

Psychological factors turn young adults away from HIV intervention counseling

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Keeping young people in human immunodeficiency virus (HIV) prevention programs is a major goal in reducing the incidence of HIV, and multi-session interventions are often more effective than single-sessions. But according to a new study from the Annenberg School for Communication, the way these programs are designed and implemented may turn off the very people they are trying to help.

The study, "Motivational barriers to retention of at-risk young adults in HIV-prevention interventions: perceived pressure and efficacy," is published in *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV*. Authors include Jiaying Liu, Christopher Jones, Kristina Wilson, Marta R. Durantini, and Dolores Albarracín, all with the Annenberg School for Communication; and William Livingood, Florida Department of Health, Duval County, Jacksonville, Fla.

The newly-published study is part of a larger research project on retention in HIV-prevention counseling conducted with community members at risk for HIV in northern Florida. Duval County remains fourth in [sexually transmitted infection](#) (STI) rates among Florida's 67 counties. Presently, Duval is faced with a 25 percent increase in reported HIV/AIDS cases, escalating STI/HIV co-infections, increasing STI infections in pregnant women, increasing repeat STI infections, and continued levels of unacceptable STI rates. The alarming rates of infection are complicated high rates of poverty and racial segregation issues in Duval County.

Understanding barriers to retention is necessary to reduce morbidity and improve health outcomes for Duval residents. The study investigated three potential motivational barriers that might affect the likelihood of retention among a vulnerable population with high levels of risk behavior: perceived pressure, perceived efficacy and fear.

According to the study, when young adults (18-35 years old) feel pressured or coerced by HIV-prevention counselors to change their lifestyle and behaviors, they often become defensive and are less likely to return to recommended follow-up counseling sessions. This is especially the case with younger (18-22 years old) intervention recipients. Moreover, intervention program retention rates are also lower when participants view the initial intervention as ineffective or irrelevant to their life.

"Our findings suggest that practitioners make efforts to ensure younger clients in particular do not feel coerced, because such threats to autonomy can backfire," wrote the authors. "Practitioners should also make efforts to explicitly communicate the efficacy of the intervention and to foster a sense of self-relevance [perhaps by] delivering tailored information about HIV risk in a personalized manner."

The study also looked at the effect of HIV-related fear on retention rates and found no significant association. However, it did find an association between retention rates and both gender and age: Male clients and older clients were more likely to return for follow-up sessions than female clients and younger clients.

"It is important that practitioners understand the psychological factors that can turn clients away from interventions, and for whom these factors are especially likely to matter," concluded the authors. "In this way, effective tailoring of interventions can be grounded in the collective experiences of successes and failures in retaining members of

at-risk populations."

Provided by University of Pennsylvania

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