

PART IV

Prevention in Targeted Populations

Although the first reported AIDS cases appeared in White gay men, this section clearly illustrates that it would be incorrect to view AIDS as a disease limited in its impact to one specific subpopulation. Instead, HIV, like all diseases to afflict human beings, has followed multiple infectious paths wherever the opportunity created through human behavior and geographic proximity has allowed transmission. In reality, AIDS has affected diverse segments of our society, recognizing only behavioral boundaries, not our artificial and socially constructed definitions of people, including differences in racial/ethnic status, creed, sexual orientation, age, and income.

HIV infects by very clear rules, as discussed in earlier chapters, so large numbers of cases have appeared in particular groups, such as gay and bisexual males, intravenous drug users, Blacks, and Latinos. But diagnosed AIDS cases have also appeared with less frequency in other groups—Native Americans, Asians, adolescents, women, and the elderly. While there are fewer total cases in these latter groups, it is important that we not forget or minimize our prevention efforts here. There is much that can be learned as to the importance of factors that may influence HIV transmission.

What the chapters in this section illustrate is how cultural norms related to sexual orientation, gender, ethnicity, economic status, or religion affect behaviors that may either facilitate or hinder HIV transmission. Each chapter, while focused on a particular population, provides the reader with basic information on the disease's epidemiology and the role of culture and community influences on HIV-related behaviors. The chapters also address the complex problems faced by those interested in working with individuals or communities who have been targeted as important in our prevention efforts. As an example, Aoki and his colleagues cogently remind us of the necessity to design interventions specific to subgroups within populations who themselves are never homogeneous when it comes to behavior, norms, or values. Among Asians, there is no single Asian community; rather, there are 32 distinct ethnic subgroups, each with different language, attitudes, traditions, and behaviors.

The importance of diversity should not be lost when the focus is on gay men, either. Joseph and her coauthors underscore that for some gay men the act of changing or not changing HIV-related behaviors may exact psychological costs. On the positive side, Morin points out in his commentary that distress associated with difficulties in behavior change may not be a negative event if it leads individuals to seek out sources of support and help. The utility of interventions tailored for gay men is illustrated in the chapter by Kelly and his colleagues. It is not enough merely to reach the population of gay men; it is important that we provide diverse prevention and intervention efforts effective in facilitating, not complicating, behavior change efforts. While factual HIV risk-reduction information is relevant for all gay men, it is that part of prevention focusing on expectancies, emotions, cognitions, and attitudes where differences may emerge as a function of individual differences within populations.

At the same time, this section highlights some of the similarities in issues across the distinct groups. In particular, on reading the chapters by Mata and Jorquez, Aoki and his colleagues, Cochran, Mays, and Tafoya, what emerges is the importance of acculturation, generational and immigration status, place of residence, class, and poverty to understanding risk for HIV infection across several different populations. There are common hurdles in the prevention of AIDS and HIV transmission, although it may be that the solutions differ as a function of each group's resources and norms. Catania and his colleagues explore the relationship of risk reduction to help-seeking behaviors among gay men, who may turn toward their community for support and help. In contrast, for others, families of origin may be a major part of a help-seeking solution. Ramos adeptly identifies the more difficult prevention efforts as those that are directed not at individuals, but at groups, families, and communities.

Finally, this section of the book includes commentaries to provide additional voices and guidance. Morin, who published one of the earliest articles on heterosexist bias in research on gay populations and continues to be an active AIDS researcher, again offers the reader an eloquently written view of the psychological context of gay men's behavior change. Ramos underscores the necessity of developing primary prevention strategies that incorporate the ideas outlined in the chapters on ethnic minorities and women. Morales, while focusing on the chapter by Mata and Jorquez, highlights many of the issues pertinent to all of the targeted populations. He offers readers a thoughtful commentary on the importance of subcultures within cultural and ethnic communities in the fight against AIDS.