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AIDS education on college campuses

Abstract

Many researchers have examined the issue of college students and AIDS. Most have come to the same conclusion, that students know how to protect themselves but don't see AIDS as personal threat to their lives. As colleges become more diverse and more students are able to attend college, these issues probably will become more complex. Coupled with diversity issues, AIDS has now become known as a chronic rather than deadly disease, as a result of progress made toward treating AIDS and through early detection.

AIDS EDUCATION ON COLLEGE CAMPUSES

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AIDS EDUCATION ON COLLEGE CAMPUSES

Research has shown that of the 242,146 people in the United States who have been diagnosed with AIDS, as of 1992, 21% are between 20 and 29 years old. Because Human Immune deficiency Virus (HIV) can lie dormant for up to ten years before becoming Acquired Immune Deficiency Syndrome (AIDS), it is believed that many of these people became infected during their college years (Chng & Moore, 1994). It has also been estimated one in every thousand university or college students was infected with AIDS/HIV in the beginning of the 1990s (Carroll, 1991; Stabelton & Rothenberger, 1993). As a result of these high statistics, college and university students have become the target for AIDS education and research.

Acquired Immune Deficiency Syndrome (AIDS) was first diagnosed as Gay Related Immune Deficiency (GRID) in 1981 as a result of five cases of homosexual men coming down with a rare form of pneumonia. In 1982 more cases of GRID were identified among hemophiliacs. At this time it was discovered that the disease was transmitted sexually as well as through blood transfusions and shared needles. Eventually GRID became AIDS but no longer was considered entirely a homosexual disease. Between 1981 and 1994, the death rate grew from 317 to over 200,000 (Rathus & Boughn, 1992).

Various studies have been conducted on college students' attitudes toward AIDS and the type of behavior that might lead to HIV infection including the perceived amount of risk (Spears, Abraham, Sheeran, & Abrams, 1995), the effects on sexual behavior (Chng & Moore, 1994), the effects of peer educators (Richie & Getty, 1994), and the dishonesty of sexual history and dating (Stabelton & Rothenberger, 1993). Results show a correlation between being a student and exhibiting risky sexual behavior. Consistent among the results of these studies were two findings: (a) students have a high level of knowledge of HIV/AIDS and how to protect themselves from it but fail to exhibit safer sexual behavior; and (b) to be effective, educators need

to make HIV/AIDS a personal threat to students well being. The challenge for educators is to recognize that students who are of different cultures and ethnic backgrounds will respond differently to AIDS/HIV strategies.

This literature review will do several things. First, an overview of the literature of the past decade, will show the need for improved education. Second, three student subcultures and the challenges they bring to campus will be examined: gay men or men who have sex with other men, students of color, and women. Each section will identify challenges facing these groups as well some recommendations for educators.

The History of AIDS on College Campuses

There are many myths and hypotheses concerning the origin of AIDS in the United States. One hypothesis explains that HIV infected blood was passed to a human from a West African monkey during malaria experiments between 1920 and 1950. In 1968 a sixteen year old male may have died from undiagnosed AIDS. This is believed to be the first death from AIDS (Rathus & Boughn, 1993, p. 18). These hypothesis are contrary to what many people believe, that AIDS did not originate until the early 1980s with homosexual men.

It was not until 1981, with the outbreak of a rare pneumonia in homosexual men, that AIDS became an issue in American society. Keeling (1992) states that colleges were slow in their response to AIDS/HIV education on campuses. The lack of trained specialists, as well as inadequate budgets, also slowed response to AIDS. Keeling (1992) notes that the belief "it won't happen here" kept administrators from implementing any specialized programs dealing with AIDS education.

A literature review by Lewis, Malow, and Ireland (1997) describes studies on AIDS and college students which span a decade. The Lewis, Malow, and Ireland (1997) as well as other studies show consistency concerning several issues: knowledge of AIDS, sexual behavior, condom use, attitude towards AIDS and its effect on prevention, sexual behavior, and gender differences.

Loos and Bowed (in Lewis, Malow, & Ireland, 1997) indicated a high level of knowledge of AIDS among the participants of their 1989 study. However, this knowledge was put to minimal use. Few of the participants indicated a change in their behavior or took precautions as a result of what they knew. This was suggested again by several other studies in the Lewis, Malow, and Ireland, (1997) review. Strader and Beaman (1989) show 80% of their participants had adequate knowledge but only 40% had changed their behavior. In 1992, McGuire found a high level of knowledge among the participants, but this was not connected to increased condom use.

Condom use among college students consistently has been low.

Misconceptions of the disease were identified as a reason for not using a condom during intercourse. However, some research has shown that for those students who do use condoms it was because of their "beliefs about disease, pregnancy, worries, and sex partner's influence" (Lewis, Malow, & Ireland, 1997, p. 149). A study by Lewis in 1995 (Lewis, Malow, & Ireland, 1997) showed that condom use was inconsistent among college students who were under the influence of alcohol and drugs, showing that drugs and alcohol may effect whether students use a condom.

Attitudes and prevention differ among gender as well as the perceived personal risk. In 1995, Leik, Malow, Ireland, Porter, and Lewis (as cited in Lewis, Malow, & Ireland, 1997) demonstrated a significant difference between the attitudes of males and females toward condom use. Whether or not a condom was used depended on the male's attitude toward them. 75% of the female participants in the Leik et al. study were aware that sex without a condom was unsafe (in Lewis, Malow, & Ireland, 1997). Though women consistently have relied on men to initiate the use of a condom, it has been found that males will use a condom when asked by a partner.

The aforementioned studies have presented disturbing facts about college students and AIDS. Students have a knowledge base: they know how a person gets AIDS, how to protect themselves, and how to prevent the transmission of the disease

(Sheer & Kline, 1994; Carrol, 1991; Lewis, Malow, & Ireland, 1997). Most researchers indicate that in order for students to take AIDS seriously the disease needs to be thought of as a personal threat to their lives. Speares et al. (1995) concludes that the media has given mixed messages about AIDS: "Certain sexual practices are risky, but the dangers have been exaggerated and are largely restricted to certain high risk groups, such as gay men" (p. 103). Whether the issues are social factors, or students feeling they are immortal, it seems obvious that new approaches need to be taken when educating college students about AIDS.

AIDS Education

With the onset of AIDS in the gay community in the early eighties came a need to educate gay men in the United States. That education has been fairly effective and the "initial payoff has been radically altered sexual habits among gay men" (Wolfred, as cited in House and Walker, 1993, p. 282). The early models for AIDS education, originally developed for gay men, are those now used to educate most people, not just gay men. As studies over the last ten years have shown, these models have not been particularly effective for other groups.

In the following sections, the focus will be placed on three subgroups: men who have sex with other men, students of color, and women. Within these sections research concerning the specific subgroups will be introduced and some suggestions made for educating these groups of students.

Gay Men or "Men Who Have Sex With Other Men"

It is believed that gay men are the only subgroup in the country who have understood the impact of AIDS and have taken steps to protect themselves by using condoms and reducing the number of sexual partners (Panzer, 1991). Chng states that homosexuals identify themselves with AIDS because of the loss of life in the gay

community from AIDS. Chng's statement supports why gays have taken the steps to protect themselves; they are able to identify with the victims.

Gould makes a distinction between gay men and "men who have sex with other men" (1992, p. 55) by stating that while in college many men have sexual relations with other men, but then return to a heterosexual lifestyle. This makes men who have sex with other men a challenge to reach because they do not identify themselves as gay; consequently, they fail to see AIDS as a problem. With this in mind, Gould identifies four challenges to educators in educating "men who have sex with other men" (1992, p. 55).

1. Invisibility and prejudice. Because of discrimination and hate crimes, the gay community on college campuses is often ignored and silent. This leads some to believe that the gay population on campuses is small, when it probably is larger than many think.

2. Attitudes about sexual health promotion. Historically health education has assumed "that everyone is heterosexual"(Gould, 1992, p. 60), and sex has been portrayed negatively. Coupled with parents and administrators not wanting to believe that young adults are having sex, these negative attitudes often have resulted in ineffective education. Health education needs to be portrayed as a "positive value" (Gould, 1992, p. 60) to be effective for students.

3. Limited knowledge. Very little is known about the specific sexual acts of college age men. Many people are still uncomfortable in discussing sex, even on college campuses, so the amount of knowledge available to educators is limited. Having little knowledge may be detrimental to educating a specific population.

4. Professional preparation and attitudes. Gould emphasizes the importance of "self appraisal" (1992, p. 62) for those in the helping professions. Individuals need to

address their own thoughts, feelings, and values towards all people and recognize that their attitudes can be influenced by society.

These challenges, among others, are recognized by professionals researching the AIDS epidemic. House and Walker (1993) have indicated that there are "hidden populations" of men who have sex with other men and have identified specific groups in the gay community who will need additional education: gays living in rural areas and very young gay men. House and Walker have indicated that these two groups seem to have the least knowledge about how to protect themselves from AIDS.

Some specific recommendations have been made for educating men who have sex with other men. Keeling and Engstrom (1992) recommended researching the needs of this group through various means such as surveys and focus groups, taking this information and developing programs addressing the needs of this subgroup. McKee, Stuart, and Axiotis (1994) state that in health and education programming heterosexist language should be avoided. They also indicated that specific language "such as lesbian, bisexual, and heterosexual demonstrates awareness, sensitivity and skills" (1994, p. 213). This may increase the level of trust among men who have sex with other men.

Students of Color

Today's college campuses are more diverse than ever, and include students of many ethnic backgrounds. Along with this diversity comes many unique challenges for colleges. Fennel states that in 1990 the Center for Disease Control showed "71% of heterosexual people, and 76% percent of infants and children with AIDS, are black or Hispanic" (1992, p. 40). These statistics show a particularly strong need for AIDS education among ethnic groups. In order to develop effective models of education, educators need to identify and meet various challenges facing these groups. Fennel has identified three areas dealing with "language and culture" (1992, p. 42) which are imperative to educating these various groups.

1. Referring to racial and ethnic groups. Here Fennel emphasized the importance of being aware of everyday language and the terms that are used to describe various ethnic groups (for example, black versus African American).

2. Discussing sexuality and sexual behavior. When discussing sexual practices and behavior among people of color, it is important to recognize that each culture has its own attitudes toward sexuality and gender roles. Religious and cultural views will strongly influence students' ideas about sex and what is and isn't appropriate to be discussed in public. Fennel also recommended using this information with informal programs, flyers, and pamphlets. Some individuals may be more likely to use these if they are not comfortable attending an information session which may involve other people.

3. Knowledge, attitudes, and behaviors of students of color regarding HIV/AIDS. Fennel (1992) stated that although some research has been done regarding the attitudes of students of color towards sex, more research is needed. Fennel also pointed out that cultural differences should not be looked at negatively.

As indicated, the key to educating students of color has been in understanding their various cultural beliefs and traditions because many racial groups have strong feelings toward sexual roles and homosexuality (House and Walker, 1993). For example, Hispanic cultures have discouraged talk about sex, masturbation, or types of safer sex. For Hispanics and African Americans, homosexuality has been seen as wrong, not something that is talked about or accepted in many families. There are many reasons African Americans resist AIDS education, from not trusting white doctors to feeling as if they are being dictated to by the dominant culture. Therefore, another challenge for educators is to develop trust with students of color.

Fennel concluded by offering suggestions on effective education for students of color. First, he suggested opening communication by asking students for their ideas and involving them in their own education. When presenting educational interventions

sensitivity is an issue educators should consider. They need to think about who they are serving and how their language may effect the presentation. Educators should attempt to individualize education for the ethnic groups.

Women

Lyman and Engstrom devote a chapter to educating women about AIDS and the social and personal implications involved. Women's sexual responsibilities are different from men's, calling for different education. Lyman and Angstrom indicate that women historically have been the ones initiating the use of prevention methods, placing the responsibility for pregnancy and disease prevention on themselves. Over time women have been more concerned with becoming pregnant, and as a result, have been using methods to prevent pregnancy rather than disease.

Lyman and Engstrom (1993) listed several barriers for educating women about AIDS prevention:

1. Gender socialization and the conceptualization of self. Women have been socialized to be the caretakers in society. They have been taught not to be assertive and not to express their anger in public. Many times women are not comfortable asking men use condoms.
2. The impact of past experiences. Many women come from abusive families, whether it be sexual or emotional; many have been the victim of rape. These experiences make it exceptionally frightening for women to say no or to end a relationship with a man who will not use protection. Women's fear of abandonment or just plain fear may cause them to be in a situation they feel they cannot leave.
3. Connecting alcohol to sexual experience. For many women in college, drinking is a way of making it easier to be flirtatious or simply to talk to men. Unfortunately, when this happens women also find themselves doing things they would not normally do or find themselves in dangerous situations they cannot escape,

such as rape. Women are often put in situations where they are encouraged to drink excessively and become easy targets for men.

4. Separating contraception from infection prevention. Women often focus more on preventing pregnancy than on a sexually transmitted disease. New campaigns focusing on preventing sexually transmitted diseases are now combating these ideas.

To overcome challenges in educating women several suggestions have been proposed. Croteau, Nero, and Prosser, (1993) have suggested that presenters need to evaluate their own ideas about women, realizing if they may have the same ideas society has about the role of women. The use of language needs to be considered when evaluating ideas. Sexist language may say to women that the presenter supports sexist ideas. Lyman and Engstrom (1992) also suggest that education include connecting AIDS prevention with other health issues for women such as pregnancy, rape, and alcohol abuse. By connecting AIDS to these issues women may see AIDS is also a problem for them.

Men who have sex with other men, students of color, and women though very different, have one commonality in regards to the AIDS epidemic. All three face negative stereotypes and discrimination by society. AIDS presents a whole new set of issues. Being the target of blame for the spread of AIDS puts these groups on the defensive when they should be on the offensive in the fight against AIDS. House and Walker (1993) also point out that as we learn more about AIDS these stereotypes begin to dissipate.

Discussion

This literature review has covered many issues for specific groups of college students and how to educate them about AIDS. In the following discussion,

suggestions made by Croteau, Nero, and Prosser, (1993) as supported by several other researchers will be reviewed.

The first step in designing an education program is bringing people together to generate ideas. Croteau, Nero, and Prosser and Fennel suggest including "targeted group members as full partners" (Croteau, Nero, & Prosser, 1993, p. 293). Members of the particular group will give input that may be the key to reaching individuals. Before gathering group members the targeted audience needs to be identified. As a group the question "who are we trying to reach?" ought to be answered. Once members of these groups are identified they should be involved in every part of the planning, coordinating, and implementation. Also recommended by Croteau, Nero, and Prosser, (1993) is to "involve peer leaders" (p. 293). Utilize not only members of the group but also the leaders in the group. Students may be more likely to learn from a leader to whom they may relate. For example, a Latino student may relate better to a Latino student leader rather than a white staff member.

Once the audience is identified and the group is brought together the challenge is to design the program so that the audience will be receptive. Croteau, Nero, and Prosser recommends including "culturally relevant content, media, and settings" (Croteau, Nero, & Prosser, 1993, p. 293). For example, by using examples of sexism to show women how their control over their bodies is hindered, they may realize the power they have in requesting their partner use a condom. Gould and Keeling (1992) state that when presenting information to students language need to be direct, focused on students' behavior, not who they are.

When presenting, educators from all groups and backgrounds need to evaluate themselves, (Fennel 1992). We are all influenced by our environment and have different experiences. Presenters need to evaluate their thoughts and feelings on AIDS and on people from different cultural backgrounds. Then they need to educate themselves by learning about their personal attitudes and different cultures. Also,

presenters need to be familiar with the language used by different groups, attesting to know the meaning behind slang and labels the placed on different groups.

Finally, AIDS programming needs to foster group pride. Group pride entails enabling groups to come together in the fight against AIDS. As stated by Croteau, Nero, and Prosser (1993), "one of the most effective ways to develop pride within the individual is to foster group pride" (1993, p. 294). Group activities enable the students to recognize accomplishments of their ethnic group. Through group pride, individuals find a commonalty with others and realize the power they have as an individual. Gould and Keeling also indicate that when working with gays, in the early eighties, "programming had to build a sense of community and nurture social support for safer behavior" (1992, p. 10). It was this sense of community that helped the gay community to work together against AIDS.

Conclusion

As shown in this review many researchers have examined the issue of college students and AIDS. Most have come to the same conclusion, that students know how to protect themselves but don't see AIDS as personal threat to their lives. As colleges become more diverse and more students are able to attend college, these issues probably will become more complex. Coupled with diversity issues, AIDS has now become known as a chronic rather than deadly disease, as a result of progress made toward treating AIDS and through early detection.

"The failure of cognitive approaches to prevent HIV infection joins a long list of similar disappointments in attempting to facilitate smoking cessation, weight management, cholesterol reduction, prevention of unwanted pregnancy, seat belt use, and blood pressure reduction" (Gould, 1992, p. 6). This quote, sadly, is an apt description of the ineffectiveness of past programs of AIDS education on college campuses. Campuses have become so diverse that it is difficult to develop education to reach all cultures and learning styles. Through efforts to individualize education

and develop an appreciation for differences among students of various ethnic and cultural groups education may impact more students.

References

Carrol, L. (1991). Gender, knowledge about AIDS, reported behavioral change, and the sexual behavior of college students. Journal of College Health, 40, 5-12

Chng, L. C., & Moore, A. (1994). AIDS: Its effects on sexual practices among homosexual and heterosexual college students. Journal of Health Education, 25(3), 154-160.

Croteau, J., Nero, C. I., & Prosser, D. J. (1993). Social and cultural sensitivity in group-specific HIV and AIDS programming. Journal of Counseling and Development, 71, 290-294.

Fennell, R. (1992). Cross-cultural perspectives and understandings. In R. P. Keeling (Ed.), Effective AIDS education on campus (pp. 39-54). San Francisco: Jossey-Bass.

Gould, J., & Keeling, R. (1992). Principles of effective sexual health promotion on campus: Theory into practice. In R. P. Keeling (Ed.), Effective AIDS education on campus (pp. 5-22). San Francisco: Jossey-Bass.

House, R M., & Walker, C M. (1993). Preventing AIDS via education. Journal of Counseling and Development, 71, 282-289.

Keeling, R. P., & Engstrom, E. L. (1992). Sexual health promotion for men who have sex with other men. In R. P. Keeling (Ed.), Effective AIDS education on campus (pp. 55-74). San Francisco: Jossey Bass.

Lewis, J. E., Malow, R. M., & Ireland, S. J. (1997). HIV/AIDS risk in heterosexual college students: A review of a decade of literature. Journal of College Health, 45, 147-156.

Lyman, C., & Engstrom, E. L. (1992). HIV and sexual health education for women. In R. P. Keeling (Ed.), Effective AIDS education on campus (pp. 23-38). San Francisco: Jossey-Bass.

McKee, M. B., Stuart, C. H., & Axiotis, I. R. (1994). Challenging heterosexism in college health service delivery. Journal of College Health, 42, 211-215.

Panzer, R. A. (1997). Condom nation, blind faith and bad science. Westwood, NJ: Center for Education Media.

Sheer, V. C., & Cline, R. J. (1994). The development and validation of a model explaining sexual behavior among college students: Implications for AIDS communication campaigns. Human Communication Research, 21, 280-285.

Spears, R., Abraham, C., Sheeran, P., & Abrams, D. (1995). Students' judgments of the risks of HIV infection as a function of sexual practice, sex of target and partner, and age and sex of student. Journal of College Student Development, 36 (2), 103-110.

Stabelton, M. J., & Rothenberger, J. H. (1993). Truth or consequences: Dishonesty in dating and HIV/AIDS-related issues in a college-age population. Journal of College Health, 42, 51-54.

Rathus, S. A. & Boughn, S. (1993). AIDS: What every student should know. Orlando, FL: Harcourt Brace Jovanovich.

Richie, N. D., & Getty, A. (1994). Did an AIDS peer education program change first-year college students' behavior. Journal of College Health, 42, 163-165.