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AIDS: where reason prevails...

A community-based programme of education and counselling in San Francisco aims to diminish the spread of AIDS. Some success appears to have been achieved in persuading high-risk groups to modify their sexual behaviour in ways likely to produce this result.

As the number of AIDS cases increases, education aimed at preventing the syndrome becomes more important. A total of 56 395 cases had been reported from 122 countries by 11 August 1987 (1). Most of them were in the USA, where the number of persons infected with the human immunodeficiency virus has been estimated to be between 0.5 and 1.7 million (2). Research has led to the isolation and description of this virus and to the identification of modes of transmission and high-risk individuals. However, neither a cure nor a vaccine is yet available.

Education and counselling

It is now recognized that educational and counselling programmes, often called risk-reduction programmes, are the only

means currently available for diminishing the sexual transmission of the virus. In the USA, federal and state agencies and local non-profit-making bodies have organized efforts to provide risk-reduction programmes. In fiscal year 1987 the Centers for Disease Control of the Public Health Service will spend US\$ 11.2 million to develop school-based educational programmes. In addition, \$ 30 million will be spent on community-based risk-reduction programmes; this funding will cover education, antibody-testing, and counselling.

Programmes developed in San Francisco provide an excellent example of local initiatives. On 31 August 1987 San Francisco had 3661 AIDS cases, the second largest number in United States cities (3). Risk-reduction programmes began late in 1982, when the San Francisco AIDS Foundation, a private non-profit-making organization, contracted with the city's Department of Public Health to provide such services. Since that time, spending has increased dramatically each year. Approximately \$ 2.5 million have been

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budgeted for these programmes for fiscal year 1987 and \$ 3 million will be spent in fiscal year 1988. One third of this money has been provided by the local government, the rest coming as state and federal grants.

The following organizations help to provide AIDS risk-reduction programmes in San Francisco.

- The San Francisco AIDS Foundation, the largest and longest-established provider of AIDS education services in the city.
- The Stop AIDS Project, a non-profit-making corporation based in the homosexual community that works at the grass roots to end the transmission of the virus.
- The AIDS Health Project of the University of California at San Francisco, which works with Operation Concern of Pacific Mental Health Services in providing one-time, individual health consultations and eight-week support groups for persons at risk.
- The *Instituto Familiar de la Raza* and the Bayview Hunter's Point Foundation, which provide AIDS education for ethnic minorities.
- The Women's AIDS Network and the California Prostitutes Education Project, voluntary groups that have targeted women at risk for AIDS.
- Community-based providers that serve substance abusers as in- or outpatients: Westside Community Mental Health Center, Alcohol Evaluation and Treatment Center of San Francisco General Hospital, Bay Area Addiction Research and Treatment Program, Asian American Residential Services, Multi-Cultural Prevention Resource Center, 18th Street Services, Haight Ashbury Free Medical Clinic, Mid-City Consortium to Combat AIDS, Horizons

Unlimited (Projecto Ayuda), and the Substance Abuse and Mental Health and AIDS Center of the University of California at San Francisco.

Target populations

Initial prevention programmes were targeted on the low-risk general public with the goals of combating the fear of casual contagion and the view that AIDS is a strictly homosexual disease. These efforts continue but since 1984 the emphasis has shifted to promoting safe-sex practices among the approximately 70 000 male residents of San Francisco who identify themselves as homosexual or bisexual, among whom 98% of cases occur. In 1986, programmes were developed to reach multiple-partner/high-risk heterosexuals, particularly high-risk blacks and Hispanics, i.e., Spanish-speaking people of Mexican, Puerto Rican or Latin American origin.

Strategy and messages

Initial surveys indicated that most male homosexuals perceived AIDS as a threat but that many underestimated the need for extensive behavioural change. Clearly, it was necessary to emphasize the severity of the threat posed by the epidemic and to explain the risk involved in unsafe behaviour so as to reduce doubts about the validity of safe-sex guidelines. Most importantly, however, emphasis was given to beneficial changes taking place among male homosexuals, particularly in regard to substance abuse, impersonal sex, and other behaviour. An effort was made to link the campaign for safer sex to these encouraging trends and to stress that most men were adopting new, safer forms of sexual expression. In short, an attempt was made to provide a community-wide scrutiny of standards relating to sexual behaviour and

drug abuse. As perceived norms shift, behaviour can be expected to follow. This approach is possible in San Francisco because there is a relatively strong sense of group identity and solidarity within the community of male homosexuals.

Programme content

The San Francisco AIDS Foundation, with the support of volunteers, has developed and coordinated much of the multifaceted risk-reduction programme.

- An advertising campaign has been designed to reach large numbers of people with brief messages about AIDS prevention. Advertisements are placed on buses and trains, in general-circulation newspapers and magazines, and in specialized outlets such as newspapers with homosexual readerships. Billboards and television and radio spots are also used.
- Media liaison workers based in the Department of Public Health and the San Francisco AIDS Foundation collaborate with journalists to produce articles that enhance readers' general awareness and understanding of AIDS.
- Leaflets have been produced for distribution through the post, on the streets, at public forums, and in health-care facilities. New material reflects the latest medical information, addresses new target populations, and stresses matters that survey results have indicated to be especially important. Some video presentations have also been used. The materials are available in various Chinese dialects, English, Spanish and Tagalog.
- Comprehensive information and referral services are provided via a telephone link.
- Forums, workshops, school classes, seminars, and other one-session events are held. Their specific content varies with the audience. Nearly all service providers offer this type of learning opportunity. The San Francisco Unified School District is currently developing a comprehensive AIDS education curriculum.
- The Department of Public Health provides anonymous AIDS testing at various locations in the city. Participants are informed about their antibody status and counselled on the subject. This testing is valued as an opportunity for education. Individualized education and counselling is also provided by a growing number of local clinics offering family planning, pregnancy testing and prenatal care, as well as by treatment programmes for people affected by substance abuse and sexually transmitted diseases.

In addition, two programmes have been developed that offer homosexual and bisexual men opportunities for interpersonal communication in peer groups, where attempts are made to motivate individuals to act on the information they already have about the prevention of AIDS.

- The Stop AIDS Project was organized in 1984 by a private, non-profit-making corporation. Research had indicated that the vast majority of homosexual and bisexual men in San Francisco were aware of the threat of the epidemic and had made considerable behavioural changes in accordance with risk-reduction guidelines. However, many did not perceive much peer support for such changes. The immediate objective, therefore, was not to modify individual behaviour but to alter attitudes about the social acceptability of safe-sex practices among homosexual and bisexual men.

Street outreach, door-to-door canvassing, and other techniques are used to organize meetings of 10–12 men. The participants are asked to clarify their commitment to safe-sex practices and to involve themselves in the prevention campaign. They have an opportunity to confront their own feelings of anger, sadness, and fear. The discussion leader serves as both facilitator and role model. Nearly 7000 homosexual and bisexual men, approximately 10% of those in the city, will have attended a Stop AIDS meeting by 30 June 1987.

- The AIDS Health Project of the University of California at San Francisco works with Operation Concern to provide one-time individual health consultations and eight-week group support. The target population comprises persons who are apprehensive about their prospects of acquiring AIDS and want to identify and find support for new behaviours that will reduce the risk. The project also organizes groups specifically for persons with AIDS-related complex, so as to help them deal with their illness and reduce behaviours that might put them or others at exceptional risk.

Evaluation

In 1986 a telephone survey showed that 86% of the homosexual and bisexual men interviewed were aware of the media campaign in favour of risk reduction; 42% remembered advertisements about safe sex; 29% remembered ones about drugs and AIDS; and 12% had attended an educational event (4).

In several research projects, data are being collected on sexual practices. Most studies report substantial behavioural changes in the homosexual and bisexual population. In the

1986 telephone survey, 71% of the respondents reported that they had not engaged in unsafe sex during the previous month, an increase of 30% in comparison with 1984. Of a sample of 126 men from

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San Francisco enrolled in a study of hepatitis B, 90% had decreased their casual sexual contacts between 1978 and 1985 (5). Finally, significant declines occurred in several kinds of high-risk behaviour, including sexual contact with nonprimary partners and anal intercourse without the use of a condom (6).

As more men adopt safe-sex practices, fewer should acquire the virus through sexual transmission. An indirect measure of the effectiveness of risk-reduction programmes can thus be obtained from the number of men in the target population who seroconvert, i.e., give a positive result in the antibody test after having given a negative result. Researchers looked at this variable in 1034 men and estimated that 22.8% of the homosexuals in their sample were positive in 1982; by 1984 the proportion had risen to 49%; in three subsequent six-month periods it remained at about the same level (7).

A third indirect measure of the effectiveness of the risk-reduction programme is given by the decline in the number of cases of anal/rectal gonorrhoea reported to the city's Department of Public Health, from 1375 in

1984 to 320 in 1986, reflecting the recommendation to reduce anal/genital contact (8).

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The San Francisco AIDS campaign has brought together major public health and community-based non-profit-making groups throughout the city. As was to be expected with a politically and emotionally sensitive issue, negotiation and the resolution of conflicts have been necessary at times to assist the making and implementation of decisions affecting persons at high risk. This was particularly evident when a decision was made to change bathhouse regulations. However, a well-orchestrated, highly visible, and effective educational programme has resulted. The San Francisco experience suggests that such programmes can favourably influence attitudes and behaviour. The most important elements in the success of the programme have been as follows.

- Strong leadership in the homosexual community and cooperation with the service providers made it possible to raise the issue of changing sexual norms and practices without polarization and conflict.
- The use of techniques borrowed from advertising and market research allowed the identification of messages and communication channels suitable for reaching the target population.
- The programme was designed to motivate as well as inform the target population. Early studies indicated that behavioural change lagged behind the acquisition of knowledge. The challenge was therefore to motivate men to act on information they already possessed.
- Much of the programme was concerned with achieving social and cultural change. This approach recognized that high-risk behaviour had an important social

dimension and that changing group-sanctioned beliefs about such behaviour was the best way to bring about change in individuals.

- The programme did not rely entirely on printed or broadcast messages. Face-to-face communication helped people to clarify their commitment to safe sex.
- Special attention was given to extensive grass-roots participation. The provision of opportunities for prevention-oriented voluntary work was particularly important, since this supported people in their personal commitment to halt the transmission of the virus. □

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