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EVALUATION OF THE SWISS PREVENTIVE CAMPAIGNS AGAINST AIDS

SECOND ASSESSMENT REPORT

1988

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NOTICE TO THE READER

This is a shortened version of the original report published in French and German. Chapters 1, 2 and 3 are identical to the full report, Chapter 4, however, presents only the major results.

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- Evaluation des campagnes de prévention du SIDA en Suisse sur mandat de l'Office fédéral de la santé publique. (Deuxième rapport de synthèse) Décembre 1988.
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1. INTRODUCTION

With a cumulated incidence of 108 AIDS cases per million inhabitants (by 31.12.88 there were 702 cases, 335 of whom died), Switzerland is one of the most seriously affected countries in Europe. 52 % of AIDS patients are homosexuals or bisexuals, 30 % are drug addicts, 9 % are thought to have been infected through heterosexual contacts, and the remaining 9 % is made up of children, hemophiliacs, recipients of blood transfusions, and some cases which are not clear[1]. The number of HIV carriers in the heterosexual population is estimated between 0.003 % (incidence among blood donors) and 1 % (incidence among heterosexuals with high-risk behaviour patterns who come to the testing centers for anonymous tests). The corresponding percentage among homosexuals is estimated at 15 %[2].

As soon as the epidemic appeared the Swiss public health authorities set up a programme to combat the disease; this was coordinated at the national level and run jointly by the Federal Office for Public Health (FOPH) and the Swiss Aids Foundation (SAF). The strategy of prevention was directed both towards the general population and the high-risk groups, either directly or through people and institutions that were able to disseminate the preventive messages (the so-called multipliers). This campaign continues and evolves, it is adapted to the different target groups and makes use of a whole range of different media.

Since 1985 the campaign against AIDS has also included a component of independent scientific assessment which is equally global, continuous and subject to change.

The assessment pursues several objectives :

- arrive at a precise measurement of the extent to which the aims of the campaigns have been achieved (**results**);
- identify the direct and indirect factors leading to a change in attitudes and behaviour patterns among the target groups, and examine the educational prevention **processes**;
- make a continuous contribution to the success of the campaigns by suggesting necessary improvements and adaptations.

The assessment is therefore closely linked to the general management of the campaign against AIDS in Switzerland.

1 Bull FOPH no 4, 30.1.1989.
2 SIDA-Information. Bull FOPH no 3,28.1.1988.

The evaluation team is committed to providing assessment reports as well as recommendations to those in charge of AIDS-prevention campaigns at the national level, as well as to all those interested, at intervals of six to seven months. Reports were published in November 1986[3], August 1987[4], January[5] and July 1988[6]. The assessment programme is scheduled to continue at least until 1991.

The prevention campaigns are directed at the general population as well as, directly or indirectly, at the members of the various target groups which are often not very well-defined, such as people with permanent or temporary sexual mobility, homosexuals, drug users, prostitutes and their sexual partners, adolescents, parents, educators, etc. Each of these groups has its own special characteristics, which may be cultural, related to communication, perception, behaviour, taboos, standards, etc., as well as particular risks. Moreover, the groups defined in this manner are not homogeneous. Prevention efforts do not reach all of them in the same way or at the same stage of their own particular development. It is therefore crucial to grasp the importance of the processes of information, influence and behaviour modification in their full diversity in order to be able to pinpoint the factors which are essential for the planning of the campaigns.

These particular characteristics obviously also influence the methods of assessment used on the various groups which are the target of preventive action.

Ethical considerations, time constraints and questions of feasibility in view of the great diversity of the groups concerned do not allow us at the present time to measure the effectiveness of AIDS prevention by using continuous indicators for the prevalence of HIV infection. The situation warranted the use of early **result indicators**, which are appropriate for gauging the effectiveness of a prevention programme :

- Knowledge and beliefs concerning AIDS,
- attitudes to AIDS and to prevention, factors facilitating or hindering prevention,
- high-risk behaviour patterns and protective behaviour patterns (use of condoms, reduction in the number of sexual partners, no needle-sharing),
- sales-figures for condoms.

Moreover, we cannot assume that the dissemination of prevention messages and the degree of influence can be guaranteed at the outset and we must therefore consider that the feedback from each action must be assessed at every stage of its implementation. In the evaluation programme we therefore pay special attention to the action processes as well as their implementation :

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3 Hausser D,Lehmann Ph,Gutzwiller F,Burnand B,Rickenbach M.- Evaluation de l'impact de la brochure tous ménages d'information sur le SIDA distribuée par l' OFSP. Lausanne, Institut universitaire de médecine sociale et préventive,1986,82 p.- (Cah Rech Doc IUMSP, no 7).

4 Hausser D,Lehmann Ph,Dubois-Arber F,Gutzwiller F.- Evaluation des campagnes de prévention contre le SIDA en Suisse. (Rapport intermédiaire,juillet 1987).- Lausanne, Institut universitaire de médecine sociale et préventive, 1987,39 p.- (Cah Rech Doc IUMSP, no 19).

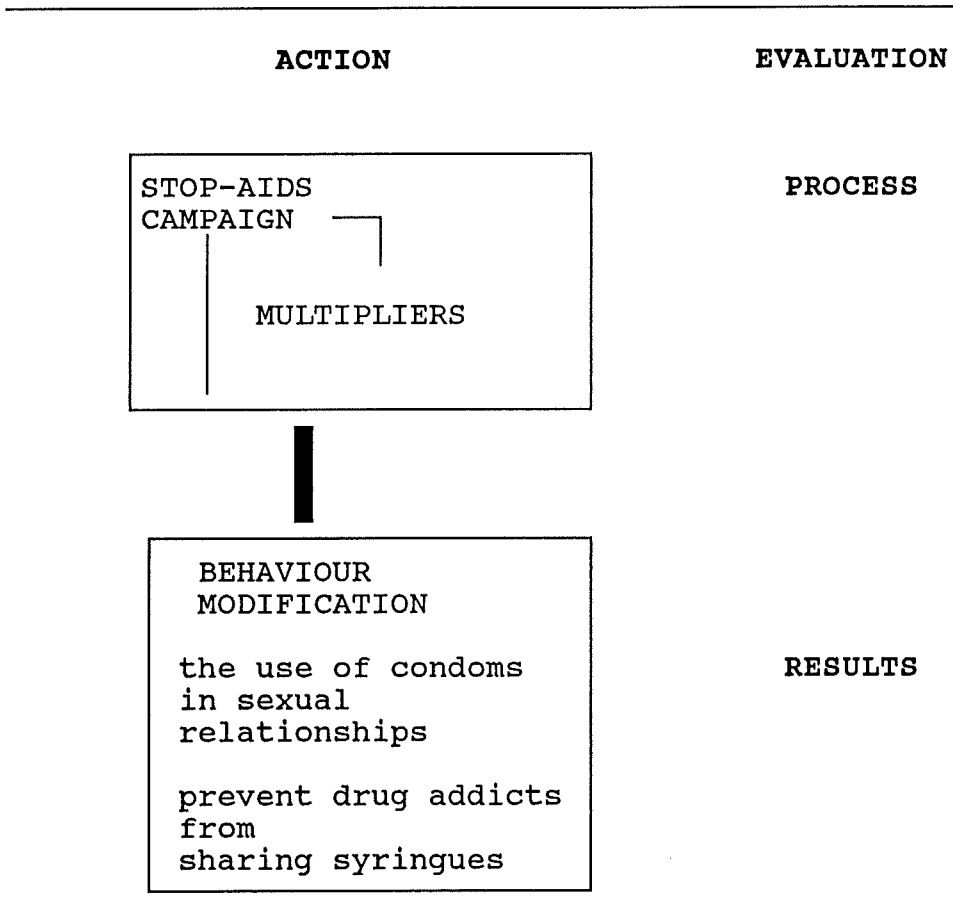
5 Hausser D,Lehmann Ph,Dubois-Arber F,Gutzwiller F. -Evaluation des campagne de prévention contre le SIDA en Suisse - Sur mandat de l'Office fédéral de la santé publique.(Rapport de synthèse) Décembre 1987.-Lausanne, Institut universitaire de médecine sociale et préventive,1988,96 p.-(Cah Rech Doc IUMSP no 23).

6 Dubois-Arber F,Lehmann Ph,Hausser D,Gutzwiller F.-Evaluation des campagnes de prévention du SIDA en Suisse. Rapport intermédiaire. Juillet 1988.-Lausanne, Institut universitaire de médecine sociale et préventive,1988,31 p.- (Cah Rech Doc IUMSP, no 28).

- dissemination of the campaigns through the appropriate media,
- relays and multipliers used,
- emergence of converging or diverging actions,
- legitimacy, credibility, clarity, appropriateness etc. of the actions and messages as well as their authors.

The evaluation must cover all these aspects related to results and processes quickly, but with a sufficient degree of validity in order to provide the campaign organizers with useful and well-founded data. This is all the more important as it is necessary to know not only whether "the programme has been successful on the whole" (did it work?) but especially "under what conditions, how, among which target groups, etc." (how it worked), so that changes may be made if and where appropriate (see fig. 1).

Figure 1 : **Relationship between STOP-AIDS campaigns and evaluation**



The conditions defined above obviously do not allow us to make valid statements about all the results and processes involved in the campaigns against AIDS, on the basis of a single study. The working team entrusted with the evaluation therefore proceeded by stages and year after year it progressively defined a

comprehensive evaluation programme including a number of different studies as well as a number of different evaluation methods appropriate to the target groups concerned and the indicators desired[7,8].

The main objective of these studies was to gather, as quickly as possible and in the most appropriate manner, data showing the trends regarding the main aspects of results and processes in the fight against AIDS. The working party therefore examined :

- small, especially high-risk groups which may or may not be the explicit targets of prevention campaigns (e.g. homosexuals, drug users,"playboys", sex-tourists, "dropouts");
- large groups which are increasingly exposed to risk (e.g. the 17-30 age group, apprentices, young adults, immigrants);
- groups which are affected in a particular way and/or which are instrumental in explaining the risks to others (e.g. hospital staff, social workers);
- groups which do or might act as multipliers (e.g. parents, teachers, doctors, educators);
- institutions whose job it is to run educational programmes or to look after individuals (e.g. cantons, education authorities, people in charge of sex education, HIV testing services);
- the role of the mass media;
- sales structures and figures for the condom market.

Each of these fields must be examined in a separate and specific study undertaken either by members of the evaluation team or by outside researchers. The evaluation programme has defined a model for analysis[9] based on the theories of social learning as well as experiences in behaviour modification gathered in programmes designed to reduce the risks of cardio-vascular disease.

This model teaches that the acquisition of protective behaviour patterns (through the modification of knowledge, beliefs and attitudes) passes through a series of stages during which the influence of educational campaigns is either weakened or strengthened by pressures from the environment. Particular attention is given to the concepts of media accessibility, legitimacy of authors and multipliers, integration of messages in the group culture, the process of acquiring appropriate attitudes and behaviour patterns. The model also assumes that effective influencing of individual behaviour patterns requires appropriate actions at every stage of the learning process, as well as a positive interaction between the prevention campaigns and the social context in which they operate.

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7 Lehmann Ph,Hausser D,Dubois-Arber F,Gutzwiller F. -Protocole d'évaluation de la campagne de lutte contre le SIDA de l'Office fédéral de santé publique (OFSP).1987-1988.- Lausanne, Institut universitaire de médecine sociale et préventive, 1987,20p.+ annexes.- (Cah Rech Doc IUMSP no 16 s.1).

8 Lehmann Ph,Hausser D,Dubois-Arber F,Gutzwiller F.- Protocole scientifique et programme de travail pour l'exercice avril 1988-mars 1989 de l'évaluation des campagnes suisses de lutte contre le SIDA.Juillet 1988.-Lausanne, Institut universitaire de médecine sociale et préventive,1988,56p.- (Cah Rech Doc IUMSP, no 27).

9 Hausser D,Lehmann Ph,Dubois-Arber F,Gutzwiller F. Evaluation des campagnes nationales de prévention contre le SIDA. Modèle d'analyse. Soz Praeventiv med 1987;207-209.

This model leads us to an **Effectiveness Hypothesis**, according to which a centralized campaign which begins at a very early stage and which is continually updated influences directly and indirectly the acquisition of desirable behaviour patterns by preceding as well as giving rise to other preventive actions; such a campaign also demands a multiplication of the initial message and facilitates the emergence of additional messages (including counter-messages). From this point of view we may assume that the results observed in different social groups are in fact due to a combination of influences with the campaign playing the role of stimulus as well as reference-point. In the same way the corrections applied to the campaign at various stages also affect the population directly or indirectly.

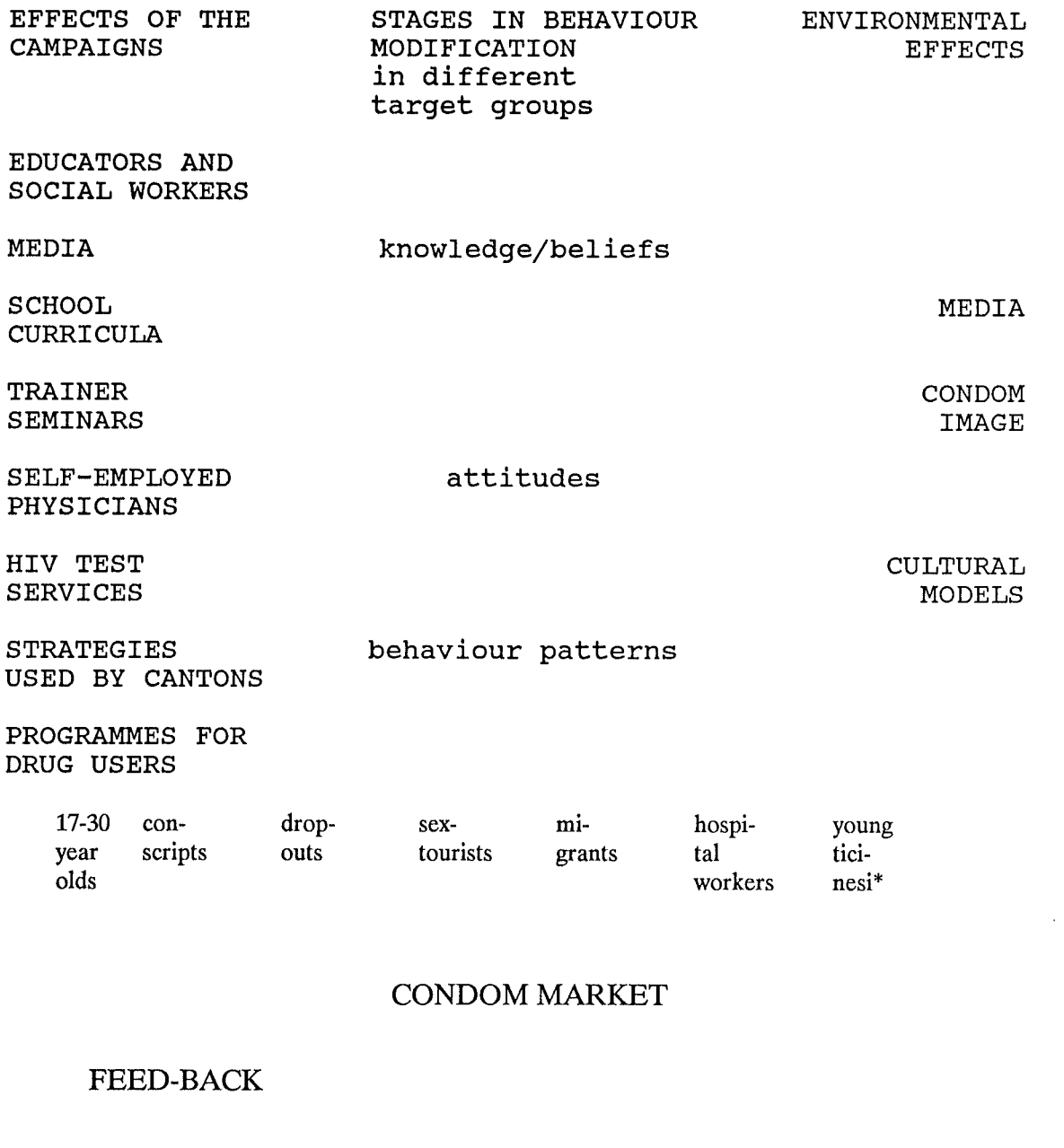
Based on this model the various specific studies contribute to a total picture from which we must draw a summary, by describing the main trends and identifying the mechanisms at work as well as the resistance encountered. The redundancy of analyses undertaken among various groups and the complementary nature of some of the data gathered allow us to deduce certain issues which are common to all people concerned by the AIDS-epidemic. In fact the aim of the evaluation is to combine a whole range of qualitative and quantitative results (puzzle effect) drawn from a broad base of complementary studies (see figure 2 and table 1).

Each study uses its own methodology and its own instruments, but all of them apply the common sampling rules : if it isn't possible to draw a random sample from a well-known basic population pool one must try to cover the whole range in question, on the basis of a detailed typology, in at least two different linguistic regions of the country until the redundancy threshold is reached. Any distortion due to selection methods must be critically analyzed. Questionnaires, interview guides as well as lists of subjects or variables to be drawn up must be examined in full by the evaluation team. Each of these covers the issues defined by the model of analysis in its own specific manner.

The studies are published separately in the series of research and documentation studies of the University Institute for Social & Preventive Medicine (IUMSP) under the editorship of the researchers and the evaluation team.

The various studies are briefly described in the appendix.

Figure 2 : **Organization of studies on the basis of the model for analysis**



*The Canton of Ticino constitutes the Italian speaking part of Switzerland

Table 1 : **Evaluation programme**

First wave : 1985-1986

Ante/post survey of effects of dissemination of information brochure distributed to all households in March 1986; telephone survey (N = 1000/1250).

Second wave : 1987 - 1988

Studies concerning results

1. Condom market
2. Survey 17-30 year olds
3. Sentinella patients
4. Young ticinesi
5. Adolescents/apprentices
6. Homosexuals
7. Drug users
8. Sex-tourists
9. Playboys

Studies concerning processes

10. Dissemination of the campaign
11. Media echos
12. Informal leaders
13. Cantonal policies

(N for the 13 studies = approx. 5500)

Third wave : 1988 - 1989

Studies concerning results

1. Condom market
2. Survey 17-30 age group
3. Young ticinesi
4. Drop-outs
5. Migrants
6. Hospital workers
7. Conscripts
8. Sex-tourists

Studies concerning processes

9. Dissemination of the campaign and media echo
10. Cantonal policies
11. School curricula
12. Drug-user programmes
13. Educators and social workers
14. Self-employed physicians
15. HIV Test services
16. Trainer seminars
17. Evaluation feed-back

Environmental studies

18. Evolution of sexual behaviour patterns and cultural models

19. Image of Aids in the media

20. Image of the condom

(N for the 20 studies = approx. 4000 persons interviewed)

Acknowledgements

This evaluation could not have been carried out without the work of all the researchers responsible for the studies and without the tireless cooperation of Marianne Tanner who is the secretary of the University Institute for Social & Preventive Medicine (IUMSP) working party on the evaluation of AIDS prevention campaigns.

Special thanks to Mrs Manuela Brown whose competent translation from French makes the Swiss STOP-AIDS evaluation for the first time available to the English speaking international audience.

There wouldn't have been anything to report without the cooperation of all those who were prepared to answer questions during the various surveys, both among the general population and among professionals. Our sincere thanks to all of them.

2. CONCLUSIONS

2.1 Knowledge, attitude and behaviour

Knowledge about the ways of transmitting HIV as well as means of protecting oneself from contamination is widespread among the majority of the Swiss population. This means that the main messages of the campaign (use of condoms, no needle-sharing, avoiding drug addiction, faithfulness) have made their mark. However, there are no indications which would permit us to say that people understand that AIDS is here to stay. It is therefore necessary to ensure that the messages are repeated time and time again so that the acquired knowledge doesn't fall into oblivion; people also have to understand that AIDS prevention will remain a typical issue for many years to come. It would also appear that some migrant groups still lack sufficient information, because of integration difficulties or because of their different cultural background.

There is a growing awareness in the population at large about the risk of heterosexual transmission; this is even true of groups which tend to be "marginalised", such as migrants, or "dropouts". This awareness is reflected in a growing concern manifest in people reflecting on the personal risk or risks which they have run in the past or are still running at present. Paradoxically this concern is often masked by a rejection of the messages relating to prevention. However, the perception of a potential risk is all too often limited to casual sexual relations outside the usual relational framework which is frequently regarded as a kind of "protective cocoon".

The concept of "risk group" is giving way to that of "risk-related behaviour pattern". There is still a tendency to link potential risks to membership of a particular group, especially among health professionals.

Information about situations in which you're unlikely to catch AIDS (social contacts, insects, etc.) is more widespread now than in 1987, but a minority of people still harbor doubts in this respect (e.g. on the possibility of transmission through saliva or the risks related to blood transfusions). Imprecise information may lead to unfounded, unwarranted and avoidable fears; it is therefore necessary to make an extra effort to inform especially among adolescents who will have to be reassured about the safety of activities such as kissing and petting. The certainty that there are no risks in ordinary daily activities also contributes to a greater degree of solidarity with those who have been infected with the virus.

Among the **health professions** there is a marked ambivalence in the perception of occupational risks which are usually overrated. This ambivalence leads

to fears but these tend to disappear gradually as there is growing experience in the contact with AIDS patients. These fears may also generate an attitude of suspicion or rejection of the patient which is contrary to the ethic of the profession. Such fears must therefore be identified and allayed.

As in 1987 there are **few cases of stigmatization of groups or individuals**. However, here we must distinguish between several levels : at the institutional level stigmatization is generally avoided and there is an apparent social consensus in this respect even if cases of discrimination (pension funds, life assurance companies, employment) are sometimes reported to the regional branches of the Swiss Aids Foundation (SAF). At the individual level stigmatizing attitudes are more often expressed especially regarding drug addicts. Greater attention must be given to these incidents if one wishes to maintain the dispassionate climate which has been characteristic of the struggle against AIDS until now.

Knowledge of the ways in which AIDS is transmitted and the means of protecting oneself from infection coupled with **an attitude of personal awareness** of the potential risks as well as the messages **of prevention do not automatically guarantee an effective change in behaviour patterns**. Some people seem to have difficulties in managing prevention in their relationships with all the emotional dimensions involved. Stimulation, understanding, awareness, the enforcement of beliefs (by the peer-group, family, friends, the social environment) all contribute to a **change-over to safe behaviour patterns**, and this must be encouraged. The emotional dimension of relationships is an appropriate element which helps us distinguish between two types of situations in which there is the risk of a sexual transmission of AIDS :

- situations in which couples are formed, these are often recurrent and are characterized by a strong affective component (mostly found among adolescents and young adults);

- "extra-marital"-type situations, or cases with multiple or occasional partners, where the affective component of the relationship is less important (mostly adults).

The first type of situation is very frequent, whereas type two isn't. The two types of situations require a different approach in the way the prevention messages are worded. The link between contraception and AIDS is also different in the two situations.

Exposure to a potential risk of HIV contamination through sexual contact concerns all young people. This isn't first and foremost a problem of sexual promiscuity, but rather a problem arising from the search for a partner with whom one is going to spend some time (or the rest of one's life) : It is by no means an exaggeration to say that almost all young adults will be exposed, at some time during their sexual lives, to a situation carrying a potential risk of HIV infection.

The change in behaviour patterns towards protection continues and is confirmed by the data collected in 1987. It is a slow change but it can be observed in all groups surveyed, albeit at differing degrees. An increasing number of people protect themselves by using condoms during occasional sexual contacts or when establishing new relationships which are intended to last. Other behaviour changes which tend towards the avoidance of risky situations or behaviour patterns or towards the individual adaptation of prevention messages were reported as follows : choosing a partner in a social group close to one's own; forego sexual relations on certain occasions; longer periods of abstinence, etc. These behaviour changes may not always be effective from the point of HIV transmission but they nevertheless demonstrate a clear change in behaviour patterns.

The sale of condoms had risen steeply immediately after the start of the STOP-AIDS campaign in 1987, and **in 1988 the sales volume was 38 % greater than in 1986.** Monthly supply figures for the second half of 1988 are higher than those for the corresponding period in 1987. Perhaps we are witnessing a slightly increasing trend again after the boom at the beginning of 1987 which led to a widening of the market (increase in the number of points-of-sale) and had been followed by a stagnation in sales.

Drug addicts who are part of the street scene and do not seek treatment for their addiction show that they have an **urgent need for help** in the areas of health, housing and food, as well as for the prevention of AIDS. Where there are intervention programmes open to them with the availability of syringes these addicts do acquire hygienic habits. Relationships between the addicts and staff on these programmes are characterized by trust, but they can be greatly disturbed by police interventions.

The needs of the surveyed populations tend to change : at first there was a need for general information (which has been fulfilled), followed later by more specific information requests (hospital staff, educators) which are more closely linked to certain types of situations or to practical problems. But first and foremost, we observe a trend towards more requests for advice or support (what can be done in a given situation, how to do it?). These requests are not always clearly stated and they require a very attentive ear (e.g. : Pro Familia counsellors faced with the expectations of young people; general practitioners and their patients). These kinds of situations require that messages passed on by the multipliers become increasingly specific as well as adapted to each individual situation; therefore the multipliers themselves must have a store of information (or adequate training) which is highly diversified as well as specific in order to guarantee the success of prevention, information and counselling.

Wherever there is availability (of information or advice) there is a favorable reception on the part of all sectors of the population.

Knowledge about the test (meaning, application, usefulness) is still insufficient among all the surveyed population groups. All too often the test is considered as a method of prevention in itself. Too often the test is not carried out under the best possible conditions (insufficient counselling or no counselling at all before and after the test).

2.2 The prevention campaigns

The message content of the national AIDS prevention campaigns has been appropriate in that the messages recommend behaviour patterns which lead to effective protection; they also enabled the target population to feel concerned (rather than guilty). The verbal as well as visual language as well as the form chosen were designed in order to appeal to all the different social groups and to capture their attention as well as fostering understanding, acceptance of advice and self-identification of target groups. The need for lasting prevention was expressed through the continuity of the messages as well as the unity of style. A number of media events further attracted the attention of the public.

However, the campaigns are not perfect. There is still room for improvement regarding the content of some messages as well as their adaptation to some specific groups :

- there is no adequate reference to the emotional and sexual relationships of young people, stressing the kind of protection which faithfulness provides as well as its limits (change of partners), and providing reassurance on kissing and petting;

- the message relating to the avoidance of drug addiction involving injection (primary prevention) and to the risks of needle-sharing was not strong enough, it wasn't repeated nor reinforced by any media events or documentation made available to the media;

- there is still a lack of messages specifically addressed to drug-addicts, containing explicit warnings of the danger of sharing needles and recommending the use of condoms;

- information regarding "non-infectious activities" remains insufficient and hasn't contributed to the eradication of erroneous beliefs and exaggerations on the subject of residual or theoretical risks which in practice are virtually non-existent;

- information disseminated on the basic orientation of prevention campaigns, provided for the benefit of opinion leaders, did not reach the desired targets;

- the adaptation of the messages of prevention to the knowledge, perception and behaviour patterns of the migrants has been completely insufficient;

- and finally, there is no adequate message which could serve to reassure children.

The dissemination of the national campaign messages ensured a certain degree of permanent public presence for the struggle against AIDS, due to the size of the campaign and its repetitive messages as well as the diversity of message carriers. The renewal of the images and the succeeding waves of the campaign captured the attention of the public and helped to remind large sections of the population of the need for a lasting change in behaviour patterns which were geared towards protection. Apart from a few apparent expressions of "we've heard it now" there are no obvious signs that the public feels saturated with prevention messages.

The medium which reached the greatest number of people was that of **posters** (billboards), followed by advertisements on TV and in the cinemas. Magazines and brochures were widely disseminated and their message was sometimes reinforced in an institutional context (especially through "PS-Jugendliche", in schools). Newspaper advertisements, however, often remained unnoticed . There is certainly also a need for dissemination of these messages in the programmes for different kinds of events and in the specialized erotic press.

A **STOP-AIDS bus** was equipped and used intensively on the fringe of various events; the bus made it possible to bring information to the public and also to provide tailor-made information to young people in a favorable context.

An important element in the direct and indirect dissemination of prevention messages was and is the **centralized management in the fight against AIDS** - Federal Office for Public Health (FOPH) at the national level; it guarantees the scientific accuracy of the messages as well as their social, ethical and political orientation. The leadership provided may not be highly visible but it ensures continuity of effort and guarantees a constant reinforcement of the resources.

The Federal Office for Public Health (FOPH) is regarded as the national agency responsible for the fight against AIDS and as such it enjoys a considerable

political consensus. The Swiss Aids Foundation (SAF), however, remains largely unknown by the majority of the population and by the multipliers, too. The union between the State and the voluntary associations involving the highly committed people who work in the field is also a positive factor.

Prevention activities implemented at the national level still give rise to **a large number of decentralized and differing efforts,** especially at the institutional level : all the Cantons and a great many training establishments and social and educational institutions have set up programmes of information and advice, particularly to help schools. Hospitals and healthworkers' professional organizations have also disseminated prevention messages and adapted safety rules to their specific needs, even though this was not always done in the most appropriate manner.

The SAF's regional groups got involved in numerous information and advice activities although often the Cantons do not give them adequate political and financial support.

On the other hand, the **professionals** who were expected to play the role of multipliers in the task of prevention (practising physicians, teachers, educators and social workers) haven't shown much enthusiasm in taking spontaneous initiatives vis-a-vis their clients. They often consider that the prevention of risky behaviour patterns isn't part of their job. Others fear that if they get involved in the subject demand will soon exceed their resources for assistance.

The contradictory views of the medical profession (which were publicly expressed) on the AIDS test (especially requests for tests to be carried out without the patient's knowledge) and excessive practices in this field might have a negative effect on the role of physicians in prevention, because they might disturb the relationship of trust which the public expects from them.

The professionals, however, have always responded readily to people requesting assistance (those who were worried, infected, or those who had the disease) from them. Some experience with these problems also enables them to feel more at ease. The same is true for hospital staff.

There is still much work to be done in mobilizing and looking for a consensus among health professionals and other multipliers, as well as among parents, in order to increase the effectiveness of prevention with the help of communication between individuals.

Moreover, those population groups which are generally difficult to reach (migrants, sex-tourists, prostitutes' clients) often have contacts with various kinds of professional groups (doctors, social services, travel agents...) who can identify and advise them.

The **political authorities,** both cantonal and national, have rightly shown their support for the fight against AIDS by encouraging educational measures of prevention and ruling out discriminatory or repressive measures. They participated in the solidarity campaign of December 1988 alongside a host of important people from civilian life and their participation was greatly appreciated. If politicians could provide a more visible presence in the framework of educational and solidarity campaigns they might make an even greater contribution to the popular consensus on this subject.

Activities concerning the **prevention of AIDS among drug addicts** are unfortunately hampered by many factors including the hesitation, fears, conflicts and despondency which characterize federal and cantonal policies in this field. As long as the contact with drug-addiction is based first and foremost on the illegality of

consumption and/or the demand for abstinence, efforts to spread behaviour patterns based on hygiene and protection (injections and sex) are doomed, because of the accompanying insecurity and contradictions.

In Switzerland there is no institution which can serve as a qualified reference point on the subjects of drugs and AIDS for the authorities and the professionals involved.

It is now **urgent to revise the orientation** of some of the policies related to drug addiction, especially **by dealing directly with people involved in the drug consumption scene**, and by providing social, medical, educational and practical assistance (housing and food).

Experiences with this kind of assistance have been made in Bern, Basel and Zurich; they are proof of the feasibility of such programmes and show that, at least in part, they fulfill an urgent need : drug addicts make use of the available treatment and first aid facilities, they also take clean syringes and condoms where these are handed out.

The **press and the audio-visual media** still play a major role in explaining the mechanisms of infection, disease, and the social consequences of the epidemic to the public. In 1988 the media were not provided with much material by those in charge of the fight against AIDS, apart from national epidemiological data. The attitude of the media towards prevention is neutral or even rather positive. Apart from a few individual cases, journalists do not actively try to gather complete and coherent information on AIDS. There is in fact very little critical awareness with regard to the contradictory press releases appearing in print. At the same time, AIDS has not been used as a pretext for discriminatory media statements.

People involved in the fight against AIDS by disseminating information or fostering prevention, or by caring for infected or sick people need and request specific training and support, but their demands can not yet be fully satisfied. There is still a **lack of training** regarding specific aspects, as well as in-service training to enable staff to deal with situations they encounter in institutions or in their daily work. Requests for help often result from an increased confrontation with the problem.

Finally, we should also note that behaviour patterns, perceptions and values, especially those relating to emotional and sexual relationships, are also subject to change, since they are affected by a **multiplicity of different cultural influences**; it would be quite wrong to attribute any change systematically to the confrontation with the AIDS epidemic.

The inhabitants of Switzerland generally have fairly permissive or pragmatic attitudes to emotional or sexual relationships, especially extra-marital ones; it makes for an environment which is favorable to the adoption of behaviour patterns ensuring protection against AIDS, and this is something prevention campaigns must take into account.

2.3 General conclusions

Prevention remains an absolute priority in the fight against AIDS in Switzerland.

Regarding information and education the general population, and especially its younger segment, must remain the principal target of preventive efforts.

Prevention efforts in the framework of help and specific, non punitive actions must be targeted mainly towards drug addicts.

We must speak about young people and to young people, but we must act for and with drug addicts, but not speak about them so much.

3. RECOMMENDATIONS

3.1 General Recommendations

CONTINUE PREVENTIVE EFFORTS.

CONTINUE TO MAINTAIN A CENTRAL EMITTER (OF MESSAGES AND PREVENTIVE ACTIONS).

AT THE SAME TIME REINFORCE AND FOSTER INDIVIDUAL PREVENTION THROUGH MULTIPLIERS.

3.1.1 The Federal Office for Public Health (FOPH) and the Swiss Aids Foundation (SAF) must continue to focus on prevention as the main strategy in the fight against the AIDS epidemic, and they must continue their efforts as relentlessly as in 1987 and 1988, whilst pursuing the same political, ethical and scientific options as before.

3.1.2 The FOPH must retain the national leadership in AIDS prevention, thus ensuring unity of action and the consensus on the orientations represented until now.

3.1.3 The FOPH, together with the SAF must appear more clearly as the central originator of preventive actions at the national level by emphasizing its activities, its role of provider of services and its will of maintaining cohesion in this field.

3.1.4 The multi-media STOP-AIDS campaign must continue addressing the population as a whole even if at times and under certain conditions it is targeted at specific groups. The campaign is the proof for a continuing national AIDS prevention action, which is why the logo must remain the same and identification has to be clear.

3.1.5 The STOP-AIDS campaign must maintain the present level of involvement in the multi-media campaign and shouldn't change the 5 essential prevention themes :

1. condoms
2. faithfulness/quality of the relationship
3. avoidance of drug addiction/no sharing of needles or syringes
4. activities without the risk of infection

5. solidarity.

Care should be taken to vary the initial messages and to adapt them to a particular public or to specific target groups especially in order to promote prevention.

3.1.6 At the same time greater importance must be given to individual forms of prevention through the cooperation of all possible multipliers. They must be made aware of the essential role they play at the present stage of prevention.

3.1.7 Outside the framework of the STOP-AIDS campaign the FOPH must increase its efforts in the following areas :
- maintain contacts with the cantons, institutions and individual multipliers by visiting them and taking the time to convince them;
- encourage cooperation between partners, support their initiatives, without taking their place;
- help them to adapt prevention to the local conditions while respecting their autonomy;
- propose or supply usable materials;
- make services and staff available;
- encourage cooperative projects and group them together;
- help the regions that have the greatest needs.

3.2 Preventive action and its target groups

THE STOP-AIDS CAMPAIGN MUST CONTINUE TO ADDRESS EVERYBODY; IT SHOULD PROJECT A YOUNG IMAGE.

3.2.1 Prevention, but particularly the STOP-AIDS campaign most continue to address everybody :
- because those who expose themselves to potential contamination risks through sex are far more numerous than is generally assumed, which doesn't mean, however, that they are leading "licentious" lives;
- because through campaigns one can reach people who have specific kinds of behaviour pattern but without pinpointing them as such;
- because a lot of people who don't themselves show risky behaviour patterns are nevertheless cast in the role of advisers or informants to family members who may be at risk (e.g. Parents- children).

3.2.2 The STOP-AIDS campaign should be addressed to everybody; however, in its messages it should emphasize the high-risk situations frequently encountered by young people :
- firstly, because young people are the largest group requiring protection in the future;
- and secondly, because messages which implicitly refer to situations that are socially unacceptable even to young people (prostitution, infidelity, multiple partners, etc.) may have a negative effect if they are plastered all over the walls by means of posters (the majority of the population cannot identify with them, there is the risk of shocking some people).

AT THE SAME TIME ONE MUST DEVELOP MESSAGES AND ACTIVITIES TARGETED AT SPECIFIC GROUPS AND USING MANY DIFFERENT CHANNELS.

3.2.3 **Young people** may be reached through the following channels :
- Parents and other "trusted" persons;
- school
- meeting points (discos, youth-groups, sports groups...);
- physicians (family doctor, gynecologist, family planning);
- conscripts' basic training course;
- young people's press and cinemas.

3.2.4 **Drug addicts** can be reached at the reception and treatment centers, meeting-points and shelters where they congregate. They can also be reached at all kinds of gatherings for young people.

3.2.5 **People with multiple partners** such as playboys, unfaithful partners, prostitutes' clients, travellers, sex-tourists, people looking for partners through small ads can not be labelled nor targetted as such. The general campaign of course does reach them; but it is necessary to identify other channels and compulsory passages to reach them as well as the messages with which they might be able to identify. The following might be a list of possible channels :
- specialized erotic press, sex-shops, newspapers specializing in small ads, red-light districts, meeting-places, video-libraries;
- travel-agencies, airports, vaccination centers;
- doctors' surgeries, dermatologists', venerologists' and gynecologists' consultations (through the physicians)
- the army (and particularly annual refresher courses)
- companies and trade-unions

3.2.6 Prevention among **homosexuals** is already well-established through the SAF and the organizations of gays. The Confederation and the Cantons must continue to provide their support.

Other channels should be used more often, for example preventive actions should be organized directly at the meeting-places and pick-up spots (parks, public toilets).

3.2.7 **Migrants** (including "internal migrants" such as young au pair girls) may be reached through various channels such as :
- entry-points into the country (airports, train stations, refugee reception centers),
- holiday spots (camping grounds, local tourist offices);
- channels reserved mainly for immigrant communities (radio broadcasts in the immigrants' language, newspapers, associations);
- companies and trade unions;
- domestic science courses;
- general practitioners offices.

3.2.8 There are also opportunities for reaching people via specific channels in specific situations justifying ad hoc actions : trips and holidays, visits to the doctors', fêtes and festivals, annual military training courses, immigration procedures, companies and trade unions.

3.3 Message content

WE NEED MESSAGES TO IMPROVE AND MAINTAIN ALREADY ACQUIRED KNOWLEDGE, MESSAGES HELPING TO PUT INTO PRACTICE PROTECTION, MESSAGES TO DEVELOP SOLIDARITY.

Information messages are addressed to everybody.

3.3.1 In order to avoid unfounded fears and also to encourage solidarity we must repeat the information about activities which do not carry a danger of contamination. Particularly :
- everyday situations;
- insect bites;
- certain situations occurring during sexual encounters (kissing, including French kissing, petting);
- blood transfusions.

3.3.2 A spade must be called a spade : we must fight the idea that the potential exposure to a risk of sexual contamination concerns only a small section of the population whose morals are depraved; the vast majority of the population has to ask itself questions about the prevention of AIDS, at some time or other :
- because of personal reasons, when one changes partners (it is very rare that two virginal partners get together at the start of a relationship and remain strictly and mutually faithful for the rest of their lives);
- because of one's children, when they start their sexual lives.

3.3.3 For the general population we must favour the message that "there are no risks of contamination which cannot be mastered; prevention is possible and effective", rather than the message that "there are always residual risks, even if they are very small indeed". We must in fact take into account the difficulties people have of relativising risks (comparing to other everyday risks) when they are faced with a disease which involves as many taboos, emotions and irrational components as AIDS.

3.3.4 The public must be reminded that AIDS is here to stay, and that we cannot expect either vaccine or simple treatment for many years to come and that personal prevention is the only possible protection from the disease.

3.3.5 The public must also be reminded that a quality condom, used properly, is the safest preventive measure in the case of sexual intercourse.

3.3.6 We must repeat the fact that the test isn't a method of prevention in itself.

Messages and formulations which encourage people to take action are addressed to everybody, but especially to young people.

Educators (or other multipliers) should do what they can to :

3.3.7 Always present the different means of protection (condoms and faithfulness), whatever their personal beliefs, so that people are enabled to make a responsible choice.

3.3.8 Promote the idea that it is normal to speak of protection at the start of each new relationship, that this is a question of mutual respect and that it relates to the quality of the relationship, rather than being a question of mistrust.

3.3.9 Admit that protection isn't always easy (using a condom) because the relationship may be at stake, but that protection is possible.

3.3.10 When broaching the subject of condoms, they must not limit themselves to talking about the object itself, but about everything that it implies in the relationship (e.g. the condom must be carefully lubricated).

3.3.11 Use (successful) examples of people who protect themselves within the peer group, or in other groups, by showing that they didn't loose their identity, their enjoyment or their zest for life.

3.3.12 Point out that the circle of friends or acquaintances is not automatically free from the risk of AIDS, and that if one loves one's friends one has the duty to protect them by protecting oneself and applying preventive measures against AIDS as an act of solidarity.

3.3.13 Point out that the condom also happens to be a means of contraception which also serves as protection from sexually transmitted diseases which often lead to sterility.

3.3.14 Point out that in certain situations associated with a degree of carelessness or diminished self-control there is the risk of making an "exception" as regards protection (holidays, mad, passionate love, depression, consumption of alcohol or drugs...).

The messages of solidarity and non-discrimination are addressed to everybody.

We must show solidarity in all its different guises.

3.3.15 Show the humanitarian aspect/compassion : solidarity is our duty as human beings, it is normal to show solidarity in the face of suffering, everybody has a right to benefit from it.

3.3.16 Point out the aspect of equality : there are no guilty parties or victims (banish the expression "innocent victim"), only people who need the solidarity all of us can show.

3.3.17 Show the practical aspects of prevention : those who feel rejected or threatened by rejection are not encouraged to protect themselves or others. Moreover, they tend to hide or to hide their problems and can therefore not be counselled, helped or treated properly.

3.3.18 Point out the reciprocity aspect : solidarity is not a one-way street. We must listen to and recognize those who are concerned (those with high-risk behaviour, those who are seropositive or sick) : whenever they use prevention, they practice solidarity with the whole of society.

3.4 Promoting condoms

WE MUST ENSURE THE HIGH QUALITY OF CONDOMS SOLD IN SWITZERLAND.

THEIR ACCESSIBILITY HAS TO BE IMPROVED.

THEIR ACCEPTABILITY MUST BE INCREASED.

Accessibility and quality

3.4.1 If the health authorities recommend the use of condoms they must also ensure that the condoms sold in Switzerland are of the best quality possible.

3.4.2 If it isn't possible to make the sale of condoms dependent on satisfying the standards of safety set by EMPA (the Swiss Quality Standards Authority), the Federal Health Authorities should regularly publish a list of condoms which have been tested and found to be safe, and they should recommend to all those involved in prevention work to do the same (publication in educational materials, or during training courses, for example).

3.4.3 All those who play an educational role in prevention should be advised not only to inform their public of the name of safe brands, but also to tell them the price, show them the packaging, inform them where these condoms are available (this recommendation is also valid for educational materials and training courses).

3.4.4 Encourage the installation of vending machines selling high-quality condoms at reasonable prices in places where young people meet, as well as other meeting-points which are open and frequented at night (night-clubs, garages). The vending machines should be located preferably in the men's and women's toilets, rather than in the general rooms of these establishments.

3.4.5 The availability of condoms in hotels, aeroplanes, etc., should be encouraged; they should be included as a "toiletry article" in the same way as soap, shampoo, etc.

Acceptance

3.4.6 All those involved in education and information about AIDS (especially among young people) should be advised to :

- provide an opportunity to show condoms and to let people touch them, so that they can see that condoms are thin, soft... and very resistant.
- speak about the whole process involved in using a condom, from the purchase to the rubbish bin, including a discussion of the relationship aspect (who buys condoms, how to have them available when needed, how to talk about them, who puts them on); these discussions should involve girls just as much as boys.

3.5 Orchestration of the national campaign

THE NATIONAL CAMPAIGN MUST BE CONTINUED WITH THE USE OF ALL THE DIFFERENT MEDIA AVAILABLE.

MATERIALS MUST BE DEVELOPED FOR THE USE OF INFORMATION CENTERS WHERE PEOPLE MAY BE ENCOURAGED TO SEEK THE ADVICE OF COMPETENT EXPERTS.

CONTACTS MUST BE DEVELOPED WITH THE PRESS IN ORDER TO ENSURE AS WIDE A SPREAD OF PREVENTIVE ACTIONS AS POSSIBLE.

3.5.1 Rate of campaign development : there should be a "background noise" of permanent messages with the support of different media, to which should be added successive waves of new messages as well as events which serve as reminders to the public.

Media to be used

3.5.2 The **poster campaign** is to be continued, as posters are widely seen and appreciated. This medium should be targeted primarily towards the younger population by giving priority to references concerning their relationships (encourage durable relations rather than one-night stands).

Each new series of posters should stick to the trilogy :
- use of condoms
- faithfulness/relational quality
- avoidance of drug addiction.

In addition, a separate poster must address drug addicts; it should contain the dual message of no sharing of needles or syringes, and use of condoms.

3.5.3 Design **mini-posters** (A2 or A1) which can be used inside buildings for specific target groups or occasions.

These mini-posters could be distributed in schools, army barracks, shops, leisure centers, family planning centers, doctors' waiting rooms, refugee reception centers, ski-camps, etc.

Above all, they should offer advice and information or serve as a reminder for messages of prevention; various approaches might be used :
- "There is someone here with whom you can speak about AIDS"
- "If you'd like to talk about AIDS here are some people you can contact..."
- "this is what you can do to protect yourself", showing alternatives and especially examples of condoms and indications as to where to purchase them
- A reminder of the general themes (mini-posters modelled on their larger size counterparts).

3.5.4 Make more frequent use of **television** (TV ads) and broadcast the advertisements during peak viewing time so that more people can be reached. The same goes for advertisements broadcast on the **radio**.

3.5.5 **Newspaper advertisements** are not as effective, because they are seldom read; however, contacts with journalists "specializing" in AIDS should be increased in order to get better quality articles on the subject.

3.5.6 As part of the national campaign, start or continue campaigns targetted towards certain specific groups, e.g. :

- a **PS magazine for parents**, to help them in their role of advisers and counsellors of first resort;
- **actions specifically designed for migrants** : maintain regular contacts with communication experts, leaders and the media of migrant communities; provide information (both in writing and in the form of oral presentations) which takes into account cultural characteristics and aspects due to the specific situation of migration; use all the channels through which they can be reached, and make all the possible multipliers (doctors, company managers, trade unionists, domestic science teachers...) aware of their potential role of prevention educators among migrants.
- actions targetted towards international tourists (not only those travelling to the traditional sex-tourism destinations); here one may use all the channels through which tourists must pass on the way to their holidays (travel agencies, vaccination centers, airports, planes...) in order to give the necessary information and distribute condoms.

3.6 Partners in prevention

THE CANTON, CERTAIN INSTITUTIONS, THE PRESS, AND THE MULTIPLIERS HAVE A SPECIFIC ROLE TO PLAY IN PREVENTION AND THEY ALSO ENSURE TRANSMISSION OF INFORMATION TO TARGETTED GROUPS.

Cantons

3.6.1 A consensus must be encouraged concerning the orientations and priorities of prevention as well as the relationship between prevention and counselling; cantonal committees should include not only health professionals and teachers, but also people who work in the field.

3.6.2 (Non-repressive) policies on drug addiction must be defined and adapted to the situation created by the appearance of AIDS, especially regarding the accessibility of needles, syringes, condoms, information, reception, etc.

3.6.3 In schools there should not only be the provision of information, but also someone to listen, understand requests, and to answer the queries of parents and students.

3.6.4 Social workers and educators must be trained (in vocational colleges or in-service training courses), made aware and prepared to care for seropositive and sick people and be informed about the relationship between care and prevention.

3.6.5 Access to condoms must be made easier, specifically through the installation of vending machines.

Armed Forces

3.6.6 Continue providing information sessions on AIDS during conscripts' basic training, this will serve to reinforce their knowledge and remind them of the importance of the problem.

3.6.7 Information sessions should be organized in small groups (less than 50) at moments which favour attentive listening. The time when recruits donate blood is one such example (the personal fact sheet asking them for information on possible risks encountered prior to donating blood may strengthen awareness of personal concern as well as encourage discussions).

3.6.8 Information sessions may be organized by army physicians, the prerequisite being that school as well as army physicians receive better training, especially during the officers' training course of the army medical corpse.

3.6.9 The compulsory army refresher courses should be used to reinforce information already given. The army physician will already have had the opportunity of building up a relationship based on trust with the men. They also know him and are therefore able to deal with certain subjects in a more informal manner (awareness-building among prostitutes' clients, for example).

Companies

3.6.10 It should be suggested that companies provide information at the workplace on activities which don't carry any danger, as well as possible protective measures, on those who may need protection, and on the subject of solidarity (hiring, employment, discrimination). Educational material and/or presenters should be offered.

3.6.11 Pilot schemes should be set up in the administrative services (federal and cantonal) and in the big nationalized enterprises (PTT, Federal Railways).

Trade unions

3.6.12 The recommendations made for companies also apply to trade unions, but especially to the FOBB, FTMH, FCTA and CRT who have frequent contacts with migrant workers.

Hospitals

3.6.13 The information specifically addressed to hospital staff should be improved, especially that concerning occupational risks, in order that progress in the field of AIDS research may be disseminated as rapidly and as widely as possible. There is no need to fear being too precise (e.g quantification of the risk in relation to the circumstances of the contact and the local epidemiological situation).

3.6.14 Make hospital staff aware of the risk due to Hepatitis B.

3.6.15 The network of "AIDS experts" must be developed, so that they are able to intervene if a hospital asks for help with a problem, and provide support for staff and patients.

3.6.16 Hospitals must be encouraged to listen carefully to requests from their staff, to repeat information about AIDS at regular intervals, to use opportunities which present themselves (e.g. hospitalized AIDS patients) to reiterate information, emphasizing professional ethical aspects but without making people feel guilty

about their fears. It is in fact beneficial for these fears to be expressed, understood, and discussed in the teams so that they may be allayed or borne more easily.

3.6.17 Use different complementary methods of circulating information (detailed or simplified written guidelines which may exist in several languages; lectures, training courses, audiovisual material to support discussions...).

3.6.18 The occupational HIV contamination risk must not be denied, but seen at the right level (slight risk which doesn't justify every possible measure). Staff must be reminded that this risk may be minimized but that it will never disappear completely whatever the measures taken; therefore it is part of the working environment, as well as the "private" environment. It should also be pointed out that in all likelihood there are already some seropositive hospital workers who were contaminated outside work.

3.6.19 Hospital staff should be able to relativise the occupational risk (which is very small compared to other occupational or non occupational risks which people don't mind running in everyday life); they should also be made to see the potential danger to patients of resorting to hyperprotection of staff, which would be useless, in any case. Employees should also be systematically reminded of the potential risk outside their working environment, this should encourage them to reflect on a comparison of risks.

3.6.20 The importance of the AIDS test must be realized. Staff have to be told about the implications for them of a patient turning out to be seropositive (especially the duty to offer support), as well as the implications for the patient (psychological burden, exposure to the multiple risk of social rejection, as things stand right now). It must be made very clear that tests should never be made without the patient's consent : if it seems necessary to test a patient, one should try and give all the necessary reasons and also use the "opportunity" to supply information and, if necessary, support.

3.6.21 A debate on professional secrecy should also include aspects not immediately linked to AIDS.

3.6.22 Research into occupational risks encountered in hospitals must be encouraged (for example, measuring the incidence of accidents with syringes, during operations, and careful examination of the circumstances in which such accidents occur). This research must lead to recommendations on accident prevention which can be distributed and which will therefore reduce the accident risk (e.g. by widely publicizing the circumstances in which an avoidable accident occurs).

Professionals who may act as prevention multipliers (doctors, educators, social workers, teachers, sex education counsellors, family planning counsellors, other advisers)

3.6.23 Professionals must be given the opportunity of attending training courses.

3.6.24 They must be able to receive advice and support.

3.6.25 A network of experts should be available for help if needed.

3.6.26 Information made available to them must be frequently updated (data banks) and backed up by staff who can answer questions.

3.6.27 Professionals have to be helped to provide high-quality prevention instruction; their attention should be drawn to the following aspects :
- they shouldn't be afraid of speaking about sex and of initiating a conversation about prevention (rather than having to deal with AIDS patients), they should always take into account the situation of the people whom they are advising;
- they should encourage people to broach the subject of AIDS, the risks, prevention, and the use of condoms with their partners, and they should help them by pointing out possible difficulties and ways of overcoming them;
- they should be prepared to face personal questions;
- they should take care in managing the problems of credibility, and beware of contradictory messages (condoms are safe/beware of broken condoms);
- insist on the absence of risk rather than on a residual risk.

3.6.28 Remind physicians of the important and active role they are called upon to play in prevention by virtue of their privileged position (relationship of trust with the patients, legitimacy and credibility of their intervention as professionals).

3.6.29 Encourage especially general practitioners and gynecologists (and their respective associations) to practice systematic prevention in the case of young people, migrants, pregnant women, or women asking for contraception.

3.6.30 Advise pharmacists to display condoms in positions of high visibility on their counters and in shop windows.

Swiss Aids Foundation (SAF)

3.6.31 The SAF must spread information about itself as a national and regional organization and especially as a partner in AIDS prevention, just as other associations are linked with certain health problems. The ASS must develop its cooperation with the media, with cantonal health authorities, with hospitals, doctors, educators and social services.

3.6.32 The SAF must also publicize its competence and experience in prevention and counselling work (Beratung und Betreuung).

3.6.33 The SAF must keep its image and role of defending the rights of people concerned with and threatened by AIDS.

Journalists

3.6.34 The FOPH must entertain privileged relations with the press which means both that it must be available to answer journalists' questions for additional information and play an active role among journalists by providing them with written information, training sessions, and setting up a network of journalists who "specialize in questions on AIDS".

3.6.35 The press must not only be supplied with epidemiological data, but also with information about the actions undertaken in the framework of the STOP-AIDS campaign as well as the results thereof (the example ought to be provided in the FOPH bulletin where these three types of information should be systematically appear side by side).

3.6.36 All media events linked to prevention should be prepared by means of a documentation file distributed to the media. Such events might include :

Visual events (new posters or other images), dissemination of brochures, popular events, events with the participation of well-known personalities, international events, etc.

Parents

3.6.37 They must be helped to play their counselling role and to speak about the problem of AIDS with their children. To do this specific information must be made available to them (PS magazine, parent meetings on information at school) :

- they should be told about the expectations and worries of adolescents in relation to AIDS prevention;
- they ought to understand (and tell their children) that there is a risk of exposure to HIV even if there is a change- over from one steady relationship to another, not only in the case of casual sexual encounters or multiple partners;
- encourage them not to use the AIDS scare to inhibit the sexual discoveries of adolescents;
- provide information on existing institutions which offer support and advice.

Churches

3.6.38 Churches should publicize the open positions which they have adopted regarding the social and ethical aspects of AIDS and they should also be encouraged to cooperate in activities of prevention and solidarity wherever this is possible.

3.7 Drug related policies

POLICIES RELATING TO (ILLEGAL) DRUGS SHOULD BE MORE COHERENT

3.7.1 At the federal and cantonal level, non repressive drug policies must be elaborated which are appropriate to the problem of AIDS, and which emphasize the need for prevention and the fact that prevention among drug addicts can only be successful if one recognizes that drug addicts do exists and that they take drugs, without making total abstinence from drugs a precondition for action.

3.7.2 All those working with drug addicts must cooperate and develop a consensus.

3.7.3 At the national level an institution must be designated as the public reference body in matters relating to drugs and AIDS.

3.7.4 It is essential to facilitate the free access to needles and syringes in surroundings which allow addicts to remain anonymous, with rota systems ensuring a staff presence even at night and on week-ends (hospitals, chemists' shops), and also in ad hoc locations (the street, drop-in centers) close to the drug scene. Wherever syringes and needles are distributed, condoms should also be systematically offered or handed out.

3.7.5 Pilot projects should be set up to provide help for drug addicts, where they can get information, treatment or other assistance and where there is someone willing to listen to their problems.

3.7.6 Police harassment destroys prevention work and must be avoided.

3.7.7 Efforts must be undertaken to avoid drug addicts becoming the scapegoats of the general population with regard to the AIDS epidemic. This can be done by insisting on solidarity with drug users. It is especially important to develop public relations work in conjunction with the setting up of pilot projects for drug addicts.

3.8 The AIDS test

THE AIDS TEST MUST BE CARRIED OUT UNDER THE BEST POSSIBLE CONDITIONS;

MISUSE OF TO THE TEST MUST BE ERADICATED.

3.8.1 The persons to be tested must always give their prior consent; they must be informed about the meaning and consequences of the test.

3.8.2 The practice of administering the test without counselling must be eradicated, both in doctors' offices, test centers and in hospitals, etc.

3.8.3 There must be an absolute prohibition on tests prior to hiring, joining a retirement scheme, entering hospital, unless it is administered to aid diagnosis.

3.8.4 Professionals must be encouraged to maintain the strictest professional secrecy regarding test results.

3.8.5 Information should be widely disseminated on the usefulness of voluntary testing in situations such as the desire for children or if a couple are in a stable relationship and want to stop using condoms.

4. MAJOR RESULTS

4.1 Consolidation of basic knowledge

The evaluation of the AIDS-prevention campaigns of 1986 and 1987 had already shown that the Swiss population is reasonably well-informed on AIDS as well as preventive measures. A further rise in the level of information was noted for 1988. The consensus is especially striking as regards the basic message conveyed by the campaigns (use of condoms, no needle sharing, faithfulness). Data gathered among different groups in society agree and confirm the results of previous years.

It is young people between the **ages of 17 and 30**[10] who most often spontaneously refer to the individual protection measures advertised in the Stop-AIDS-campaign. The message "use a condom"is the one mentioned most frequently. We may also note that the erroneous idea according to which choosing the right partner is also a method of preventing AIDS is less widespread (according to this idea it is possible to distinguish potential carriers from other people according to criteria such as appearance and social background) (see table 2).

10 Institute for Social and Survey Research IPSO, Zürich

Table 2 : **Methods of preventing AIDS-infection (1987-1988)**
(Telephone survey of 17 to 30 year olds, spontaneous answers)

	January 1987 N = 1182	October 1987 N = 1211	October 1988 N = 1213	
use of condoms	62 %	82 %	92 %	
faithfulness	18 %	38 %	48 %	
use of clean syringes	18 %	28 %	25 %	sexual abstinence
1 %	9 %	17 %		
careful choice of partner	42 %	35 %	25 %	
carefulness in the daily routines	3 %	5 %	3 %	
not being homosexual	12 %	7 %	2 %	
avoidance of people with AIDS	1 %	2 %	< 1 %	

The **unmarried patients** of the Sentinella-physicians[11] provided further data concerning the level of information in the general population : in January 1987, just before the Stop-AIDS-campaign was launched, 35 % thought they were not sufficiently well informed, whereas only 13 % were of that opinion at the end of1987.

The development seems to run along similar lines among the **young male conscripts** from the Canton of Ticino[12] who were questioned during the aptitude test. The young people themselves think that their level of information is increasing; in 1988 20 % consider themselves very well informed (1987 : 10 %), 72 % think that they are fairly well informed (1987 : 72 %), 8 % think they are not very well informed (1987 : 16 %), and 1 % say they have no information at all (1987 : 2 %). The ways of transmitting the disease are well-known : sexual intercourse : 99 %, needle sharing : 98 %, pregnancy and birth : 88 %. Methods of prevention are also well known : condom : 97 %, no needle sharing : 90 %.

High-school students in Zurich[13] (14-16 years old) also show a consistently high level of information regarding transmission and prevention : most of them know that condoms, no needle-sharing, and faithfulness are ways of avoiding infection with the AIDS-virus; there is , however, less certainty about other preventive measures (see table 3 and 4).

11 Gurtner F,Zimmermann H-P,Kaufmann M,Somaini B. Sexualanamnese bei nicht verheirateten Praxispatienten. Eine Sentinella- Studie 1987. - Lausanne Institut universitaire de médecine sociale et préventive, 1989. -(Cah Rech Doc IUMSP, no 23.2).

12 Young ticinesi. Study No. 3.

13 School programmes. Zurich schoolchildren. Study No. 11.

Table 3 : **Knowledge about AIDS in the year 1988 (1)**

	1987 N = 1682	1988 N = 1480	1988 N = 479
Modes of transmission*			
- sexual intercourse	97 %	99 %	93 %
- needle sharing	95 %	98 %	98 %
- pregnancy	75 %	88 %	not asked
Effective protection**			
- use of condoms	91 %	97 %	96 %
- no needle sharing	84 %	90 %	92 %
- mutual faithfullness	not asked	not asked	82 %

*Question asked :

a) "Young Ticinesi": AIDS can be transmittted in the following ways
Possible answers : "yes", "no", "I don't know"

b) "High school students in Zurich": On what occasions do you think one might get infected by the AIDS-Virus? Mark the occasions you think are dangerous.

Five degree scale : "very dangerous" to "not dangerous at all"

**Questions asked :

a) "Young Ticinesi": Which of the behaviours listed below are effective as protection against AIDS?
Possible answers : "yes", "no", "I don't know"

b) "High school students in Zurich": What are the mesures available today for protecting yourself against AIDS?

Table 4 : **Knowledge about AIDS in the year 1988 (2)**

	1987 N = 1682	1988 N = 1480	1988 N = 479
Modes of transmission*			
- dentist	28 %	23 %	
- blood transfusion in Switzerland:			
very dangerous		47 %	14 %
not dangerous at all		15 %	25 %
- mosquito bites		8 %	23 %
- kissing		5 %	18 %
- shaking hands		0.5 %	2 %
- tears and saliva	17 %	7 %	
- swimming pool	6 %	3 %	
Effective protection**			
- AIDS-Test	52 %	52 %	51 %
- vaccination	11 %	8 %	20 %

*Question asked :

a) "Young Ticinesi": AIDS can be transmittted in the following ways
Possible answers : "yes", "no", "I don't know"

b) "High school students in Zurich". On what occasions do you think one might get infected by the AIDS-Virus? Mark the occasions you think are dangerous.

Five degree scale : "very dangerous" to "not dangerous at all"

**Questions asked :

a) "Young Ticinesi": Which of the behaviours listed below are effective as protection against AIDS?
Possible answers : "yes", "no", "I don't know"

b) "High school students in Zurich": What are the mesures available today for protecting yourself against AIDS?
Possible answers : "yes", "no".

These students also know what sort of a disease AIDS is (immuno deficiency rather than cancer-like disease) and they are aware that it cannot be transmitted by a handshake, for example.

Sex-tourists consider themselves well-informed on the subject of AIDS. 90 % know that they run a greater risk of infection if they have unprotected sexual intercourse with inhabitants of the countries to which they travel (according to

country in which holiday is taken : Brazil : 95 %, Kenia : 92 %, Thailand/Philippines : 76 %)[14].

In other population groups, who either do not have a good knowledge of the language, or who are not well integrated and therefore do not have access to the Media or to sources of information which are specially designed with their needs in mind (Example : **Turkish Migrant Workers**[15] and young "dropouts") basic knowledge about AIDS exists. The young "dropouts" know that AIDS is transmitted during sexual intercourse and needle-sharing, and the Turkish migrant workers also know the link between drugs, sex and AIDS[16].

However, there are still gaps in the knowledge about possible sources of infection, and about those activities which aren't potential means of transmission; there is also a lack of awareness with regard to the usefulness and reasons for the AIDS test.

Young people from the Ticino are still rather confused and unsure about situations in which transmission of the virus is impossible (or extremely unlikely), even though this uncertainty is decreasing with time : 23 % believe you run a risk of infection at the dentist's (1987 : 28 %), other possible transmission sources mentioned are : insect bites : 8 %, saliva or tears 7 % (1987 : 28 %), kissing : 5 %, swimming pools : 3 % (6 %), handshakes : 0.5 %. In 1988(as in 1987) 52 % thought that compulsory testing for AIDS was an effective measure of prevention.

People whose profession involves contacts with AIDS patients may still have some doubts which might have adverse effects on those who harbor those feelings (fear) as well as those who come into contact with the disease through their work. Indeed, a quarter of hospital staff representatives[17] state that transmission of the AIDS virus occurs (seldom, frequently, very frequently) during the dressing of wounds or during a surgical operation (the statement "very seldom" being the most frequent choice). Other situations described as non negligible risks according to 1/4 of those interviewed are blood transfusions and kissing on the mouth.

These results show clearly that additional information is required, especially on activities which do not carry the risk of AIDS infection.

4.2 Attitudes : panic gives way to a more rational kind of fear. AIDS is now a fact.

Since 1987 the fear of catching AIDS has remained at almost the same level among people aged 17-30. It is a fairly vague kind of fear of possibly contracting the disease, rather than a feeling of panic (see annex, table 5).

Among the **unmarried patients of Sentinella-physicians** the fear seems to be on the wane. In January 1987 40 % thought it possible to be AIDS positive one day, whereas at the end of 1987 only 30 % still thought so. It should be noted that the fears of 2/3 of these patients were unfounded (absence of behaviour or situations carrying risks). The same observations can be made regarding migrant workers most of whose fears are based on erroneous ideas (for example, the fear of infection while carrying out everyday tasks).

14 TROPEX. Eine Untersuchung...
15 Migrants. Study No. 5.
16 The "dropout" scene. Study No. 4.
17 Hospital staff. Study No. 6.

Adolescents enrolled in **Pro Familia**[18] sex education courses expressed their fear by showing great interest in AIDS information and especially in discussions on the subject of condoms. Their fears are related to the future, not the present :they would like to protect themselves from AIDS, but it seems to be a difficult task in practice... How do you speak about AIDS, how do you buy condoms, get used to them and how do you use them without endangering the relationship, what about conceiving children, later on?

The fears of **hospital staff** can be divided into two categories :the risk of infection with the HIV virus during one's daily work,and the excessive emotional strain involved in caring for AIDS patients. The fear of infection depends on the ward in which a staff member works. In most cases the occupational risk is greatly overrated.

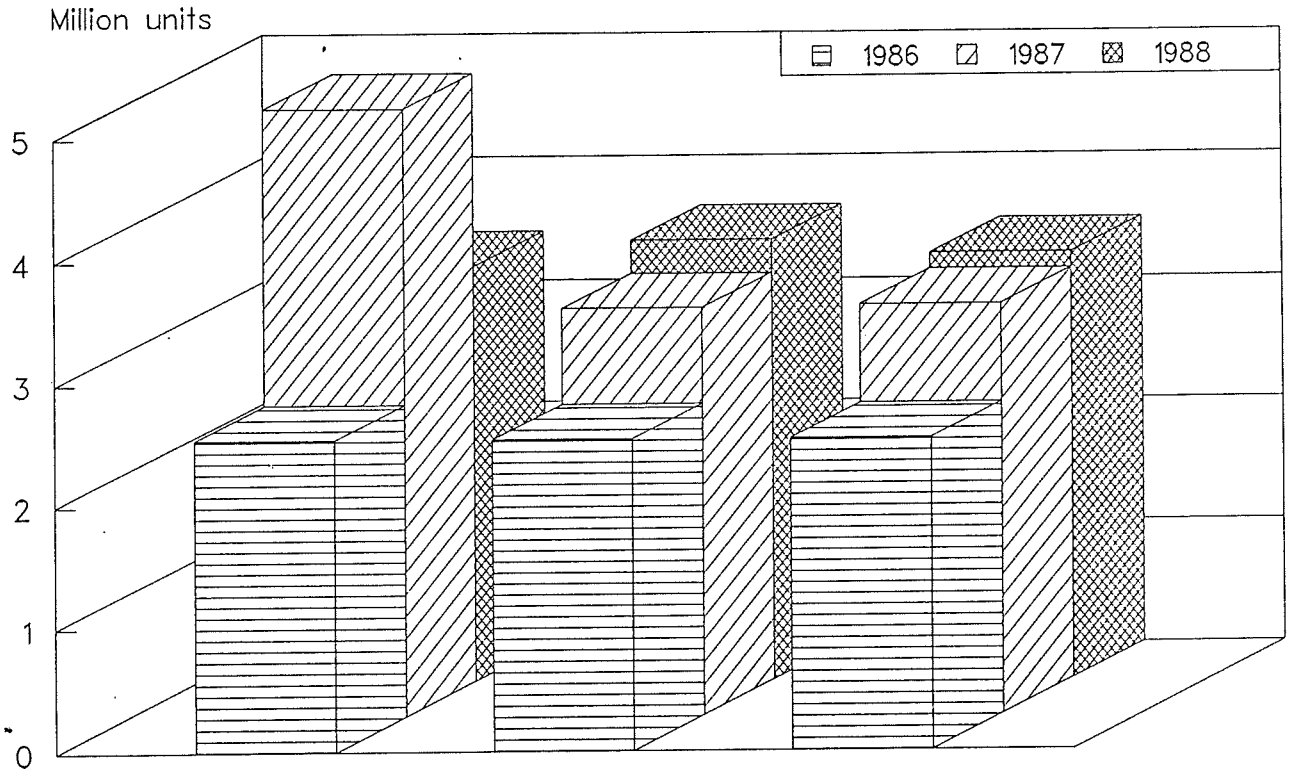
4.3 The condom market

Statistics concerning the sale of condoms[19] have been available since January 1987. The data is provided by 6 manufacturers or distributors of foreign brands in Switzerland, covering 80 % of the Swiss market. Figure 4 shows the monthly sales figures (No.of condoms sold) for 1987 and 1988.

18 Pro Familia

19 The condom market. Study No. 1.

Figure 3 : Monthly sales of condoms 1986-1989 (6 manufacturers)
1986 : Calculated on the basis of the yearly average



In 1986 these companies sold a total of 7,600,000 condoms, in1987 and 1988 the figures were 11,650,000 and 10,490,000, respectively.

Shortly after the start of the STOP-AIDS campaign at the beginning of 1987 the condom market experienced a real boom which probably corresponded to an increase in the size of the market (increase in the number of points of sale : 56 % in the early months of 1987 as compared to the end of 1986, followed by stabilization of the market). The market has been stable since the middle of 1987.

Compared to 1986, an extra 38 % of condoms were sold in 1988.From the second term onwards the monthly sales figures for 1988, compared with the corresponding figures for the previous year,show a tendency to increase. One or two years from now it will be possible to say whether this slowly rising trend continues.

This slowly rising trend in condom sales corresponds to the statements made in the survey of the 17-30 age group, as well as to the estimated condom consumption of prostitutes' clients[20].

20 IPSO Sozial-und Umfrageforschung. Prostitution in der Schweiz. Zürich 1988.

New condom brands have appeared but they haven't been able to compete on the Swiss market which continues to be dominated by a few well-known brands.

Changes in the structure of the market led to an increase in condom sales in large department stores. Vending machine sales, however, seem to suffer from teething troubles. The following example will serve as an illustration : AHS (a Swiss condom manufacturer) and a marketing company launched a programme for the sale of condoms in cigarette vending machines (in bars, restaurants and hotels) but they encountered massive resistance on the part of the managers and owners (who feared negative customer reactions) and the programme was a failure.

The three above-mentioned studies confirm the trends which had already been observed in 1987 from the quantitative point of view. Further studies, concentrating mainly on aspects of quality, chiefly involved specific sectors of the population (adolescents enrolled in Pro Familia sex-education courses, adolescent "dropouts", conscripts, Turkish migrants, sex-tourists); these studies showed some specific aspects of the changes that had been observed, as well as demonstrating the ways in which new behaviour patterns are acquired and the difficulties which are encountered during this process.

4.4 Changes in behaviour patterns : confirmation of existing trends

The evaluation of preventive work had shown in 1987 that protective behaviour patterns could be observed to a greater or lesser extent in all population groups covered by the surveys.This year's results show a confirmation and even a reinforcement of these trends. This is a very important issue and we therefore propose to deal with each of the various population groups surveyed in a separate sub-paragraph.

The survey concerning a representative **sample of the 17-30 age** group[21] provides data on the potential risk of HIV infection as well as the development of protective behaviour patterns. Data has already been collected three times : in January 1987 (prior to the start of the STOP-AIDS campaign), in October 1987 and in October 1988. Data will also be collected regularly during the coming years.

In October 1988 61 % of those surveyed stated that they had a steady relationship and were absolutely faithful; 11 % had not yet had any sexual relations. The remainder (28 %) either had

- a steady relationship with occasional sexual contacts with other partners, or
- short-term relationships in which they were faithful, or
- no relationship, or are looking for the ideal partner.

The fact that most of the people surveyed said they lived in a situation which is risk-free as regards the sexual transmission of HIV might lead to the conclusion that only a minority of young people are concerned by AIDS prevention measures. However, this is incorrect. Regardless of their present relationship status a minority of the 17-30 year olds which were questioned had had casual sexual contacts in the preceding 9 months.

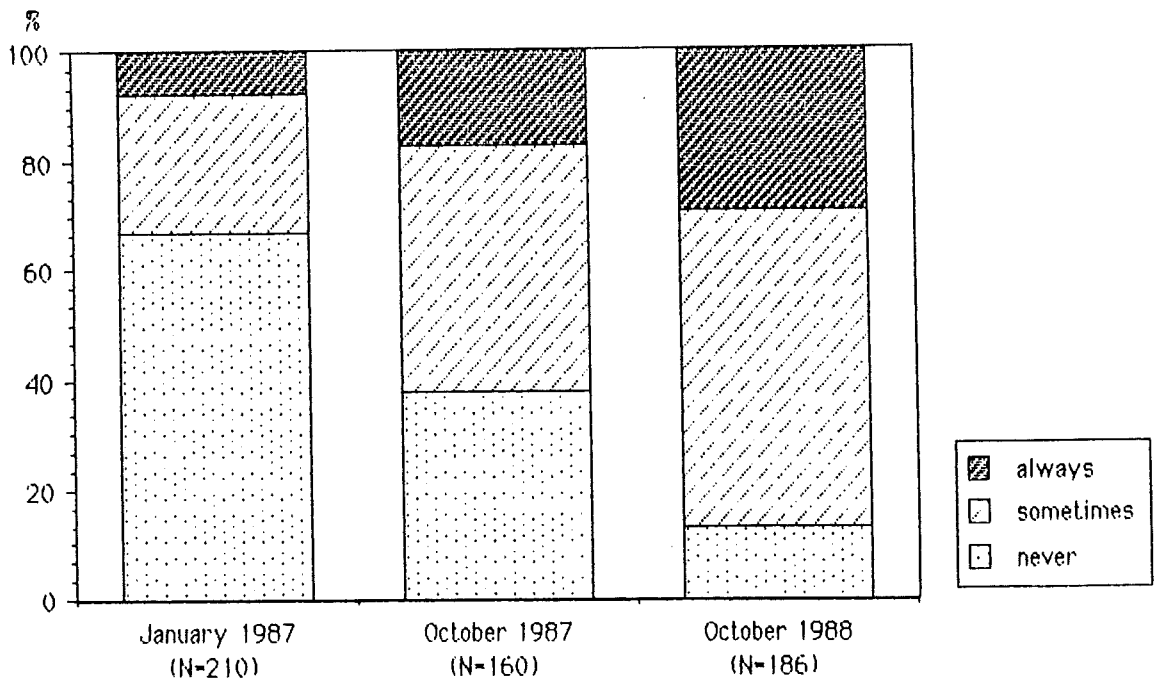
21 Research on the sexual behaviour of young adults (17-30). Study No. 2.

It is especially encouraging to note that very few people never use condoms at all; this trends leads to the assumption that the user patterns are changing from occasional to consistent use of condoms (see table 5 and figure 4).

Table 5 : Casual sexual contacts and condom use in 1988
(Telephone survey of 17 to 30 year olds)

	January 87 (N=1182)	October 87 (N=1211)	October 88 (N=1213)
Casual sexual contacts during the last 6 months	18 %	14 %	15 %
Condom use amongst people with casual sexual contacts during the last 6 months :	(N=210)	(N=160)	(N=186)
use of condoms			
- never	67 %	38 %	13 %
- sometimes	25 %	45 %	58 %
- always	8 %	17 %	29 %

Figure 4 : **Use of condoms during casual sexual contacts (1987-88)**
(Telephone survey of 17-30 year olds)



The proportion of young people with occasional sexual contacts remains stable (15 %), but at the same time the use of protective measures in such situations is clearly becoming more frequent.

20 % of those questioned stated that they had changed partners or met a new partner during the first 9 months of 1988; and half of those had discussed the question of AIDS with the new partner.Three forths of this group had discussed the question of condoms and two thirds of those actually used one. A total of 40 % of those who changed partners during 1988 used condoms at least at the beginning of the relationship. A change of partners (this includes those who had several partners as well as those who entered a new and more or less stable relationship) is more frequent among the younger age groups. This also shows clearly that in our country a considerable number of young adults must confront the question of AIDS prevention in a serious and responsible manner.

44 % of the 19 year old conscripts (N=1480) who were questioned in 1988 said that in case of doubt they would prefer to abstain from risky behaviour (e.g. sexual intercourse), while 55 % would use preventive measures.

4.5 A special case : the attitude of different professional groups to AIDS

Hospital staff[22] and **self-employed physicians**[23] occupy a special position in the complex of AIDS-related problems. Increasingly, their role consists in providing care and treatment (to sick people, seropositive people, and anguished patients)as well as prevention (information to patients). Based on their recognized professional competence they are increasingly being cast into the role of informal opinion leaders, consultants or credible sources of information for their immediate surroundings, or for the general population.

As a rule, hospital workers are generally well-informed about the epidemiology of AIDS as well as possible ways of transmission.However, there is still insufficient clarity concerning the occupational infection risks (extent of risk, situations involving risks). Those who work in hospital circles are generally aware of the two-fold risk - occupational as well as private - but they usually overrate the occupational risk-factors (the actual risk of injury due to a HIV-infected instrument is estimated at around 1-5/1000[24]. The relative importance of the risk is not easily acknowledged (i.e. comparison of the AIDS risk with other dangers to which one is exposed at work, comparison with dangers to which other professional groups are exposed, comparison with the dangers of everyday life, taking into account the element of probability, etc.). The differences observed here correspond to the number of patients in a person's care as well as the type of patient (seropositive or actual AIDS patient). The confrontation with the AIDS epidemic is a completely new situation for the hospital staff whose professional experience no longer includes serious contagious diseases (Hepatitis B, for example, doesn't give rise to major concern).

22 Hospital staff. Study No. 6.

23 Self-employed physicians. Study No. 14.

24 Ruthanne M and the CDC Cooperative Needle stick Surveillance Group. Surveillance of health care workers exposed to blood from patients infected with the human immuno deficiency virus. N Engl J Med 1988; 319 : 1118-1123.

The first contacts with the patients lead to fears as well as the demand for information and training (these demands are usually not met in a satisfactory manner, especially regarding the aspect of continuity). Fears and ambivalent attitudes, however, usually disappear with increasing experience in the care of AIDS patients and seropositive people. This is especially true in the case of hospital wards and AIDS reception centers in which the relationship with the patient is at least as important as the technical manipulations. In these wards the reaction pattern of staff corresponds to the one displayed in the case of terminal illness (analogy with cancer) : the focus is the care of the patient.

In the "transitory" wards and sections (emergency ward, operating theater, delivery room) a great deal of concern still remains (much of it not expressed clearly), therefore difficulties are to be expected in these sections (demands for excessive protection measures and routine tests) unless the required measures are implemented (better training, more support). In the services where blood samples are taken frequently, where cutting instruments and syringes are routinely handled the behaviour pattern of staff reacting to the risk of AIDS corresponds to the general pattern for contagious diseases : fear of infection, fear of the unknown (the seropositive person cannot be identified); in these situations staff members sometimes try to "suss out"patients "at risk"; this may even lead to the use of the label of suspect. It seems to be difficult to implement global measures of precaution, therefore there is a tendency of assessing the patient according to a general impression.

The fears are generally quite deep-seated and do not surface if the questioning remains superficial. There is therefore a clear danger of ignoring these fears because they are not known. At the same time they may give rise to attitudes and behaviour patterns which are detrimental to the patient (deterioration in the quality of care, discrimination against certain categories,especially drug addicts). Fortunately such behaviour patterns, which are in stark contrast to the ethical principles governing the medical professions, have only been observed on rare occasions; nevertheless, they must not be underestimated : the negative concepts of the disease (and sometimes of the patients)on which they are based do exist, even though they are only seldom expressed, understood or overcome. In a crisis situation (rapid increase in the number of patients in a ward, injury when giving an injection, etc.) this may well give rise to problems.

Among members of **educational and social professions**[25] fears about AIDS (seropositive or AIDS-infected clients) mainly arose with the appearance of the first cases (1984, 1985). 16 % of institutions in French-speaking Switzerland and 37 % of institutions in German-speaking Switzerland mentioned AIDS-related disturbances in their daily work. The main fear is that of being infected through the contact with clients. A better level of information (no risk through normal everyday contact) quickly led to a disappearance of these fears. Today the main causes for concern are related to the difficulties in caring for affected clients as well as the emotional burden of such care. These difficulties often lead the teams to rethink completely all aspects of their work (especially the fact that their role has now changed completely : "We used to help people get out of a difficult situation, now we must learn to accompany them during their last days of life") there is more cohesion among the members of the teams who are very committed to their clients. There is a great demand for appropriate training courses (to be covered by professional training establishments) as well as for the creation of networks (institutions, medical professions, AHS,Social Services, etc.) for the care and support of AIDS-victims.

25 Educators and social workers. Study No. 13.

ANNEX: BRIEF DESCRIPTION OF STUDIES

Studies on results

THE CONDOM MARKET (Study No. 1, Francoise Dubois-Arber, IUMSP, Lausanne)

Objectives and variables: Longitudinal, quantitative measurement of condom sales on the Swiss market. Structural change of the market (brands, types, number of points-of-sale). This is the continuation of a study begun in 1987 with a follow-up planned for 1989.

Source of data: Swiss condom manufacturers and importers of foreign brands for the Swiss market (6 companies). Supermarket chains and companies operating vending machines (9 companies).

Research Method: Monthly figures relating to sales volume and points-of-sale.

STUDY ON THE SEXUAL BEHAVIOUR OF YOUNG ADULTS (AGE 17-30) (Study No. 2, Peter Zeugin, IPSO, Sozial- und Umfrageforschung, Zurich)

Objectives and variables: Quantitative and representative study comparable to similar studies carried out in January (t0) and October (t1), designed to measure the prevalence of high-risk sexual behaviour patterns among the general population as well as the adoption of protective behaviour patterns; the survey was repeated 18 months after the beginning of the STOP-AIDS campaign (t2). It will be repeated again in 1989.

Population surveyed: Sample of 800 in German-speaking Switzerland and 400 in French-speaking Switzerland, chosen from a stratified sample of municipalities; households surveyed were chosen at random from telephone lists, quota selection from among target population.

Research Method: Telephone interview based on a standard questionnaire. Questionnaire and method are identical to those used in October 1987 (tl). Statistical analysis by IPSO, data transmitted to IUMSP on a computer file. Study was carried during September and October 1988.

YOUNG TICINESI (Study No. 3, Mauro Di Graia, Dipartimento delle opere sociale, Bellinzona)

Objectives and variables: Measure the knowledge concerning ways in which AIDS is transmitted and methods of protection against AIDS infection. Determine the attitudes regarding AIDS prevention.

Population surveyed: Young men (age 19) being recruited into the army in the canton of Ticino; number surveyed totalled about 1500 in 1987 and in 1988.

Research Method: Self-administered questionnaire.

"DROP-OUTS" (Study No. 4, Janine Resplendino, Lausanne)

Objectives and variables: Qualitative and exploratory study among a population of young dropouts who are marginalised regarding relations with their families, education, employment, housing, ideology, knowledge, attitudes, and behaviour related to AIDS, as well as any changes occurring. Study also included measuring receptiveness of this population group to measures designed to combat AIDS, and gauging their points of resistance and specific amplifying effects.

Population surveyed: Targetted sample of 30 young people (aged 15-25) who have dropped out and are marginalised as described above. They live in the Lausanne area as well as in a less urban environment (Jura). Recruitment through various contacts, snow-ball effect, social services and specialised educational establishments. A diversity of profiles and situations was sought (in a population group characterised by its instability and heterogeneity). Sample was 2/3 male and 1/3 female. Users of injected drugs were excluded.

Research Method: In-depth interviews (about 1 hour) with the help of a guide; the interviews were taped and transcribed. Identification of life-styles, value-systems, slang used, attitude to health and risks, networks of influence and advice. Study is due to be completed in spring 1989.

MIGRANTS (Study No. 5, François Fleury, Lausanne)

Objectives and variables: Assessment of the AIDS prevention situation among two groups of migrants in Switzerland. Identification of sexual behaviour patterns (high-risk or low-risk), preventive practices, understanding and knowledge of sexually transmitted diseases.

Population surveyed: Migrant male seasonal workers, asylum seekers and refugees of Turkish (N=58) and African (N=12) origin, living in Switzerland without their families.

Research Method: In-depth interviews based on a questionnaire, individually or in groups, with the assistance of an informant/interpreter; interviews were taped and transcribed.

HOSPITAL STAFF (Study No. 6, Francoise Dubois-Arber and Dominique Hausser, IUMSP, Lausanne)

Objectives and variables: Evaluating the impact of messages relating to fight against AIDS among hospital staff, especially:

1 Description of various problems related to AIDS (professional and personal, prevention and treatment) with which hospital workers are confronted on a daily basis (knowledge, attitudes, behaviour).

2 Acceptance of messages and prevention guidelines, both at the personal and professional level.

3 Possible role of multipliers of messages on AIDS.

Population surveyed: Hospital workers in contact with patients: medical professions, paramedicals involved in treatment, general staff working in wards, in university, cantonal and regional hospitals, including different kinds of services: general wards, emergency wards, operating theaters, delivery rooms, AIDS wards, AIDS advisory services. Targetted sample, made up of 13 groups(6-10 persons) of professionals recruited in 9 hospitals in French and German speaking Switzerland (N=83).

Research Method: Group interviews supplemented with individual questionnaires filled in at the beginning and at the end of the session.

THE ARMED FORCES: Educational programmes in the army context (Study No. 7, Marie-Claire Mathey and Inge Schröder, Arbeitsgemeinschaft für Sozialforschung, Zurich)

Objectives and variables: Pinpointing the conditions for possible interventions relating to AIDS during the basic army training course, by army physicians. Recruits' attitudes towards AIDS, and towards the prevention campaigns, especially regarding the acceptance/assessment of interventions during the basic army training period.

Population surveyed: Physicians serving on basic army training course (certified physicians, generally beginners): 10. Conscript sample (males, aged 20): 10 groups of 20 conscripts from three different language regions.

Research Method: Interviews of the army physicians. Group interviews of conscripts, preceded and followed by individual questionnaires. Interviews with commissioned and non-commissioned officers of the same army group as conscripts.

SEX TOURISTS (Study No. 8, Mathias Stricker, Institut für Sozial- und Präventivmedizin, Zurich)

Objectives and variables: Document the existence and describe the profile (attitude, behaviour) of people travelling specifically in search of sexual relations. Evaluate the correlation between sexual behaviour pattern (high-risk, low-risk) and HIV infection.

Population surveyed: Target: adults contacting the vaccination center in Zurich who seem (in the physicians' view) to run a risk of HIV infection through sexual relations during a trip to a tropical destination (Africa, Asia, Latin America) N=64). Controls: tourists returning from a holiday in Kenya; they were recruited on the return flight (Balair charter flight) N=112.

Research Method: Personal interview. Serological tests (HIV, malaria, Hepatitis A, Dengue fever) and examination of stools (parasites) 14 days and 14 weeks after the return home.

Studies of processes

DISSEMINATION AND SPREAD OF PREVENTION MESSAGES BY THE MEDIA (Study No. 9, Brigitte Birchmeier and Jacques-Eric Richard, Département de sociologie de l'Université de Genève. Dominique Hausser, IUMSP, Lausanne)

Objectives and variables: Management of an ARGUS database on the dissemination of press releases on AIDS in the Swiss audiovisual and printed media. Quantitative and qualitative analysis of AIDS information and prevention messages. Analysis of dissemination level for written information and penetration rates for TV broadcasts and advertisements ("Spots") on AIDS. Pinpointing of possible social "overreactions" due to articles in the press. Continuation of SIDA-MEDIA study undertaken in 1987. To be continued in 1989.

Source of data: Systematic retrieval of all articles on AIDS in the Swiss press and list of radio and TV broadcasts provided by ARGUS AG, Zurich. TV viewer rating provided by SSR - Swiss Broadcasting Corporation (Télécontrôle).

Research Method: Systematic reading of all articles which are subsequently recorded on a database with the help of a mask.

CANTONAL POLICIES AND STRATEGIES FOR PREVENTING AND COMBATTING AIDS (Study No. 10, Marie-Claire Mathey and Inge Schröder, Arbeitsgemeinschaft für Sozialforschung, Zurich)

Objectives and variables: Characterise the establishment and institutionalisation of AIDS prevention at the cantonal level from the point of view of decision-making. Definition of strategies and objectives relating thereto, targetting of actions in the health and social sectors, application and effectiveness of programmes. Cooperation between official programmes and the actions undertaken by voluntary or private organisations. Continuation of the 1987 study.

Population surveyed: Developments monitored in 9 cantons: Zurich, Berne, Vaud, Geneva (noted already in 1987), Basel-City, St. Gallen, Lucerne, Fribourg, Grisons. Secondary analysis of documentation for a number of trends appearing in all of the cantons.

Research Method: Written and oral survey involving 30-40 informants or people in charge in 9 cantons.

SCHOOL CURRICULA (Study No 11, Rainer Hornung, H.Wydler, A.Deventer, A.Tschopp, Institut für Sozial- und Präventivmedizin, Zurich, B.Mayer, Amt für Unterrichtsforschung und -planung des Kantons Bern, M.-C.Hofner, Ecole d'études sociales et pédagogiques, Lausanne, Ch.Gagnebin, La Neuveville)

In cooperation with the Conference of Directors of State Education, with the AIDS und Schule working party of the Federal Office for Public Health.

Objectives and variables: Analysis of the way in which information and education programmes on AIDS for schools are produced. Measure the results of AIDS prevention campaigns in schools by means of data on the children's knowledge and attitude. Evaluation of teaching materials in school programmes for AIDS prevention and information.

Population surveyed: Students and teachers at secondary schools in Zurich, Basel, Berne, and any other canton included in the evaluation. Information material made available to schools in all of the cantons, gathered by CESDOC (Center de documentation en matière d'enseignement et d'éducation) in Geneva.

Research Methods: (Zurich, Berne) Questionnaire (or interview) for trainers (35) on AIDS programmes. Questionnaire (or interview) for teachers on their personal experience and assessment of AIDS programmes. Interviews with the directors of some schools. Questionnaires for students in 30 classes. (Basel-City) Questionnaires for students and apprentices, before and after educational programmes. Questionnaires for teachers. (Teaching materials) Questionnaires to cantonal school authorities. Analysis of document content carried out by CESDOC, Geneva.

PILOT INTERVENTION PROGRAMMES FOR DRUG ABUSERS (Study No. 12, Chris Spreyermann, Stiftung Contact, Berne, Mark Flückiger, Schwarzer Peter and AIDS Hilfe Basel)

Objectives and variables: Exploratory and accompanying study of intervention programmes for drug addicts based on street action or action near focal points for drug abusers. These intervention programmes provide a lifeline or simply some help for everyday problems for drug abusers, especially through the distribution, exchange and sterilisation of needles and syringes, and through AIDS information and advice.

Study of conditions under which such programmes were implemented in Berne (Münstergasse 12, Stiftung Contact), Basel (Schwarzer Peter and AIDS Hilfe) and Zurich (ZIPP-AIDS). Analysis of their clients and effects of the programmes on these clients. On-going study continuing in 1989.

Population surveyed: Drug abusers who are not integrated in the system of support, counselling or drug addiction treatment services; 3 intervention programmes for drug addicts; political, institutional, social, etc. environment of these programmes.

Research Methods: Participatory observation, activity records, client interviews.

EDUCATORS AND SOCIAL WORKERS (Study No. 13, Blaise Duvanel and Hughes Wülser, La Chaux-de-Fonds)

Objectives and variables: Evaluate the impact of the AIDS epidemic and measures against AIDS among a category of workers in contact with young people's problems. Especially:

1 Integration of prevention messages in daily work,

2 Confrontation with the epidemic (seropositive people and AIDS patients),

3 The effect of role conflicts (advice given as professional versus personal behaviour pattern),

4 Requests for specific training/advice.

Population surveyed: Workers (social workers, educators, animateurs, paramedical personnel, psychologists...) in specialised day-care institutions for drug addicts, in guardianship services for minors and youth protection services, in special homes for young adults and institutions for young drop-outs. The study is addressed to professional teams (collectively) of all the above-mentioned institutions in Switzerland (about 250).

Research Method: Written questionnaire, self-administered and posted. About fifteen interviews (collective and individual) were added, for precision and information.

SELF-EMPLOYED PHYSICIANS (Study No. 14, Jean-Blaise Masur, Veyrier-Genève)

Objectives and variables: Training of self-employed physicians, both general practitioners or specialists of internal medicine, 5 of whom have a considerable proportion of homosexual patients and another 5 who have quite a large number of patients receiving methadone treatment. The physicians are from all over Switzerland.

Research Method: Partially directed interview which is taped, with a balintian/maieutic approach which puts the physician "in the position of a teacher" in relation to the interviewer.

HIV TESTING CENTERS (Study No. 15, Jean-Blaise Masur, Veyrier-Genève)

Objectives and variables: Evaluate the way in which the clients are received and dealt with, before and after the test. Evaluate the centers' store of knowledge from which the clients can benefit. Describe the types of clients using these centers (numbers and typology).

Population surveyed: HIV testing centers, i.e. any center in which an HIV test can be requested, whether anonymously or not, whether referred by a doctor or not. Sample of 18 centers in the French-speaking part of Switzerland and 10 in the German-speaking part of Switzerland.

Research Method: Visit to the centers, observation, questionnaires and interviews with staff.

TRAINING PROGRAMMES FOR PROFESSIONALS INVOLVED WITH AIDS (Study No 16, Dominique Hausser, IUMSP, Lausanne, Madeleine Ruedi and Jean-Marc Noyer, Center médico-social Pro Familia, Lausanne)

Objectives and variables: Are the seminars organised to fulfill a demand? Do the objectives and the content of the seminars fulfill the professional needs of the participants? Do these seminars reinforce preventive action?

Population surveyed: Seminars (of types 2,3 and 4) organised by the Center médico-social Pro Familia, open to all interested professionals in the French speaking part of Switzerland and the Ticino.

Research Method: Analysis of clients. Analysis of objectives, contents and teaching methods used in the seminars. Questionnaires filled in by participants at the end of the seminars and written comments by moderators. Observation of participants (modules 2) and observation of moderators (modules 4).

STUDY OF FEED-BACK PROCESSES (Study No 17, Peter Zeugin, IPSO, Sozial- und Umfrageforschung, Zurich)

Objectives and variables: Measuring the influence of evaluation on the decisions taken in the fight against AIDS.

Population surveyed: People in charge of AIDS policies at the Federal Office for Public Health (including Kreativ Team), at the Federal Department of the Interior, at the Conference of Cantonal Directors of Public Health and at the Swiss AIDS Foundation. A total of 10-15 persons.

Research Method: Interview with a list of issues.

Environmental studies

EVOLUTION OF SEXUAL BEHAVIOUR PATTERNS AND CULTURAL MODELS (Study No. 18, Inge Schröder and Marie-Claire Mathey, Arbeitsgemeinschaft für Sozialforschung, Zurich)

Objectives and variables: Study of the way in which behaviour models evolve as regards sexuality and couple-forming, in order to pinpoint the factors underlying evolution which are unrelated to AIDS, and to find out whether they are a help or an obstacle to the achievement of the objectives of the fight against new HIV infections.

Research Method: Secondary analysis of the results of surveys and of the scientific publications on values, attitudes and behaviours. These are mainly data collected in Switzerland over the last five years.

Source of information: Surveys undertaken in Switzerland. Specialised publications in the field of sociology and sexology.

AIDS AND ITS IMAGE IN THE MEDIA (Study No. 19, Brigitte Birchmeier and Jacques-Eric Richard, Département de sociologie de l'Université de Genève)

Objectives and variables: Building a model of the image of AIDS as it is presented in the press.

Source of information: Articles on AIDS in the Swiss press collected by ARGUS AG, Zurich.

THE CONDOM AND ITS IMAGE (Study No. 20, Monique Weber-Jobé and Dominique de Vargas, Center médico-social Pro Familia, Lausanne, Philippe Lehmann, IUMSP, Lausanne)

Objectives and variables: Finding out the public's reactions to (the use of) condoms as expressed in sex education courses in schools and during family planning consultations, in order to gain a better knowledge of the acceptance of as well as the resistance to condoms in the context of AIDS and contraception.

Population surveyed: Sex education teachers and family planning counsellors. Schoolchildren in grades 4,6 and 8, apprentices and other young students in the Canton of Vaud. Family planning consultants in Lausanne and Renens.

Research Method: Notes taken during courses by Sex education teachers and family planning counsellors, interviews of selected groups.

septembre 1989

EVALUATION DES CAMPAGNES DE LUTTE CONTRE LE SIDA EN SUISSE.

L'ensemble de l'évaluation, sur mandat de l'Office Fédéral de la Santé Publique, comprend les publications suivantes sous forme de Cahiers de Recherches et de Documentation de l'Institut universitaire de médecine sociale et préventive :

7 Hausser D., Lehmann Ph., Gutzwiller F., Burnand B., Rickenbach M. Evaluation de l'impact de la brochure tous ménages d'information sur le SIDA distribuée par l'OFSP. Octobre 1986. - Lausanne, Institut universitaire de médecine sociale et préventive, 1986, 82 p.

16s.1 Lehmann Ph., Hausser D., Dubois-Arber F., Gutzwiller F. - Evaluation de la campagne de lutte contre le SIDA de l'Office fédéral de la santé publique (OFSP) 1987-1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 1987, 20 p. + annexes.

16s.2 Lehmann Ph., Hausser D., Dubois-Arber F., Gutzwiller F. - Evaluation de la campagne de lutte contre le SIDA de l'Office fédéral de la santé publique (OFSP) 1987-1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 1987, 102 p.

19 Hausser D., Lehmann Ph., Dubois-Arber F., Gutzwiller F. - Evaluation des campagnes de prévention contre le SIDA en Suisse (Rapport intermédiaire, juillet 1987). - Lausanne, Institut universitaire de médecine sociale et préventive, 1987, 39 p.

23 Hausser D., Lehmann Ph., Dubois-Arber F., Gutzwiller F. - Evaluation des campagnes de prévention contre le SIDA en Suisse. Décembre 1987. - Lausanne, Institut universitaire de médecine sociale et préventive, 1987, 96 p.

23.1 Zeugin P. - Kampagne zur AIDS-Prävention : repräsentative Befragung bei Personen zwischen 17 und 30 Jahren zur Kondom-Benützung (Erst- und Zweitbefragung). November 1987. - Lausanne, Institut universitaire de médecine sociale et préventive, 1988, 60 p.

23.2 Gurtner F., Zimmermann H.-P., Kaufmann M., Somaini B. - Sexualanamnese bei nicht verheirateten Praxispatienten : eine Sentinella-Studie. November 1987. - Lausanne, Institut universitaire de médecine sociale et préventive, (non publié).

23.3 Di Grazia M. - Giovani e salute. Fattori di rischio e loro percezione soggetive : reclutamento 1987. Novembre 1987. - Lausanne, Institut universitaire de médecine sociale et préventive, (non publié).

23.4 Schröder I, Mathey M.-C. - Befragung von Berufsschülern, Arbeitsgemeinschaft für Sozialforschung, Zürich. November 1987. - Lausanne, Institut universitaire de médecine sociale et préventive, 1988, 62 p.

23.5 Masur J.-B. - Evaluation des campagnes de prévention contre le SIDA en Suisse. Rapport de l'étude du groupe : Dragueurs(euses). Novembre 1987. - Lausanne, Institut universitaire de médecine sociale et préventive, 1988, 105 p.

23.6 Dubois-Arber F. - Evaluation des campagnes de prévention contre le SIDA en Suisse. Rapport de l'étude : les Homosexuels. Novembre 1987. - Lausanne, Institut universitaire de médecine sociale et préventive, 1988, 25 p.

23.7 Wülser H., Duvanel B. - Evaluation des campagnes de prévention contre le SIDA en Suisse. Rapport de l'étude : les Toxicomanes. Novembre 1987. - Lausanne, Institut universitaire de médecine sociale et préventive, 1988, 26 p.

23.9 Dubois-Arber F. - Evaluation des campagnes de prévention contre le SIDA en Suisse. Rapport sur la vente de préservatifs. Novembre 1987. - Lausanne, Institut universitaire de médecine sociale et préventive, 1988, 7 p.

23.10 Schröder I., Mathey M.-C. - Die Präventionskampagne STOP AIDS des Bundesamtes für Gesundheitswesen und der AIDS Hilfe Schweiz im Spiegel der Schweizer Presse : Analyse der Medienreporte. Novembre 1987. - Lausanne, Institut universitaire de médecine sociale et préventive, 1988, 106 p.

23.11 Mathey M.-C., Schröder I. - Kantonale Aktivitäten der Aidsprävention. Novembre 1987. - Lausanne, Institut universitaire de médecine sociale et préventive, 1988, 52 p.

23.12 Zeugin P. - Kampagne zur Aids-Prävention : Befragung von informellen Meinungsbildnern. Novembre 1987. - Lausanne, Institut universitaire de médecine sociale et préventive, 1988, 75 p.

27 Lehmann Ph., Hausser D., Dubois-Arber F., Gutzwiller F. - Protocole scientifique et programme de travail pour l'exercice avril 1988 - mars 1989 de l'évaluation des campagnes suisses de lutte contre le SIDA. Juillet 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 1988, 56 p.

28 Dubois-Arber F., Lehmann Ph., Hausser D., Gutzwiller F. - Evaluation des campagnes de prévention du SIDA en Suisse. Rapport intermédiaire. Juillet 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 1988, 31 p.

39 Dubois-Arber F., Lehmann Ph., Hausser D., Gutzwiller F. - Evaluation des campagnes de prévention du SIDA en Suisse. Deuxième rapport de synthèse. Décembre 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 1989, 103 p.

39a Dubois-Arber F., Lehmann Ph., Hausser D., Gutzwiller F. - Evaluation der AIDS-Präventions-Kampagnen in der Schweiz. Zweiter zusammenfassender Bericht. Dezember 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 1989, 106 p.

39b Dubois-Arber F, Lehmann Ph, Hausser D, Gutzwiller F. - Mandated by the Federal Office for Public Health. Shortened version of the Second Assessment Report regarding the Evaluation of the Swiss Preventive Campaigns against AIDS. December 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 1989, 42 p.

39.2 Zeugin P. Enquête sur le comportement sexuel des jeunes adultes (17-30 ans). Décembre 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, (à paraître).

39.4 Resplendino J. La "zone". Décembre 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 83 p.

39.5 Fleury F. Les migrants. Décembre 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 85 p.

39.6 Dubois-Arber F., Hausser D. Les personnels hospitaliers. Décembre 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 42 p.

39.7 Mathey M.-C., Schröder I. Rekrutenschule und AIDS-Prävention. Schlussbericht 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 1989, 67 p.

39.8 Stricker M. Sex-Touristen. Schlussbericht 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 1989, 62 p.

39.9 Birchmeier B., Richard J.-E. Diffusion et répercussion de messages de prévention par les médias et Image du SIDA dans les médias. Décembre 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 105 p.

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39.18 Schröder I. Kulturmuster des Partnerschafts- und Sexualverhaltens und AIDS. Schlussbericht 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 1989, 25 p.

39.20 Weber-Jobé M., de Vargas D., Lehmann Ph. Image des préservatifs. Décembre 1988. - Lausanne, Institut universitaire de médecine sociale et préventive, 40 p.

47 Masur J.-B., Hausser D., Dubois-Arber F., Gutzwiller F. Couples et séropositivité (VIH). I. Utilisateurs de drogues par voie intra-veineuse. Etude effectuée en collaboration avec l'OMS. - Lausanne, Institut universitaire de médecine sociale et préventive, 1989, 48 p.