AIDS RISK-REDUCTION GUIDELINES: A REVIEW AND ANALYSIS

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ABSTRACT: Until an effective treatment or vaccine for AIDS is developed, the principal strategy for controlling its spread will remain persuading at-risk and diseased populations to modify behaviors implicated in the transmission of the disease. In the case of homosexual and bisexual men the "risk-reduction" or "safe-sex" brochure has emerged as the most widely used public health intervention modality. While there has been a proliferation of such brochures, to date no systematic analysis of the content or potential efficacy of these materials has been undertaken.

The authors carry out two kinds of analyses of a sample of risk-reduction brochures. First, these materials are characterized in terms of 13 characteristics related to their content, and style. Second, the extent to which they incorporate the elements of a standard model of health communication is assessed. Limitations of existing brochures are identified and the implications of the findings for the development of future materials are discussed.

INTRODUCTION

Homosexual and bisexual men continue to account for approximately 72% of all cases of Acquired Immunodeficiency Syndrome (AIDS) identified in the United States. Until an effective treatment or vaccine for this disease can be developed, the principal strategy for stemming its spread will remain education aimed at trying to persuade at-risk and infected gay individuals to modify sexual practices implicated in the transmission of the causative viral agent, HTLV-III.

Health educators have been called upon to assume a major role in accomplishing this goal. A variety of strategies have been proposed and adopted for bringing about changes in homosexual and bisexual men's
behavior, including behavioral interventions, mass media educational campaigns, as well as individual and group therapy. However, the “safe sex” or “risk-reduction” brochure or pamphlet has emerged as the principal modality for effecting change. A variety of these pamphlets has been developed by governmental public health agencies, gay organizations, community based groups, and health professional associations. At the present time a consensus has not emerged among experts concerning the relative risks associated with different forms of “safe” sexual practices. However, periodically updated Centers for Disease Control recommendations for reducing sexual related transmission of the virus have served as the underpinning for a number of the available materials. These brochures have been widely disseminated throughout the gay community. They possess several advantages over other potential methods for influencing sexual behavior change, which may account for the heavy reliance being placed on them as a public health strategy in the AIDS crisis.

First, because of the stigma associated with the disease and homosexuality, and the resulting social costs associated with being identified as a risk-group member, many individuals may be unwilling to take part in educational strategies requiring such self-identification. Further, while individual and small group interventions might have the potential for greater efficacy, they are more costly on a per case basis. Additionally, they require sensitive, knowledgeable and specially trained clinicians. These circumstances significantly limit the availability of such interventions and thus the number of target population members that can be served.

Among mass media approaches, the brochure seems to represent the most suitable method for motivating change in the largest number of homosexual and bisexual men. A brochure can be carried anywhere and its information does not require facilitation by a teacher or electronic receiver. It is a readily accessible reference for self-study, behavioral encouragement and reinforcement.

The brochure can also be a mass medium for disseminating information on a sensitive topic not generally discussed in public such as sexually transmitted diseases. While a large number of people could be reached by other mass media, e.g. television, radio, and posters, these other media would also expose many non-risk group members to subject matter that might be offensive to them. The brochure, by contrast, can target information of a sensitive nature to a selected group of careful and restricted dissemination.

Finally, the brochure is a potentially cost-effective mass medium. Large numbers of these pamphlets can be produced for a relatively small cost per case reached compared to other mass media.