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| **So Right That It Is Wrong: Successful health promotion initiatives failing to eliminate health inequity** |
| **Background:** After the outbreak of HIV in the 1980s it was evident that initiatives were needed to counteract the growing prevalence of HIV particularly within the gay community. Health promotion campaigns from the New Zealand AIDS Foundation (NZAF) and Ending HIV began to see a decrease in inequitable rates of HIV. However, now it seems that all of gay and bisexual men’s sexual health has been left to the responsibility of NZAF and Ending HIV. This is problematic as their focus is on HIV and AIDs yet, there is a myriad of other sexually transmitted infections that are also very dangerous.**Methods:** Using a critical review of research on HIV/AIDs programmes, programme documents and evaluation reports as well as grey literature from key agencies such as NZAF, Ending HIV and the Ministry of Health this poster will present how health promotion initiatives can sometimes create worse health outcomes for some populations.**Results:** Analysis of the research highlights how health promotion can at the same time highlight issues for at risk population whilst simultaneously creating harm in other areas of health. Programmes attempting to tackle the HIV inequity with a new focus on Pre-exposure Prophylaxis, also known as PrEP exemplify this as they also create a disincentive for condom use.**Discussion**: Currently in NZ, there are increasing rates of syphilis, especially among gay and bisexual men. This is not the first time there has been an increase in STI rates due to very specifically focussed health promotion. When condom based HIV campaigns first circulated in Australia, rates of STIs in straight men increased as they understood HIV to be an issue for gay men and therefore, would not have to use a condom. Similarly with the HPV vaccine in woman, some campaigns promoting the vaccine as alternative measures of protection because “sex is complicated enough” ignore the ongoing need for condoms. This demonstrates how current health promotion programmes can have a contrasting effect. If the programme is too specific it creates gaps surrounding broader health issues. What can be learnt from the analysis of sexual health promotion practice can also be transferred to other areas to better help populations in many areas of health. |