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**“Together we teach them safe sex”
HIV Education Program for Men who have Sex with Men (MSM)**

Introduction:

Gay men were the first to be blamed for AIDS. The first reported case, of what later came to be known as AIDS, was identified in 1981 in the USA among gay men. The disease was quickly termed as the “gay plague” by the media, with massive blame unjustifiably heaped onto gay men. The linking of gay men to AIDS led to the development of a homophobia among the general public and an AIDS phobia within the gay community. This initial strong stigmatisation and discrimination against gay men and / or MSM (Men Who Have Sex with Men) has been enduring. Based upon my experience of directing educational programs for MSM in Hong Kong, I now share with you an alternative approach to safe sex prevention intervention.

AIDS Education Targeting MSM Community in Hong Kong

In recent years, the misconception that “AIDS is a gay disease” has been largely corrected in the public arena, however, it leaves HIV prevention with MSM in a serious dilemma.

According to *Principles of Strategy* (2001), the issue of HIV infection among MSM is still a sensitive issue. The promotion and publicity on HIV prevention in the MSM community may have reinforced the stigmatization and discrimination against MSM, however, the potential cost of avoiding the message of the dangers inherent in unprotected sex among MSM has led to the MSM community underestimating the risk of HIV infection.

If they really believe HIV really is no longer any concern of theirs as suggested (*Quarter 4/2001 p7*), “It is noted that the MSM group’s specific rates have all along been higher than that of heterosexual men and female groups. Taking 2001 as an example, the risk of HIV infection among MSM is 3 times of that of heterosexual men and 10 times of that in females, assuming 10% of population is MSM.” Thus, the HIV prevention work cannot be neglected.

Comments from both (CPP 2000) and (ACA 1999), states that “the effective AIDS awareness program should be enhanced and expanded to provide a realistic prevention program – providing people with the motivation, means and support needed to reduce their risk of infection”. It indicates that the current AIDS prevention efforts in the MSM community have been generally limited to the provision of information and condom distribution. It is suggested

that more innovative work needs to be done for the MSM community.

In view of the above factors, the concepts of Normalization and Integration should be applied to innovative HIV prevention work in the MSM community

Theoretical Framework:

In order to negate the adverse effects of labeling, normalization is the key concept for prevention educational work with MSM.

According to Wolf Wolfesbergen (1972), “Normalization is the utilization of means which are as culturally normative as possible, in order to establish and /or maintain personal behaviors and characteristics which are as culturally normative as possible.”

In Hong Kong, “Men Health” seems to be a recent common culture. Most of the people go to the gym, attending various health related workshop and even pursuing a “Health Life Style”. With this cultural backdrop, using Sexual Health class as a normative means to get prospective clients together has had an initial appeal. The combination of AIDS education as Sexual Health for MSM is the new approach to normalize the negative image of “problematic” and “deviate”. The theme and the topics are run by MSM for MSM.

The Chinese Culture

First, the Chinese tend to encourage the attitude of “keeping your problems within your family”. The Chinese culture views problem sharing as shameful. Additionally, the Chinese culture does not encourage “expression” because it most likely leads to “offense”. Chinese is not an “expressive culture”. In that case, many MSM are not comfortable seeking assistance if they have queries about HIV/AIDS issues.

Secondly, seeking help may be viewed as a negative factor due to the labeling effect. When one is invited to join an AIDS workshop, the immediate reaction is to be thought of as “problematic” and “deviate” because only people with problems will join an AIDS program.

Third, it is common for Chinese to neglect their sickness by ignoring its existence. Chinese people think talking about your problem through does not help, in fact, it adversely expands the problem hiding your sickness may help to forget the problem. Even though they had high-risk sexual behavior, they still used to keep it to themselves.

Aims of the Program:

- To strengthen HIV prevention in MSM community
- To integrate HIV prevention education program into local gay organizations
- To enhance MSM’s knowledge, attitude and skills in practicing sexual behavior

- To make HIV prevention programs an integral part of men's sexual health programs with local gay organizations

Project Design:

As stated, the sensitivity of the relationship between AIDS and MSM has hampered HIV prevention programs. Also, the existing superficial MSM prevention programs are of questionable effectiveness. Therefore, the incorporation of normalization and integration concepts in our innovation program, namely "Sexual Health for MSM" has been formed.

The idea of normalizing HIV/AIDS issues is related to the primary concerns for men in general. The new design and packaging of HIV prevention into a sexual Health program is the core design concept in order to negate the adverse effect of labeling and stigmatization. The utilization of 'normal' means as a way to approach MSM assists in maintaining and illuminating their concern with HIV/AIDS.

In line with the idea of normalizing AIDS education into sexual health programs, *inevitably levels to the implementation of AIDS education by local gay organizations. This approach can de-stigmatize the effect of discrimination, as it outreaches to the invisible MSM members easily within the community.*

Target Group:

MSM is the main target group. However, there are two different categories that need to be reached:

1. To reach the active participant MSM: MSM who participate in the gay scenes, including local gay organizations, gay bars and disco, gay bookshops, gay cafes, gay saunas; these MSM can be outreached directly.
2. To reach the non-active participant MSM: MSM who do not participate in any gay scene, and who indulge in casual sex such as in public toilets and via internet contact (e.g. ICQ, Netmeeting, etc); these MSM cannot be outreached directly.

The project will be divided into two main steps:

1. First, to train MSM members to be peer educators/counselors, group leaders, trainers and outreach workers in order to provide helpline services, peer counseling, support groups, workshops and outreach programs for the MSM.
2. Second, after completion of the training, the Foundation staff will:
 - 1). supervise the trained peer educators/counselors to provide helpline and counseling services
 - 2). co-work with the trained group leaders, trainers and outreach workers to provide group workshops and outreach programs to MSM in

order to implement the AIDS education under the theme of sexual health programs for MSM.

Recruitment of MSM:

For the recruitment of training workshops for peer counsellors and peer educators:

- Cooperation with the local gay organizations because;
 - 1) They have a well-developed network and good rapport with MSM so that can motivate their participation easily;
 - 2) It lessens the stigma on MSM if they join the program held by the local gay organization, rather than AIDS-specific organization;
 - 3) In the long term, it is recommended the local gay organization will take over the AIDS prevention and education for the MSM community.

The first step (Training program for peer counselors and educators):

- The Foundation's staff goes to the local gay organizations to build up a trustworthy relationship and a healthy network with them. The staff discusses the idea of sexual health programs with core members of the gay organization in order to seek their opinion.
- The workers conduct two focus groups from the members of the gay organization in order to find out the real needs of MSM with respect to sexual health with focus on sexual health and HIV/AIDS.
- The training program is publicized through local gay organizations and respective websites as it targets the active MSM participants.
- The worker of the Foundation and the core MSM members conducts pre-program sessions to ensure the participation of the members.
- A certificate is given to the members who have completed the training programs.
- 20 participants in each group for training including counseling skills, group skills, and workshop skills and outreaching skills. Training workshops are conducted in 8 sessions each.
- All the participants learn basic knowledge of sexual health for MSM. The issues of physical and mental health, including stress & exercise, sexuality & body image, relationship, HIV/AIDS & STIs etc.
- Participants learn the common and specific skills based on their work nature. For example, communication skill is the common skills for all the services. For helpline, counseling & outreaching, participants learn the counseling skills. For workshop & support groups, participants learn group and presentation skills.
- Sex education for MSM is packaged as sexual related knowledge, attitudes, values and skills. HIV/AIDS is incorporated into the sex education.

The second step:

- To provide five different services to MSM with cooperation with trainer peer educators/counsellors, group leaders, trainers and outreach workers
- Promotion of sexual health targeting MSM community is launched in all the MSM channels, including gay organizations, their newsletters, posters in all the gay venues and websites.
- **Helpline service**, namely “Health-link” is available once a week in three different gay organizations runs by the peer educator. It is a safe and anonymous situation for MSM to talk about their concerns.
- **Counseling service**, namely “Health-chat” is done by peer counselors to their peers. The service aims to help MSM to talk about the worries and concerns on an individual basis because it is easy to facilitate MSM to talk openly about their difficulties on a personal level.
- **Workshops**, namely “Healthy-V” is held once every two months by the worker of the Foundation together with the peer educators. Gay health care professionals and counselors are invited to give talks on physical and mental health issues on MSM. Sessions for participants to discuss their ideal healthy MSM in the workshop. The interactive means and experience learning approach should arouse participant’s interests. Certainly, AIDS education is incorporated throughout the workshop in order to sustain their knowledge and skills in their daily life.
- **Support groups**, namely, “S&M group” (meaning Social and Men) will be held once every two months by the worker of the Foundation together with the peer educators as a facilitator. The theme will be focused on mental health. It also emphasizes the discussion on the underlying forces of unsafe sex behavior of different aspects, including, personal development self-esteem, self-acceptance, and negotiation skills for sexual behavior. Also, in order to add substance to the behavior aspects, environmental issues will be discussed, including relationship interactions with partners, family members & friends. It is believed that high-risk behavior is influenced by environmental factors. Various talks will be incorporated into the support groups to raise their interest in joining the workshop and to sustain their participation throughout the program, such as, dating skills for MSM
- **Outreach program**, namely, “Healthy-U” will outreach MSM at the gay scene and their meeting point. The theme aims to enrich MSM with men health messages to initially attract their attention and it also reduces the sense of stigmatization. Also, the outreach worker will give out the leaflet. It is expected 250 leaflets will be distributed in each of the intervention spots each week. The leaflet not only provides the knowledge of sexual health with emphasis on AIDS, but also promotes the Helpline, counseling, workshop and support group services. It aims to reach more target groups to use the services. Outreach workers will also talk to the target group during the program.

- The leaflet will also be distributed in gay bookshops, gay cafes and gay saunas in order to reach more target groups.
- The outreach message will be broadcasted on the gay Internet channel, e.g. Hong Kong Gay and Lesbian Website, Hong Kong Gay station and ICQ and Netmeeting for MSM section in order to reach the widest possible MSM.
- *It is suggested that the initial session of the sexual health program will be held in the community centers in order to minimize the embarrassment of identification as possible homosexuals. It will encourage more MSM take the first step to understand the program.*

Evaluation

The evaluation is based on completed questionnaires, observation of workers and feedback from members. The calculation of percentages was based on the average of the total number of group sessions, members and program evaluations.

Conclusion

Like any other culture, the Chinese culture has its uniqueness. It is evident that the Alternative Approach has assisted in minimizing negative feelings such as apprehension, lack of self-confidence, labeling and negative self-image with the result that members are better equipped to face their situation.

In the long run, I would see raising public awareness and acceptance are the keys to making the problem a lesser one: the more people appreciate the difficulties of this particular minority group, particularly their efforts to lead as normal a life as possible, then the greater the likelihood of that actually occurring.

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