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INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH

*Improving sexual and reproductive health
through research, training and adapted interventions*



The theoretical basis of HIV prevention interventions for young people in sub-Saharan Africa: does using behavioural theories increase effectiveness?

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Starting point

Research in the field of HIV prevention: changing sexual risk behaviours

Systematic review and meta-analysis: HIV prevention interventions did not seem to have much effect

“Theory is an essential component of successful health promotion interventions”

“Theory helps identify underlying principles about how people change their behaviour”

“Theory-based interventions are more effective”



Research objectives

Examine the extent to which HIV prevention interventions for young people in sub-Saharan Africa are **grounded** in theory,

how these theories are applied,

and if theory-based interventions are more **effective** in modifying sexual behaviour than interventions not explicitly grounded in theory.



Methodology

Systematic literature search

Pubmed, Web of Science, EbscoHost

Fixed search terms

Predefined eligibility criteria

Validated data extraction sheet, double data extraction



Results

34 interventions reported in 38 articles were included

Questions we wanted to answer:

- Was a theory used in the intervention?
- Which theory was used?
- How was the theory used?
- Do theory-based interventions have better results on key outcomes (behavioural indicators)?



Results: 34 studies

Was a theory used in the intervention?

- 25 of 34 studies mentioned having used at least 1 theory
- 19 different theories were mentioned 42 times

Which theory was used?

- Social cognitive theory (n=13)
 - Health Belief Model (n=7)
 - Theory of Reasoned Action/Planned Behaviour (n=6)
- cognitive behavioural frameworks: operated from an assumption that knowledge, attitudes, beliefs, and/or role models determine the health behaviour



Results

How was the theory used?

- To inform the intervention content (e.g. curriculum design) (13) – Social Cognitive Theory
- To design the evaluation/questionnaire (4) – Health Belief Model
- Both (7)

Do theory-based interventions have better results on key outcomes (behavioural indicators)?

- Not possible to discern any patterns in differential effectiveness between the type of theory, the role of theory in a study, or between studies reporting or not reporting theory use



What does this mean?

Difficult to draw conclusions as:

- we have limited information on how and why the theory was precisely used
- interventions that did not mention a theory use similar constructs and ideas and may implicitly be theoretically underpinned



Reflections and recommendations

Reflections on the use of cognitive behavioural frameworks for HIV prevention in young people:

- Cognitive behavioural models aim to explain one particular behaviour (e.g. condom use), while HIV prevention interventions generally target a **wide array of behaviours** (e.g. condom use, number of partners, decision to have sex) that all have different determinants
- Cognitive behavioural models are individualistic while sexual intercourse takes place between two persons in a relationship, hence depends on **sexual partner and type of relationship**



Reflections and recommendations

Reflections on the use of cognitive behavioural frameworks for HIV prevention in young people:

- Only Social Cognitive Theory explicitly mentions influence of society, however almost none of the interventions tried to **influence environmental factors**
- Strength of theory is that it can help identify determinants and generalize and simplify complex situations and behaviour
- But there is a risk for oversimplification
- Recommend more focus on interpersonal and contextual aspects of sexual behaviour
- More guidance and capacity building on how theories are best used



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