

### Current Research

Because HIV is primarily transmitted through unprotected sex and unsafe injection practices, it is critical to educate people on how they can change their behavior to reduce infection risk. An impressive body of evidence for the efficacy of HIV prevention shows that behavioral and social interventions are capable of changing risk behaviors related to both sexual practices and substance use in a variety of populations. These interventions can be tailored to meet the prevention needs and respect the cultural diversity of different populations -- such as men who have sex with men, injection drug users, young people, heterosexual men, and women -- and can be adapted for delivery in a wide variety of community settings. Twenty-four of these proven-effective interventions have been compiled by the US Centers for Disease Control and Prevention in their Compendium of HIV Prevention Interventions with Evidence of Effectiveness ([www.cdc.gov/hiv/projects/rep/compend.htm](http://www.cdc.gov/hiv/projects/rep/compend.htm)).

Societal prevention interventions (such as condom availability campaigns and prevention social marketing) show remarkable efficacy in preventing new HIV infections. Such approaches inexpensively reach large numbers of at-risk individuals, advance multiple sexual and reproductive health goals (e.g., HIV and STD prevention, family planning, etc.), and help to reduce the societal stigma and negative attitudes associated with HIV/AIDS, sexuality, and other socially sensitive topics.

There also is striking evidence in support of policy interventions that increase individuals' access to prevention services and tools. For example, needle and syringe exchange programs have been widely demonstrated to reduce substance use-related risk behaviors (such as needle sharing) and HIV infection rates without increasing or encouraging substance use. Unfortunately, some societal interventions such as needle and syringe exchange are underutilized in many countries due to social attitudes and political barriers opposing their implementation.

### Ongoing Challenges

In order for effective behavioral prevention strategies to reach the maximum number of individuals, they should be integrated into the widest range of existing education and health care services, including all levels of adolescent care, reproductive/sexual health, and HIV treatment services. All prevention programs should include medically accurate and age-appropriate information on how to prevent HIV transmission. More efforts are needed to overcome the societal and policy barriers that keep effective community interventions from being implemented and scaled up.

### Next Steps

More efforts are needed to ensure that behavioral prevention efforts evolve and expand to address the changing state of the AIDS epidemic and the issues raised by advances in treatment and care. For example, the expanding availability of HIV treatment and more HIV+ people living longer, healthier lives means that there is an increased need for programs that address the prevention needs of HIV+ persons and for research that examines the most effective ways to reduce risk behavior. Additionally, more research is needed to examine the efficacy of addressing and treating conditions (e.g., drug/alcohol addiction, depression, etc.) that facilitate risk behavior.

The vast majority of behavioral and social interventions focus on the individual without taking into account the larger social and cultural contexts that, at times, can promote risk behavior (e.g., cultural norms about masculinity or social norms that foster violence against women) or that can serve as barriers to accessing effective prevention strategies (e.g., poverty, societal attitudes about HIV, sexuality, etc.). More research is needed on the development and testing of bigger-picture prevention interventions that can help to address and change the larger community and social norms and conditions that facilitate risk.



## Behavioral and Social Intervention Strategies Used to Prevent New HIV Infections

INTERVENTIONS	OUTCOMES AFFECTED
<b><i>Behavioral</i></b>	
Voluntary counseling & testing (for the general population)	<ul style="list-style-type: none"> <li>• Decreased HIV risk behavior</li> </ul>
Prevention case management for HIV+ persons and uninfected individuals at elevated risk	<ul style="list-style-type: none"> <li>• Decreased sexual risk behavior</li> <li>• Decreased drug use-related risk behavior</li> <li>• Increased condom use</li> </ul>
Health education and risk reduction counseling (HERR):	
<ul style="list-style-type: none"> <li>• For adolescents and young people at elevated risk (such as homeless or runaway youth)</li> </ul>	<ul style="list-style-type: none"> <li>• Increased HIV knowledge</li> <li>• Increased positive attitudes toward risk reduction</li> <li>• Decreased sexual risk behavior</li> <li>• Increased condom use</li> <li>• Decreased drug use-related risk behavior</li> </ul>
<ul style="list-style-type: none"> <li>• For injection drug users (IDUs)</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased sexual risk behavior</li> <li>• Decreased drug-related risk behavior</li> <li>• Increased condom use</li> </ul>
<ul style="list-style-type: none"> <li>• For STD clinic attenders and adults engaging in high risk sexual behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased sexual risk behavior</li> <li>• Increased condom use</li> <li>• Decreased STD incidence</li> <li>• Decreased drug use-related risk behavior</li> </ul>
<ul style="list-style-type: none"> <li>• For men who have sex with men (MSM) – including those who also have sex with women</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased sexual risk behavior</li> <li>• Increased condom use</li> <li>• Decreased drug use-related risk behavior</li> </ul>
<ul style="list-style-type: none"> <li>• For women at elevated risk of infection (including sex partners of at-risk individuals, such as IDU)</li> </ul>	<ul style="list-style-type: none"> <li>• Increased HIV knowledge</li> <li>• Increased condom use</li> <li>• Decreased sexual risk behavior</li> <li>• Decreased drug use-related risk behavior</li> </ul>
Street/community outreach for at-risk persons such as IDU, commercial sex workers, and homeless or runaway youth	<ul style="list-style-type: none"> <li>• Decreased sexual risk behavior</li> <li>• Decreased drug use-related risk behavior</li> <li>• Increased condom use</li> </ul>
School-based HERR education for youth in educational settings (who may or may not be sexually active)	<ul style="list-style-type: none"> <li>• Increased HIV knowledge</li> <li>• Increased positive attitudes toward risk reduction</li> <li>• Decreased sexual risk behavior</li> <li>• Increased condom use</li> </ul>
Prison-based HERR education for inmates	<p>While incarcerated:</p> <ul style="list-style-type: none"> <li>• Increased HIV knowledge</li> <li>• Increased positive attitudes toward risk reduction</li> </ul> <p>When released:</p> <ul style="list-style-type: none"> <li>• Decreased sexual risk behavior</li> <li>• Increased condom use</li> <li>• Decreased drug use-related risk behavior</li> </ul>
<b><i>Social</i></b>	
Mass media (for the general population)	<ul style="list-style-type: none"> <li>• Increased HIV/AIDS knowledge</li> <li>• Increased positive attitudes toward risk reduction</li> </ul>
Condom social marketing/availability (for the general population)	<ul style="list-style-type: none"> <li>• Decreased sexual risk behavior</li> <li>• Increased condom use</li> </ul>
Structural (policy, legal) interventions (for the general population)	<ul style="list-style-type: none"> <li>• Increased access to prevention services and tools (e.g., sterile injection equipment)</li> <li>• Decreased HIV infection rates</li> </ul>

Table adapted from: Institute of Medicine. *No Time to Lose: Getting More from HIV Prevention*, Washington, DC: National Academies Press: 2001. A resource list for Behavioral Interventions can be found on the Caucus for Evidence Based Prevention website (<http://caucus.hiv-prevention.org>)