

The double whammy of multiple sex partners and drinking in HIV/STI prevention

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These images show Kristina Wilson and Dolores Albarracin, University of Pennsylvania. Credit: University of Pennsylvania

The more you drink and sleep around, the less likely you are to participate in HIV intervention counseling.

The cartoon character Homer J. Simpson once said "Alcohol: The source of, and solution to, all of life's problems."

The sage of the ubiquitous and fictional town of Springfield may have



hit the nail on the head when it comes to <u>human immunodeficiency virus</u> (HIV) and sexually transmitted infections (STIs) counseling and prevention. The more you drink and/or the more <u>sex partners</u> you have, the less likely you are to engage in HIV-prevention programs.

This rather grim assessment came about from the study, "Barriers to accessing HIV-prevention in clinic settings: Higher alcohol use and more sex partners predict decreased exposure to HIV-prevention counseling." It was published online this month in the journal *Psychology Health & Medicine* by Kristina Wilson and Dolores Albarracín, both with the University of Pennsylvania's Annenberg School for Communication. Wilson is also affiliated with the Office of Performance Improvement, Florida Department of Health, Duval County, Jacksonville, Fla.

"The irony is that the very behaviors that put people at risk for HIV and STIs are the same behaviors that keep people from seeking prevention counseling," says Wilson and Albarracín.

Understanding why someone does – or does not – enroll in a prevention program is a significant piece of information for public health departments. Yet relatively little is known about what motivates individuals to participate in HIV-prevention programs or whether some audiences are more or less willing to take advantage of the HIV-prevention counseling programs commonly provided at health clinics. Understanding motivation is significant since, according to the federal Centers for Disease Control (CDC), approximately 50,000 new HIV infections occur annually.

Wilson and Albarracín's study seeks to determine if number of sex partners and alcohol consumption predict an individual's acceptance of an invitation to take part in HIV-prevention counseling. It draws on previous research that has found individuals to be motivated to seek out information that is consistent with their beliefs and to avoid discrepant



messages. For example, individuals with beliefs not favoring condom use think that HIV-prevention counseling programs will force them to change their HIV-relevant beliefs and practices, and these expectations are associated with reduced likelihood of enrollment.

In the new study, the researchers investigated whether similar relations exist between acceptance of HIV-prevention counseling and other sexual risk factors such as number of sex partners (a well-known risk factor for HIV infection) and heavy alcohol consumption, which has been linked to sexually risky behaviors including having sex with multiple partners and engaging in unprotected sex.

The researchers found that participants engaging in the least risky behavior (i.e., individuals reporting no <u>alcohol consumption</u> and few sex partners) were more likely to accept an offer to receive HIV-prevention counseling. They also found that heavy drinking was associated with decreased exposure to HIV-prevention counseling, regardless of the number of sex partners.

"Interventions that jointly target STI prevention and alcohol use are effective for STI risk reduction. However, such programs will be unlikely to reach their potential public health impact if target audiences do not enroll," they conclude. "Understanding barriers to enrollment may be helpful for practitioners at clinics that are interested in making HIV-prevention more appealing to target audiences. As our findings indicated that heavy drinkers were unwilling to enroll in HIV-prevention counseling, finding ways to reduce enrollment barriers among this group could serve a vital public health function."

Provided by University of Pennsylvania Annenberg School for Communication



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