of coupledness and love
- Discourses of control and its absence
- Discourses of medicine

#### **Themes (slide 32)**

- Australian picture of HIV and AIDS – 1983/4 to the present
- Partnerships – government, researchers, communities, health care professionals
- Research – social aspects of prevention (including vaccines) and of treatment and care
- 'New' public health or 'social' health

#### **'New' Public Health: a Comparison (slide 33)**

- 'Old' public health focused on public issues – issues of structural and economic determinants of health

- 'Modern' public health turned to epidemiology of risk and a focus on individuals as members of populations

#### **'Modern' Public Health (slide 34)**

- Increased medicalisation – search for treatments and cures

- Dependence on notions of individual responsibility

- Voluntary counseling and testing

#### **'New' or 'Social' Health (slide 35)**

- Focus on collectivities – the group, the community

- On citizens' rights and responsibilities

- On practice and the meanings of actions

- On the social fabric of people's lives – the stuff that binds them together

#### **'Social' Health – Prevention (slide 36)**

Focus on the PRACTICE (not behaviour)

- Meanings of sexual actions

- Pleasure and Intimacy

- Context – physical, interpersonal, social

- Social construction of action – reference to gender, power, connectedness to community (social capital), ...

#### **Social Health – Living with Illness and Disease (slide 37)**

- Meanings of illness in relation to identity

- Embodiment and the subjective experience of illness – symptoms,...

- Notions of time and time horizons

- Social capital and social connectedness and support

- Tensions between the medical and 'objective' disease characteristics and the 'subjective' experience of illness

#### **'New' Public Health (slide 38)**

- Partnerships between government, NGO and affected communities

- Avoidance of stigma and blame

- Tailoring of messages for social collectives rather than for individuals and avoidance of sole reliance on individual counseling

- Acknowledgement of the dynamic patterning of practice and its social and cultural production

- Building on/modification of current understandings and practices

## The Role of Social Research in the Australian Response to HIV and AIDS

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## Themes

- Australian picture of HIV and AIDS – 1983/4 to the present
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## Australian Picture of HIV and AIDS

- Pre-1996: Harm reduction works
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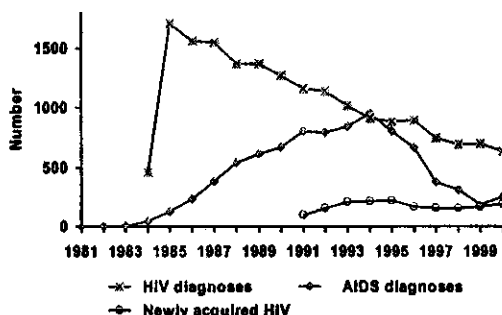
## Pre-1996

- Decline in HIV
- No IDU epidemic
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## HIV/AIDS<sup>1</sup> diagnoses in Australia



Source: National Centre in HIV Epidemiology and Clinical Research.  
State and Territory health authorities  
1. Adjusted for multiple reporting and under-reporting



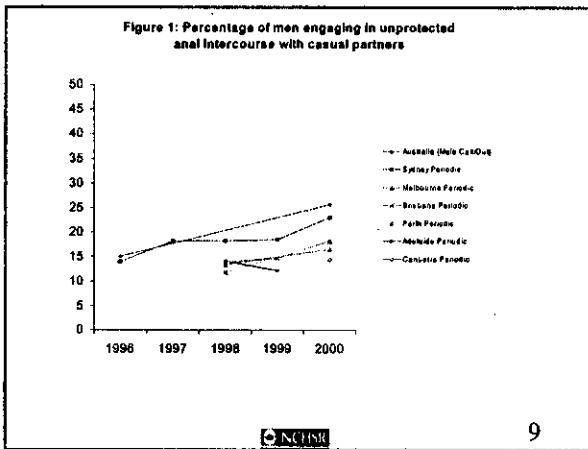
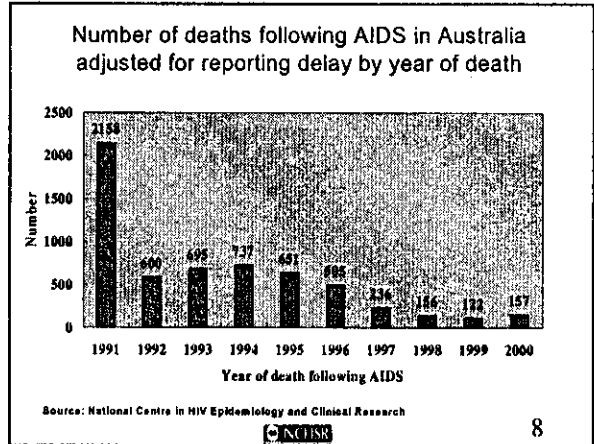
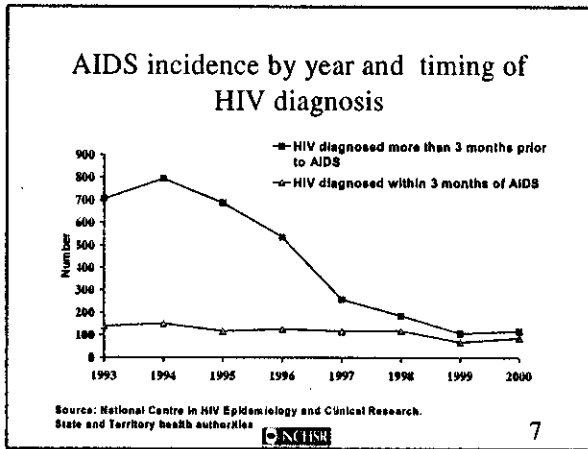
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## Post - 1996

- The success of combination anti-viral treatments
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### Current Prevention Issues

- Prevention has been effective in slowing the epidemic among gay men – and preventing epidemic among injecting drug users and heterosexual population
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- Research – social aspects of prevention (including vaccines) and of treatment and care
- 'New' public health or 'social' health

### Partnerships

- Early response of gay men and the formation of what became AIDS Councils
- Recognition by governments of the need to listen to affected populations – gay men, sex workers, and injecting drug users

## Commitment of Funds

- Development and implementation of National AIDS Strategies
- Funding of AIDS Councils to promote harm-reduction and risk-reduction strategies and support those living with HIV and AIDS
- Establishment of National Research Centres – in Virology, Epidemiology and Clinical Research, and Social Research



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## Social Research Partnerships

- Research in relation to the goals of the strategy
- Work reflexively with AIDS Councils and the communities served by them – in the main gay men
- Work alongside epidemiologists and clinicians



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## Working with AIDS Councils

- Resist the notion of 'risk-group' – avoid stigma and discrimination
- Focus research on practices not behaviours
- Identify the patterns of sexual risk practices, e.g. regular or casual relationships,
- Identify co-factors/causes of risk practice, e.g. gay community attachment



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## Social Research and Education

- Identify practices already in place
- These can be built on and/or modified in health promotion
- AIDS Councils do the education (peer-led) informed by social and epidemiological research
- Social research is informed by gay men and by AIDS Councils



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## Harm Reduction Strategies – Sexual Practice

- Condom use
- Negotiated safety (not monogamy)
- Eroticisation of safe sex
- Sex education in schools



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## Negotiated Safety

Unprotected anal intercourse is 'safe' within a relationship in which both partners:

- are HIV-ve
- know their partner's status
- discuss and agree upon a 'safe' strategy for any sex outside the relationship
- and where trust and honesty prevail.



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## Harm Reduction Strategies – Drug Use

- Needles and Syringe programs
- Methadone Maintenance programs
- Safe injecting rooms



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## Optimism

In the context of

- Almost twenty years of living with HIV and the
- Introduction of treatments and non-occupational post exposure prophylaxis (PEP)
- A probable decline in population viral load
- Trialling of candidate vaccines



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## Other Strategies

- Withdrawal in unprotected anal intercourse
- Positive-positive sex
- Strategic positioning in sex
- Venue distinctions



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## Themes

- Australian picture of HIV and AIDS – 1983/4 to the present
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- Research – social aspects of prevention (including vaccines) and of treatment and care
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## Social HIV Research

- Social Aspects of Prevention
- Social Aspects of Vaccines and the trialling of Vaccines
- Social Aspects of Treatment and Care



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## Work-Plan of the NCHSR

- Mapping of risk practice
- Negotiating the medical field
- Exploring cultural dynamics – risk and health
- Health knowledges, policies and practices



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## Mapping of Risk

We are engaged in a number of studies – many in collaboration with NCHECR and AIDS Councils. They include:

- Longitudinal cohort studies of HIV-negative men
- Cross sectional studies of gay men
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- Studies of young injectors



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## Negotiating the Medical

These studies include:

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- Barriers and Incentives to Drug Treatment Programs
- Living with HIV side effects – the impact of illness on the body
- A comparison of chronic illnesses



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## Exploring Cultural Dynamics

These include:

- A study of masculinity, mortality and risk: the impact of death on men's management of risk
- Seroconversion study
- A study of those who present for non-occupational PEP
- Analysis of 'blood' awareness



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## Health Knowledges, Policies and Practices

- Evaluation of AIDS Council Health Promotion
- Study of Doctor-Patient Communication in relation to Treatment Adherence
- International Collaboration of Optimism
- Evaluation of Enhanced Care Project



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## Illustration of Research

- Monitoring of sexual risk among gay men in Australia using Male-Call and Periodic Surveys (cross sectional – over time)
- Seroconversion study and other research that focuses on men's narratives/stories of risk events



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## Purported seroconversion event (%)

Sexual practice	Regular	Casual within open relationship	Casual	Total
	n = 39	n = 14	n = 39	n = 92
Anal receptive	43.6	42.9	66.7	53.3
Anal insertive	28.2	14.3	7.7	17.4
Receptive & insertive	17.9	21.4	15.4	17.4
Other	10.3	21.4	10.3	12.0
				30



## Seroconversion Study

Accounts of men of the purported risk event provide insight into their understandings of risk. These understandings are related to:

- Discourses of coupledness and love
- Discourses of control and its absence
- Discourses of medicine



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## Themes

- Australian picture of HIV and AIDS – 1983/4 to the present
- Partnerships – government, researchers, communities, health care professionals
- Research – social aspects of prevention (including vaccines) and of treatment and care
- ‘New’ public health or ‘social’ health



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## ‘New’ Public Health: a Comparison

- ‘Old’ public health focused on public issues – issues of structural and economic determinants of health
- ‘Modern’ public health turned to epidemiology of risk and a focus on individuals as members of populations



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## ‘Modern’ Public Health

- Increased medicalisation – search for treatments and cures
- Dependence on notions of individual responsibility
- Voluntary counseling and testing



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## ‘New’ or ‘Social’ Health

- Focus on collectivities – the group, the community
- On citizens’ rights and responsibilities
- On practice and the meanings of actions
- On the social fabric of people’s lives – the stuff that binds them together



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## ‘Social’ Health – Prevention

Focus on the PRACTICE (not behaviour)

- Meanings of sexual actions
- Pleasure and Intimacy
- Context – physical, interpersonal, social
- Social construction of action – reference to gender, power, connectedness to community (social capital), ...



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## **Social Health – Living with Illness and Disease**

- Meanings of illness in relation to identity
- Embodiment and the subjective experience of illness – symptoms,...
- Notions of time and time horizons
- Social capital and social connectedness and support
- Tensions between the medical and 'objective' disease characteristics and the 'subjective' experience of illness



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## **'New' Public Health**

- Partnerships between government, NGO and affected communities
- Avoidance of stigma and blame
- Tailoring of messages for social collectives rather than for individuals and avoidance of sole reliance on individual counselling
- Acknowledgement of the dynamic patterning of practice and its social and cultural production
- Building on/modification of current understandings and practices



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