UTILIZING STUDENT ORGANIZATONS AT HISTORICALLY BLACK COLLEGES AND UNIVERSITIES IN THE RURAL SOUTH TO FACILITATE HIV/AIDS EDUCATION

by

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UTILIZING STUDENT ORGANIZATONS AT HISTORICALLY BLACK COLLEGES AND UNIVERSITIES IN THE RURAL SOUTH TO FACILITATE HIV/AIDS EDUCATION

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Abstract

HIV/AIDS among students at Historically Black Colleges and Universities (HBCU) in the rural South is a growing public health concern. Lack of basic HIV/AIDS knowledge, underestimating risky behaviors, and lack of discussions relating to sexuality are some factors that contribute to the spread of HIV/AIDS within the HBCU population. Objectives of the study included the following: 1) To examine how the issue of HIV/AIDS is viewed by student leaders and organizations on campus; 2) To examine what student organizations and administrators are doing to educate the student body on HIV/AIDS; 3) To identify barriers that student organizations and administrators face when providing education to students; and 4) To examine how student leaders rate their leadership influence when interacting with their peers.

This study utilized a qualitative research design in which student leaders and administrators were interviewed and asked a series of questions related to HIV/AIDS education on their campus. Student leader participants were recruited from a university site located in the rural South. Interviews were collected through a 30 minute tape-recorded session on campus. Interview data were analyzed using principles of grounded theory. The findings of the study suggest that student organizations could be a useful vehicle for HIV/AIDS peer-led interventions if their members are well trained and first address underlying issues such as cultural homophobia, sexuality, and stigma relating to HIV/AIDS.

Administrators of the university should encourage students to be creative when addressing their peers about issues surrounding HIV/AIDS. Researchers and public health officials must create appropriate interventions to address issues surrounding HIV/AIDS before effective education of HIV/AIDS can take place.

Public health significance: Improving HIV education among HBCU students presents a potentially effective strategy that addresses the larger issue of HIV/AIDS among African Americans by focusing their efforts and targeting a smaller sub-population first. The public health relevance of improving education among HBCU campuses is evident when considered in light of this promising possibility. This sub-population is particularly important because many of these individuals will become leaders of the African American community, and influence community behavior and attitudes towards HIV/AIDS.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

1.0 INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) among students at Historically Black Colleges and Universities (HBCU) campuses in the rural South are a growing public health concern. Lack of basic HIV/AIDS knowledge, underestimated risky behavior, religious conservatism, stigma, fear of status being exposed to other community members and misconceptions associated with the disease are some factors that contribute to the spread of HIV/AIDS within the HBCU population. These factors are exacerbated in rural communities because of the lack of access to resources and in rare instances where they are available, they are minimal. Other contributing factors include poverty, homophobia, and systemic health disparities in minority communities (Southern State AIDS/STD Directors Work Group, 2003).

Several intervention and prevention programs designed for this population have been deemed ineffective or unsuccessful for numerous reasons including changing of sexual trends, cultural differences, and mistrust of health officials (Stephenson, 2000). As a result of these reasons, public health officials have struggled to establish effective programs to reach the HBCU student population.

Peer education has been a staple of HIV/AIDS prevention (McLean, 1994). Designers, supporters, creators, and developers of prevention programs believe that one of the best ways to reach people with information about HIV/AIDS and to influence their behavior is through their

peers, respected friends, colleagues and neighbors (Fisher *et al.*, 1996). Student leaders are model peer educators because of their profound influence and positive rapport that they establish and maintain among their peers. Generally, student leaders are selected by their peers, which suggest a certain level of trust between the peer and student leader. Student leaders are also able to contextualize issues to their peers in a more accurate manner by providing contemporary reflections.

This study examines the often overlooked and highly at-risk population of college students at the nation's HBCUs, focusing on a university located in the rural South. In addition, this study examines the use of student organizations as a vehicle for HIV/AIDS education on HBCU campuses, and also examines potential barriers they may face when educating the student body about HIV/AIDS. This study provides insights and direction for development of creative programs and interventions that involve student organizations as powerful vehicles in HIV/AIDS education in the future.

1.1 HIV/AIDS IN AMERICA

AIDS was first reported in the United States in 1981 and has since become a major worldwide epidemic (CDC, 2003a). More than 900,000 cases of AIDS have been reported in the United States since 1981. When all 50 states are considered, CDC estimates that approximately 40,000 persons become infected with HIV each year. In 2003, men who have sex with men (MSM) represented the largest proportion of HIV/AIDS diagnoses, followed by adults and adolescents infected through heterosexual contact. Also, in 2003, about three quarters of HIV/AIDS diagnoses were made for male adolescents and adults. During the mid-to late 1990s,

advances in treatment slowed the progression of HIV infection to AIDS and led to dramatic decreases in AIDS deaths. Although the decrease in AIDS death continues (3% decrease from 1999 through 2003), the number of AIDS diagnoses increased an estimated 4% during that period (CDC, 2003b).

1.2 HIV/AIDS ON THE RURAL SOUTH

Over the last decade, the South has continued to face distinctive and critical challenges in responding to the country's HIV/AIDS and STD epidemics. Seven of the states with the ten highest AIDS case rates in the nation are located in the South (CDC, 2002b). By region from 2001-2004, African Americans accounted for the majority of diagnoses in the South (54%). African American males accounted for more HIV/AIDS (48%) diagnoses than any other racial/ethnic population and African American females accounted for the majority of HIV/AIDS (72%) diagnoses among females in the South (CDC, 2004). While this region represents a little more than one-third of the U.S. population, it now accounts for 40% of people estimated to be living with AIDS and 46% of the estimated number of new AIDS cases (Henry J. Kaiser Family Foundation-Daily HIV/AIDS Report, 2004). Among the 25 metropolitan areas (those with a population of 500,000 or more) with AIDS case rates in 2001 above the national average for areas of this size, 18 were in the South and three were located in the state where this study takes place(Department of Health and Environmental Control, 2004).

There are several factors that distinguish the HIV/AIDS epidemic in the southern states. Unemployment, poverty, poor health infrastructure, and lack of health insurance are significant co-factors that lead to higher rates of risk behaviors for HIV and sexually transmitted infections

(Southern States Manifesto, 2003). In addition to these factors, the epidemic is changing; the face of HIV/AIDS is becoming increasingly rural, female, African American, and heterosexual (Ricketts, 1999). The South's rural environment, inequities in health care resources and the increased stigma associated with HIV/AIDS and STDs contribute to the increased risk of individuals acquiring HIV and STDs and if infected, not seeking or acquiring essential care and treatment (Ricketts, 1999).

1.3 HIV/AIDS AND MINORITY POPULATIONS

HIV/AIDS continues to disproportionately affect minorities (CDC, 2005a). The HIV/AIDS epidemic is a health crisis for African Americans. In 2001, HIV/AIDS was among the top three causes of death for African American women aged 20-54 years. It was the number one cause of death for African American women aged 25-34 years. During 2000-2003, HIV/AIDS rates for African American females were 19 times higher than the rates for white females and five times higher than the rates for Hispanic females; they also exceeded the rates for males of all races/ethnicities other than African Americans. HIV/AIDS rates for African American males were seven times higher than those for white males and three times higher than those for Hispanic males. Some barriers to prevention for African Americans are low risk perception, substance abuse, sexually transmitted diseases, denial and socioeconomic issues (CDC, 2002a).

It is difficult for African American women to know their risk of HIV because they may not be aware of their male partners' possible risk behaviors for HIV infection such as

unprotected sex with multiple partners, bisexuality, or injection drug use (Hader *et al.*, 2001). Low partner risk perception among African American women has greatly increased the chances of their being infected with HIV as a result of having sex with men. Studies show that a significant number of African American men who have sex with men (MSM) identify themselves as heterosexual. In one study of HIV-infected persons, 34% of African American MSM reported having had sex with women, even though only 6% of African American women reported having had sex with a bisexual man (Montgomery *et al.*, 2003).

Injection drug use is the second leading cause of HIV infection for African American women and the third leading cause of HIV infection for African American men (CDC, 2004). In addition to being at risk from sharing needles, casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol (Leigh & Stall, 1993).

The highest rates of STDs are those for African Americans. In 2003, African Americans were twenty times as likely as whites to have gonorrhea and 5.2 times as likely to have syphilis (Department of Health and Environmental Control, 2004). Since physical changes caused by STDs, including genital lesions may serve as an entry point for HIV, the presence of certain STDs can increase the chances of contracting HIV by a three-to-five-fold. Also, a person who is co infected has a greater chance of spreading HIV to others (Fleming et al., 2000).

Stigma and discrimination relating to homophobia and HIV/AIDS have undermined public health efforts to combat the epidemic. AIDS stigma negatively affects attitudes about preventative behaviors such as condom use, HIV-positive patients seeking care, and perceptions and treatment of people living with HIV/AIDS (PLHA) by communities, families, and partners (Brown, 2001).

Socioeconomic issues are important to examine when researching HIV/AIDS in minority populations. Nearly 1 in 4 African Americans lives in poverty (US census bureau 1999). Studies have found an association between higher AIDS incidence and lower income. The socioeconomic problems associated with poverty, including limited access to high quality health care, and HIV prevention education, directly, or indirectly increase HIV risk (CDC, 2003a)

1.4 HIV/AIDS AMONG YOUNG ADULTS

The effect of HIV/AIDS among young adults in the United States continues to be an increasing concern. According to CDC data reported through December 2001, African Americans were the largest group of young people affected by HIV. They accounted for 56% of all HIV infections ever reported among those aged 13-24 (CDC, 2005b). Young men who have sex with men (MSM), especially those of minority races or ethnicities, were at high risk for HIV infection. In the seven cities that participated in CDC's Young Men's Survey during 1994-1998, 14% of African American MSM and 7% of Hispanic MSM aged 15-22 were infected with HIV(CDC, 2003c).

1.5 HIV/AIDS AMONG HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

Approximately 16 million people are enrolled in institutions of higher learning in the United States. However, college students have not been recognized as a high risk group for HIV infection. Research has shown that a large proportion of young people are not concerned about

contracting the virus (Gayle et al., 1990). Published studies suggest that both homosexual and heterosexual college students engage in high-risk behaviors such as inconsistent condom use, use of drugs and alcohol during sex, and sex with multiple partners (Hightow et al., 2005). The additional factors of peer pressure and lack of maturity may put college students at further risk for HIV infection. Furthermore, the perceived pleasure of unprotected sex had been found to drive college students' participation in high-risk sexual activities (Ford & Goode, 1994). Gayle et al. (1990) estimate the prevalence of HIV on college campuses to be approximately 1 in every 500 students. The Centers for Disease Control and Prevention, which tracks HIV/AIDS categories by age, not student status, estimates that 25 percent of HIV infections in the United States are acquired before age 22 (CDC, 2003a).

According to CDC data reported through December 2001, African Americans were the largest group of young people affected by HIV. They accounted for 56% of all HIV infections ever reported among those aged 13-24. The disproportionate number of African Americans among HIV/AIDS cases, combined with the high levels of sexual experimentation and prevalence of STDs among young people in general suggests that African American college students are at a higher risk for HIV infection than their non-African American college peers (Winfield, 2005).

Historically Black College and University campuses for African American communities are the foundation for future black professionals. The South has the greatest proportion of persons living with AIDS compared to other geographic regions of the United States. With a majority of HBCUs being located in the rural Southern area, this is a dual negative impact for the infrastructure of this sub community. HIV cases among HBCU campuses may be attributed to

several factors such as a rise to a potent mixture of recklessness, homophobia, lack of information, and denial.

1.6 HISTORY OF HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

Historically Black Colleges and Universities are described as colleges or universities whose principal mission has been and continues to be the education of African American students (Redd, 1998). The first two of these institutions were Lincoln University in Pennsylvania and Wilberforce University in Ohio, established in the mid-nineteenth century. The motivation to create these institutions of higher education was to meet a need that was not being met due to racism, slavery, and segregation. During the period in American history when persons of African descent were enslaved, education of slaves was illegal and often thought useless by the dominating culture. As legalized slavery came to an end, educated blacks, abolitionists, and religious organizations began to found schools to educate blacks, who at the time were still denied admission to their states' 1862 land grant university system (Mills & Mykerezi, 2003).

There are 107 Historically Black Colleges and Universities in the United States and Virgin Islands, 98 of which are located in the South. Several of these HBCUs are located in state where this study took place. The clustering of HBCUs in this region stem from two factors. First, African Americans' access to higher education was historically most limited in the rural South and second, the overwhelming majority (89 percent) of rural African Americans lived in the South based on of a 1990 census report (Mills & Mykerezi, Summer 2003).

Of the many HBCUs located throughout the southern region, this particular HBCU was chosen because of the county in which it is located. The county has extremely high STD rates compared to other counties in the state. It is ranked third in syphilis and first in Chlamydia and gonorrhea cases reported annually based on cases per 100,000 between January-December of 2004. The county ranks 4th in reported diagnosed AIDS cases and 3rd in new reported HIV incidence rates (January 1, 2003- December 31, 2004) per 100,000 compared to the other 46 counties. African American adolescents (13-19 years) made up 80 percent of AIDS cases and 78 percent of HIV cases when compared to other ethnicities/races of the same age group of the same state(Jan 2003-Dec 2004)(Department of Health and Environmental Control, 2004). Although it was recognized by school officials that the university has high STD rates, specific data were not released to the researcher. However, considered in the aforementioned context, there is strong support for the conclusion that there may indeed be there are high rates of HIVAIDS and STD infection, and making this particular school a suitable research site.

1.7 RATIONALE OF THE STUDY

As a former HBCU student elected and appointed to various leadership positions (vice president, parliamentarian, and chairperson of various community service organizations), this author was astonished at the magnitude of her influence on people that she did not even know. Respect is usually earned, but in this case, her association with a known organization created a level of respect among her peers even before personal contact was made. For example, a professor may enter an auditorium struggling to receive attention from students, whereas a

student leader may enter the same auditorium and the students eagerly anticipate what the student leader may have to say.

Upon realizing the extent of her influence as a student leader, she instantly recognized the potential for both positive and negative influence and appreciated the importance of channeling influence positively. As an established presence on HBCU campuses, student leaders have the rapport and credibility to serve as educators, yet they are not perceived as morally condescending or "preachy." They are viewed as respected peers who are simply sharing information. It is imperative that administrators and students alike acknowledge the opportunities for HIV/AIDS education through student leaders on HBCU campuses. Having seen the impact of HIV/AIDS on HBCU campuses and the rude awakening brought upon by an outbreak in 2003 among the North Carolina School system, the urgency of the situation as well as the need for HBCU campuses to take advantage of their valuable resources that their student leaders bring forth should be considered by public health professionals as an avenue for innovative methods of education.

2.0 REVIEW OF THE LITERATURE

Presently, HIV/AIDS is devastating the African American community (Duncan et al., 2002). In the 25 states with integrated reporting systems, African Americans represent a high proportion (45%) of the AIDS cases diagnosed and even a higher proportion (57%) of all HIV diagnoses. African American and Hispanic women account for 77% of AIDS cases reported among women to date in the U.S. (Duncan et al., 2002). The disproportionate impact of AIDS and HIV on minority populations warrants urgent and specific attention and calls for prevention programs and strategies that target these populations (McLean, 1994).

African Americans account for more than half (56%) of all known cases of HIV infections among adolescents and young adults between the ages of 13 and 24 (CDC, 2003b). In a 2004 MMR report on HIV transmission among black college students and non-student men who have sex with men in North Carolina, it was discovered from discussion group participants that the reasons young African Americans in general continue to engage in high-risk sexual behavior were (1) lack of sustained prevention messages targeting young blacks; (2) feeling personally disconnected from the reality that they might contract HIV; and (3) believing that physical characteristics and appearances can inform them about their partner's HIV status. The disproportionate number of African Americans among HIV/AIDS cases, combined with the high levels of sexual experimentation and prevalence of STDs among young people suggest that African American college students are at higher risk for HIV infection than their non-African

American college peers (Winfield, 2005). Although extensive and more recent epidemiological data are lacking, it has been suggested that the rate of HIV infection among college students is 1 per 500 students (Gayle et al., 1990). The rate provides an estimate of about 30,000 college students infected with HIV. This figure probably underestimates the current prevalence of HIV in the trends in transmission of the virus(Prince & Bernard, 1998).

2.1 RISKS BEHAVIORS, KNOWLEDGE, AND PERCEPTIONS, OF AFRICAN AMERICAN COLLEGE STUDENTS RELATING TO HIV/AIDS

Many conditions associated with an increase in mortality, such as cardiovascular disease, cancer, and HIV infection/AIDS, are related to specific high-risk behaviors. It is important to identify these unhealthy behavior patterns during adolescence and young adult years and to educate to change their unhealthy behaviors to more positive ones (Ford & Goode, 1994). Studies examining the health behaviors of minority populations, specifically African American college students, are relatively rare. Thompson (1977) investigated the health knowledge and practices of first-year students enrolled in five predominately African American state institutions in Texas, Louisiana, and Mississippi. The sample consisted of 500 students, and the instrument covered information of specific health behaviors. Thompson et al. (2001) concluded that students' knowledge at predominately black institutions did not affect their behaviors.

A limited number of studies have investigated specific health related behaviors of African American college students and compared them with the students' perceptions of corresponding health issues. Ford and Goode (1994) conducted a pilot survey taken from at a predominately African American institution of higher learning in an urban setting. Participants were 224

undergraduate students enrolled in health education classes who responded to the health needs assessment questionnaire. The assessment was used to obtain demographics, specific information on students and information on health related behaviors. The health needs assessment questionnaire was developed on the basis of the objectives of the study and on reviews of related questionnaires. Eighty-one percent of respondents were between 18 and 21 years old range with the age range being 18-33 years. A majority of respondents (45%) was first-year students; 25% of respondents were sophomores. The remainders of participants were equally divided among third and fourth year students. Eighty-three percent of participants were African Americans, 9.5% were West Indian, 5% were African and the remaining 3% were Hispanic and Asian. Foreign students were grouped together in some statistical analyses to determine whether or not any differences existed between African American and foreign students.

Students' perceptions of relevant health issues were assessed by using a Likert-type scale. Cronbach's alpha was used to test the reliability coefficient for internal consistency. Frequencies were computed, and then cross tabulations were used to analyze gender and ethnicity differences to determine the percentage of students engaged in health related behaviors known to put them at risk for particular health problems. Health behaviors included but were not limited to stress management, sexual activity, and use of contraceptives. Participants of the study were also asked to rank specific health issues (HIV/AIDS and other STDS, birth control, date rape, etc.) based on whether or not they felt their peers needed more information on the topic. Results indicated that there was no relationship between specific behaviors and the students' perceptions of health related issues. The study however revealed that 85% of students strongly agreed that HIV/AIDS and other sexually transmitted diseases followed by birth control

information (70%) and date rape (62%) were the top three health issues for this sample of African American college students. Although these were the top three health issues for African American college students at this school, there were significant statistical gaps between the orders of relevance among the issues researched in the study. The study concluded that the most important health issues facing college students in this survey included HIV/AIDS and other sexually transmitted diseases, birth control, date rape, stress management, suicide, alcohol and drugs. More than 50% of those surveyed strongly agreed that their peers needed more information on these issues.

Stated limitations of the study were (1) it was not feasible to select subjects randomly from this group, because this would have disrupted the class, resulting in some students not being involved in the activity, so all students were surveyed that were enrolled in participating classes; (2) because the sample was fairly small, the findings are not representative of all African American college students but are limited to the first-and second-year students enrolled in the institution that was studied. One other limitation of the study not mentioned was that foreign students were not consistently grouped together throughout statistical analysis which may cause a misinterpretation of the data.

Thomas, Gilliam, and Iwrey (1989) conducted a study on knowledge about AIDS and reported risk behaviors among black college students. The study surveyed 975 undergraduates attending a large East Coast university during the spring semester of the 1987-1988 academic year. A convenience sample of predominately African Americans (94%) participated. A questionnaire composed of demographic items, 25 knowledge questions, 25 attitude questions, and 10 behavior questions was used as the survey tool. The questions in the knowledge section of the survey addressed four broad domains: (1) the nature of AIDS and HIV; (2) transmission of

HIV; (3) risk reduction; and (4) knowledge of risk groups. The behavior questions addressed known risk factors for HIV infection and simply asked if the respondents had ever engaged in certain risk behaviors, regardless of frequency or immediacy. The researcher established 80% accuracy as a benchmark of satisfactory. A knowledge scale score was derived by summing the correct responses for each of the 25 items, yielding a summary score that ranged between 0 and 25. Cronbach's alpha was used to measure the internal consistency of the scale.

T-tests were used to determine whether any differences in mean knowledge score existed between individuals who reported engaging in certain high-risk behaviors and those who had not engaged in those behaviors. Results projected that overall knowledge of basic AIDS-related facts was satisfactory. It was noted that some important AIDS related issues that have not received popular media attention presented problems for students. For example, fewer than 80% of the respondents knew that HIV is not the same virus as that for herpes and symptoms of AIDS or HIV infection require more than 12 to 24 hours to appear. Responses relating to transmission pose some concern. Fewer than 30% of respondents knew that insects do not transmit the AIDS virus. Fewer than 20% thought that the AIDS virus is was transmitted on toilet seats, through blood donations, kissing or coughing. T-test results demonstrated that students who reported engaging in behaviors that put them at increased risk for HIV infection had statistically significant lower mean knowledge scores than those who reported not engaging in those same high-risk behaviors. Other important findings include, that although men represented 39% of the sample, they were overrepresented among students who had used heroin (45%), had multiple sex partners (55%), and had been treated for an STD (45%). Cultural prohibitions against homosexual or bisexual behavior have served as a major barrier to the participation of black males in AIDS education programs. One limitation to this study is that a convenience sample

was used; therefore, generalizabiliity to other groups is not possible. The study concluded that though African American college students possessed adequate accurate knowledge of the basic facts about AIDS and transmission of HIV that have been widely circulated in the national media, students also held misconceptions about the virus, modes of transmission, and demographic characteristics of African Americans with AIDS.

2.2 SUMMARY OF THE LITERATURE

In summary, efforts need to be increased to deliver effective AIDS prevention and HIV risk-reduction information to African American college students. Most studies focused on knowledge and risk perceptions of African American college students, and very few focused on actual prevention or intervention programs implemented with the HBCU population and its outcomes. Other studies reveal that delivery of AIDS information must be specifically geared towards African American college students on HBCU campuses so that they are able to relate. A lack of consistency across standard measurement tools exist (for example, pre testing and post testing) to measure the impact of HIV/AIDS education within the HBCU population. Participants from documented studies were all recruited from a classroom setting, which provides a narrow and opportunistic perspective of the issue therefore, randomized studies are needed to provide a non-biased overview of the African American student population and the issue of HIV/AIDS in general. It is recommended that HIV/AIDS education information should focus on at-risk behaviors instead of at-risk groups (for example, instead of focusing on the queer community, educational messages should be geared towards the risk of anal sexual intercourse) (Thomas et al., 1989).

There is a general lack of documented research on the HBCU population and the African American college student population. There is a substantial amount of misinformation circulating with the African American population, and even more within the HBCU community. Other factors include the fact that HBCUs are very protective of outside research that is conducted on their campuses. They fear that negative ramifications from a study affiliated with the university may taint the name of the university and also cause a loss of funding and declining enrollment. Even though there is a lack of documented publications in journals, a plethora of articles and excerpts from magazines on the issue of HIV/AIDS education and prevention among HBCU campuses, shows that communities recognize the need to address the issue of HIV/AIDS. Recognition of the need among researchers is lacking. Therefore, the importance of HIV/AIDS education among HBCU populations needs to be understood among the research field, so that it may be addressed on the same level of other research with minority populations.

3.0 METHODOLOGY

3.1 SPECIFIC AIMS

The specific aim of this project is to gather data to determine whether or not student organizations is an effective way of organizing peer led interventions relating to HIV/AIDS education. This study will also suggest more innovative ways to educate the HBCU population on HIV/AIDS.

The objectives of this project are: 1) To examine how the issue of HIV/AIDS is viewed by student leaders and organizations on campus 2) To examine what student organizations and administrators are doing to educate the student body on HIV/AIDS 3) To identify barriers that student organizations and administrators face when providing education to the student 4) To examine how student leaders rate their leadership influence when interacting with their peers.

3.2 STUDY DESIGN

This study utilized a qualitative research design in which student leaders and administrators are interviewed and asked a series of questions relating to HIV/AIDS education on their campus. Student leaders also filled out a participant questionnaire. This study examined

if using student organizations is an effective vehicle for HIV/AIDS peer education. The interview questions examine the goals and objectives of the organizations, their views on the importance of addressing HIV/AIDS on their campus, methods for educating peers about HIV/AIDS and potential barriers student leaders and administrators may face in informing the student body about HIV/AIDS. Interview data were analyzed using principles of grounded theory. Each student leader's organization were entered in a drawing for $100.00 cashier's check, awarded to two participating organizations at the end of the interviewing process.

3.3 RECRUITMENT OF PARTICIPANTS

Student leaders of university organizations were recruited from a HBCU university site in South. The organizations were categorized into subgroups (e.g. academic, community service, religious, and social) based on the leader's description of the organization. Eight organizations were represented in the study. The Principal Investigator obtained a list of student leaders from the Dean of Student Affairs and used the "snowball" method (that is, request people's references to other key informant participants and to other resources), to recruit participants for the study.

Student leader participants had to meet the following criteria in order to participate in this study:

1. Participants were student leaders (i.e. Presidents, vice presidents, or a public relations spokesperson from that particular organization).
2. Participants were members of one of the various student organization categories (e.g. academic, community service, social, religious).

3. Participants were least 18 years of age.
4. Participants acting as student leaders were required to have held their current position for a minimum of six months.

Administrative participants were required to meet the following criteria in order to participate in the study:

Participants representing the administrative side of the study were either a health official or someone who held an executive position in student affairs (e.g. Director of student affairs, or Director of Health services, or the head nurse).

It was anticipated that interviewing members of various campus organizations would provide a varied sampling of students from the university. By interviewing different categories of organizations, there may be varying student leader approaches and methods to educate their peers on HIV/AIDS in general, and data about different techniques to strategies could be collected. For example, a person from a religious organization might build their platform of HIV/AIDS education around abstinence versus a social organization whose platform may not be as restricted and may focus more on prevention by educating peers on how to use condoms correctly or inform them of their options when choosing a birth control method.

Another issue considered is that since these students come from diverse backgrounds, which may have affected how they viewed the issue on their campus. (Students who have had less experience with HIV/AIDS may not think it is an urgent issue, and therefore may put forth minimal effort to address the issue on their campus, compared to students who have a family member or friend that suffers from HIV/AIDS). Student leaders from this perspective may have more zeal to address the issue because they recognize the need for education. Also examining

how the health officials as well as administrators on campus feel about the issue may provide insight on why and what type of support is given to the student organizations for educational purposes related to HIV/AIDS.

3.4 PROCEDURE/DATA COLLECTION

Individuals who met the aforementioned criteria and agreed to participate in the study were asked to meet for a single 30 minute session with the Principal Investigator. Data were collected through tape-recorded interview sessions with participants in a private conference room where participants felt comfortable, providing a safe, secure area to prevent any disturbance during the course of the interview session. Student leader participants were asked to respond to questions about:1) how they view the issue of HIV/AIDS on their campus; 2) what are student organizations and administrators doing on campus to educate the student body on HIV/AIDS; 3) what barriers do student organizations and administrators face when providing education to the student and; 4) source of support. Other questions asked about the leaders' level of obligation to and influence on their peers, administrative support they may receive, barriers they may face to providing HIV/AIDS education, and the organizational capacity of the organizations. Administrative participants were asked to respond to questions about: 1) the perception issue of HIV/AIDS on the campus; 2) what student organizations can do to improve techniques of educating peers about HIV/AIDS; 3) feelings about levels of support to student organizations, and; 4) perceptions of student organizations support to the student body.

The data from the tape-recorded and fully transcribed interviews were then analyzed using grounded theory. This approach is a problem-oriented endeavor in which theories are

generated from data patterns, elaborated through the construction of plausible models, and justified in terms of their explanatory coherence

This approach was used because it is more effective when studying new areas of research rather than for verification of already known trends in research. The data from the interviews were analyzed using content analysis to derive themes, generating basic interpretation grounded in the data (Strauss and Corbin, 1990). Each transcript was coded, and codes similar to each other were gathered together as main topics. These open coded categories formed concepts that were utilized throughout the analysis process. Identified factors were labeled and illustrated by selected interview quotes.

3.5 INTERVIEW AND LOCATION

Contact between the participants and the investigator occurred twice. The first interaction took place via telephone or e-mail to see if the individual was interested in voluntarily participating in the study. The consent and the actual interview took place in the second interaction. The interviews were conducted with only the interviewer and the participant present in a conference room where the participant felt comfortable. The participants were guaranteed anonymity because of the nature of the study by their interview not being able to be linked back to them. This anonymity was assured during the initial contact as well as the onset of the interview to encourage honest responses because of the topics being discussed as well as the individuals speaking on behalf on their organization. They were informed that the study was conducted by a Master of Public Health student in fulfillment of her research requirement. To help increase the participants' level of comfort, the Principal Investigator made the interviewing

environment as friendly as possible and also reminded participants of their confidentiality agreement and also, that they were free to withdraw from the study at any time. Prior to starting the interview session, the participants were informed that the session would be audio-tape recorded with a structured set of questions that would allow the Principal Investigator to compare the results between participants.

3.6 ANONYMITY, RISKS, BENEFITS

The University of Pittsburgh's Institutional Review Board approved this study on March 17, 2006 (IRB Number 060267). The University where the study was conducted also approved this study on February 17, 2006. Participants who agreed to be interviewed were asked not to identify themselves or the organization they represented by name or in writing during the course of the interview session. Each participant was given a brief description of the purpose of the interview, eligibility requirements for the study, and anonymity protections, risks, and benefits for participation. Before the interview was conducted, the Principal Investigator and participant read over the research participant information form and any questions that arose were answered at that time. Participants were provided contact information for the Principal Investigator and Co-investigator if they had any questions or comments regarding the interview. Protecting the anonymity of participants was of the utmost importance, therefore they were not asked to identify themselves. Strict measures were undertaken to ensure anonymity of information by maintaining audio tapes in a locked and secure file cabinet, accessible only to the Principal Investigator. Once the audio tapes were transcribed and analyzed, they were destroyed.

Participants were informed that the project could be beneficial because it will illustrate if and how student organizations on Historically Black Universities in the rural south are educating their peers about HIV/AIDS as well as provide insight and direction for development of creative programs and interventions for this population. The risks of completing this interview were minimal and did not involve any connection between consent form and interview instrument, so that the anonymity of the participant is protected. Safeguard of anonymity were such that the participant's rights and welfare were not violated during any phase or in any aspect of the study. The progress of the study was monitored weekly and data were collected over a period of two weeks, after which the data collection and recruitment period ended. Each week during data collection, the investigator examined participant recruitment, study procedures, and benefits-to-risk of study participation, and ensured subject privacy and research data anonymity. At the end of the two week collection phase, all data were compiled and analyzed over a two month period.

3.7 INTERVIEW SCHEDULE

Following are the interview questions that were used in the research project. Interview questions are grouped according to the topic being examined.

Participant Characteristic Information. Student leader participants were asked to report information such as, college major, classification, age, ethnicity, state of origin, and what office they currently hold within their organization. Other questions pertained to comfort level during the interview process.

Primary Student Category. This question determined which category the student organization fit under for example community service, social, religious or political. Responses were collapsed into five main student categories.

Perceptions on the Issue of HIV/AIDS on Campus. These questions provided insight on how the issue of HIV/AIDS is perceived among student leaders, the student body and administrators on their campus.

Student Leader Interview Questions

- On a scale of 1 to 10, with 10 being the highest, how important of an issue is HIV/AIDS on your campus and why?

Administrator Interview Questions

- How big of an issue do you feel HIV/AIDS is on your campus?
- Do you feel that students on campus understand the magnitude of HIV/AIDS?

Current Educational Efforts. The following questions related to activities that student organizations are facilitating on campus relating to HIV/AIDS education. These questions also examined the methods being used by student organizations and what methods they feel are more influential among the audience being addressed

Student Leader Interview Questions

- Does your organization have any components that involve HIV/AIDS education?
- What type of activities does your organization hold/facilitate relating to HIV/AIDS education?
- What message is your organization trying to communicate?

Administrators Interview Questions

- Have the student organizations on campus done a effective job in providing education on this issue to their peers?
- What do you think student organizations can do to improve their techniques of educating their peers on the issue of HIV/AIDS?

Barriers to Providing HIV/AIDS Education. The following questions identified reasoning and existence of barriers student leaders as well as administrators face when providing HIV/AIDS education to the study body.

Student Leader Questions

- What are some barriers to providing HIV/AIDS education to your peers on campus?
- Do you feel like your organization is reaching the gay, lesbian, bisexual and transgender populations? And if yes, how, if no, then why not?

Administrative Interview Questions

- What are some barriers that might prevent HIV/AIDS education to the student body?
- Do you feel that the gay, lesbian, bisexual, transgender populations at your school are being reached by the student organizations concerning HIV/AIDS, if so how, and if not why?

Student Organizations and University Administrator rapport. The questions in this section asked about the support system that exists between student organizations and administrators, and what role it plays when HIV/AIDS education is involved.

Student leader Interview Questions

- How much support does your organization receive from administrators and other health officials affiliated with the school relating to HIV/AIDS education?
- In what form is this support given to your organization?

Administrative Interview Questions

- Do you feel that administrators provide enough support to the student organizations?

Resources Utilized by Student Organizations and Campus Administrators. The following questions assessed what campus and outside resources are being utilized by student organizations as well as administrators to provide HIV/AIDS education on campus.

Student Leader Interview Questions

- What kind of materials/resources does your organization receive? Pamphlets, flyers? etc.?
- Where do you currently receive your resources or materials from relating to HIV/AIDS education?

Student Leader Perception of Peer Influence. This section examined how much influence student leaders believe they have over their peers and their level of obligation in addressing HIV/AIDS with them. Questions asked of the administrators examined if they utilize student organizations for HIV/AIDS education and what issues occur when utilizing these student organizations.

Student Leader Interview Questions

- On a scale of 1 to 10, how much influence do you think you have on your peers, and why?
- Being in the leadership position that you are in, do you feel it is your obligation to address this issue with peers? Why?

Administrative Interview Questions

- Do you feel that student organizations are a great way to gain access to the student body?
- Do you utilize student organizations to provide HIV/AIDS education on campus?

Organizational Capacity. These questions were asked to assess if student organizations possess the basic knowledge and background to deliver effective peer led interventions.

Student Leader Interview Questions

- What are the objectives or goals of your organization?
- What other health issues does your organization address?

What group do you feel has the highest rate of transmission and what is your organization doing to address this particular group? (homosexuals, heterosexuals, Injection drug users, etc.)

4.0 FINDINGS

The demographic characteristics of the participants are presented in Table 1. The majority participating student leaders (n=9) identified as African American (89%) with one student leader identifying as multiracial (11%). The majority of student leaders were 20 and 21 years old. Sixty-seven percent of the participants were from the state where the school is located, and the remaining 33% of participants were evenly distributed among three other states located in the South. Fifty-six percent of participants were seniors, 22 percent were juniors and sophomores. Freshmen were not included in the study because of organizational regulations and/or policies. For example, most Greek letter organizations require that a student must have earned a minimum of 24 credit hours. Student leaders came from various college majors, ranging from fashion design to biology. There was a vast range of representation from the student organizations. There was an even split of 22 % among the organizations who reported community service, academic, and religious. The majority of participants (78%) were presidents of their organizations while the remaining (22%) participants held a position on the executive board of their organizations such as secretary or public relations spokesperson.

Table 1. Student Participant Characteristics (N=9)

Characteristics	Number
Age	
20	3
21	3
22	2
23	1
Student Organization Category	
Community Service	2
Religious	2
Academic	3
Social	1
Other*	1
College Major	
Psychology	2
English	1
Elementary Education	1
Biology	1
Digital Media	1
History	1
Fashion Design	1
Other	1
Race	
African American	8
Multiracial	1
Classification	
Freshman	0
Sophomore	2
Junior	2
Senior	5
Leadership Position	
President	7
Other	2
State Origin	
SC	6
GA	1
MD	1
VA	1

* Student Organization is not chartered by the University, but recognized by some organizations on campus.

4.1 INTRODUCTION TO THE FINDINGS

The following findings show the salient categories and concepts that emerged from the data analysis. The findings are organized into the following topic areas: Barriers in education, Perceived peer influence, and Perception of HIV/AIDS among student leaders, administrators, and the student body. These topic areas are then grouped into categories, which are further explored by the concepts that emerged from them. These topic areas focused on because of the immediate link between the categories and concepts that emerged from the data analysis.

It is important to examine the barriers that student organizations and administrators encounter when providing HIV/AIDS education to the student body because they may provide insight to many problems that are hindering the progression of effective education that the university needs. Exploring the perception of the issue on campus aids in understanding the current state of mind students, administrators, and the student body may have relating to HIV/AIDS and how it is currently effecting their environment. It also helps to establish a baseline for prevention education. Perceived peer influence is vital to peer education, because if student leaders are not aware of the influence they have over their peers, they will not recognize the ability they possess to channel it for positive influence. Key quotes from participants relating to the topics are included in this section to provide first hand accounts from the student leaders and administrators on their standpoint of the topic area under which the quote falls.

4.2 PERCEPTION OF HIV/AIDS

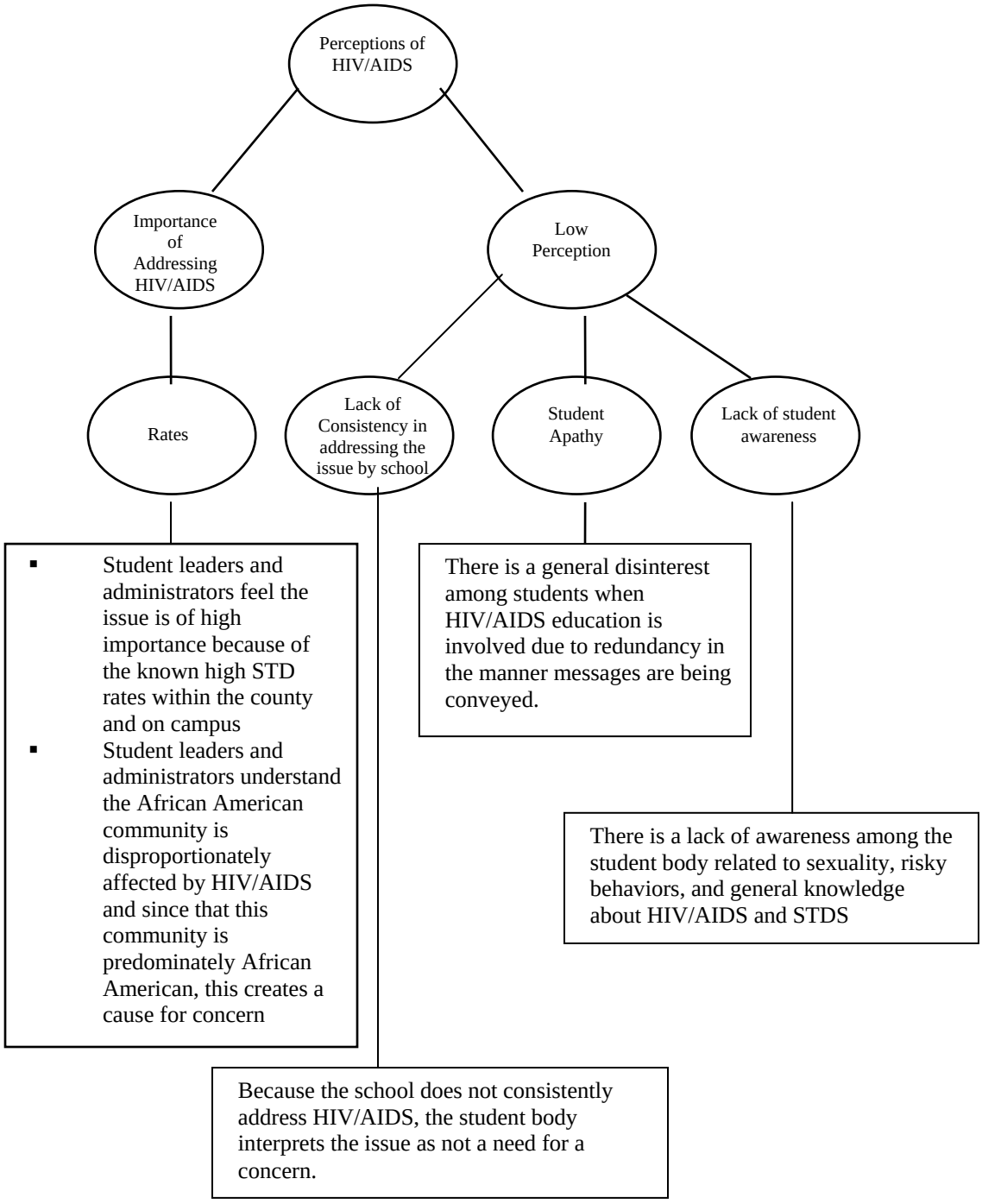

Figure 1. Perceptions of HIV/AIDS, Categories, Concepts, and Descriptions

Categories: Importance of Addressing HIV/AIDS on Campus, Low Perception

Concepts: Infection Rates, Student Apathy, Lack of consistency in addressing the issue by school, Lack of student awareness

Student leaders as well as administrators recognized that there is a concern related to HIV/AIDS on campus because of reported high STD rates as well as high HIV/AIDS rates within the community. They also understand that HIV/AIDS disproportionately affects African Americans in general, which is why majority of participants ranked the importance of addressing the issue so highly. Student leaders and administrators also felt that the general student body has an overall low perception on the magnitude of HIV/AIDS on their campus. What student leaders and administrators meant by low perception is the student body is not cognizant of how the issue affects their campus or them personally. Student leaders and administrators feel the low perception exists because of student apathy, lack of consistency, and lack of student awareness. One Administrator said (relating to Importance of addressing HIV/AIDS on campus): "I do not think that students on campus understand the magnitude of HIV/AIDS, I don't even think the African American community recognizes the magnitude."

Many students feel that HIV/AIDS is not addressed on a continual basis, and when it is addressed, the messages are redundant, and conveyed in the same settings. For example, student leaders have heard their peers complain about attending seminars where the speaker presents a PowerPoint presentation on sexually transmitted diseases, and then advises the students to use condoms. Many student leaders stated that their peers already know condoms can be used to prevent contracting sexually transmitted diseases. Messages like the one mentioned above cause students to become disinterested in what the presenter has to say during the seminar, because they have heard the same message in other settings on campus. Others feel the lack of

consistency in addressing HIV/AIDS creates room for student apathy. For example, since HIV/AIDS is not being discussed as much on campus, it indirectly sends the message to the student body, that the issue must not be important, or the administrators would draw more attention to the issue.

> Until things like this go on…you really do not hear too much about HIV/AIDS. Maybe from a few organizations, every now and then, the Red Cross comes on campus, and then we talk about it, but other then that, you never really hear any information about it (A student leader noted).

Student leaders and administrators feel that the student body has a lack of awareness as it relates to sexuality, risky behaviors, and general knowledge about HIV/AIDS and STDs.

Student leaders report that students rarely discuss sexual issues as a primary topic with their peers, because most students are not comfortable discussing them. Student leaders feel their peers do not want to discuss sexuality for fear of being shunned by the public as well as their peers, if they live alternative lifestyles and have not yet came out to their community. Other students in general are not comfortable speaking about sexuality because family members teach them that it is a topic that should not be discussed in public.

Student leaders feel their peers' are able to observe other peers risky sexual behaviors, but are not accurate in accessing their own level of risk. Many student leaders feel that their peers are unable to correctly assess their risky sexual behaviors, because they lack the knowledge of what is defined as a risky behavior.

4.3 BARRIERS IN EDUCATION

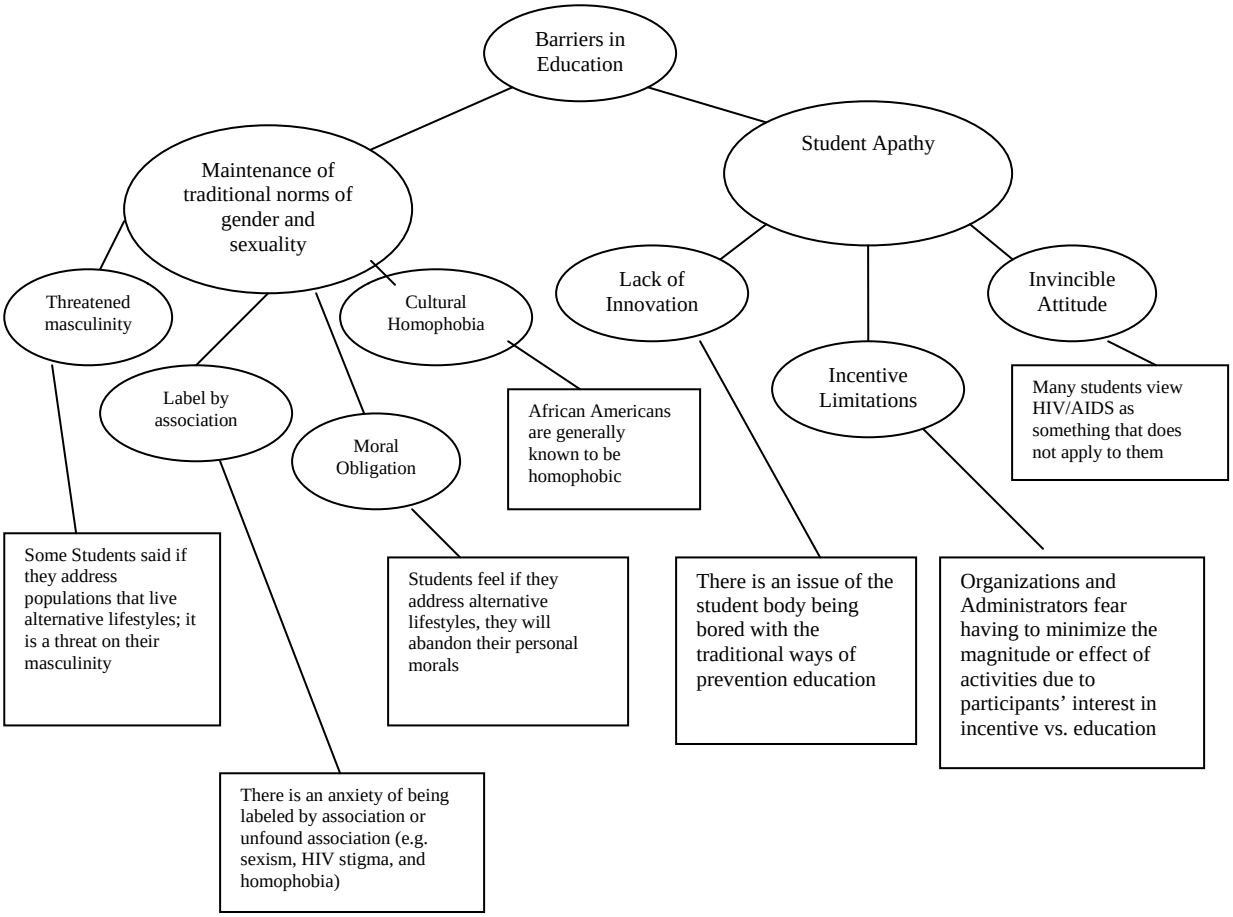

Figure 2 Barriers in Education, Categories, Concepts, and Descriptions

Categories: Maintenance of traditional norms of gender and sexuality, Student Apathy

Concepts: Moral Obligations, Threaten masculinity, cultural homophobia, label by association, invincible attitude, lack of innovation, incentives limiting magnitude of message

Many student leaders mentioned that they or their student organizations do not directly address their peers who engage in alternative lifestyle behaviors because they feel they are in a sense, abandoning their personal moral obligations. They feel that addressing this population

conveys the idea that they accept of alternative lifestyle behaviors, a message they do not want to send. Some organizations whose membership is comprised of young adult men feel that by addressing people who engaged in sexual behaviors that are not considered mainstream would cause other peers to question their own masculinity or sexual orientation:

"African Americans are historically homophobic. I think AIDS is still a disease that people are real scared to talk about, specifically college students, we are doing the best we can do, but there is room for improvement."

"I do not think they (the alternative lifestyles population) are being reached because that is a behavior that the general population has a problem with. I do not think at a historically black college, or the culture in which we live is ready to embrace those types of lifestyles."

"Being in an organization that has a membership comprised of young adult men, everyone wants to portray a macho or that alpha male persona. Many of them feel that to address that, it doesn't reflect macho manliness."

Others voiced that "label by association" or 'unfounded' association is a barrier to education. Many student leaders stated that their peers will not seek prevention services (e.g. HIV testing) due to the fear of being associated with people who have STDs or HIV/ADS because of the extreme stigma relating to HIV/AIDS and STDs.

Stigma of HIV/AIDS is a huge barrier that hinders a lot of growth, and it must be addressed and eradicated in order for progress to take place. Some students are even scared to be tested, because they fear that someone will see them, and will naturally assume that they are infected (One student leader commented).

Some student leaders stated that some students will not even participate in activities related to HIV/AIDS unless there is some type of incentive being offered. Student leaders feel this causes a decrease in the magnitude of the issue being discussed.

One of the main barriers at this campus is that a lot of students don't want to do things unless it's a party or food is involved. Therefore, the barrier is in providing quality information without having to water it down with entertainment. Getting students to be involved in helping themselves make better choices seems to be a hard thing to do. It is hard to get students to

participate, unless you have something there for them. There is always that what's in it for me factor, when it comes to providing education and awareness (A student leader noted).

Student leaders believe their peers feel they are invincible when it comes to an outlook on HIV/AIDS, thinking that it does not apply to them, or they are too young to be concerned with the disease. "Our peers are quite apathetic to a lot of health issues, they are aware, but they have the attitude that it's not going to happen to me."

4.4 PRECEIVED PEER INFLUENCE

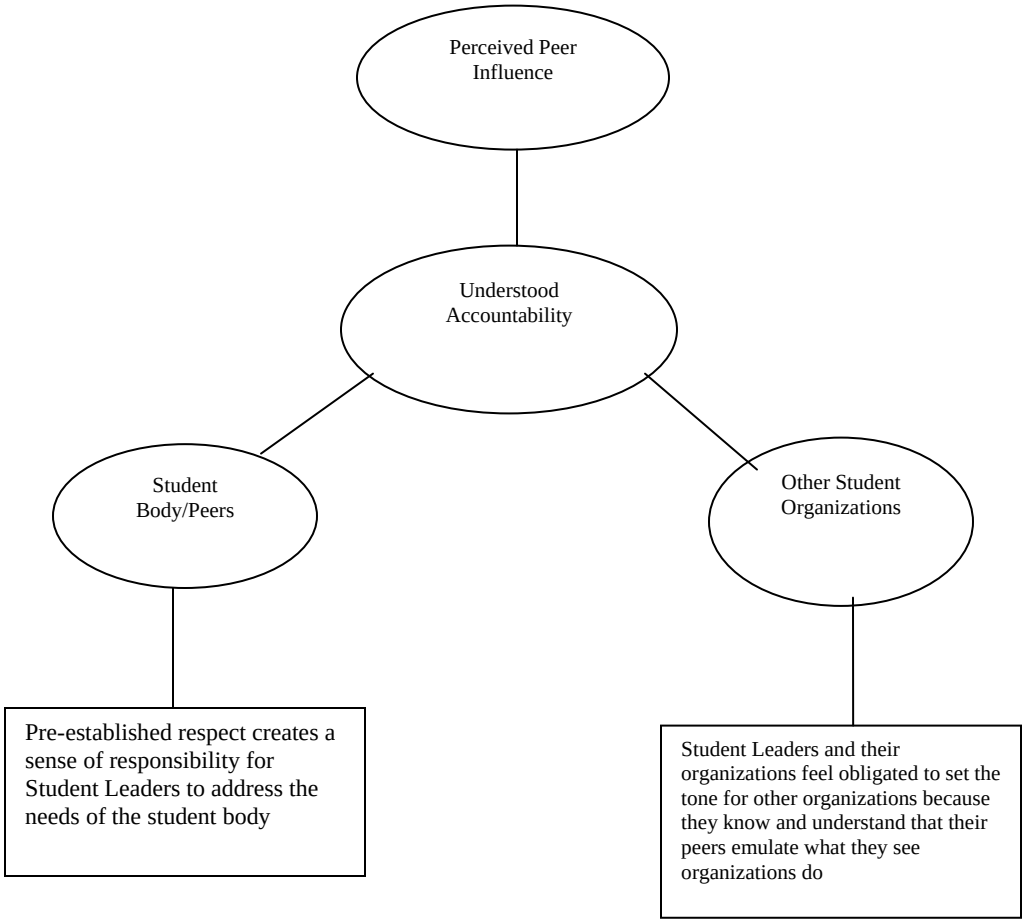

Figure 3. Perceived Peer Influence, Categories, Concepts, and Descriptions

Categories: Understood Accountability/Responsibility

Concepts: Student Body/Peers, Other Student Organizations

Many student leaders expressed the sense of understood accountability because of pre-established respect between them (student leaders) and their peers. Student leaders understand once they are elected into a position, there is an unstated responsibility that they take on. They realize they are constantly under observation by their peers, and that they unknowingly may be impacting one of their peers life as they are being watched by them. Since many student leaders

understand and tend to embrace this responsibility, they feel obligated to educate the student body, and address their needs and concerns. Student organizations collectively feel obligated to set the tone for other organizations because they know and understand that they are emulated. "I feel it is my obligation to address the issue with our peers because it's killing a lot of my peers in the African American community. A lot of peers have the disease and are passing it to others." "We have a wide, sweeping range of influence over some social behaviors, so it is important to portray a responsible image to our fellow peers." "We are the top echelon organization, serving 60 student organizations on campus, so we know we have the power to set the tone for whatever trend or issue that needs to be discussed on the overall campus."

Other topics that emerged were knowledge of transmission, educational efforts, resources, and efforts from student organizations.

Knowledge of Transmission

When student leaders were asked what population they believe has the highest rate of transmission of HIV/AIDS, various answers were given. Homosexuals, bisexuals, injection drug users, and down low men were just a few of the responses. Their responses were based their answers on hearsay, or observation of their peers rather than factual information.

Educational Efforts

Student leaders mentioned several times throughout the interview process that they felt that first hand encounters with the disease, such as a personal testimony of HIV positive people or persons living with AIDS seem to be one of the most effective ways to educate their peers about the disease. Student leaders said that when they and their peers see a person who "looks like them, and acts like them" speaking about the disease, they feel they are able to relate more.

Resources

An administrator voiced her concerns about the informational resources that the infirmary on campus utilizes to inform the student body about health issues in general. She believes that students in "this" generation are a visual generation, and the information does not always look like the audience. The administrator attributed this problem to higher costs in ordering resources catered to special audiences.

Efforts from Student Organizations

The majority of student organizations do not primarily implement programs; they either participate with outside organizations (organizations off campus) or collaborate with the health center, and assist in HIV/AIDS education activities. Although no student leaders mentioned why their organization does not host its own programs, or collaborate with other student organizations, administrators stated it is due to student organizations being territorial, and not wanting to share audiences.

5.0 DISCUSSION AND CONCLUSION

5.1 PURPOSE

The purpose of this qualitative study is to examine whether student organizations are an effective vehicle for providing HIV/AIDS education to their peers at Historically Black Colleges and Universities. The study assessed this by examining how the issue of HIV/AIDS is viewed by student leaders and administrators on campus, barriers that student organizations and administrators face when providing education to the student body, and how student leaders rate their leadership influence with peers. This chapter presents a discussion on these issues and some of their categories and concepts, limitations of this study, and implications for future research.

5.2 MAINTENANCE OF TRADITIONAL NORMS OF GENDER AND SEXUALITY

5.2.1 Cultural Homophobia.

Various authors note that anti-gay attitudes and sentiments are evident among African Americans then other ethnicities. For example, Waldner (1999) comments, “homophobia is very common in the African American Community.” That sentiment is echoed by Kennamer,

Honnold, Bradford, and Hendricks (2000), who reports, that homophobia, appears to be a major part of the African American culture, driven by both religious forces and political forces."

When asked about reaching out to the gay, lesbian, bisexual, and transgender community, one student leader from a religious organization commented:

> Sadly, we do not reach out to them. I wish we could bring them in our church, but we do not ordain gay or lesbian ministers, and our church does believe that behavior is unacceptable, but we do accept them into our church for guidance and to help build their spirituality.

Various critics contend that homophobia among African Americans is partly responsible for slowing African Americans mobilization against the AIDS epidemic in their communities (Fullilove & Fullilove, 1998; Peterson, 1988).

At an institutional level, schools must work to support gay and lesbian teachers and students. Schools should seek to provide an environment that is inclusive and affirming of gay, lesbian, and bisexual people in all aspects of school life (Liggins S., 1994; Nickson A., 1996) The visibility and inclusion of gay and lesbian people within schools, and interpersonal contact with them under favorable circumstances, is very effective in reducing homophobia (Van de Ven P., 1996). University officials should establish nondiscrimination policies based on sexual and gender orientation in matters of hiring, tenure, promotion, admissions, and financial aid. Policies of active outreach in hiring openly GLBT and/or GLBT-sensitive faculty, staff and administrators in all segments of the campus community should be explored and implemented. As far as training and development efforts, it is suggested that homophobia and other diversity workshops should be mandatory for the entire campus community to sensitize and educate staff, faculty and administrators. University officials should continually make strong, clear, public statements on a regular basis that state, the college's commitment to ending discrimination, violence, and harassment, and these acts are entirely unacceptable and appreciation of the value

of diversity on campus, including diversity of sexual orientation and gender identity will be preserved.

Issues relating to GLBT people should be formally and permanently integrated into existing courses across the curriculum. Courses dealing specifically with GLBT issues in the humanities, natural sciences, education, social sciences, and other disciplines should be established (Blumenfield W., 2000). A governing administrative body of the university should assess student opinion regularly, in order to gauge the effectiveness of implemented changes.

From a religious perspective, The Balm in Gilead, a non-profit, non-governmental organization whose international mission is to stop the spread of HIV/AIDS throughout the African Diaspora by building capacity of faith communities to provide and support networks for all people living and affected by HIV/AIDS would be a useful resource for this community. The Balm in Gilead, endorsed by over 17 major church denominations, caucuses, and coalitions as well as independent churches, spearheads a dynamic response to the AIDS crisis in the African American community. Some of the goals of the organization are to develop and disseminate culturally appropriate educational materials to the African American community and provide training, organizational, and technical assistance to churches, church groups, AIDS service organizations and health departments through The Balm In Gilead's HIV/AIDS technical assistance which is supported through a cooperative agreement with the US Centers for Disease Control and Prevention.

This organization hosts several programs geared towards HIV education and issues surrounding HIV such as homophobia in the black church. Our Church Lights the Way, which is a HIV testing campaign that engages the support of the black pulpit to empower and support individuals to get tested for HIV. This could be one way of addressing cultural stigma related to

HIV/AIDS in the community by generating discussion of the issue in church. Other programs provide pastors and clergy men with information on how to address homophobia in their churches, and still maintain traditional teachings of religion.

5.3 LABEL BY ASSOCIATION/STIGMA

The lack of use of HIV testing services by significant numbers of individuals at risk for HIV may be attributed to a number of factors, both on individual as well as societal levels (Peltzer et al., 2004). Many participants in the study thought that their peers are reluctant to seek HIV preventative services because they fear they will be associated with having the disease. Other barriers to HIV stigma include perceived stigma and fear of discrimination if seropositive status, concerns over privacy and the issue of who has access to information about one's HIV status (Douard, 1990). One student leader stated, "It's just the stigma, which is a huge barrier. The stigma that if someone walks up to a table and seeks information about HIV, or goes to get tested, they feel uncomfortable because they think that other people might think they have it."

Although some students may go in groups to get tested, it would seem less stigmatizing if the university would have special days with set themes such as Couples HIV testing, or bring a Friend to HIV Testing day. This would create a more comfortable environment for open dialog to discuss HIV/AIDS with peers, and provide support from friends and significant others to individuals being tested. Students could utilize off campus services relating to HIV testing because they feel their confidentiality is protected in higher regards at other testing sites not located near the campus. Perhaps the university should provide students with more off campus resources to utilize testing. It is important to provide students with a variety of options for

testing. Many students educate themselves by accessing information via the internet. It is suggested that the university health services provide students with an informative website about HIV/AIDS and other sexually transmitted diseases. This anonymous website should also contain resources and information regarding testing for students who may be from other areas of the United States. That way, if students are not comfortable with being tested in the county where the school is located, they are aware of the resources located in their hometown and surrounding counties.

5.4 STUDENT APATHY

5.4.1 Incentive Limitations/ Lack of Innovation.

Student leaders and administrators stated that the majority of the programs facilitated by the university are not well attended, and members of the student body who attend activities show up only because of some type of incentive that student organizations and administrators use to draw the crowds to programs. Many feel they have to "water down" the information, or that students do not fully comprehend the messages conveyed because of attention being focused on incentives. This could be partly due to the fact that some of the programs may be redundant in the manner they are conveying information, which causes students to lose interest in the information and create room for student apathy and in turn causes lower attendance rates for future programs and activities. Although student leaders and administrators neglected to mention the incentives they provide to students, it would be more beneficial to provide incentives with messages geared towards HIV/AIDS awareness, such as t-shirts with the got "GOT AIDS?" logos on them, or buttons that may say, " I know my status, do you know

yours?". By providing incentives geared towards HIV/AIDS awareness, student organizations are adding to their activities relating to the issue.

To address the issue of redundancy of HIV educational efforts on campus, the overall student organizations and administrators should collaborate with the director of student life to generate new ideas and commit to so many programs per academic year relating to HIV/AIDS. This process would cut back on redundancy of programs, and this idea should not only be utilized for HIV/AIDS, but all health disparities affecting the African American community.

5.4.2 Lack of Innovation and Initiative.

Another issue is the lack of innovation relating to HIV/AIDS education by student organizations and administrators. Many student leaders stated they mostly educate their peers by dissemination of literature and symposium seminars. There is little to no interaction between the audience being addressed and the speaker, when the student organizations use these forms of education. Dissemination of literature and symposium seminars may be utilized more as avenues of education by student organizations, because they are easy and require little to no effort compared to other activities (e.g. AIDS awareness week, unstructured panel discussions, and forums).

There appears to be an overall lack of initiative among student organizations to facilitate their own programs or activities. A majority of student leaders stated their organization almost always collaborates with the student health center on campus when participating in HIV/AIDS education. This could be due to the fact that most programs are facilitated by a head university health official. Student leaders as well as administrators agree that the university officials are

supportive in student activities pre-established by the student health center located on campus, but overall lacking when it comes to encouraging students to create new ways of addressing the issue of HIV/AIDS with their cohort. Perhaps, incentives from administrators should be awarded to students organizations as a way of motivating them to create innovative ways in facilitating HIV/AIDS education to their peers.

5.5 LOW PERCEPTION

5.5.1 Lack of Student Awareness.

Low perception of HIV/AIDS among the population under study could be attributed to several factors. There is an overall lack of discussion relating to sexuality on campus. When asked of other programs organizations may host, none of the student leaders mentioned anything relating to sexuality. There was one university official however who mentioned that she does address the issue of HIV/AIDS through a component taught in her human sexuality course. The university official stated:

> "I teach a class in the psychology department, and I actually had a young lady come in to my class who was a lesbian, and she volunteered to come to the class. The behaviors of the students were so disruptive and rude, that I was embarrassed on behalf of the class. They shouted obscenities at her; they accused her of horrible things, the screamed religious threats at her such as she was going to hell for her behavior. Several of them stormed out of the class and from what I understand, talking to other students, that kind of homophobia is prevalent on campus. It comes from I think a number of different sources. I think it comes from people's religious orientations, because I also have a radio show, that deals with sexuality and relationships, and somebody asked me on the air last night, that don't people realize that when they engage in homosexuality, they are committing a sin, and they should read the bible, because if they read the bible, they would not do that. And I think that represents number one, a very conservative, draconian kind of religious conservatism. It represents the utmost intolerance and also represents an ignorance of what sexual orientation is all about."

Student leaders and administrators should host programs on campus that primarily focus on all types of sexual orientation and behavior. It may be ideal to solicit help from the professor who teaches in the psychology department, because she has established a rapport with some students through her course. She mentioned that many students seek her help after class or through her radio show on campus that focuses on sexuality and relationships. More studies should be conducted on sexuality issues of the HBCU population (e.g. the Knowledge, attitudes, and behaviors about sexuality and barriers to discussing sexuality). Future research may provide insight on why these students are having a complex time with discussing sexuality and also aid in creating intervention programs that may be more relative to the population under study.

Lack of understanding relating to risky behaviors could also be attributed to the low perception of HIV/AIDS among this population. It was stated by many participants that the students on campus lack the basic information about risky behaviors they engage in, and therefore are unaware of their level or risk.

5.6 UNDERSTOOD ACCOUNTABILTY

5.6.1 Student Body/Peers

Even though student leaders understand how much influence they have over their peers, it is suggested that student leaders of all organizations had to attend a mandated mini-leadership camp to cultivate their leadership skills. This leadership camp would address issues such as time management, positive influence over peers, and effective ways to establish positive rapport between student leaders and the university administrators.

5.6.2 Knowledge of Student Leaders

When students leaders were asked what population has the highest transmission rate, none answered correctly, which indicates a lack of general knowledge among the leaders of the organizations who are educating their peers about HIV/AIDS. It is suggested the university utilize a Popular Opinion Leader Intervention (POL). This intervention is a community-level intervention whose specific form of HIV prevention with core elements that are derived from social diffusion theory and with intervention procedures based on that theory as well as the research literature on effective communication messages and behavior change processes (Kelly, 2004). Some core elements include that the intervention is directed to an identifiable target population in well-defined community venues and where the population's size can be estimated.

Another core element is ethnographic techniques are systemically used to identify segments of the target population and to identify those persons who are most popular, well-liked, and trusted by others in each population segment. The program teaches Popular Opinion Leaders skills for initiating HIV-risk reduction messages to friends and acquaintances during everyday conversations (Kelly, 2004). This intervention would be ideal to use with this population, because student leaders are more known, and respected by their peers. Because of these two reasons alone, a Popular Opinion Leader intervention would be effective for this group.

5.6.3 Limited Resources

One administrator mentioned that a problem with resources the university utilizes does not cater to the students, and materials that do cater to special audiences are hard to locate and in some cases, are more expensive to order. Perhaps it would be in the better interest for the university to utilize their resources. They have a digital media program at the university, where

they could utilize the students of this program to aid in designing pamphlets, incentives and other materials that would cater to the audience. This would also aid in some of the economic issues the school may be facing when seeking out resources.

5.6.4 Effective Education

Many student leaders mention that their peers pay more attention to personal testimonies from people who are HIV positive, or are living with full-blown AIDS. Perhaps it would be even more beneficial to have HIV positive students come in who are around the same age and of the same ethnicity to speak to the students. If the speakers appearances are similar to the audience, and they see that they and the speaker are alike in many ways, maybe the magnitude of HIV/AIDS will effect them more on various levels.

5.7 LIMITATIONS OF THE STUDY

The results of this study are not generalizable to all Historically Black Colleges and Universities for various reasons. Majority of HBCUs are in the rural south, but there are some in other geographical locations (e.g. Midwest, North) as well as metropolitan areas where there maybe a plethora of resources and the needs of the populations may be different.

The university utilized for this study is a four year, state supported public school, which receives 80% of its funding from the state and 20% from private sponsors. There are several 2 years and 4 year private HBCUs, who were not included in the study. Private Universities are religiously sponsored by various denominations. Therefore, this study does not provide representation from religiously sponsored HBCUs.

The views discussed during this exploratory study are those of student leaders of organizations and administrators. No data was collected directly from the student body, not that it discounts what any of the student leaders or administrators said, because the student leaders are students of the university, but to have representatives of the student body to participate in the study would have provided more perspective on the issue.

5.8 IMPLICATIONS FOR FUTURE RESEARCH

This study has explored whether student organizations on Historically Black Colleges and Universities are an effective way of organizing peer led interventions for HIV/AIDS education. The study examines the perspectives from student leaders and administrators on the issues of how HIV/AIDS effects this campus, barriers that student organizations and administrators may face when providing education to the student body, and how student leaders perceive peer influence. There are some implications for future research, education and prevention of HIV infection.

Since students are generally uncomfortable with discussing sexuality openly in public, more research should be conducted to understand what causes this discomfort in discussing sexuality. It could be suggested that primary discussions of sexuality should be addressed in environments where the student leaders may feel less threatened.

Baseline studies should be done on this age population within the African American community to assess the causes of students' homophobia. With future research on cultural homophobia within the HBCU population, it is believed that results may project variations in the reasons why homophobia is so prominent within this population compared to other age groups of

the African American community. Once the reasons have been established, then researchers would be able to better formulate effective intervention strategies on the issue of homophobia.

Another suggestion for future research and education of HIV infection would be to examine if having presenters or health professionals of the same ethnicity as the population effects whether students value the information more if it is coming from someone that may have the same background as them. More Knowledge, Attitudes, and Behavior studies of college students relating to HIV/AIDS and sexuality should focus specifically on Historically Black Colleges and Universities. Most studies focus on college students at predominately white institutions or African American college students at predominately white institutions which is not generalizable to all African American college students. Other areas of further investigation include studies on how university officials address gay, lesbian, bisexual, and transgender students on campus, and their perceived effectiveness on meeting the needs of this population. Perhaps future studies should be conducted on the GLBT population of the campus to understand how they feel they are being treated on campus and why, and what do they think should be done to improve the rapport between them, their peers, and administrators of the university. An online GLBT study would be ideal as an added protection of participants' confidentiality rights. More studies in general should examine why this population of college students are not being tested.

In conclusion, it is possible for student organizations to be utilized as a vehicle for HIV/AIDS peer led education, but they must first attain knowledge of HIV/AIDS and the issues that surround this topic. Issues such as sexuality and homophobia must first be addressed, in order to reduce stigma surrounding HIV/AIDS. By addressing stigma, it would create a positive environment for productive learning. Administrators must encourage student organizations to apply their creativity when HIV/AIDS education is involved. Creativity is needed to warrant

attention of their peers and reach them from different perspectives on the issue of HIV/AIDS. In addition to university efforts, public health professionals and researchers must conduct more studies with the HBCU population to create prevention and intervention programs suited to meet the needs of this population

APPENDIX A

RESEARCH PARTICIPANT INFORMATION

Title: Utilizing Student Organizations on Historically Black Universities in the Rural South to Facilitate HIV/AIDS Education.

Principle Investigator

Martinique Free, Bachelors Degree in Science, Laboratory Animal Science
Graduate Student, MPH Candidate
Masters of Public Health, Communicable Diseases and Behavioral Health Science
Department of Infectious Diseases and Microbiology
Graduate School of Public Health
University of Pittsburgh
Phone: 803-535-9402/412-687-2988
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Co-Investigator

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Graduate School of Public Health
University of Pittsburgh, PA
412-624-5080
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Source of Support: Department of Infectious Diseases and Microbiology, University of Pittsburgh, Graduate School of Public Health

Description:

To formally introduce myself, I am Martinique Free, and I am currently a candidate for the Masters of Public Health, Communicable Diseases and Behavioral Health Science program at the Graduate School of Public Health in the Department of Infectious Diseases and

Microbiology. As part of my thesis project, I have decided to conduct a study which explores the use of student organizations on Historically Black Colleges and Universities (HBCUs) in the rural south. Being that I attended a HBCU in the rural South as well as participated in and headed several student organizations throughout my undergraduate career, I felt it very necessary for me to identify how student organizations are a great way of facilitating HIV/AIDS education on HBCUs because of the growing concern among this population of students. The interview will gather information about 1.) participant demographics 2.) examine the goals and objectives of the organizations 3.) the organizations views on the importance of addressing HIV/AIDS on their campus and 4.) how do they educate their peers about the virus and disease. The information gathered from the interview will provide the basis for future data-gathering and will give HIV prevention programs and specialists insight on how student organizations should be seeked out and supported more to reach the HBCU student population for HIV/AIDS education. Other questions aimed to be answered by conducting this research is to determine: 1.) What are some barriers to providing HIV/AIDS education to your peers on campus and 2.) Do you feel like your organization is reaching the gay, lesbian, bisexual, transgender and queer population?

As a participant who volunteers to be interviewed you will not be asked to identify your self in any manner throughout the interviewing process, and in no way will your interview linked back to you. The interview will primarily be conducted by the Principal Investigator at one Historically Black University in the South, in a safe, secure area to prevent any disturbance during the course of the interview session. After each interview, the audiotape will be secured in a safety lock box.

The risks of completing this interview are minimal and do not involve any connection of information consent form and survey tool, so that your anonymity as a participant is protected. However, those who choose to volunteer for the interview may find some personal distress related to the sensitive nature of some of the questions. You as a participant may feel frustration, anxiety, and/or boredom during the interview, and if such feelings should arise, you may stop at anytime. Safeguards for anonymity are such that participants, rights and welfare will not be violated in any phase or aspect of the study. This interaction will be one time only, and it is important to note, that at no time will your name be discussed during the interview session to the Principal Investigator. Your participation is voluntary, and you may withdraw from the project at anytime. If you choose not to participate you will be thanked for your time. Once the interviews are completed, the audio tapes will be kept in a secure locked area at the University of Pittsburgh, until the data are ready to be analyzed. Upon transcription of information, data will be aggregated, tapes will be destroyed.

You will receive a copy of this research participant information form for your records. This study is being conducted by Martinique Free, who can be reached at (803) 535-9402 or marti2004@yahoo.com, should you have any questions. If you have any concerns, the Human Subject Protection Advocate, Institutional Review Board may be reached at 1-866-212-2668.

Thank you.

APPENDIX B

PARTICIPANT INTERVIEW QUESTIONS AND SCRIPT

Tape recorders:

Turn on the tape recorder

A. Welcome, Introductions, and Introductory Comments:

1. Welcome and Thank you! First of all, I would like to say welcome and thank you for making it to today's interview session. Please come in and make yourself comfortable.

2. Introduction

Before we get started, I would like to introduce myself. My name is Martinique Free and I am a graduate student at the School of Public Health, at the University of Pittsburgh where I am currently a candidate for the Masters for Public Health, Communicable Diseases and Behavioral Health Science Program. As part of my thesis project, I have decided to conduct a study which involves using student organizations on Historically Black Colleges and Universities (HBCU) in the rural south for HIV/AIDS education.

My benefit in doing this project is simply because being that I attended a HBCU in the rural south, it came to my attention that HIV/AIDS on HBCU campuses in the rural south is an increasing concern within this community. What I am trying to accomplish here is to learn by gathering information about what your organization's views are on how your school perceives HIV/AIDS, what is your organization doing to address the issue as well as some potential barriers your organization may face when trying to deliver HIV/AIDS education.

What to expect

What I will do next is to explain to you just a little bit about what is to be expected during the course of the interview that you will be here. You have in front of you a Research participant Information Script and it describes briefly what my research is about as far as what type of questions that I will be asking and basically what is to be expected during the course of the interview. Just to highlight the important aspects of the study for starters, the whole interview session will be taped recorded and to safeguard your privacy, your name will

not be used during the interview, no identifying information is to be provided, and that the tape once interviews are finished will be locked securely until the data are ready to be transcribed and analyzed. This interaction will be one time only and upon transcription of the information from the audiotape, data will be aggregated and tapes will be destroyed.

The interview will gather information about 1.) participant demographics 2.) examining the goals and objectives of the organizations 3.) The organizations views on the importance of addressing HIV/AIDS on their campus and 4.) How does your organization educate their peers about the virus and disease. The information gathered from the interview will provide the basis for future data-gathering and will give HIV prevention programs insight on how student organizations should be seeked out more to reach the HBCU student population for HIV/AIDS education. Other questions aimed to be answered by conducting this research is to determine are what barriers the organizations may face when attempting to provide HIV/AIDS education and does your organization feel that their programs and methods are reaching the gay, lesbian, bisexual, transgender, and queer population. Once we have gone through with all the interview process and all your questions and concerns have been answered, your organization will then be entered in a drawing for a 100.00 dollar cashier check for compensation in participating in the project.

Anonymity

As a participant, keeping your anonymity is of the utmost importance, thereby you will only be asked to identify yourself by initialing the information consent form. After completion of the interview and we have discussed any issues and answered any questions the audiotape will be securely locked in a file cabinet in a secure area at the University of Pittsburgh accessible only to myself and the Co-investigator, until it is ready to be transcribed and analyzed. Once the audiotapes are transcribed and analyzed they will be destroyed. No names or any other identifying information will be discussed with others.

The risk of completing this interview is minimal and do not include any connection of information consent form and survey tool, so that your Anonymity as a participant is protected and that your rights and welfare will not be violated in any phase or aspect of the study. Your anonymity is my primary concern. It is important during and after the interview. The use of the tape recorder is merely to ensure accuracy of information that you will give me during the course of the interview session. Also I would like to emphasize that there are no right or wrong responses, and no good or bad responses. I ask that you keep in mind throughout the whole interview that you are here to speak on behalf of you organization solely. Lastly, just so we are not interrupted, I ask that you silence all electronic devices.

Interview Questions:

Student Participant Questions

1. On a scale of 1 to 10, how important of an issue is HIV/AIDS on your campus and why?
2. Does your organization have any components that involve HIV/AIDS education?

3. What type of activities does your organization hold/facilitate relating to HIV/AIDS education?
4. Of the programs, what message is your organization trying to communicate?
5. What are some barriers to providing HIV/AIDS education to your peers on campus?
6. How much support does your organization receive from administrators and other health officials affiliated with the school relating to HIV/AIDS education?
7. What form is this support given to your organization?
8. Where does your organization currently receive their resources or materials about HIV/AIDS education from?
9. What kind of materials does your organization receive? Pamphlets, flyers? Etc.?
10. On a scale of 1 to 10, how much influence do you think you have on your peers, and why?
11. Being in the leadership position that you are in, do you feel it is your obligation to address this issue with peers? Why?
12. Do you feel like your organization is reaching the Gay, lesbian, bisexual and transgender populations? And if yes, how, if no, then why not?
13. What are the objectives or goals of your organization?
14. What other health issues does your organization address?
15. What group do you feel has the highest rate of transmission and what is your organization doing to address this particular group? (homosexuals, heterosexuals, Injection drug users, etc.)

Administrator Participant Questions

1. How big of an issue do you feel HIV/AIDS is on your campus?
2. Do you feel that students on campus understand the magnitude of HIV/AIDS?
3. Have the student organizations on campus done a great job in providing education on this issue to their peers?
4. What do you think Student organizations can do to improve their techniques of educating their peers on the issue of HIV/AIDS?
5. What are some barriers that might prohibit HIV/AIDS education to the student body?
6. Do you feel that administrators provide enough support to the student organizations?
7. Where do you currently receive your resources or materials from relating to HIV/AIDS education?
8. Do you feel that student organizations are a great way to gain access to the student body?
9. Do you utilize student organizations to provide HIV/AIDS education on campus?
10. Do you feel that the Gay, Lesbian, Bisexual, Transgender populations at your school are being reached by the student organizations concerning HIV/AIDS, if so how, and if not why?

Closing Comments

I would like to thank you again for coming and helping me further complete my thesis project. You have been a great help and your contributions in today's interview session is very much appreciated. I have learned a lot from today's session as I hope you did as well.

The information gained from this study will be used in a thesis project, and hopefully offer prevention educators with some insight on what student organizations are doing to educate their peers about HIV/AIDS as well as some barriers they may face and provide some creative ways to reduce the incidence of HIV in the HBCU population. Is there anything else that I could do for you today as far as any other questions or comments and any other concerns that you may have regarding today's interview? Should any other questions arise in the near future please do not hesitate to contact me by telephone or e-mail. Again I would like to say thank you for participating in today's interview session and have a nice day.

APPENDIX C

STUDENT PARTICIPANT QUESTIONARE

The following questions will help us better understand your opinions and also for evaluation of the study. Feel free to express any ideas and reactions, either positive or negative. Please do not put your name on this questionnaire.

Please circle your response to each idea using the following scale:

1-Low 2-Average 3-High 4- Very High

Your comfort level while participating in this interview.
1 2 3 4

2. Your comfort level with the person asking the questions.
1 2 3 4

3. Your comfort level with the questions.
1 2 3 4

4. Your belief that important information was discussed in this interview.
1 2 3 4

The following information allows us to know some general information about you.

What is your:

Major_____
Classification: Freshman Sophomore Junior Senior

What position in your organization do you currently hold?
_____
Age_____
What is your Race/Ethnicity_____?

What city and State were you raised in?

Thank you for your time

APPENDIX D

HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

HBCU	Date Founded
Alabama A&M University	1875
Alabama State University	1867
Albany State University	1903
Alcorn State University	1871
Allen University	1870
Arkansas Baptist College	1884
Barber-Scotia College	1867
Benedict College	1870
Bennett College	1873
Bethune-Cookman College	1904
Bishop State Community College	1936
Bluefield State College	1895
Bowie State University	1865
Central State University	1856
Cheyney University of Pennsylvania	1837
Claflin College	1866
Clark Atlanta University	1865
Clinton Junior College	n/a
Coahoma Community College	1924
Concordia College	1922
Coppin State College	1900
Delaware State University	1890
Denmark Technical College	1948
Dillard University	1869
Edward Waters College	1872
Elizabeth City State University	1881
Fayetteville State University	1867
Fisk University	1866

Florida A&M University	1887
Florida Memorial College	1879
Fort Valley State	1895
Grambling State University	1901
Hampton University	1868
Harris-Stowe State College	1857
Hinds Community College	1917
Howard University	1867
Huston-Tillotson College	1875
J.F. Drake State Technical College	1876
Jackson State University	1877
Jarvis Christian College	1912
Johnson C. Smith University	1867
Kentucky State University	1886
Lane College	1882
Langston University	1892
LeMoyne-Owen College	1862
Lewis College of Business	1943
Lincoln University(Pennsylvania)	1854
Livingstone College	1875
Mary Holmes College	1932
Meharry Medical College	1867
Miles College	1905
Mississippi Valley State University	1950
Morehouse College	1867
Morehouse School of Medicine	1867
Morgan State University	1867
Morris Brown College	1885
Morris College	1908
Norfolk State University	1935
North Carolina A&T University	1891
North Carolina Central University	1925
Oakwood College	1896
Paine College	1882
Paul Quinn College	1872
Philander Smith College	1877
Prairie View A&M University	1876

Rust College	1866
Savannah State University	1890
Selma University	1856
Shaw University	1865
South Carolina State University	1896
Southern University A&M College	1880
Southwestern Christian College	1949
Spelman College	1887
St. Augustine's College	1867
St. Paul's College	1888
Stillman College	1876
Talladega College	1865
Tennessee State University	1912
Texas College	1894
Texas Southern University	1947
Tougaloo College	1871
Trenholm State Technical College	1854
Tuskegee University	1881
University of Arkansas at Pine Bluff	1873
University of Maryland Eastern Shore	1886
University of the District of Columbia	1976
University of the Virgin Islands	1962
Virginia State University	1882
Virginia Union University	1865
Voorhees College	1897
West Virginia State College	1891
Wilberforce University	1856
Wiley College	1873
Winston-Salem State University	1892
Xavier University of Louisiana	1915

APPENDIX E

INSTITUTIONAL REVIEW BOARD APPROVAL LETTERS

University of Pittsburgh
Institutional Review Board

Exempt and Expedited Reviews

University of Pittsburgh FWA: 00006790
University of Pittsburgh Medical Center: FWA 00006735
Children's Hospital of Pittsburgh: FWA 00000600

3500 Fifth Avenue
Suite 100
Pittsburgh, PA 15213
Phone: 412.383.1480
Fax: 412.383.1508

TO: Martinique Free

FROM: Christopher M. Ryan, Ph.D., Vice Chair

DATE: April 3, 2006

PROTOCOL: Utilizing Student Organizations on Historically Black Colleges and Universities in the Rural South to Facilitate HIV/AIDS Education

IRB Number: 0602067

The Institutional Review Board reviewed the recent modifications to your exempt protocol and finds them acceptable for administrative review. These changes, noted in your submission of March 24, 2006, are approved. Based on the information provided in the IRB protocol, this project still meets all the necessary criteria for an exemption.

- Please advise the IRB when your project has been completed so that it may be officially terminated in the IRB database.
- This research study may be audited by the University of Pittsburgh Research Conduct and Compliance Office.

Original Approval Date: March 17, 2006
Modification Approval Date: April 3, 2006
Expiration Date: March 17, 2009

February 27, 2006

RE: **Human Subjects Application – "Utilizing Student Organizations on Historically Black Colleges and Universities in the Rural South to Facilitate HIV/AIDS Education"**

We are pleased to inform you that the proposed human subject research project submitted by Ms Martinique Free, has received approval from the Institutional Review Board (IRB)/ Human Subject Committee.

However, please be advised that in the event any questions or concerns are raised by the Committee prior to or at any time during your research, you will need to address those issues accordingly before the research can resume.

Should you have any questions or concerns regarding this letter, please feel free to contact my office at (803) 536-8394.

Sincerely,

Interim Assistant Vice President of Sponsored Programs

*All identifying information has been removed from the letter to protect the schools' anonymity.

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