Behavioural Prevention Interventions

Key Points

- Behavioural interventions for HIV prevention (health promotion) seek to influence knowledge and attitudes, influence people’s perceived risk of acquiring HIV, and provide people with the motivation and skills they need to change their behaviours.
- Behavioural prevention strategies need to be delivered with sufficient coverage, intensity and duration to be effective.
- Behavioural prevention interventions are necessary but are not sufficient to eliminate HIV transmission — they need to be combined with structural and biomedical approaches in ways that address the needs of local epidemics.
- Behavioural prevention interventions should be part of a comprehensive package of HIV prevention strategies.

Since the beginning of the epidemic, the widespread delivery of effective strategies to change behaviour has been central to HIV prevention efforts in Canada and around the world.

Behavioural HIV prevention interventions seek to influence knowledge and attitudes, to influence people’s perceived risk of acquiring HIV, and to provide the motivation and skills people need to change their sexual and drug-using behaviours that place them at risk for HIV. Behavioural strategies have various goals, including the following:

- delaying the onset of first intercourse
- decreasing the number of sex partners
- increasing the correct and consistent use of effective prevention approaches
- providing counselling and testing for HIV

Behavioural strategies for HIV prevention can be targeted at multiple levels: individuals, couples, families, peer groups or networks, institutions and entire communities.

Interventions attempt to motivate behaviour change through a range of educational, motivational, peer-group, skills-building and community approaches.

If they are to be effective, behaviour change efforts need to reach a sufficiently large number of people, elicit behaviour change in the participants, and sustain the change for long periods of time.

To improve the effectiveness of our prevention efforts we need to ensure that all HIV behavioural interventions address the needs of the specific local epidemic. Community involvement in the development of such interventions is essential. Achieving the right mix of behavioural approaches for a particular community depends on understanding the social context of the target population and adapting programs to meet the needs of the population. For example, sexual and drug-using behaviours are diverse and are usually conducted in private. This makes it difficult for those developing programs to fully understand these behaviours, to locate those most at risk and to motivate behaviour change, without community input.

A mix of communication channels should be employed to disseminate clear and simple messages about risk-reduction and health-seeking options. People must be provided with options on how to reduce their risk, as there is no one-size-fits-all approach.

It is not easy to change behaviours: there are many impediments to successful programming. Efforts to implement certain programs have met social, political and/or ideological resistance. The stigma and discrimination experienced by the populations at greatest risk for infection can undermine support for these programs; thus, addressing stigma and discrimination is important to their success.
Existing models of behavioural interventions are often based on cognitive-behavioural theories that assume individuals will take steps to avoid risks if they are fully informed and sufficiently motivated — that is, that they can exercise personal “agency” when confronted with HIV-associated risk. However, individual behaviour is often heavily influenced by individual, socioeconomic, cultural and environmental factors. Although behavioural interventions are necessary, they are not sufficient to eliminate HIV transmission. Employing structural and biomedical approaches in combination with behavioural approaches will increase the effectiveness of behavioural interventions.

**Resource**

[Integrating HIV Prevention with Care: Behavioural Interventions in the Clinical Setting](#) – National Collaborating Centre for Infectious Diseases

**Sources**


- Sexual health promotion
- Harm reduction
- School-based education
- Prison-based prevention
- Positive prevention
Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV- and hepatitis C-related illness and the treatments in question.

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