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**Behavioral Science Theory Assists In HIV Prevention**

Theory is one of many tools that can have an important influence on HIV prevention programs. Seven of the most widely-known theories are presented below. These theories are not mutually exclusive, but can work together to guide effective programs.

? **AIDS Risk Reduction Model** suggests that in order to change behavior one must first label the behavior as risky, then make a commitment to reduce the behavior, and finally to take action to perform the desired change. Factors influencing movement between these stages include fear/anxiety and social norms.

? **Diffusion of Innovation** helps understand how new ideas of behaviors are introduced and become accepted by a community. People in the same community adopt new behaviors at different rates and respond to different methods of intervention.

? **Harm Reduction** accepts that while harmful behaviors exist, the main goal is to reduce their negative effects. Harm Reduction examines behaviors and attitudes of the individual to offer ways to decrease the negative consequences of the targeted behavior.

? **Health Belief Model** proposes that an individual's actions are based on beliefs. It identifies key elements of decision-making such as the person's perception of susceptibility, perceived severity of the illness, and the perceived barriers to prevention.

? **Social Cognitive Theory** views learning as a social process influenced by interactions with other people. In Social Cognitive Theory, physical and social environments are influential in reinforcing and shaping the beliefs that determine behavior. A change in any of the three components-behavior, physical or social environments-influences the other two. Self-efficacy, an essential component of the theory, is the person's belief that s/he is capable of performing the new behavior in the proposed situation.

? **Stages of Change** explains the process of behavior change, from not being aware of the negative effects of a behavior, to maintaining safer behaviors. The five stages are: Precontemplation, Contemplation, Preparation, Action and Maintenance. Different stages exist in the same population. People do not necessarily pass through stages sequentially and may repeat stages.

? **Theory of Reasoned Action** sees intention as the main influence on behavior. Intentions are a combination of personal attitudes toward the behavior as well as the opinions of peers, both heavily influenced by the social milieu.



Just as people draw from a variety of influences for their actions, programs can be designed or modified using relevant parts of different theories.

A community-based program targeting African-American women in Jackson, Miss. used Reasoned Action and Social Cognitive theories. A five-hour session included discussion, games, role-playing, videos, and other activities. The session targeted self-efficacy through role-playing, and peer norms through a variety of exercises. Follow-up after three months showed less sexual risk-taking and higher maintenance of safer sex intentions since the intervention.

Brother-2-Brother, a program for gay men in the District of Columbia, uses a Popular Education approach, gathering groups of gay men and a volunteer facilitator to discuss barriers and solutions to issues about HIV testing, safer-sex and community involvement. The program helped raise consciousness and encouraged the participants to make HIV prevention behavior changes at both the personal and the community level.

New theories arise from a variety of sources, often from the community that sees the need. Collaborations between service organizations and researchers need to be encouraged, so that programs move beyond learning through word of mouth. A comprehensive HIV prevention strategy uses multiple elements to protect as many of those at risk of HIV infection as possible. Using theory as a framework, planners can take a closer look at what works in prevention and design more effective programs and lay the groundwork for program evaluation. This synthesis can result in more effective programs which better reach people at risk, and can help save time, money and lives.

Source: <http://www.caps.ucsf.edu/theorytext.html>

For more information, call the technical assistance analyst at the Mississippi Urban Research Center, 1-866-578-6872 (JSU-MURC).

