King's Fund

national aids trust

WHY IS THE AIDS MESSAGE NOT GETTING THROUGH?

Leeds Castle Conference 1992

In the summer of 1992 the King's Fund and the National AIDS Trust organised a small working conference at Leeds Castle in Kent to look at the current state of AIDS education in Britain. The two-day meeting took as the basis for discussion the disturbing reports that, although most people in this country seem to understand the facts about how AIDS is transmitted, they are doing little or nothing to alter their sexual behaviour in a way which could reduce their chances of becoming infected. In the absence of a cure or a vaccine against the HIV virus this central paradox must be resolved if health education is to prevent AIDS spreading widely and catastrophically through the population.

AIDS has produced many tragedies, both for individuals and different societies, but, perhaps because of the magnitude of the threat, the epidemic has also created a powerful and encouraging urge in many people to work together, to pool their various skills to try to solve some of the problems. The spread of the HIV virus can be effectively controlled only by persuading populations to change their sexual behaviour, and this extraordinarily difficult task needs a variety of approaches which extend far beyond the usual domain of professional science and medicine. In our society we more often associate changing people's behaviour with the mass media or advertising than we do with doctors or formal educators and fortunately many of those who, a decade ago, might have felt no responsibility for a health issue now want to help stop AIDS. It was this spirit of energetic co-operation which brought together the Leeds Castle group of health and education workers with politicians, advertising executives and representatives of the media to try and think again, and think laterally, about how to alter sexual behaviour, the most fundamental and intimate of human activities.

Fundamental change needed

The urgent need for a fresh approach was demonstrated in the four background papers presented to the conference. Professor Michael Adler, Chairman of the NAT, said that 'nothing less than a fundamental change in the culture of sexual behaviour similar to that which occurred after the introduction of the contraceptive pill in the 1960s will be enough to stem the spread of HIV infection among heterosexuals'. But, he suggested, there was no evidence that any such change was taking place. Seven years of extensive and expensive public education campaigns, as well as programmes in schools and colleges, seems to have had less effect than hoped. The most alarming lack of response to AIDS prevention messages seems to be among young people. A recent study showed that nearly half are sexually experienced before they are 16 and over 80 per cent by the time they are 19, and yet a Health Education Authority survey has reported that more than a quarter are willing to have unprotected sex with a new partner and only a third felt they need to change their lifestyles because of AIDS. This youthful indifference is reflected in the HIV and AIDS statistics which show that 20 per cent of all the HIV-positive people in Britain are aged 15 to 25 and nearly 50 per cent are below 29. Of the total number of women who have developed AIDS, 40 per cent are in the 15–29 age group, which means that most will have been infected with the HIV virus during their teens.

In the mid-1980s homosexual men were seen as potential role models for the whole of society, as many of them did change their sex lives in response to a threat which they identified as immediate and personal. Professor Adler noted that today the picture is much less optimistic as researchers, both in this country and abroad, are seeing a new upturn in HIV infection among homosexual men. The reversal to earlier unsafe practices is particularly noticeable among young men, who already see AIDS as a problem for a past generation and not for their own. Therefore, the challenge for the conference was not only that it is very hard to mould or to alter sexual behaviour, but that even when change does occur there is no guarantee that it will be sustained.

Conflict of aims and values

Papers by Dr Roger Ingham from the Department of Psychology at Southampton University and Jenny Kitzinger from the Department of Sociology at Glasgow University, based on research done for the Economic and Social Research Council about the specific influence on young people of mass media campaigns on AIDS, suggested that some of the ineffectiveness of current health education was rooted in the messages being unclear and often misunderstood by their audiences. Some of the greatest confusion surrounds the now familiar fundamental exhortation to practise 'safe', or 'safer', sex. Jenny Kitzinger identified a conflict of aims and values in those who produced mass advertising campaigns and emphasised the enormous problems of achieving a consistent,

coherent message where there is an underlying moral agenda or an inhibition about using explicit language. She cited an example where political sensitivities about promoting the desirability of monogamy led to a contradictory advertisement for safer sex: 'If you're not 100 per cent sure about your partner, use a condom', thereby, confusingly, conflating two messages – one that condoms should always be used and the other that knowing one's partner is sufficient protection. In this context, Roger Ingham's research showed an even more straightforward confusion about the use of the word 'know'. The young people in his study confidently assured researchers that they 'knew' their partners, but by this they meant a social acquaintance rather than 'knowing' the other person's sexual history, which had been the intention of the authors of the campaign.

However, most of the participants in audience surveys of the mass media campaigns and general media coverage on AIDS showed a high level of familiarity with the basic facts and reported that television and newspapers were their most important source of information. But, beyond the superficial knowledge, there was deep misunderstanding about such inexplicit phrases as 'body fluids' and 'risk behaviour' which tended to reinforce comfortable beliefs that AIDS is 'a problem for other people'. Therefore, while raising AIDS awareness, the media had not succeeded in creating any direct link between knowledge and personal behaviour.

Rationale not understood

At a more individual level, Dr Ingham cautioned that, in our present state of knowledge, it was impossible to form definitive judgements about how young people reached decisions about their sexual lives. His research interviews had shown that many teenagers, particularly young women, regretted their early sexual experience. He also found there was a large disparity of 'sexual power' between male and female, which suggested that much more successful education about self esteem and personal identity would be needed before other AIDS-related slogans, such as 'negotiating' sexual relationships, had any significant reality. Overall, his interviewees had shown they were uncomfortable about discussing their real sexual concerns or anxieties with their friends or families. Interestingly, they also responded that they would prefer, ideally, to receive education from their parents or a doctor and not from a peer group or the mass media. The young people had picked up a profound British cultural attitude that sexual behaviour is an area shrouded in mystery:

> ***'They are confronted with double-entendres, humour, evasive answers to legitimate questions, teachers who time the video so that it will end just before the lunch break to avoid talking about the issues raised. Faced with this and the changes taking place with their bodies, we should not be at all surprised that they find it all rather confusing and respond by actively creating their own mystical versions of realities. We need to ask ourselves how we expect young people to adopt sensible and appropriate behaviour regarding sexual activity, or even believe they are capable of doing so, if the opportunities to discuss, to make sense of the issues involved and to make formative shifts within their social worlds are actively denied them.'***

Professor Mildred Blaxter of the University of East Anglia, who has co-ordinated the Economic and Social Research Council's programme on AIDS, sought to place the apparently intractable problems of sexual change in the face of AIDS in the more general context of what is known and understood about influencing human behaviour in general. A large body of research shows that it can be done but there is little to suggest a universal model, particularly in the field of health, where only the most specific messages, such as 'Have your child immunised', have shown a notable level of success. Here there is an obvious, clear threat and an easy solution, but in the case of AIDS neither is apparent to the general population. While re-emphasising that health education on AIDS must be direct and specific, Professor Blaxter also raised the very important point that most people do not see sexual behaviour as a health issue, or one that is relevant to anything but private and personal choice; she noted, for example, that even legal sanctions about the age of consent and restrictions on homosexuality are largely ignored.

Distancing from sense of vulnerability

Professor Blaxter thought there was a need for a much greater understanding of how people perceived their risks of being infected with HIV and developing AIDS. Traditionally, models of behavioural change have considered feelings of vulnerability, costs and benefits, and 'triggers' which initiate change. However, these approaches have not had great success in predicting who will change in any area of health behaviour. Many aspects of lifestyle are enmeshed in conflicting demands and values, and it cannot be assumed that action always derives from reasoned processes. In any case, the 'rational' messages about AIDS are not always clear; most people in Britain only hear what they perceive as a muddled analysis of the statistical and medical facts. This allows them, in a society which is extremely inhibited about sexuality and sexual behaviour, to distance themselves from any sense of personal vulnerability to the HIV virus.

The primary reaction of conference participants to the background papers was that the presenters had confirmed their forebodings about the scale and complexity of the problem. In plenary discussion and small group work the general underlying opinion was that only a profound change in society's attitudes towards sexuality (creating, for example, more openness about different personal values, sexual choice, self esteem and gender roles) would produce long-term effects. However, the conference was determined that this underlying opinion should not lead to the negative conclusion 'If you can't change everything you can't change anything'. It was self evident that the conference could not change the world. It could, however, influence opinion formers and policy makers and it could make specific recommendations. Many people noted the alarming lack of knowledge about how people behave in their sexual lives, the reasons for their behaviour and what influences might cause them to respond positively to any message. It was agreed that the basic prevention strategy of advising safer sex practices was far too nebulous to achieve success. Even the more pragmatic and precise 'Use a condom' was seen as too

prohibitive and unattractive, particularly to those young people who most needed to be persuaded. The conference tried out ideas for developing campaigns around concepts such as 'better sex', 'relaxed sex', and 'guilt free sex', and the representatives of the advertising industry agreed that their skills could be valuable in taking this further. Alan Bishop, Vice Chairman of Saatchi and Saatchi, emphasised that advertising rules insist that clarity should not be confused with over-simplification, which is never helpful. He thought that a central problem of the existing AIDS messages was that they were based on abstract concepts of possible risk which were 'psychologically daft' and impossible to sell. This confirmed Professor Blaxter's assertion that it was vital to discover more about how people understood the risks of HIV infection and AIDS before there could be any hope of triggering self-protective behaviour. The conference decided it was important to press for more research in this area as well as more studies, such as those reported by Dr Ingham, which looked in depth at young people's attitudes and the influences that were important to them.

In tune with youth culture

Several contributors noted that including 'messages' about HIV and AIDS in popular soap operas such as 'East Enders' seemed to be more persuasive than direct advertising. The evidence for this is anecdotal but the view was expressed several times that those who devised sex education programmes should pay greater attention to the language and customs of youth culture and try to make their education accessible, erotic and exciting. The mass media could have a role to play here, but the broadcasting executives and newspaper journalists at the conference warned that they were bound by codes of conduct about explicit language and pictures, even though this type of graphic representation could cut across confusing euphemisms. Individual producers who attended the conference felt that, at times, these codes were unnecessarily inhibiting and possibly reflected an outdated view of what the majority of any potential audience for sex education programmes would accept. In the face of the AIDS threat many in the Leeds Castle Group thought it was time to commission fresh surveys of audience opinion about generally acceptable definitions of 'offensiveness' in the mass media, and also to conduct more general opinion research about how frank and direct parents, teachers and young people would like school education to be.

The conference thought that it was only when knowledge of these areas was extended and updated that positive policy changes could be implemented. There was a suspicion that much of the caution was based on misapprehensions about the degree of openness which would be tolerated by the vast majority of people. It was acknowledged that there was a wide variety of views about personal sexual behaviour in the population. A sizeable minority hold to traditional views of chastity and fidelity, often based on a religious ethic, and those views should always be sensitively considered in making decisions about how to address sexual issues. However, it was agreed that it was unhelpful for policy to stumble along based on assumptions about majority social attitudes when research might prove those assumptions to be wrong, thereby opening the way for more robust public discussion and education. It was noted that it would be useful if such research was coordinated between the various government departments and agencies charged with responsibility for health and education. A need for an integrated research and development strategy was identified which could, possibly, be part of the new NHS Research and Development programme.

Betterment of existing systems

Although the conference participants were convinced that greater knowledge about behaviour and attitudes might create useful future policy changes, they also thought there was room for improvement in existing systems and practice. The conference was encouraged to learn that the Government's new health strategy, 'The Health of the Nation', was likely to include AIDS and sexual health as a key target, and this was subsequently confirmed by the publication of the White Paper (July 1992). 'The Health of the Nation' seems to give a 'kick start' to attempts to revitalise the AIDS prevention campaign, as it sets specific targets and lends central authority to practitioners charged with health education. The conference suggested that mass media campaigns might be made more effective by releasing advertising production from direct government control, perhaps to commercial agencies or to some of the voluntary organisations which had already devised useful programmes of their own. Although the concerns about general public sensitivities would remain, this approach could enable different population groups to be specifically and explicitly targeted. In such circumstances the Health Education Authority would commission programmes and, very importantly, would evaluate mass media education but would not be responsible for producing the material.

At the local level, the conference thought it particularly important that District HIV Prevention Co-ordinators, often criticised as ineffective, be now given the necessary authority and resources to carry out local programmes. There was evidence that too often these posts were held by relatively junior officials and there was confusion about their current position in the recent NHS split between purchasers and providers. To be successful they must be given clarity of role and authority as well as a clear prevention message to purvey. DHPCs should take the lead in introducing culturally appropriate sex education throughout local communities; in schools, places of employment, pubs and social groups, where factual information is most likely to be translated into changed behaviour through personal contact and a feeling of identity with the messenger.

'The Health of the Nation' also gives an opportunity for reappraising and monitoring the Family Planning Services in Britain. If sexual health in general, and a reduction in the unsafe sex which leads to unwanted teenage pregnancies, are to be a national targets, then priority must be given to maintaining local family planning clinics, where many young people go first to receive advice on both contraception and AIDS. Recently this service has been languishing, officially because of resource constraints, but the Leeds Castle Group want strenuous efforts made to retain an effective service.

Participants also felt that research to demonstrate the comparative costs of successful sex education and accessible advice centres as against unwanted pregnancies, would be useful in a resource-dominated debate.

Participants drew attention to the sometimes discriminatory and judgemental attitudes of GPs which often inhibit those most likely to be at risk of HIV infection from seeking help.

Like the rest of the population, doctors, nurses, health visitors and others in primary health care teams probably find it difficult to discuss sexuality openly with others. They must be given specific training so that they can play their crucial role in achieving the national sexual health targets. Overall the conference thought that considerable new resources would need to be found for training and monitoring health service professionals if the new recommendations on AIDS and sexual health are to be anything more than political rhetoric.

Schools lack time, resources

Professional training was also high on the agenda when the conference considered how best to improve formal sex education in schools. It was generally agreed that it was unfair to expect teachers to be able to deliver appropriate education successfully unless student training, and in-service graduate courses, gave much more time and emphasis to helping teachers to acquire the necessary skills. There was enthusiasm for training school governors in the principles of sex education, as they have the authority to decide what types of programmes individual schools will offer. It is a statutory requirement that every school develop a sex education curriculum and the conference was disturbed to hear from Professor Michael Marland, Headmaster of Westminster Community School and an adviser to the Department for Education, that according to a recent survey of Local Education Authorities, only 46 per cent of respondents were able to provide any information on sex education policies in their authority. The conference urged that this legal requirement should be monitored and enforced much more closely both from the centre and by local LEAs.

Professor Marland pointed out that, in general, a school's curriculum is illegal unless it demonstrates that it 'prepares young people for the responsibilities and opportunities of modern life' – a definition which seems essentially to embrace education about sexuality. The conference felt that too much public emphasis had been given to the decision to include HIV and AIDS in part of the National Curriculum on science. Participants thought that although there were theoretical opportunities in the curriculum for much more broadly based work about personal identity and choice in sexual relationships (particularly Curriculum Guidance Five), too few schools were able to take advantage of the possibilities due to serious lack of time and resources. Many are inhibited by what they see as prohibitive restrictions such as Section 28 of the Local Government Act 1988. The conference agreed that new, clear guidance on curriculum expectations and the legal position throughout the education system should be issued by the Department of Education. There were concerns about the recent reduction in the numbers of specialist Personal Social and Health Education Advisers.

The PSHE advisers, who are clearly best placed to develop a 'non-scientific' classroom approach, have been cut back by LEAs due to lack of funds from central government. The Leeds Castle Group thought it would be a test of the Government's resolve to make an overall success of 'The Health of the Nation' policies about sexual health that they provide adequate training, funding and personnel for schools education programmes.

Cultural attitudes 'can be changed'

The conference participants were confident that if their practical proposals were implemented, existing messages about sexual health could be more effectively delivered by existing mechanisms. The need for clarity and precision was re-emphasised and several participants thought that imaginative use of the current schools curricula could shift the paradigm of formal education towards an approach which emphasised individual empowerment, thus making sexual choice a reality for more young people.

However, the overall conclusion of the meeting was that social and political change is needed in Britain if we are to achieve lasting changes in attitudes and, therefore, in sexual behaviour. Social change is not achieved through legislation nor through efficient administration. It can, as Professor Blaxter told the conference, gradually occur:

'There is no doubt that it is possible to change the cultural environment around specific health related issues and thus indirectly . . . by a process of cultural diffusion . . . the behaviour of individuals.'

Richard Smith, editor of the *British Medical Journal*, wrote immediately after the meeting:

To attempt to change a nation's attitude to sexuality and risky sexual behaviour is an enormous task. It may even seem impossible until we remember that government ministers until very recently found it difficult to talk about condoms; now we have a Secretary of State for Health who can talk about anal intercourse without embarrassment. Deep cultural attitudes can be changed.

The Leeds Castle Group will continue to use their various professional skills to promote widespread, open discussion of sexual health. That discussion will acknowledge that a pluralist society includes different values and beliefs about personal behaviour, but will also assert that only a robust and uninhibited approach can hope to prevent the spread of AIDS and ensure a sexually healthy population in the next century.

Conference's major findings and recommendations

- Most people do not see sexual behaviour as a health issue.
- Only a profound change in attitudes towards openness on sexuality will produce long-term effects.
- Although uncomfortable about discussing sexual concerns with friends or families, young people would prefer to receive education from their parents or a doctor and not from a peer group or the mass media.
- Messages based on abstract concepts of AIDS risks are not effective. It is vital to find out how people understand the risks before self-protection measures can be promoted effectively.
- People devising sex education programmes should pay greater attention to the language and customs of youth culture.
- The potentially vital role of schools in providing sex education should be developed as a priority.
- Fresh opinion surveys are needed to find out what is considered offensive in the mass media. Policy based on present assumptions may be restricting more robust and effective discussion and education.
- Mass media campaigns might be more effective if released from direct government control. This could enable various population groups to be specifically targeted. The Health Education Authority would commission and evaluate the effectiveness of the campaigns.
- New resources will be needed to train teachers and health service professionals to be better sources of sex education information.
- District HIV Prevention Coordinators should be empowered to carry out local programmes.
- There is a need for an integrated research and development strategy. This could be part of the new NHS Research and Development programme.
- Priority must be given to maintaining local family planning clinics to help reduce AIDS risks and unwanted teenage pregnancies. Research on the cost-effectiveness of this would be useful in a resource-dominated debate.
- A large disparity of 'sexual power' between male and female suggests that much more education about self-esteem and personal identity is needed before such concepts as 'negotiating' sexual relationships can be understood.

Participants at the conference

Alan Bishop – Vice Chairman of Saatchi and Saatchi Advertising.

Mildred Blaxter – Senior Research Fellow at the University of East Anglia. Co-ordinator of the Economic and Social Research Council's AIDS Programme.

Roger Bolton – Controller of Network Factual Programmes for Thames Television (1989-1992).

Dr Graham Hart – Lecturer in Medical Sociology at University College and Middlesex School of Medicine.

Nick Heightman – Strategic Business Manager – Anti Infectives for the Wellcome Foundation.

Ceri Hutton – Policy Development Officer at the National AIDS Trust.

Roger Ingham – Senior Lecturer in Psychology at the University of Southampton.

Jenny Kitzinger – Glasgow University Media Group.

Heather Macdonald – Consultant to WHO for their European Network of Health Promoting Schools.

Michael Marland, CBE – Headteacher at North Westminster Community School.

Doreen Massey - Director of the Family Planning Association.

Robin Moss – Head of Educational Broadcasting at the Independent Television Commission.

Lindsay Neil – Director of the AIDS Programme at the Health Education Authority.

Rabbi Julia Neuberger – Chair of the Bloomsbury Community Trust NHS and a patron of Crusaid and Terrence Higgins Trust.

Jill Palmer – Medical correspondent of the *Daily Mirror*.

Susan Perl – Consultant in HIV, AIDS and Reproductive Health.

Richard Smith – Editor of the *British Medical Journal*.

Eleanor Stephens – TV producer with her own independent company which mainly produces programmes for Channel 4, including 'Survivors' Guide', 'Sex Talk', 'Love Talk' and 'Men Talk'.

Dr John Stokes – Medical Advisor to the Leeds Castle Trust.

Roger Tyrell – Head of the AIDS Unit at the Department of Health.

Guests

Baroness Julia Cumberlege – Under-Secretary at the Department of Health with responsibility for AIDS.

Professor Michael Peckham – Director of Research and Development at the Department of Health.

Organisers

Michael Adler – Professor of GU Medicine at University College and the Middlesex School of Medicine. Chairman of the National AIDS Trust.

Dr Jo Ivey Boufford – Director of the King's Fund College.

Margaret Jay – Director of the National AIDS Trust (1988-1992).

Robert Maxwell – Secretary and Chief Executive of King Edward's Hospital Fund for London.

Angela and Ray Flux (facilitators) comprise the State of Flux partnership with more than 20 years' experience, practice and reasearch in the field of health, education and management development.

Linda Marcus – (Conference administrator) PA to Jo Boufford, King's Fund College.

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