

Human Immunodeficiency Virus Prevention with Youth

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KEYWORDS

• HIV • Prevention • Programs • Youth

The drama of AIDS threatens not just some nations or societies, but the whole of humanity. It knows no frontiers of geography, race, age or social condition... (calling) for a supreme effort of international cooperation on the part of government, the world medical and scientific community and all those who exercise influence in developing a sense of more responsibility in society.

Pope John Paul II (1990)

Pope John Paul (1990) was accurate in his assessment about the extent to which HIV/AIDS has ravaged the world. In January 1981, the first person infected with HIV was discovered in the United States, and by the mid-1980s, the prevalence of those who had contracted the virus doubled each year. By 1985, it was reported that 148 countries worldwide were dealing with an acceleration of HIV infection and AIDS, reaching the level of a pandemic. By 1990, there were more than 1 million people worldwide diagnosed with HIV.¹ Today, that number has reached more than 49 million worldwide.² Within the United States alone, 447.8 of 100,000 persons (an estimated 1.1 million adults and adolescents) were living with HIV infection at the end of 2006.³ People of color comprised most of those cases (65.4%), with the prevalence rate of African Americans reaching 1715.1 per 100,000 persons and Hispanics reaching 585.3 per 100,000. These rates are 7.6 and 2.6 times higher than their European American counterparts.³

Although contraction of this virus can be preempted, people have and continue to die prematurely as a result of the progression of this virus to AIDS. This unfortunate

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reality is rooted in a lack of knowledge on prevention,^{4,5} a dearth of motivation, and a paucity of protective factors,⁶ especially in youth. Adolescence is the ideal time to provide the proper infrastructure for prevention of risky behaviors. Therefore, the focus of this article is on prevention of HIV in youth. Specifically, the present article delineates: (1) the risk factors that are conducive to risky behaviors, (2) the protective factors that can prevent risky behaviors, and (3) various prevention programs that have been found effective in preempting these behaviors in youth.

RISK FACTORS

Various risk factors have been found to be connected with risky HIV-related behaviors in youth. The reasons for behavior are complex and multidetermined. The most notable and influential factors are those that simultaneously have the power to curb these behaviors and transform them into health behaviors: the individual's personal characteristics, family, and community.⁷

Individual

Resilience in people has been defined as including intrapsychic strengths of trust, self-regulation, autonomy, self-esteem, empathy, altruism, an internal locus of control, flexibility, optimism, invulnerability, aspects of health or social competence,⁸ and being stress-resistant.⁹ Intrapsychic protective factors, for example, include the manner in which individuals perceive themselves (eg, perceptions of self-reliance, resilience, and invulnerability or vulnerability). Self-perceptions may also be positively shaped by living through trauma, which can create a sense of competence or stress inoculation.¹⁰

Family

The family is not only the environment in which a child grows but is also the source of potential models and impressive experiences (whether positive or negative). Negative experiences (also known as adverse childhood experiences [ACEs]) are often the root of risky behaviors in youth.¹¹ ACEs have been linked to numerous behavior problems and mental and emotional disorders, including violence, premature sexual intercourse, and substance abuse.¹¹ A finding relative to HIV prevention is the evidence that compared with an individual who was not exposed to any of the 7 ACEs (psychological abuse, physical abuse, sexual abuse, violence against mother, living with household members who were substance abusers, living with household members who were mentally ill or suicidal, or living with ex-offender household members), an individual exposed to 4 or more ACEs is 3.2-fold more likely to have 50 or more sexual intercourse partners and 2.5-fold more likely to have a sexually transmitted disease.¹¹ Maladaptive family functioning clusters (including parental mental illness, substance abuse disorder, and criminality; family violence; physical and sexual abuse; and neglect) have been found to be conducive to various mental health disorders, explaining 32.4% of all disorders, 41.2% of disruptive behavior disorders, 32.4% of anxiety disorders, 26.2% of mood disorders, and 21.0% of substance use disorders.^{12,13} These findings demonstrate the acute and indelible effect that family has on behavior and global functioning.

Community and Context

Brown and colleagues¹⁴ provide a detailed and comprehensive review of how various parts of the community affect HIV-related behaviors. As they and many others assert, the community can be constructive or destructive. Community comprises the social

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