

There was a "condomania" which treated human beings as copulating machines requiring contraceptive servicing. The Society for the Promotion of Community Standards was lampooned because "we make moral judgments". He did not believe that people required only contraceptive servicing.

Mr Dempsey wanted all aspects of the disease, which was not a heterosexual one, to be discussed to show that the people most at risk are homosexuals.

Dr John Stephenson, called by the BCNZ, was manager of the Health Protection Programme in the head office of the Department of Health at the time the programme was broadcast. He said the best estimates were that a preventive vaccine for Aids may well be 5 or more years away and the most important of the alternative strategies was education, not only of the general population but also of specific groups in the community whose behaviour placed them at risk. The London declaration which emerged from the World Summit of Ministers of Health on Programmes for Aids Prevention, held in London in January 1988, said "The single most important component of national Aids programmes is information and education."

The following preventive options needed to be recognised at a personal level for prevention of infection.

1. Celibacy.
2. Having a stable, faithful relationship with an uninfected person.
3. The use of condoms and the practice of safer sex; although a condom could not be guaranteed to provide complete protection, that was still the best form of physical protection.
4. No sharing of needles, syringes and other drug-using equipment.

An additional means of spread was from an infected mother to her baby and that implied that it was critical to prevent the spread of the disease into the heterosexual population. When the planning of the programme was undertaken, there were approximately 40 Aids cases notified in New Zealand. But the numbers had risen to 90 by the time of the hearing. He outlined the strategy of the working party which relied on 2 approaches. The first involved community activities designed by health professionals and voluntary agencies. The other was media support.

There were 4 objectives to the programme:

1. To reduce the exponential increase in the number of people who might become HIV positive.
2. To increase significantly the proportion of sexually active New Zealanders who limited their sexual partners and habitually used condoms (where necessary).
3. To reduce significantly the proportion of people who shared needles and syringes.
4. To develop social support for people who became HIV (Aids) positive or developed Aids.

Aids was a sexually transmitted disease so it had a social aspect. Its spread could be either facilitated or stopped by people's behaviour and so behavioural change was essential for successful control. The *First Aids* programme was targeted precisely at those behavioural aspects of young adults. To be effective, the programme had to be presented in a manner in which the attention of young people was captured and held for a sufficient length of time for its messages to strike home. To achieve that, appropriate language had to be used and it was acknowledged that that may have been offensive to some members of the viewing audience. Prior warning was given.

It could be expected that the segment of the programme which dealt with the use of condoms might prove controversial in the way it was presented. But the failure rate of condoms most frequently related to the manner in which they were used rather than because of an intrinsic defect in the condom itself.

Explicit directions concerning their use needed to be given if they were to be effective, he said.

The programme was directed at sexually active young people and accepted that young people engaged in the activity. That did not mean educational programmes should ignore the value of celibacy or the limitation of sexual partners as an effective means of avoiding infection. The programme was part of a total package of activities at that time. Dr Stephenson maintained that a balanced view of the contemporary situation was presented in the programme and additional activities aimed at other target groups in the community provided an overall balance to the total information strategy. A subsequent survey concluded:

1. Television programmes and advertising were the most important sources of the information for the vast majority of those interviewed, who were a random sample aged 16 and over in Auckland, Wellington and Christchurch.

2. In respect of the television programmes seen, 57 percent viewed the programme *First Aids*—a significantly greater proportion compared with other television programmes they had seen on the subject.

3. Of those who found television a useful source of information, 90 percent regarded the *First Aids* programme as being very or quite useful.

4. Publicity about Aids at that time was very successful in creating awareness of the disease (96 percent).

Dr Stephenson said the publicity about Aids has raised public awareness and made it possible to talk about subjects that were unacceptable previously. This awareness plus the promotion of safer sex had had a spin-off effect in reducing the incidence of other sexually transmitted diseases. Society was becoming more tolerant in appreciating the dangers to which the gay community and intravenous drug users were exposed.

Some of the other activities for Aids week included an Education Department secondary schools kit called "Looking After Yourself"; an Aids foundation grant for advertising on radio. The foundation reached the gay community which was very difficult for the Department of Health to achieve; Waiora Productions produced a short TV programme for Maori viewers with a holistic approach to health and Aids; a resource book was produced for health professionals; and there was Health Department advertising on TV, in leaflets (and the purchase of television advertising time.)

The Aids Foundation was in touch with the gay community so that it was not necessary for this programme to target that audience. It was possible by means of this programme to get the basic message through to a wide audience and, by using other methods, to reach other target audiences. The programme accepted that many young people engaged in sexual activity but did not necessarily approve of it. However the department had to be realistic and have regard to the number of people at risk and to provide accurate information.

They wished to reach a young, mainstream, sexually active community to get information to them about Aids and about protection. There was some homosexual activity in prisons which could later lead to the spread of Aids out into the heterosexual community. There was a very long incubation period for the disease, maybe 5 or more years, and what was now seen happening arose from activity of 5 years ago. Dr Stephenson said it might well be that more heterosexuals would become infected with Aids and could be identified at that time, 5 years out.

In response to questions from Mr Dempsey, Dr Stephenson said the disease was unusual as was the situation. There was a need to be explicit in language if people were to be properly informed. He considered the presentation of information on Aids to be reasonably balanced. He was concerned with what people did and not what they were. The department did not stigmatise them. The emphasis was shifting from identifying