

PART III

Theories, Models, and Research on Health, Risk, and Decision Making

As Dr. Osborn points out in Chapter 2, the acquired immunodeficiency syndrome epidemic is the first in human history in which the transmission of the causative noxious agent is under voluntary control. At the same time, one of the primary behavioral activities that facilitates transmission is usually an extremely pleasurable sexual experience, frequently with a long history of positive reinforcement.

The challenge to the social and behavioral sciences is unprecedented. The magnitude of the challenge to behavioral science is sometimes trivialized as a stopgap measure, of use until basic sciences can develop an effective treatment and/or vaccine. This misconception is widely held by the general public as well as by many in decision-making positions. It ignores the public health dictum that no mass disease afflicting individuals has ever been eliminated solely through attempts at treating affected individuals. It also ignores the high probability that a successful treatment or successful vaccine is either unobtainable or far down the road. Even if a vaccine were available, there would be incredible social problems in deciding who should be vaccinated. Should society offer to vaccinate only specific groups? Should vaccination be required? Because a very large number of intravenous drug users are invisible and a very large number of gay and bisexual men are still closeted, problems of either voluntary or compulsory vaccination seem almost insurmountable. A vaccine for hepatitis B has not been effective in eliminating that disease. Effective treatment strategies for syphilis and gonorrhea have not reduced the incidence of those diseases. Clearly, the mere presence of an effective treatment or vaccine does not ensure elimination of the disease.

So it remains the urgent task of the behavioral sciences to develop effective methods of conveying information that will affect attitudes and belief systems that influence risky health-related behaviors. In some populations, behavioral change has already occurred on the basis of attitudinal change and personal experience with the death of close friends and relatives. But many other groups are less motivated,

because of perceived lower risk and/or lack of information. Television and other mass media are hesitant to join in information sharing because of the public's moral perception of information about safer sex and safer injection practices. High-risk sexual activity frequently involves behaviors heretofore not openly discussed. If past behavior is the best predictor of future behavior, the history of sex education in the United States does not generate much optimism for change in sex education curriculums. The addition to sex education courses of relevant information about patterns of same-sex behavior, anal receptive intercourse, rimming, and oral-genital stimulation hardly seems likely for the fifth-grade curriculum. Yet we know that, particularly in some inner cities, children in this age group are sexually active. The challenges confronting behavioral science are awesome.

This section brings together knowledgeable people who have worked in the field of behavior change, particularly self-directed change. Self-directed change clearly is often a function of perception of risk, psychological assessment of costs and benefits, underlying beliefs about the efficacy of change, and relationships among belief, attitudes, intentions, and behavior change. We learn that behavior change in order to be effective must be geared to specific behaviors, and that broad goals and abstractions are not as clearly related to actual behavior. Many of the changes in behavior that are required mean agreement between intimate partners. Partners must choose what it is that is risky that needs to be changed. Weinstein helps us to understand how risk is perceived. Perceptions of personal vulnerability or invulnerability are key elements on the road to changing behavior. Fischhoff helps us to understand how we make decisions, how we order our hierarchy of choices. It is important to remember that in changing AIDS-related behavior it is easier if we begin with distal determinants. It is harder to "just say no" in the bedroom than when the date first begins. Several of the contributors to this section present information on those distal facets of behavior, attitudes and intentions (Kirscht & Joseph; Fishbein & Middlestadt) and self-efficacy (Bandura). The usefulness of these chapters is in how they help us begin to think about and conceptualize the determinants of the behavioral outcomes we are seeking to change.