

# Towards improved action against AIDS

Continuous evaluation of Switzerland's AIDS control programme provides guidance on how to make it more effective.

On 31 March 1988 the estimated cumulative incidence rate for AIDS in Switzerland was 67.2 cases per million population, corresponding to 439 reported cases in all; 85.7% of adult patients were homosexuals or bisexuals, 26% were drug addicts, 9% were heterosexuals, and haemophiliacs and the recipients of blood transfusions each accounted for 1% of cases (1). It is probable that 30 000 people are already carriers of the virus, and screening data indicate about a third to be women (2).

## Prevention programmes

The Federal Office for Public Health has devised a strategy for AIDS control, including epidemiological surveillance, public information, and social support for persons at risk, seropositives and patients. Prevention programmes, aimed at the general public, have been developed in cooperation with the Swiss AIDS Foundation, an independent body supported by the Confederation. The aims are to promote healthy behaviour, avoid fear or panic, and obviate ostracism of risk groups, seropositives and patients.

## Initial publicity

In the spring of 1986 every household received a brochure on the biology and epidemiology of the human immunodeficiency virus (HIV), possible sources of infection, and means of protection (3). The evaluation of this operation involved the use of a model in which the variables are knowledge, beliefs, and attitudes concerning AIDS. A representative sample of the population was questioned by telephone before, and another after, the distribution, and it emerged that the brochure was favourably received, that it was read by over half the population, and that the readers' knowledge about AIDS and its prevention rose substantially (4). Erroneous beliefs about the risks of transmission through ordinary acts of everyday life declined considerably. This initial information phase served to prepare the ground for subsequent campaigns.

## Expert group

Also in 1986 a group of experts were asked to design and implement campaigns for the prevention of AIDS. This team includes specialists in public health, advertising agents, and representatives of the Federal

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### *Media campaign*

In February 1987 a press conference marked the launching of a nationwide multimedia campaign with the slogan "Stop AIDS", which concentrated on the use of condoms in casual sexual intercourse and the non-sharing of needles and syringes by drug addicts; the advocacy of fidelity between partners was added two months later. The messages were presented in simple, clear and undramatic form in the press and on posters, radio and television. A substantial volume of educational materials aimed at young people, women, teachers, and social workers is being produced to back up the media campaign.

### *Evaluation*

Meanwhile, the Federal Office for Public Health has requested the University Institute for Social and Preventive Medicine, in Lausanne, to evaluate all preventive activities. The widespread dissemination of preventive messages does not in itself guarantee their acceptance by the public and the adoption of risk-free behaviour. Campaigns are all too often carried out without any attempt to ascertain their relevance, acceptability and impact.

Evaluation thus aims to measure the extent to which the campaign's objectives have been achieved, and to contribute to its success by enabling adjustments to be made when resistance or undesirable effects are detected. The evaluation group communicates its findings regularly to the Federal Office for Public Health, the expert group, and other interested parties.

The method of evaluation is based on the model used in the North Karelia project for the prevention of cardiovascular disease (5). This model approaches behavioural change by analysing the interaction between internal campaign factors (message form, dissemination, relevance of content, acceptability of source, amount of repetition) and environmental factors (accessibility to media, social overtones, peer reinforcement, predominant ideas, fears or taboos, and so forth).

The essential stages in the modification of behaviour are:

- exposure to a message, attention to it, and comprehension of its content;
- development of belief in the relevance of the message, and decision to modify an attitude;
- adoption of a new attitude and its translation into practice, leading to a change in behaviour.

The protocol for evaluation is constructed so as to investigate these stages. Firstly, assessments are made of the number of people reached by the preventive message and of the way it has been passed on and

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amplified by the mass media. The relaying of messages by parents, doctors, ministers of religion, and teachers is studied on the basis of interviews with them before the start of the campaign, a month after its

inception, and six months later. The role of the cantonal authorities is investigated by analysing AIDS prevention policies and activities at this level, with reference to sex education in schools, the supply of syringes to drug addicts, and so on.

The second stage of evaluation consists in qualitative analysis of the results of the campaign among target groups considered to be especially likely to adopt behaviour placing them at risk of HIV infection:

- young people between the ages of 16 and 20 at vocational training institutions;
- promiscuous adult heterosexuals;
- homosexuals and bisexuals;
- people who have visited tropical countries in search of sexual relationships;
- drug addicts.

In the absence of sociodemographic data on these groups, a qualitative approach is used with the aim of detecting rather than quantifying the emergence of new behaviour or resistance. An attempt is made to define the stages and processes by which knowledge is acquired and attitudes are changed. As wide a range of types as possible is included in each group,

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with reference to life-styles, attitudes, behaviour, membership of subgroups, and language areas. In the study on homosexuals, for example, recruitment involves the publication of a questionnaire in specialized

newspapers, and the first participants are used to gain access to others of different types. The data are gathered from 30–60 persons in each group by means of in-depth interviews, with or without the use of questionnaires, and are considered sufficiently representative when they begin to be repetitive.

The third stage of evaluation involves quantitative assessment:

- analysis of the trends in condom sales and of the structure of this market in Switzerland;
- a telephone survey of a representative sample of 1200 people in the 17–30 age group before the launching of the prevention campaign, and another survey eight months later, with a view to measuring changes in the frequency of use of condoms and in sexual mobility (number of occasional sexual partners over a period of six months);
- surveys of patients of physicians in a sentinel programme, conducted at the above stages, and analysis of the same types of variable.

It is difficult to gather information of this kind because doing so requires intrusion into people's private lives. Consequently, the raw quantitative data furnish little indication of change. When they are combined with qualitative criteria, however, a clearer picture emerges.

In July 1987 an interim analysis was performed to test the evaluation method, to check the initial effects of the campaign, and to provide the expert group with data that would allow it to direct and adjust the prevention activities scheduled for the second half of the year.

The pre-campaign telephone survey of people aged 17–30 revealed that 18%

(equivalent to some 200 000 people if projected to the country's entire population) had had occasional intercourse outside a stable relationship in the six preceding months, and that in most cases condoms were not used (6).

The press conference launching the "Stop AIDS" campaign was broadcast on radio and television to the whole country and was featured in the newspapers. Reactions were generally positive, although there were some reservations in the religious establishment, which would have liked a greater ethical content in the recommendations. Messages on AIDS were also published continually in the press, ranging from brief news items to features summarizing the facts of the disease and the most important lines of advice.

Parents, teachers, doctors and ministers of religion expressed their approval of the campaign while sometimes regretting that it gave so much attention to condoms and lacked any emotional dimension. They said they were ready to respond to requests for information, assistance or counselling from young people but did not take initiatives in these matters.

Everyone who was interviewed knew of the campaign, especially through the posters it used, and only a tiny minority were shocked by the form or content of the messages. A poster introduced in the second round of advertising with the slogan "Stay faithful" and a picture of a wedding ring evoked negative reactions from some people, who felt that it was too moralizing or who were not able to identify with the symbol of marriage.

The value of the prevention campaign has been universally recognized and the credibility of the organizing bodies is beyond question. The campaign is best received

when taken up locally or by particular groups. Homosexuals are especially receptive to preventive messages published in their own papers, and young people to advice from their peers.

Local activities are developing satisfactorily in respect of hospital discussion groups, associations of parents of the mentally

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handicapped, telephone help lines, sex education programmes in schools, exhibitions in training institutions on sexually transmitted diseases, and the installation of condom-vending machines in discotheques and elsewhere.

### Changes in attitudes and behaviour

The qualitative surveys revealed a general weakening in taboos relating to sex and sexual practices. People are prepared to talk more freely than before about sexuality. The preventive messages concerning the use of condoms, non-sharing of needles, and fidelity have been accepted.

Few instances of ostracism of risk groups, seropositives or patients were noted, although rejection may be manifested towards individuals. The general attitude remains moderate and open, and there have been few calls for measures of discrimination, isolation or constraint.

Many changes in behaviour were reported, amounting to a trend towards fewer partners, their more careful selection, and the use of condoms.

It appears to be comparatively difficult for drug addicts to abandon needle-sharing,

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although we still lack sufficient information on this heterogeneous group, which is difficult to investigate because of the diverse types of addiction, addictive practices and modes of infection.

In the first six months of 1987, sales of condoms appear to have more than doubled as compared with the second half of 1986. The increase was greater in respect of supermarkets, vending machines and mail order outlets than of pharmacies and drugstores.

Resistance to behavioural change is often associated with a failure to perceive personal risk. For example, some people believe that AIDS is found only among homosexuals or drug addicts. Among adolescents, who may have several sexual partners in fairly rapid succession, the possibility of personal risk may be overlooked because each relationship is considered to be faithful while it lasts.

A failure to appreciate personal risk may militate against the adoption of protective behaviour, for instance if there is a loss of vigilance or self-control under the influence of alcohol or other drugs, or if a depressive or amorous state exists, or if a feeling of

relief is experienced, perhaps following a negative HIV screening result. Places which lend themselves to anonymous, surreptitious sexual contacts, such as parks or public lavatories, may also be conducive to the abandonment of protection.

Finally, a failure to adopt protective behaviour may arise from confusion. Conflicting rumours or press reports may hinder people from seeing AIDS as being mainly a sexually transmitted disease against which it is easy to protect oneself. For example, incorrect suggestions that HIV can be spread through kissing or shaking hands make the use of condoms seem pointless.

The preliminary conclusions to be drawn after six months of the intensive prevention campaign are as follows:

- the campaign, having been widely taken up by the media, has reached the general public;
- it has not given rise to any strong manifestations of resistance or opposition;
- the relaying of messages locally has helped to consolidate it;
- there have been changes in attitude and behaviour in that a trend towards greater protection has occurred among the groups identified as the most likely to take risks, but this does not mean that the public at large has yet been influenced, nor that the new behaviour will persist;
- sales of condoms have increased.

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In Switzerland, with one of the highest prevalences of HIV infection in Europe, health institutions that are not markedly centralized, and a tendency towards social

conformity, there are risks attached to the adoption of an open, pragmatic style of campaign that plays down the drama of AIDS. The stakes are high, both epidemiologically and politically, and it is important to act swiftly and successfully with the support of as many people as possible. The following points are vitally important.

- Evaluation has confirmed the feasibility of the campaign.
- The detection of confusion arising out of contradictory information reinforces our belief in the value of a central reference source and an agreed approach to prevention.
- The development of channels for adapting and passing on messages locally needs to be further encouraged. The general messages of the campaign can serve as a framework in which these channels find their place. Almost all the people who reported a change in behaviour took their decisions in two stages: against a background of acquired knowledge, the critical factor was confirmation of the need to take account of personal risk, either explained by someone close to them or demonstrated by, for example, the occurrence of AIDS or seropositivity in a person they knew.
- Efforts to integrate members of the groups most closely concerned in discussions on the overall direction of health policy on AIDS should continue. Reactions such as social rejection or demands for measures of constraint in respect of these groups are not very common in Switzerland. This can be attributed to the fact that these groups, including prostitutes and homosexuals, quickly joined the Swiss AIDS Foundation and were associated with the campaign's team of experts.

- Several factors suggest that the preventive messages could be made more effective if their content were slightly modified. It seems important that people should be able to feel personally concerned with them. A difficulty in this connection is the use of personal testimonies by patients or seropositives, who are always drawn from marginal risk groups; this tends to reinforce the idea that AIDS is something that happens only to them. Moreover, the fidelity message, with an accompanying representation of a wedding ring, will have to be changed to suggest a satisfying emotional relationship in a more general way, so as to obtain the broadest possible response. The team of experts has decided to give particular attention to the use of young people for developing the theme of prevention among the young.

The evaluation of prevention campaigns enables them to be continually adjusted with a view to achieving optimal acceptability and efficacy. Evaluation may also serve to confirm, or challenge, approaches adopted in respect of the target population and the authorities in charge of preventive programmes. This is especially important, as the fight against AIDS is going to demand considerable effort over a long period. □

## References

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