

AIDS Prevention in Developing Countries and With Marginalised Populations: Introduction to the Special Section

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From the beginning of the HIV/AIDS pandemic until mid-1996, 27.9 million people have been infected with HIV worldwide. Despite important gains in prevention and the reduction of HIV infection among certain populations and geographical regions, on a global level the pandemic continues to grow, and it has disproportionately affected developing countries: 93% (26 million) of HIV/AIDS infections have occurred in the developing world (Family Health International, Francois-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health, The Joint United Nations Programme on HIV/AIDS, 1996).

In the industrialised world, populations marginalised by race and sex are accounting for an increasing proportion of new AIDS cases, with female, Blacks, indigenous, and Hispanic populations being increasingly affected. New prevention strategies specifically targeting these groups are needed to effectively combat the pandemic.

This special section seeks to share results and promote new research initiatives for prevention strategies with some of the most vulnerable populations currently at risk for HIV/AIDS: those living in developing countries in Sub-Saharan Africa, Asia, and Latin America, and Hispanic,

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Black, and white women in the United States. Because the pandemic comprises innumerable local and regional epidemics, each with its own epidemiological and culturally based characteristics, it is important not to make sweeping generalisations for any one region or country. The studies included in this issue seek to shed light on ongoing efforts towards AIDS prevention in the developing worlds and with marginalised populations, without advocating any one approach over others.

The first article in this special section presents results from an exploratory study with adolescents in Zimbabwe, where the highest rates of new HIV infection are in the 15–24 age group (Family Health International et al., 1996). Results showed that teachers, if trained, can play an important role in the acquisition by adolescents of decision-making skills favourable to behaviour changes related to HIV/AIDS prevention.

The second article responds to the lack of HIV/AIDS prevention programmes for out-of-school female adolescents in Northern Thailand. Formative research found that prevention programmes for this population must include skill building in the area of communication about emotional needs, social demands, relationships, sexuality, and gender issues, in addition to safe sex skills. The study resulted in the development of an HIV/AIDS prevention programme specifically targeting this underserved population.

The third article applies the Theory of Reasoned Action behavioural intention model (Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980) to government workers in Mexico. The results show that the model is effective in explaining intentions and behaviour, but also indicate the need for new, personalised programmes targeting groups based on their gender and the identity of their sexual partners.

The final article presents the results of research with important implications for prevention in two marginalised populations that continue to account for an increasing proportion of reported AIDS cases in the United States: Hispanic and Black women. In 1996 women represented 20% of adults and adolescents reported with AIDS in the United States, a larger proportion than any other previous year. Furthermore, 40% of AIDS cases reported among women in 1996 were a result of heterosexual contact (Centers for Disease Control and Prevention, 1996). The results of this study, conducted with female partners of intravenous drug users, indicate that HIV information provided through interpersonal contacts—especially through members of one's own social network—may have a much greater effect on this population's HIV-related beliefs, attitudes, and behaviours than similar information provided through mass media channels. Women exposed to HIV information through interpersonal contacts had more positive attitudes towards condom use and were more likely to have been tested for HIV antibodies.

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