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Abstract. This article describes international psychological phenomena that may be implicated in the identification, prevention, and management of mother-to-child transmission of AIDS.

The United Nations (U.N.) has begun to Issue recommendations that women infected with the virus causing acquired immune deficiency syndrome (AIDS) should not breast-feed their infants. The rationale for this recommendation is based on increasing findings that breast-feeding from infected mothers may lead to premature death of infants more significantly than breast-feeding from non-infected mothers and also than nutrition through formula and other milk substitutes (commercial infant formula, home-prepared formula, HIV-negative wet nurses, breast-milk banks, mother's milk heated to kill HIV) in Third World environments.

There are many psychological controversies surrounding the UN recommendation. (1) An accurate estimate of the incidence and prevalence of AIDS and HIV transmission (including mother-to-child transmission) in Third World countries continues to be impeded by psycho-political and socio-cultural considerations. Political leaders may strive to avoid the national stigma of high rates or accuse Western authorities of purposely inflating estimated rates as a vehicle to further malign and exploit the Third World. As well, socio-cultural beliefs and practices may impede epidemiological research as well as self-reports of AIDS and HIV status, especially from women who fear the personal, social, and cultural consequences. (2) For many years, breast-feeding has been advocated by international health authorities as a healthy alternative to formula and other milk substitutes. The latter two sources of nutrition have been linked with many fatalities through the use of contaminated water and the extended exposure of formula and milk substitutes to heat and various contaminants. With the most recent U.N. recommendation, what has taken years to learn must--for mothers in the Third World and international health workers and their organizations--be unlearned. (3) Women in some cultures may become stigmatized and ostracized for not breast-feeding. Some of these women may, in turn, be labeled as HIV carriers regardless of their intent for this to remain secret. (4) There is significant concern among international health workers that women who are not infected--as opposed to those who are--might heed the message not to breast-feed. For these women, the risk to their infants would then increase because of the potential effects of contaminated water and exposure to heat and other contaminants on formula and other milk substitutes. (5) Some advocates of AIDS reduction harbor the belief system that "it's too late" for infected mothers and their babies. Instead efforts should be focused on safe sexual practices, clean needles for drug users, and the development of vaccines and drugs. (6) Some observers of the international AIDS pandemic believe that infected people deserve their fate. To these observers, the fate of the infected may be a manifestation of the wrath of God for violating religious proscriptions. (7) Some international health workers and policymakers believe that, because social, cultural, environmental, and health conditions differ so much throughout the world, any U.N. recommendation can only be subverted by a plethora of contradictions. (8) The U.N. recommendation is viewed by some international health workers and policymakers as a vehicle for immoral profits by drug companies that make formula and other milk substitutes. This view is saturated with memories and stories of a past when these companies were implicated in the needless and unconscionable death of infants through excessive marketing that was insensitive to or discounted local conditions.

To confront the above psychological phenomena, one must develop and employ a psychological technology in an extremely difficult situation. The technology is that of persuasion. The difficult situation is an overarching approach-avoidance/avoidance-avoidance nexus comprising combinations of disease-spreading behaviors that may be subjectively pleasant--e.g., sex, drugs--expected, demanded, bought, and coerced--e.g., sex--and reflective of ignorance about or ignoring the existence, nature, and cause of the disease. If there ever were an opportunity for organized psychology to take the lead in a world problem that touches on all aspects of security--military, political, economic, social, cultural, environmental, and health--this is it. Is psychology up to it? (See Altman, L.K. (July 26, 1998). To fight AIDS, the U.N. warns on breast-feeding. The New York Times, pp. Y1; Y8; Buchanan, D., & Cernada, G. (1997). AIDS prevention programs: A critical review. International Quarterly of Community Health Education, 16, 295-313; Hearst, N., Mandel, J.S., & Coates, T.J. (1995). Collaborative AIDS prevention research in the developing world: The CAPS experience. AIDS, 9, S1-S5; Majumdar, B., & Roberts, J. (1998). AIDS awareness among women: The benefit of culturally sensitive educational programs. Health Care of Women International, 19, 141-153; Rao, N., & Svenkerud, P.J. (1998). Effective HIV/AIDS prevention communication strategies to reach culturally unique populations; Lessons learned in San Francisco, U.S.A. and Bangkok, Thailand. International Journal of Intercultural Relations, 22, 85-105.) (Keywords: AIDS, Health, HIV, Persuasion, Security, Third World.)