

# what is the role of theory in HIV prevention?

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## what is theory and how can it help?

A theory describes what factors or relationships influence behavior and/or environment and provides direction on how to impact them. Theories used in HIV prevention are drawn from several disciplines, including psychology, sociology and anthropology. A theory becomes formalized when it is carefully tested with the results repeatable in a number of different settings, and generalizable to various communities.<sup>1</sup>

*Both formal and informal (or implicit) theories first begin with an individual's observation about a person or phenomenon. Informal theories—those conceived by service providers—are not usually "tested," yet these intuitive beliefs about why people do what they do are very useful and often similar to concepts found in formal theories conceived by academics.*

Theories can help providers frame interventions and design evaluation. When designing or choosing an intervention, theory can show what factors should be targeted and where to focus interventions. Theories can help define the expected outcome of an intervention for evaluation purposes. Also, basing programs on a tested theory gives it scientific support, especially if the program hasn't been evaluated.<sup>2</sup>

*HIV prevention providers are frequently required to use theory in the development of prevention interventions. It's common, though, for providers to pick a theory based on their intervention. Because many providers are not trained or supported in using theory, they can miss the opportunity to use it as a process for thinking critically about a community in the development of programs.*

## how can theory guide programs?

Answering the questions in the framework below can help in selecting the most appropriate theories and interventions for a particular community:<sup>3</sup>

- 1) Which communities/populations are targeted for services?
- 2) What are the specific behaviors that put them at risk for HIV/STDS?
- 3) What are the factors that impact risk-taking behaviors?
- 4) Which factors are the most important and can be realistically addressed?
- 5) What theory(ies) or models best address the identified factors?
- 6) What kind of intervention can best address above factors?

*Behaviors that place people at risk for STDS/HIV acquisition and transmission are often the result of many complex factors operating at multiple levels. Theories of behavior change usually address one or more these levels and include individual, interpersonal, community, and structural and environmental factors. Many researchers and providers use a combination of factors from several theories to guide their programs. Following are select theories and models and examples of programs that use them.*

## structural and policy level

These theories look at societal and environmental influences on health, including laws, policies, customs, economic conditions and social inequalities (e.g. racism, classism, sexism). **Social Disorganization Theory** states that where social institutions, norms and values are no longer functioning, high rates of violence, drug abuse, poverty and disease occur.<sup>4</sup> **Theory of Gender and Power** views the differences in labor, power dynamics, and relationship-investment between women and men as structures that can produce inequalities for women and increase women's risk and vulnerability to HIV.<sup>5</sup>

*Family to Family is a structural intervention that strengthens family functioning and the bonds that connect families to each other in Harlem, NY. Designed to address a broad range of social issues, the program seeks to foster strong relationships in a community with high rates of violence, drug abuse and HIV infection, thus influencing the social determinants of individual risk behavior.<sup>6</sup>*

## Says who?

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## community level

**Empowerment Education Theory**, based on Paulo Freire's popular education model, engages groups to identify and discuss problems.<sup>7</sup> Once the issue is fully understood by community members, solutions are jointly proposed, agreed, and acted upon. This seeks to promote health by increasing people's feelings of power and control over their lives. **Diffusion of Innovation** helps understand how new ideas or behaviors are introduced to, and are spread into and then accepted by a community.<sup>8</sup>

*Voices of Women of Color Against HIV/AIDS (VOW) in New York City, is a community organizing intervention based on empowerment theory that aims to increase the involvement of women of color in all aspects of HIV prevention. Women meet monthly to discuss HIV/AIDS issues. VOW organizes trainings on topics of highest concern, and helps women advocate for formulating or changing policies. VOW has met with legislators, given public testimony and organized a women's policy conference.*<sup>9</sup>

## interpersonal level

**Social Cognitive Theory** views the adoption of behaviors as a social process influenced by interactions with a person and others in their environment.<sup>10</sup> Two primary components of this theory are: 1) modeling of behaviors we see others performing, and 2) self-efficacy, a person's belief that s/he is capable of performing the new behavior in the proposed situation. **Social Support/Social Networks** describes the impact of social relationships on health and well-being, where social networks refers to a web of social relationships and social support is the aid and assistance received through those relationships.<sup>11</sup>

*Lista Para Accion is an intervention in Long Beach, CA, that works with Latino gay men and is based on social support and social cognitive theories. The program features four skills-based workshops held in a local Latino dance club. Participants who complete all four workshops can become "Compadres" or community leaders who serve as a support network or "second family" for new workshop participants.*<sup>12</sup>

## individual level

**The Health Belief Model** proposes that in order for persons to change their behaviors they must first believe they are susceptible to a particular condition, and that the severity of that condition is serious.<sup>13</sup> **Stages of Change** explains the process of incremental behavior change, from having no intentions to changing, to maintaining safer behaviors.<sup>14</sup> The five stages are: Precontemplation, Contemplation, Preparation, Action and Maintenance. **Theory of Reasoned Action** sees intention as the main influence on behavior.<sup>15</sup> Intentions are a combination of attitudes toward the behavior as well as perceived opinions of peers, both heavily influenced by social norms.

*Students Together Against Negative Decisions (STAND) is a peer educator training in a rural Georgia county that is based on stages of change and diffusion of innovations theories. HIV prevention training topics are sequenced to match each of the stages of change. STAND prepares teens to initiate conversations with their peers about sexual risk reduction, then assess a person's stage of change and suggest specific activities. Peer educators reported a sevenfold larger increase in condom use and a 30% decrease in unprotected intercourse.*<sup>16</sup>

## what else is there?

Besides tested and implicit theories, there are strategies that are used as frameworks for programs. **Harm Reduction** accepts that while harmful behaviors exist, the main goal is to reduce their negative effects.<sup>17</sup> **Community Organizing/Mobilization** approaches encourage communities to advocate for healthier conditions in their lives.<sup>18</sup>

*Providers have tremendous insight into what puts their clients at risk for HIV and why. Funders need to accept both tested and implicit theories as a valid base for programs, which often go beyond HIV prevention to address violence, poverty and drug abuse.*

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