

Briefing Paper – April 1997

## Developments in Gay Education

### ***How Did Education Extend Beyond “Wear a Condom Every Time”?***

One aim of HIV education programs is to create supportive environments which enable gay men to make practical choices about how to avoid further HIV transmission. One feature of supportive social and cultural environments is the availability of accurate information within them. Recently, there has been some concern that HIV education programs providing that information have stopped emphasising the importance of condom use as the primary means of avoiding HIV transmission. This discussion paper highlights what changes have actually occurred and how they came about.

### ***The First Stages of the Epidemic: The Early 1980s***

At the time gay men in Australia first heard about AIDS, the virus had not yet been identified and safe sex had not yet been defined. There was a common need for all gay men to discover very basic information which would enable us all to avoid the new threat: young men were dying from a disease which no-one understood.

By 1983, it was clear that the disease was caused by a virus (only later to be named as “HIV”), and that the virus was transmitted sexually. Thus, the need for information was met through the provision of the same information to all gay men.

This information emphasised the dangers of having multiple sexual partners and the exchanging of body fluids, in particular, blood, semen and vaginal fluids. It included advice about the value of using condoms for anal sex, but this was only one of several options. Other promoted options included reducing numbers of sexual partners, practising non-penetrative sex and, if condoms were not available, practising withdrawal as a risk reduction strategy.

This early information was provided tentatively, as highlighted by the title of the first HIV education leaflet to be distributed in Victoria in 1984: AIDS: trying to reduce the risk. Thus, the information provided through education programs was an important part of the community’s early response to the epidemic, but it was never presented as the final authoritative word on the nature of the epidemic. Gay men regarded this type of education as a helpful aspect of the community’s broad response to the epidemic, not as a coercive set of rules produced by outsiders.

### ***The Virus is Identified, and so is Safe Sex***

The sorts of epidemiological research which were able to clarify exactly which sexual behaviours enabled transmission of HIV could not take place until the virus was identified and antibody tests were developed. Only then could researchers compare the behaviours of men who had HIV with the behaviours of those who didn’t. Thus, the first clear results of this research were not published until 1985.

Again, HIV education was able to play an important role simply through providing information to the majority of gay men who had a thirst for such information. The information included clear definitions of what was safe and what was not safe sex. Again, this included information about a wide range of possible sexual behaviours, including the value of practising behaviours other than unprotected anal



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intercourse, and a revision to previous guidelines on anal sex which promoted withdrawal as a safe sex practice.

At that time, gay community organisations decided that messages to 'reduce numbers of sexual partners' were unhelpful. This decision was taken because educators knew that there was little social or cultural support for monogamy, and that simply reducing numbers of partners would not stop HIV transmission unless the numbers were reduced to just one partner each, for life. Thus, the primary messages of education programs were amended to take account of people's lived realities.

### ***Education Programs Focus on Supporting Those Most Likely to be Involved in HIV Transmission***

From 1986-1988, it was becoming clearer that most gay men had received and understood the basic safe sex information, and only a minority were still involved in behaviours which enabled HIV transmission. Education programs only then decided to focus their efforts on supporting behaviour change amongst that minority.

It was this decision which led to education campaigns highlighting the value of condom use for anal intercourse. Thus, messages such as ACON's "Wear a rubber every time", and VAC's "Condomwise" became the norm within gay community HIV education programs. The basic messages were reinforced using social marketing materials which were sex-positive, thus highlighting that condom use was not the same as the end of sex as we know it, and reflecting a shift in education materials away from simple provision of information and towards addressing motivational aspects of people's choices.

At the same time, education programs started consciously promoting community discussions about the epidemic, recruiting gay men to peer education discussion groups, and promoting community involvement in the management of all aspects of AIDS organisations.

Within this broad educational framework the emphasis on condom use was never promoted as the only option for avoiding further HIV transmission. But some campaigns were based on this single issue, as other forms of social and cultural support were already available for those men choosing different options.

### ***HIV Education Addresses Broader Issues Than Prevention***

In the late 1980s, larger numbers of people knew that they had HIV, as a result of widespread HIV testing. Their involvement in community organisations resulted in enhanced awareness of a range of broader issues amongst all partners in Australia's national response to the epidemic. Thus, HIV education programs started addressing issues of discrimination against people with HIV, access to testing, access to treatments and various forms of social and emotional support.

This broadening of the HIV education agenda included the development of peer education groups for people with HIV. These groups enabled gay men to talk in safe spaces about a range of important personal issues, including sexual practices. It became clear that some HIV-positive gay men were consciously choosing to have sex only with others who were also HIV-positive, as this made it much easier to negotiate a range of sexual and relationships issues without a constant emphasis on worrying about possible further HIV transmission. These sorts of decisions were not taken lightly, and were not promoted through public advertising campaigns, but they were a logical outcome of the creation of safe spaces through which people could talk openly about their own lived realities.

Simultaneously, social marketing campaigns shifted constantly between promoting further awareness of a range of safe sex options and promoting awareness of specific single-issue messages. For example, campaigns in some states were used to raise awareness of the danger of relying on withdrawal as a means of preventing HIV. A national campaign organised through partnerships between AFAO and the Federal Government drew attention to four different issues in four different press ads which all ran simultaneously: the danger of relying on withdrawal; the danger of relying on feelings about love or relationships; the possible dangers of re-infection for those already HIV-

positive; and the relative safety of oral sex as compared with the far more risky unprotected anal sex. None of these messages highlighted the value of condom use as an exclusive means of preventing HIV transmission.

### ***Broader Issues for HIV-Positive and HIV-Negative Men***

By the early 1990s, community discourse started to include an even broader range of issues. HIV education provided information but also promoted discussion.

This led to heightened community awareness about the value of antibody tests, what it means to have HIV, the importance of trials for new treatments, the different needs of HIV-positive and HIV-negative men, the different needs of HIV-positive men and women, and a range of other complex issues which did not lend themselves to being represented in snappy slogans or single-issue ads. The very nature of the gay community was in question, as was everything which followed from the formation of communities based on clearly defined sexual identities and common needs. HIV education could no longer assume that all gay men were similar or that they all had the same needs which could be met through simple provision of messages.

One of the issues which people started talking about more openly was the fact that many gay men don't actually like using condoms but do like anal sex. At the same time as educators struggled to understand the implications of this for education programs, researchers identified that some HIV-negative gay men were relying on what's now known as "negotiated safety" as their preferred means of avoiding further HIV transmission.

Thus, HIV education by 1993 was facing important dilemmas. While most gay men knew all there was to know about safe sex, and most were practising safe sex with everyone every time, some men were finding their own new ways to avoid further HIV transmission (negotiated safety). Smaller numbers of men were fucking without condoms in casual relationships even though they knew about the dangers of this. It was no longer possible for educators to simply keep promoting awareness of a narrow range of safe sexual options, because the small numbers of seroconversions still taking place were not the result of lack of awareness.

Again, decisions were made in some states to run campaigns based on single issues which until then had not been addressed. The most challenging of these issues for the whole gay community was the promotion of awareness of the complexities of negotiated safety. In Victoria in 1993, a press ad drew attention to the possibility of safe sex without condoms, highlighting the possibility of negotiated safety but also drawing attention to the complexity of this compared with sticking to safe sex with every partner every time. In New South Wales in 1995, a campaign promoted the slogan Talk, test, test, trust, promoting discussion about negotiated safety in ways which again simultaneously highlighted the possibility of this means of avoiding HIV transmission and raised awareness of how it might be done in ways which really work.

These campaigns about negotiated safety aimed to help those gay men who were relying on decisions about partner selection and relationship status to avoid further HIV transmission. Neither of these campaigns suggested that negotiated safety was the best option for all gay men, just as earlier campaigns had not suggested that condom use was the only option for all gay men. They took place in a context in which research was clearly demonstrating that awareness of basic safe sex information was extremely high, that some men were successfully using the negotiated safety strategy, and that those most likely to be engaged in HIV transmission were those who thought that they were doing negotiated safety when in fact they were not.

### ***New Challenges Arising from Availability of New Treatments***

The availability of new treatments in 1997 has resulted in the need for education programs to address even more complex issues (see Alan Brotherton's paper presented to the Fourth National Gay Educators' Conference in May 1997 for a rundown of some of these issues).

Education programs must now undertake further changes. They must be based on complex analysis of complex realities. Simplistic messages which assume that all people have the same needs, or

which assume that sexual and other behaviours are directly influenced only by advertising messages, will be ineffective no matter how clever the slogans or how appealing the imagery used in them.

Reflecting what has happened all through the epidemic, education programs must now aim to enhance the community's capacity to understand and respond to newly identified aspects of the epidemic. They can do this through promoting further awareness of complex issues, through promoting community dialogue about how to solve newly identified problems, and through supporting individuals in making sensible choices which they take in collaboration with others.

While enhancing the community's capacity to address complex issues may once have been possible simply through provision of new information, it may now require special efforts to support the development of capacity to handle complexity. Education programs conducted now may be more useful in the long term if they help gay communities to build their capacity to understand constant change, to undertake complex collaborative decision making and to engage in shared reflection about the nature of living within a complex and changing epidemic.

HIV education has never relied on simple transfer of information from a small elite who have all the answers to a broad mass who do not. It is the result of clearly established and constantly changing partnerships between educators, researchers, policy makers and members of the gay community. All these key players have something to offer, and demands for simplistic solutions now will be as counter-productive as they always were.

