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Narrow vs Broad Targeting of HIV/AIDS Education

The timely editorial by Dr Anke Ehrhardt, "Trends in Sexual Behavior and the HIV Pandemic,"[1] is unfortunately based on several false assumptions. She argues that human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) educational efforts have failed because they have been directed only at high-risk groups. Certainly the opposite is true. Dominant public health messages such as "AIDS does not discriminate" and "Women are the fastest growing risk group" have been directed primarily at low-risk heterosexuals. Another of Dr Ehrhardt's premises is that promiscuity, both in adolescents and adults, indicates that there is or will be widespread, heterosexually acquired HIV infection in these groups. The preponderance of epidemiologic evidence contradicts this assertion.[2–9]

When Dr Ehrhardt proposes that we should tailor gender-specific messages to heterosexual men and women and yet not tailor messages to specific risk groups she may be missing the point. Any changes in heterosexual education are at most of secondary importance. Campaigns aimed at everyone ignore the driving forces of the epidemic in the United States. AIDS does discriminate (because of behavior) and to a great degree.[9,10] Homo- and bisexual men and intravenous-drug users have shouldered a highly disproportionate share of the AIDS epidemic, and HIV seroprevalence studies show no substantial change in this pattern.[7,8,10,11] Heterosexual AIDS has been extremely selective as well. Women are not a homogenous subgroup: Black women have been more than 10 times as likely to acquire AIDS heterosexually than white women.[9] Most women contract HIV from high-risk men,[9] not low-risk heterosexuals as Dr Ehrhardt's editorial implies, so messages targeted at high-risk groups should most efficiently lower women's risk. To ignore these facts may be politically correct but ironically most harmful to the stigmatized groups most affected.

Generic, broadly directed messages misrepresent risk to both high- and low-risk groups through the homogenization of a greatly disparate risk. Most women will then worry disproportionately, while young homosexual males may incorrectly perceive their risk as low.[11] Young homosexuals, not heterosexuals, are most likely to fuel a second wave of this epidemic. Generic messages direct limited resources towards a large, low-risk group; such messages also have the unwarranted side effect of associating sex with death for a whole generation.

Epidemiology's purpose is to identify high-risk groups so that scientifically based public health policies can best help—rather than stigmatize—the groups. Maximally effective educational campaigns must target those targeted by HIV while being sensitive to their concerns. If it is true that homophobia and racism would increase if high-risk group members were targeted for HIV/AIDS education, then perhaps AIDS is the least of our problems. □

Eric Mintz, PhD

Requests for reprints should be sent to Eric Mintz, PhD, 41 Evanston Dr, Downsview, Ontario, Canada M3H 5P2.

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Ehrhardt Responds

Eric Mintz's response to my editorial reflects the ongoing controversy on how to proceed with a national prevention strategy to halt the further spread of the human immunodeficiency virus (HIV) in the United States. Should one allocate all resources and efforts to reach groups that have been disproportionately affected during the first decade of the epidemic, or should one attempt to use one's best prevention tools and target those groups of the population who are currently becoming infected at an increasing rate, even if the increases of infection are perhaps slower than were anticipated and feared at one point?

Obviously, this cannot be an either–or proposition. To further halt the spread of HIV, of course we need to continue to work with injection drug users and with homosexual men engaging in unsafe sex. At the same time, we cannot ignore the following: heterosexual transmission is now the most rapidly growing mode of HIV infection;[1] women are currently the country's fastest growing subgroup with a diagnosis of acquired immunodeficiency syndrome (AIDS); and, while most reported cases of AIDS among women are in cities along the US Atlantic coast, the proportion of women with AIDS reported by smaller cities in rural areas has increased since 1986.[2]

It makes no sense to me to single out so-called high-risk groups and do nothing to prevent HIV's further spread through those parts of the population that already show signs of increasing rates of infection. Indeed, one could argue as well the opposite point that a heightened effort of primary prevention should be aimed at young people and at