



Conceptual background paper

I know what I'm doing

After two years of preparation, the Deutsche Aids-Hilfe e.V. (DAH) will begin a new, nationwide and target-group-specific campaign for intensifying HIV-prevention and health-promotion among gay, bisexual and all other men who have sex with other men (MSM), on 13 October, 2008.

Statistical frame of reference

With this campaign, the Deutsche Aids-Hilfe e.V. is responding to two statistical trends, which at first sight seem contradictory:

On the one hand, since 2001 first diagnosis rates for HIV in the FRG and in all other comparable industrial nations have been on the rise, particularly among MSM. On the other hand, current studies have again and again stated that protection preparedness against HIV infection is undiminished among MSM, even after 20 years of prevention work. In their 8. repeat survey investigating protection-behavior in this target group, Bochow et al. have just confirmed the impressive success of the prevention campaign. When looking at the time period between 2001 and 2007, it becomes apparent that more than 2/3 (70%) of those questioned have not had any risky contacts during the 12 months preceding the survey; another 20% indicates „sporadic risk behavior“ (Bochow/Schmidt/Grote 2007:166; compare Schmidt/Marcus/Hamouda 2007).

The increase of first diagnoses may mainly be attributed to the following factors:

1. The increase of other sexually transmitted diseases also increases HIV-transmissions
2. Within the last couple of years, the target group MSM has been confronted with test appeals
3. The hitherto known prevention messages have been absorbed, but are given less attention by the target group
4. The development of HIV into a chronic, relatively treatable infectious disease („New AIDS“) have also altered expectations on the negative consequences; this may be one reason why a) even among those with generally high protection-awareness, there is a tendency for „sporadic risk behavior“, and b) a diversity of risk minimization strategies are tested, which may however be prone to failure, due to their high demand on communicative ability.

From simple risk communication to differentiating messages

Due to these observed changes, Prof. Dr. Martin Dannecker recommended already some time ago, that prevention messages should be differentiated: „ We have a relatively large number of men who are highly dependable and who stick to their preventive measures in all

kinds of situations (...). But we also have a sizable group, who lives in between. And for this group we need differentiated messages. Otherwise they will stay beyond the reach of any AIDS- prevention campaign (...).“ Meanwhile, a number of empiric studies confirm this position (see below).

In the past, and in the future, the core messages of the Deutsche Aids-Hilfe will be the medically and epidemiologically founded basic messages on safer sex: “Use condoms for anal sex; for blow jobs: get out before you come“. However, prevention activists have for some time already reported that health messages, which have become too familiar, no longer receive attention, and are increasingly rejected by the target group. The basic standards of safer sex have been learned by the target group; they now require expansion, which should authentically pick up on the target group’s reality and place differentiated and to-the-point preventive messages. Bochow et al. (2007) explain that the „Differentiation of Preventive Messages“ is particularly relevant for men in steady relationships and for those who have been tested HIV-positive“. Prevention campaigns may focus on contexts which promote risky behavior“. Another aspect that should be taken into consideration is „drugs in connection with risky sexual behavior (ibid). All of this has already been anticipated by the nationwide campaign „ICH WEISS WAS ICH TU“ (I know what I’m doing), and has been included in campaign planning. Current studies therefore corroborate the basic assumptions held by the campaign planners.

The following examples show that the campaign includes tried-and-true messages as well as new, setting-related messages (here: safer sex in steady relationships):



Of course I've got a rubber; after all, I've got my dick with me, too...



No rubber? Only after we're tested.

The main focus here is to include in the campaign the various levels of communication, and to appropriately identify and address the respective sub-target-groups and settings – with relevant prevention messages. The interplay of Internet platform, nationwide print media, online and phone consultation, in support groups and in on-site personal interaction allows for adequately reaching the target group, with the appropriate messages.

It is necessary to bear in mind that the BzgA (federal center for health education) campaigns, aimed at a general public, also reach the target group. Even though these messages are not sufficient for the most strongly affected target group of MSM – as already stated, differentiated messages are direly needed! – the core message “Condoms save lives!” are still communicated and perceived.

Pretest results have shown that scientifically founded and synergetically designed campaign planning was successful. The first modules of the campaign, as well as the basic elements were well received by the target group and by experts. First responses in the regional testing phase are overwhelmingly positive. The pretests' campaign messages are understood and approved.

From HIV to STI-prevention

What is particularly important is to communicate the options for prevention and treatment of other sexually transmitted infectious diseases. The „comeback“ of syphilis, for example, seems to have considerable influence on the current increase of new HIV-diagnoses, with relatively consistent protection motivation: on the one hand, syphilis infection raise the likelihood of an HIV-infection for HIV-negative individuals, while an additional syphilis-infection raises the transmission rate of HIV-positive individuals. This correlation needs to be included in the extended prevention messages: „As syphilis may be transmitted in more ways than HIV, safer sex messages which were custom-tailored for HIV are not sufficient as a protection against syphilis“ (Robert Koch Institute 2008:4).

Improve testing behavior! Abolish discrimination.

With the campaign „ICH WEISS WAS ICH TU“ (I know what I'm doing) we are also making an attempt to further increase the willingness to undergo testing. For several years now, we have encouraged everybody to get tested for HIV (but also for all other sexually transmitted infections). The high willingness to test of MSM – which has meanwhile been confirmed by empirical studies (e.g. Bochow et al. 2007) - in comparison to other target groups may also result in a rise of the incidence of new diagnoses. But: it is really worth knowing whether you're HIV-positive or negative. New, modern HIV-therapies are much more effective, and may even lower the risk of transmission by significantly lowering the viral load. We also know that a positive test result contributes to responsible behavior, both in terms of the individual's own health and in terms of a raised sense of responsibility for sexual partners.

This is why we are currently supporting and advertising low-threshold testing-offers by health-institutions, within the scope of this campaign. However, it is necessary to state that even if from a medical point of view, knowledge of the HIV-status may be beneficial, there are still many significant negative social consequences. A further objective of the campaign is therefore the dissipation of the stigmatization of HIV-positive individuals (compare action plan by the Federal Government 2007: 26 f).

Here, too, the new prevention campaign wants to contribute, by introducing both HIV-positive as well as HIV-negative role models. Those who are HIV-positive „ can contribute by refuting false notions of life with HIV, debunking erroneous risk strategies and by helping to correct false images of HIV and those affected“ (Aretz 2007). Phil Langer writes: „No one-sided and overly positive staging, playing on a teacher-student relationship can ever work (for campaigns; D.S.), but only a mutual exchange between those who are positive, negative or untested: to speak about the disease and its physical, psychological and social consequences, as well as about the factors which have led to the infection on the one hand, and the fears of contagion, risk assessment of sexual practices, the perception of those infected on the other hand. What do I expect of the other, before or during a sexual encounter? If I'm negative, do I want to tell me about his status before we have sex? If I'm positive, do I expect to be rejected if I tell the truth? Which are the fantasies, projections, perceptions and judgments involved in the situation? (...) Positive prevention focuses on the importance of communication before and during sex, and to assertively break language taboos“ (2006:12).

This is another realm in which the campaign wants to contribute, as you can tell from the first exemplary campaign motif:



I'm positive and living my life.

The role of Internet-supported prevention media

The new prevention campaign is based on an Internet platform, which is linked with and advertised in the appropriate print media and other regional campaign activities. On the Internet, all continuative information will be presented in full, while print media advertisements can contain „only“ short hints and references. In Germany, this will finally establish one of the most important new media for target-group-specific prevention. Bochow et al. write: „ In view of the great importance the Internet has for the procurement of information as well as for other activities of MSM, it is advisable that AIDS-support groups expand their Internet and to actively promote them. Periodic evaluation by the users should be a component of the AIDS-support groups' Internet-presence (ibid.). And elsewhere, there is the following advice on the recruitment of the survey participants: „The online surveys improved access to stay-at-home MSM, to men living in small towns and to men with lower levels of education. This inclusion of groups which had previously been underrepresented underlines the necessity of an increased use of the Internet for prevention“ (ibid.).

Up-dating the prevention approach

The campaign „ICH WEISS WAS ICH TU“ (I know what I'm doing) is therefore a multipronged effort to up-date target-group-specific HIV-prevention; the Internet-presence is not its only claim to topicality. It has been developed based on well-founded scientific analyses, with particular emphasis on campaign-research. It has benefited from the know-how of local prevention activists, by using a synergy process. It will be implemented and monitored by the same experts. It has also been influenced by international experience with target-group-specific campaigns, particularly in the US, Canada and in Australia.

Scientific monitoring and evaluation

The campaign contents will be monitored by a scientific committee (campaign committee); another group consisting of target-group-members (Initiative committee) safeguards an authentic and real-life approach and campaign messages. And finally, the campaign will be academically supported and evaluated by the Freie Universität Berlin. This procedure assures periodical review of the campaign, its modules and their effectiveness, and allows for regular and early readjustment. Comprehensive result evaluation by the FU Berlin guarantees sustainability and a well-founded scientific evaluation of the campaign.

The campaign's motto, which was chosen by using a scientific selection process, is „ICH WEISS WAS ICH TU“ (I know what I'm doing). It conjures self-confident, informed and responsible handling of health options and risks. The campaign is aimed at empowering MSM to identify faulty protection strategies and to modify them if needed, based on real-life and target-group-specific information, and to develop and to implement effective protection

strategies. Due to its design and language, the campaign is suited to attract renewed attention, and to rekindle the discourse on prevention and health in the MSM target group.

The campaign will unite a variety of media and information channels (Internet, print media, personal interaction and mass media activities) used by MSM in Germany, under one motto, and it will be conducted with the support and participation of more than 120 member organizations and other preventive institutions affiliated with the Deutsche Aidshilfe e.V. in Germany.

Literature quoted:

Bochow, M./Schmidt, A.J./Grote, St. (2007): Wie leben schwule Männer heute? Lebensstile, Szene, Sex, Aids. Final report on the 8. repeat survey „Gay men and AIDS“, on behalf of the Federal Office for Health Education, Cologne

Schmidt, A.J./Marcus, U./Hamouda, O. (2007): KABAStI – Wissen, Einstellungen und Verhalten bzgl. sexuell übertragbarer Infektionen. A report to the Federal Ministry for Health. Mimeo, Robert-Koch-Institute: Berlin

Langer, Ph. (2006): Prävention mit Positiven? In: ProjektInformation, issue 14, volume 2, March/April 2006, p 9 – 12

Robert Koch Institut (2008): HIV-Infektionen und AIDS-Erkrankungen in Deutschland. Epidemiologisches Bulletin, special edition A, 2. May 2008

Bundesministerium für Gesundheit/BMZ/BMBF (2007): Federal actionplan for the implementation of an HIV/AIDS control, 3. revised edition, BMG/BMZ/BMBF: Berlin

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