Changing HIV/AIDS Risk Behaviors
The Role of Behavioral Interventions

RALPH J. DiCLEMENTE and
JOHN L. PETERSON

INTRODUCTION

In just over a decade, the acquired immunodeficiency syndrome (AIDS) has become the most serious infectious disease in contemporary history. Since 1981, more than a quarter of a million individuals have been diagnosed with AIDS and over one million Americans are estimated to have been infected with the human immunodeficiency virus (HIV), the pathogen found to cause AIDS (Centers for Disease Control, 1993). The HIV epidemic has disproportionately affected gay and bisexual men, injection drug users and their female sex partners, and the infants of these women, while rapidly becoming one of the top ten causes of death among men and women between 24 and 45 years of age (Morbidity and Mortality Weekly Review, 1991).

Despite advances in biomedical research, there is still no preventive vaccine or medical cure for this deadly disease. Consequently, efforts to change high-risk behaviors remain the only available means to prevent HIV infection. Because HIV is largely transmitted through sexual behavior and the sharing of drug injection equipment, it can be prevented through appropriate behavioral changes. The risk behaviors responsible for HIV infection, however, occur in the context of people’s interpersonal relationships and pose many social, psychological, and cultural obstacles to curtailing the epidemic. In this
chapter we discuss the important role of behavioral interventions in promoting HIV risk behavior change.

REDDING RISKY SEXUAL BEHAVIORS

While sexual abstinence is the most obvious method of preventing sexual transmission of HIV, a substantial proportion of adults and adolescents fail to adopt this strategy (Anderson et al., 1990; Catania et al., 1992; DiClemente, 1990; Hein, 1992; Kann et al., 1991; Peterson et al., 1992). In fact, the expectation that most sexually active adults and adolescents will routinely adopt sexual abstinence as an HIV prevention strategy is unrealistic. Consequently, for most people who are not celibate, appropriate and consistent use of condoms represents the most effective strategy to reduce their risk of exposure to HIV (Cates, 1990; Cates & Stone, 1992; Van de Perre, Jacobs, & Sprecher-Goldberg, 1987).

Changing high-risk sexual behavior is a particularly difficult problem, however, because the decision to use condoms occurs in the context of people's social relationships and life-styles. A number of factors may influence the decision to use condoms during sexual intercourse including age, gender, and cultural differences regarding sexuality and sex-role relationships. Consequently, this complex decision-making process is more likely to be understood if these multiple influences, and the interactions between them, are considered in developing and implementing interventions to reduce high-risk sexual behaviors.

REDUCING RISKY INJECTION DRUG USE BEHAVIORS

In addition to sexual transmission, HIV is largely transmitted through sharing contaminated drug injection equipment. Consequently, HIV risk reduction for injection drug users (IDUs) promotes the adoption of safer injection practices. Specifically, these practices include avoiding or reducing needle reuse or sharing, cleaning injection equipment with bleach, and seeking drug abuse treatment (Des Jarlais, Friedman, & Woods, 1990).

Despite the promise of these strategies for HIV prevention, efforts to promote needle cleaning or to avoid needle sharing among IDUs have encountered formidable obstacles. These include political concerns that needle exchange might increase or appear to condone drug use, the criminality of purchasing injection equipment, limited availability of drug treatment services, and overcoming the cultural–social factors related to needle sharing.