

## Queensland Positive People (QPP)

# HIV Prevention Campaign 2007

Date: 7th September, 2007

## 1. Background & Objectives:

In May 2006 QPP, along with other state-wide community and clinical HIV Service Providers (Government and Non-Government), met with Queensland Health (QH) to develop the 2006/07 Queensland HIV Prevention Action Plan. This action plan was called for due to an almost 50% increase in Queensland HIV notifications (from 2001) to 2006. Although infections in Queensland have plateaued in the last few years, incidence levels remain a concern: 137 infections in 2004; 147 in 2005, and 142 in 2006. This campaign, launched on 7th September 2007, is in response to those rises and subsequent QPP-related objectives and initiatives were set down in the Action Plan. Those objectives were:

### Objective 1:

Inform gay and other homosexually active men of:

1. the rise in HIV notifications
2. the risk factors associated with HIV transmission
3. the severity of HIV infection; and
4. how to prevent HIV infection

### Objective 2:

Reduce the rate of new HIV notifications by increasing gay and other homosexually active men's ability to make and implement healthy choices regarding their sex lives.

### Objective 3:

Improve community norms (particularly among young gay HIV-positive and HIV-negative men) against practicing risky attitudes and behaviours.

## 2. Principles

The following principles were set down for all agencies involved in the Action Plan:

1. The effectiveness of action is dependent on an enabling environment and broad community support.
2. Wherever possible strategies will be developed, implemented and evaluated in consultation with target audiences.
3. Consensus amongst government and non-government service providers and the community (the stakeholders) re prevention approaches will improve the effectiveness of strategies.
4. Stakeholders are committed to working collaboratively.
5. Open communication between stakeholders is important for success.
6. As well as commitment to anti-discrimination, all stakeholders value and respect all people equally in our community, acknowledging diversity in sexuality, culture, beliefs, race, age and other characteristics.

QPP worked openly and communicatively with these principles within two (2) initial focus groups<sup>1</sup> with people living with HIV/AIDS in Queensland (PLWHA) to gather their views on the potential reasons for HIV increases, and to subsequently construct the campaign content. The overarching two key views which emerged were:

- 1) HIV Optimism (lack of awareness of HIV severity) among HIV-negative people, leading to increases in risk behaviour. The groups felt an urgent need to strongly remind the community of HIV severity and consequential impact to life (social and medical). QPP also shared this view.
- 2) Lack of shared responsibility and togetherness in the gay community, leading to fracture and divide, and sometimes misplaced jealousy, between serostatus groups. Serosorting, by both the HIV-positive and HIV-negative community, was seen as faulty or incomplete, as was consistent responsibility between each group to use condoms. The groups felt that a shared responsibility content demonstrating equal onus to protect oneself and others, that did not single out and demonise, blame, or stigmatise PLWHA, was required. Furthermore, compounding risks in the undiagnosed population were seen as further demonstration of community divide, where PLWHA did not view the undiagnosed population (whether they had HIV or not) as their close peers. QPP also shared these views as issues to address within content.

From early to mid 2007, QPP also interviewed a broad number of individual PLWHA about the draft mock-ups, seeking further comment and refinement of these mock-ups. Those with further interest were also invited upon a Reference Group, which also comprised various stakeholders as mentioned within principle above. Two (2) Reference Group meetings were conducted around mid-2007 utilising the draft mock-up materials, and further refinements made within that group. QPP modelled and presented (to the Reference Group) the draft campaign style and content upon a further principle taken from QPP's 2007 Positive in Prevention Principles<sup>2</sup>, namely that: HIV Prevention includes Sexual Rights: HIV Positive People have the human right to a full and satisfying, self-prescribed and self-defined, safe-sex-life.

1. A full summary report of the preliminary focus testing of campaign messages among QLD PLWHA is available upon request: Title: Overview Summary of Focus Test Outcomes.
2. QPP's 2007 Positive in Prevention Principles is available upon request.
3. Purpose

### The purpose of this campaign is to:

- 1) Develop approaches to promote personal and community (gay HIV-positive and HIV-negative men's) responsibility for condom use and safe-sex.
- 2) Support PLWHA to talk about their experiences to improve understanding within communities and services inside and outside the sector.<sup>1</sup>

1. Whilst QPP has already had numerous discussions with individual PLWHA about their experiences regarding risk and prevention, both within and without the Focus Groups and Reference Group, we appreciate that such matters are ongoing in the lives of PLWHA. Therefore we invite dialog and discussion as to what and how prevention issues reverberate in the lives of PLWHA, over time, as technology changes and as community responses evolve. QPP holds the view that the vast and overwhelming majority of PLWHA do not consciously or recklessly place others at risk. Nonetheless, for those with an active sex interest, the burden of living with HIV life-long can have a significant impact upon their approach to sex, and include the emotions and feelings related to sex and to ones body and mind. QPP wishes to encourage all PLWHA to consider engaging in dialog about sex and prevention on its website campaign discussion board (anonymously and confidentially) as to what prevention means or conjures up for them and their capacity for a full life. We are particularly interested PLWHA's opinions and responses to the current prevention campaign content as well, and what it generates for individuals or groups of people. Additionally, QPP invites all PLWHA to speak to its staff regarding peer support, discussion, and resources regarding HIV prevention and supports.

#### 4. Content

The background, objectives, principles, and purpose as stated above have set-down the foundation for content of this 2007 HIV Prevention Campaign. The campaign comprises the following materials:

1. Three (3) Series Posters
2. Condom and Lube Pack
3. Online chat banner ads.

#### 5. Performance Indicators

The following indicators will assist to measure the success of the campaign:

1. Yearly trends in HIV notifications data as reported in annual QH HIV/AIDS Reports.
2. Proportion of late presenters<sup>1</sup> within HIV notifications as reported in annual QH HIV/AIDS Reports.
3. Proportion of gay men in the Queensland Periodic Survey who report awareness of HIV-post-exposure prophylaxis.<sup>2</sup>
4. Proportion of gay men in the Queensland Periodic Survey who report being tested for HIV in the past 12 months.
5. Proportion of gay men in the Queensland Periodic Survey who report unprotected anal intercourse with casual partners.<sup>3</sup>
6. Proportion of PLWHA taking HAART - as reported in Futures Studies, and for gay men in the Gay Periodic Survey.<sup>4</sup>

1. Late Presenters are those who have had infection long-term, but only recently diagnosed.

2. Post-Exposure Prophylaxis (PEP) information is printed inside the campaign condom pack.

3. In 2006, among men who had sex with casual partners in the last six months prior to the survey, 35% had engaged in some unprotected anal intercourse with those casual partners. Since 2002 the rates of unprotected anal intercourse with casual partners have been quite stable. A separate analysis revealed that, of the 295 men in 2006 who reported having unprotected anal intercourse with casual partners, 152 (51.5%) had also had unprotected anal intercourse with their regular partners. Conversely, the HIV Futures 5 study (2006) explained that 53.7% of the national sample (n=982) had sex with casual partners in the past six months. 34.6% of male respondents reported always using condoms with casual male partners. Within the context of the sex with the most recent casual partner, 72.6% used condoms with those whose HIV status they did not know, and 87.5% used condoms with those who were HIV-negative.

4. There is a correlation between high viral load (which in the ordinary circumstance HIV treatment lowers) and a higher risk of HIV infectiousness. Conversely, a low viral load does not translate to non-infectiousness, although it may be a lower risk.

#### 6. Conclusions

There is no doubt HIV has a significant impact on the lives of PLWHA, from both a social and medical perspective. There are complex social dynamics which exist in relation to HIV prevention risks between HIV-positive and HIV-negative men, and among each other. In particular, disclosure of HIV status is a significant burden to PLWHA, particularly accounting for fear of rejection from potential sex partners. 61.8% of respondents in the HIV Futures 5 study reported this fear. This fear is compounded by the expectations placed on PLWHA, whether by implications in public health or criminal law or by social and community pressures, to be sole educators and protectors of HIV-negative partners. Not knowing ones HIV status may be intimately connected to this dynamic. 65.8% of PLWHA in HIV Futures 5 feel that HIV has had a negative effect on their sexual pleasure.

It is not surprising that disclosure of HIV status is well-guarded by the people it hurts the most - PLWHA. Our campaign tends to uphold this value as it ignores disclosure as unnecessary if condoms are used. The campaign suggests an equal and individual responsibility - HIV-positive or HIV-negative - not one sided, and not a shared responsibility split, but 100% personal responsibility of each person. It hopes to appeal to a reader who makes personal and individualised choices - one who processes thought and decisions without suggesting what those thoughts and decisions should be, except to challenge the understanding and responsibility to make safer-sex choices - equally - individually - personally - with collective responsibility.

