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THE EFFECTS OF HIV/AIDS EDUCATION CURRICULUM ON THE
KNOWLEDGE, ATTITUDES, BELIEFS AND BEHAVIORS OF COLLEGE
FRESHMEN

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Kimberly Sue Curry
Frank Thomas Pullara Jr.

June 1998

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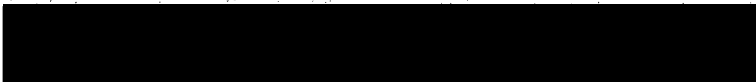
by
Kimberly Sue Curry
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June 1998

Approved by:



Dr. Marjorie Hunt, Project Advisor, Social Work

5-13-98
Date



Dr. Rosemary McCaslin, Chair of Research Sequence,
Social Work

ABSTRACT

The human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are growing problems among U.S. young adults. This study assessed young adults' knowledge, attitudes, beliefs and behaviors related to HIV/AIDS. It sought to determine if there is any correlation between the educational curriculum taught to the subjects in high school and their knowledge, attitudes, beliefs and behaviors. The data obtained utilized a questionnaire that was completed by incoming college freshman who graduated from San Bernardino County high schools in 1997. Results indicated that various misconceptions still exist and further education is needed.

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PREFACE

This was a group project and a team effort where authors collaborated throughout the project. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Kimberly Curry & Frank Pullara

2. Data Entry and Analysis:

Data Entry: Frank Pullara

Analysis: Kimberly Curry & Frank Pullara

3. Writing Report and Presentation of Findings:

C. Introduction and Literature:

Team Effort: Frank Pullara & Kimberly Curry

B. Methods:

Team Effort: Kimberly Curry & Frank Pullara

C. Results:

Team Effort: Kimberly Curry & Frank Pullara

D. Discussion:

Team Effort: Kimberly Curry & Frank Pullara

Chapter One-Introduction

Problem Statement

HIV/AIDS is the leading cause of death for all persons 25-44 years of age (Center for Disease Control, December 1996). One major challenge in the battle to slow the spread of HIV, the pathogen that causes AIDS, involves reducing the risk behaviors in young adolescents. The limited available evidence suggests that adolescents are not adequately informed about the cause, transmission, and particularly the prevention of HIV infection (Levy, Perhats, Weeks, Handler, Zhu & Flay, 1995; Holtzman, Greene, Ingraham, Daily, Demchuk & Kolbe, 1992; DiClemente, 1989). However, since the number of AIDS cases among teens ages 13-19 remain somewhat small (1,412 or 0.42% of the U.S. total), adolescents may assume they encounter minimal or no risk of HIV infection (Center for Disease Control, 1996). Studies have indicated that nearly 70% of high school students reported the initiation of intercourse prior to high school graduation (Kirby, 1995; Anderson, Kann, Holtzman, Arday, Truman & Kolbe, 1990). Nearly all adults in their 20s who were diagnosed with HIV/AIDS may have conceivably been infected as adolescents. This is by virtue of the incubation period

between infection with HIV virus and the onset of AIDS, which has been shown to be between eight and ten years (Kirby, 1995).

Currently, there is no cure for HIV/AIDS. In the absence of a vaccine, education resides as the most hopeful approach to decrease HIV risk behavior and increase protective behavior among adolescents (Levy, Perhats, Weeks, Handler, Zhu, & Flay, 1995). However, targeted education and prevention programs have been reliable and effective in minimizing the spread of HIV/AIDS among high risk groups (Seltzer, 1989; Lawrence, Jefferson, Alleyne & Brasfield, 1995). It seems apparent that the primary method to prevent the spread of HIV/AIDS among adolescents is to develop and implement better HIV/AIDS educational programs. Schools are the one institution in our society regularly attended by most young people—nearly all youths 14 and under are in school; 94% of youths 15 to 17 are in school; and even 66% of youths 18 or 19 are in school (Iverson and Kolbe, 1983; Center for Disease Control, 1995). Given the increase of documented cases of HIV infection among older adolescents, these programs need to be accessible to school children prior to junior high school (Sheltzer, 1989), when

virtually all youths are in school to receive HIV/AIDS education.

This study evaluated older adolescents' knowledge, attitudes, beliefs and behaviors related to HIV/AIDS in an attempt to determine if there was any correlation between the educational curriculum used in high school, the amount of actual time spent on teaching HIV/AIDS education, and the student's knowledge, attitudes, beliefs and behaviors. For purposes of this study, older adolescents are defined as those between the ages of 18 and 20 inclusive.

Problem Focus

As stated by the National Academy of Science, youth need to be instructed how to engage in healthy behaviors and safeguard themselves against HIV infection to prevent the future dissemination of AIDS (Miller, Turner, & Moses, 1990). Since schools reach 95% of U.S. youth, it is reasonable for them to execute the bulk of preventive AIDS education (Kerr, Allensworth, & Gayle, 1989; Price, Desmond, & Kukulka, 1985; Levy, Perhats, Weeks, Handler, Zhu & Flay, 1995). The Center for Disease Control has instituted standards and guidelines for AIDS education (Tolsma, 1988), and various school districts have promptly developed and implemented AIDS curricula (Levy, Perhats,

Weeks, Handler, Zhu & Flay, 1995; Brown & Fritz, 1988; DeClemente, 1989; Remafidi, 1988; Holtzman, Greene, Ingraham, Daily, Demchuk & Kolbe, 1992). According to the California Education code Section 51201.5, commencing in the 1992-93 school year, school districts had to ensure all pupils in grades 7 to 12 receive AIDS prevention instruction from adequately trained instructors in appropriate courses. However, minimal research has been conducted to evaluate the effectiveness of these programs (Brown, Nassau, & Barone, 1990; King, Beazley, Warren, Hankins, Robertson, & Radford, 1989). Further, few studies have assessed adolescents' knowledge of AIDS, and relatively no studies have examined the effects on adolescents' attitudes, beliefs, behaviors, or knowledge gained as a result of HIV/AIDS education programs and curriculum.

While HIV/AIDS education is acknowledged as essential by most people, there is considerably less unanimity concerning the framework and content of educational delivery. Programs emphasizing sexual restraint or drug abstinence have been criticized as insufficient deterrents for individuals who continually engage in high risk behaviors. Alternatively, programs focusing on safe sex

practices (e.g., condom use) have likewise been criticized for numerous reasons, including their disregard of the moral or religious values of certain groups, or the failure of such safe sex behaviors and practices to eliminate risk of infection completely (Allen, Bullough, Colton, Crenshaw, Ellis, Gordon, Hall, Kirkendale, & Nelson, 1987).

In San Bernardino County, the curriculum taught in high schools varies as well. Although some districts utilize the same curriculum materials, the way they present the information to the students varies. Some schools have nurses instruct the classes while some schools have teachers present the material. Few schools have curricula that lasts longer than three hours in duration. Most of the school districts continue to stress abstinence and do not promote safe sex unless the student's ask specific questions regarding that issue. Some fail to mention that sex between uninfected partners can not spread the disease and some do not mention the availability of counseling services (HIV/AIDS Prevention, 1993). Many inappropriately restrict focus to high risk groups instead of high risk behaviors (HIV/AIDS Prevention, 1993). Fewer still give consideration to risks associated

with vaginal, oral or anal intercourse (HIV/AIDS Prevention, 1993).

Given the problems stated above, this study focused on the effects that various HIV/AIDS education curricula had on the knowledge, attitudes, beliefs and behaviors of older adolescents. It is assumed that curricula that concentrates on abstinence and provides limited information regarding the skills required to protect oneself from sexually transmitted diseases will have the fewest positive effects on the knowledge, attitudes, behavior and beliefs of older adolescents.

The following chapter provides a review of the relevant literature concerning this study.

Chapter Two-Literature Review

Previous studies have indicated that curriculum, such as pregnancy prevention or drug abuse prevention, taught in high schools can have an effect on the knowledge and behavior patterns of older adolescents (Rodriquez and Moore, 1995; Eisen and Zellman, 1986). At present, there is minimal data evaluating information adolescents' obtained during their high school education in regards to their knowledge of AIDS and risk of HIV infection (DiClemente, 1989). However, Eisen and Zellman (1986) interviewed 203 teens on their attitudes and knowledge of sex education. They concluded that sex education curriculum would be more effective if taught from a motivation building perspective that utilized attitude changing exercises. Their data suggested that sex education curriculum must emphasize that pregnancy is serious and will likely occur if one is having unprotected sex. This is based on the data that suggested that if the subject perceived pregnancy as serious and could happen to them, they were more likely to seek out information and take preventative measures to protect themselves.

The Eisen and Zellman findings are similar to other studies. Shayne and Kaplan (1988) concluded that

adolescents who do not fear the HIV virus are more likely to feel they have nothing to lose. These fearless youths are not likely to request information, may not seek the support of counseling, and are likely to engage in denial and continued high risk behavior. For many, sex and drugs provide the assurance or relief from the troublesome realities they must constantly encounter in their daily survival.

However, one study conducted by Price, Desmond and Kukulka (1985), surveyed 250 students at four high schools regarding their knowledge of HIV/AIDS. They concluded that high school students knowledge regarding HIV/AIDS is insufficient and that the students appear to obtain most of their knowledge from the mass media. However, one methodological limitation of the study was that not all the students surveyed had completed an HIV/AIDS education course.

Results of a 1985 San Francisco survey (N=1,826) suggests that, although 92% of students correctly indicated that sexual intercourse was one mode of contracting AIDS, only 60% knew that using a condom during sexual intercourse could decrease the risk of getting the disease. Most of the adolescents knew that sharing IV

drug needles (81%) and receiving infected blood were other modes of transmission (84%), but more than one third believed that AIDS could be spread by shaking hands. Almost 90% of respondents agreed that it is important for students to receive AIDS instruction in the school curriculum (DiClemente, Zorn & Temoshok, 1986).

Kirby (1988) found in his research that adolescents were extremely knowledgeable about how AIDS/HIV is transmitted, but they are significantly less likely to know how AIDS/HIV is not transmitted. The study also suggested that few students stating that they are sexually active appear to be changing their sexual behavior because of the threat of AIDS, and of those who are, few have implemented effective changes.

Anderson and Christenson (1991) conducted a study in 1990 regarding the prevalence of HIV on college campuses and found that one in every 500 college students tested positive for antibodies to HIV. Previous studies conducted among college students indicate that HIV/AIDS awareness among students is high (Gender, 1991; Carroll, 1990; Fennell, 1990; Gayle, Keeling & Garcia-Tunon, 1990). A common assumption is that knowledge provokes a change in the student's sexual behavior, hence decreasing risk of

infection. However, the majority of the studies conclude the knowledge is not the motivation to change factor. Rather, findings indicate that changes in attitude and behavior are, in part, propitiated by an individuals perceived risk of acquiring the virus (Gray and Saracino, 1989; Ishii-Kuntz, 1988; Katzman, Mulholland & Sutherland, 1988). Unfortunately, these studies also indicated that a significant amount of college students continue to engage in risk taking behavior, report minimal regard about contracting the virus, and are inclined to perceive that contracting the virus could never happen to them (Carroll, 1990; Gayle, Keeling & Garcia-Tunon, 1990; Burnette, Redmon & Poling, 1990).

Since adolescence may be the most complex age range to influence toward HIV/AIDS reduction, evaluation must be a major aspect for all programs targeted towards this population (Bowler, Sheon, D'Angelo & Vermund, 1992). Adolescents are particularly in need of specific and comprehensive educational services, since their lifestyles and decision making often involve high-risk behaviors such as, sexual experimentation with multiple partners, not practicing safe sex, and IV drug experimentation (Shayne and Kaplan, 1988; Strunin and

Hingson, 1987). "Programs that succeed in getting adolescents to practice safe sex and avoid drugs will make an important contribution in the global battle against HIV/AIDS" (Bowler, Sheon, D'Angelo & Vermund, 1992, p. 363).

Holtzman, Greene, Ingraham, Daily, Demchuck, and Kolbe (1992) studied the policies and practices regarding HIV and Health Education of school districts in the United States. They concluded that over 85% of the nation's student population receive some sort of HIV education during their K-12th grade school years. They could not determine at what grade level the majority of those students were taught HIV instruction. In comparing their results with previously conducted studies, Holzman et. al (1992) found that differences in samples, units of analysis, and questions made comparison investigations impossible.

Chapter Three-Method

Purpose and Design

The purpose of this study was to explore the possible correlation between HIV/AIDS education curricula and the knowledge, attitudes, beliefs and behaviors of older adolescents'. This study utilized an exploratory, post-positivist paradigm to determine if such a correlation existed. The majority of the high schools where the sample population had previously graduated from, utilize curriculum that promotes abstinence from sex, abstaining from injectable drug use, and teaches minimal skills needed to protect oneself from contracting the HIV/AIDS virus (i.e. using condoms and using clean needles). The curriculum often times fails to point out risky behaviors, beliefs, and attitudes can put adolescents at a significantly high risk for contracting the HIV/AIDS virus. Also, most of the high schools teach the curriculum briefly one time during the student's high school career. Often times, HIV/AIDS education is taught in conjunction with other Health or Science curriculum. Therefore, in some cases, the actual amount of time that is allotted for HIV/AIDS education is approximately one week.

Sample

The sample studied included college freshman at a small state university who have graduated from a large local high school in 1997. The number of subjects surveyed was 48 or approximately 5% of the incoming freshman to the State University in Fall of 1997. This sample population was selected to evaluate the effectiveness of high school education programs with regards to students who have had the most recent exposure to such education.

The university's student ethnicity is predominantly White, non-Hispanic at 55.1% of the population, with the remainder of the student population being American Indian (1.2%), Asian (9.0%), African American (8.7%), Chicano (6.4%), Other Hispanic (4.3%), Filipino (2.5%), Other (2.4%), and Pacific Islander (0.4%) (California State University, San Bernardino, Office of Enrollment Service, 1996).

Of the students who completed the questionnaire, 41.9% identified themselves as White, non-Hispanic, 20.9% indicated they were African American, and 11.6% reported that they considered themselves Chicano. The remaining students identified themselves as Asian (2.3%), Filipino

(2.3%), Pacific Islander (2.3%), Other Hispanic (9.3%), and Other (9.3%).

Data Collection and Instruments

A self-administered questionnaire (see Appendix A) was developed and presented to the sample during the winter quarter, 1998. After obtaining the professor's approval, the questionnaire was presented to all students enrolled in the class Introductory to Psychology 100. The students completed the questionnaire in their classroom and returned it to the researchers that same day. The questionnaires were reviewed for completeness and consistency of responses.

The design included a sample size that was defined by geographic boundaries, hence it is representative of a large county in southern California. The sample size was also defined by a cohort that was required to receive some sort of HIV/AIDS curricula based on State of California laws. It can not be generalized to the general population. However, since the study focused on curriculum that is taught in other schools in California and in other States, some generalizations about the knowledge and skills the students gain from the instruction can be inferred.

Another factor that is significant in this study is other students who did not graduate from a San Bernadino County high school in 1997 also completed and returned the survey. These surveys were utilized as a control group, however, since California did not mandate HIV/AIDS education be taught in schools until 1991, it was not certain that these subjects have had previous exposure to such education. Also, it was requested by the professor of the Psychology 100 class that all students be provided the opportunity to complete the survey in order to earn extra credit for the class.

These surveys contained a brief description of the nature of the study, provided a review of confidentiality issues and included an informed consent form. A debriefing was provided at the end of the survey that rendered addresses and phone numbers of facilities the student's could contact for further information and the phone numbers of the researchers and their advisor should the student have questions regarding the study or want to obtain the results of the study.

Procedure

The subjects completed the questionnaire and returned it to the researchers. The questionnaires were examined

for completeness and consistency of responses by the researchers. The data collection process lasted approximately one hour, between the subjects receiving the questionnaire, completing it, returning it to the researchers, the researchers checking for completeness and consistency of responses, and the researchers separating the surveys between the respondents who graduated from a San Bernadino County high school in 1997 and those respondents who did not meet that criteria. The actual time it took to complete the questionnaire and return it to the researchers did not exceed ten minutes.

Protection of Human Subjects

The surveys contained a brief description of the nature of the study, reviewed confidentiality issues and contained an informed consent form, which did not require the subjects to disclose their name. After the students completed the questionnaire, they were asked to return them to the researchers.

The surveys were only accessed and reviewed by the researchers and their faculty advisor. One researcher was the custodian of the surveys and after the study was completed, the surveys were destroyed.

Approval was obtained from the Institutional Review Board and the Human Subjects Board Committee.

Chapter Four-Results

Data Analysis

The survey consisted of quantitative questions. The demographic variables measured included age, sex, high school attended and whether or not students had ever taken an AIDS/HIV education course. The remainder of the questionnaire contained knowledge questions on HIV/AIDS, questions on current sexual practices of the subjects, sources of information regarding AIDS, beliefs and attitude questions regarding AIDS and one question asking if the subject had personally been affected by AIDS or had known someone who had been affected by AIDS.

Reliability of the instrument was calculated on a test-retest format given four days apart to 15 social work students. The test-retest reliability was .98. A cross-sectional analysis was conducted to formulate the curriculum taught and the knowledge, attitudes, beliefs and behaviors of the students. The cross-sectional method was utilized to determine if there was an association between the behaviors and the knowledge, beliefs and attitudes of the subjects. A cross sectional analysis also defined if there is an association between the knowledge and behaviors and the curriculum being taught at

the subjects high school. Bivariate analyses with HIV-related knowledge, attitudes, beliefs and behaviors as dependent variables were conducted with all independent variables.

The results from the sample population suggested that the majority of the students, over 80 percent, indicated that they had received some form of HIV/AIDS education during their junior high or high school years. However, 46.5 percent reported that they were instructed on such curriculum 5 or less hours during their entire primary school years. Most of the students, 69.8 percent, obtained their information on HIV/AIDS during their freshman year. However, 79.1 percent of the students indicated that school personnel taught them the information they know regarding HIV/AIDS and 44.2 percent believed that school personnel helped them the most on obtaining information on HIV/AIDS.

A significant number of students, 62.8 percent, reported that their level of knowledge was "moderate", whereas 34.9 percent indicated that their knowledge level was "high". With respect to students level of concern over the HIV infection, 48.8 percent reported that they were only moderately concerned, 9.3 percent rated

themselves concerned at a "low" level, and 7.0 percent indicated that they were "not concerned at all." Interestingly, the same number of students who had reported they were highly knowledgeable on HIV/AIDS also indicated that they were highly concerned about the HIV virus. However, 25.6 percent of the students thought that AIDS was curable and 14 percent did not know.

The findings suggest that students possessed some knowledge of HIV/AIDS, although this knowledge varied. Most students (97.7%) knew that having unprotected sex places you at risk for HIV infection, but 20.9 percent thought that exchanging saliva during kissing also places someone at risk for infection. Only 79.1 percent of the students indicated that sharing needles or anal sex put a person at risk for infection. The results concerning the knowledge students possessed regarding the fluids that have been reported in passing HIV, 97.7 percent of the students knew that blood was correct, but only 81.4 percent knew that semen was correct and saliva was incorrect. Most of the students (88.4%) knew that sweat was not a fluid carrying the HIV antibody, however, 14 percent of the students reported that they would not like to play sports with someone who has AIDS and 18.6 percent

were not sure. On the other hand, 90.7 percent of the students indicated that they would not mind being in the same classroom with someone who has HIV/AIDS.

Results suggested that student's knowledge had little effect on their behavior. Almost 70 percent of the student's reported that they have not changed their sexual behaviors as a result of HIV/AIDS. Of those, 20.9 percent indicated that they already used risk reducing methods and 16.3 percent reported that they were not sexually active. Other students indicated that they were "rarely sexually active" (4.7%) or in monogamous relations (7%) and that is why they have not changed their behavior. Of the students who reported that they have changed their sexual behavior as a result of HIV/AIDS, 9.3 percent began using condoms, 7 percent choose abstinence, and 2.3% choose to decrease their number of sexual partners.

The students reported that when they were taught to protect themselves from sexually transmitted diseases, 18.6 percent indicated they were taught to use a condom, 14 percent were taught to abstain from sex, and 46.5 percent were taught both abstinence and condom use would help protect them from HIV/AIDS and other sexually transmitted diseases. Nonetheless, only 2.3 percent of

the students believed that using a latex condom was "always effective" in protecting them from sex, and 27.0 percent thought a latex condom was "very effective". The majority of the students thought utilizing a latex condom to prevent the transmission of Sexually Transmitted Diseases was "somewhat effective" (32.6%) or "Hardly effective" (11.6%).

Regardless, when the students were asked what method they used to protect themselves from sexually transmitted diseases the last time they had sex, 34.9 percent indicated that they have never had sex and 44.2 percent utilized a condom. No method was used by 4.7 percent, and birth control or the withdrawal method was used by 7 percent of the students.

Slightly more than 9 percent (9.3%) reported that they had been affected personally either by HIV or AIDS. Of the 9.3 percent, the person who was affected was a friend or family member. Notwithstanding, 74.4 percent of the students have never had an HIV/AIDS antibody test.

Chapter Five-Discussion

In this study, we attempted to determine if there was a correlation between the education the students learned in high school regarding the HIV/AIDS virus, and their knowledge, attitude, beliefs and behaviors.

This study of college freshman indicated that even with the majority of participants receiving some sort of HIV/AIDS education, the students were still confused and misinformed about HIV/AIDS. Most students knew that HIV/AIDS was transmitted via blood and other bodily fluids, but they had limited knowledge of ways to protect themselves beyond abstinence and using condoms. The misconception about the disease may indicate that a significant number of college freshman do not even know what sexual and drug precautions are necessary to avoid transmission of the virus.

Of particular significance is that while only 7 percent of the students reported that they were not concerned about HIV/AIDS at all and 9.3 percent indicated that they were slightly concerned, 74.4% reported that they themselves have never had an HIV/AIDS test. Given that the symptomatology for the HIV/AIDS virus can lay dormant in the body for extremely long periods of time, it

is quite possible that students in this age bracket could be carriers of the virus and not know it yet. Given that 63 percent of the students reported that they were having sexual intercourse, and of those only 44.2 percent indicated that they used condoms for protection, it is imperative that HIV/AIDS prevention and protection be taught more extensively when presented during the primary educational years.

Our findings were similar to those reported by DiClemente, et al. (1986) in that there continues to be a need for schools to teach curricula that deals with HIV/AIDS in order to decrease the number of misconceptions about HIV/AIDS. Preferably, HIV/AIDS education would not be taught briefly, under five hours of instruction, but would be taught at various points in a student's high school years and possibly before they enter high school. Just as significant, is the need to help students understand the cause and transmission of HIV/AIDS, which can educate the students on the impact that social values have on the management of protection from sexually transmitted diseases.

The importance of social workers as advocates and educators becomes apparent as the number of people who

contracted the HIV/AIDS virus during their older adolescent and young adult years continues to increase. Social workers must advocate for new policies that focus more attention on teaching the adolescent population about this incurable disease, its mode of transmission, and especially how to protect oneself from contracting the virus. This often neglected population is at great risk of becoming victims to this deadly diseases. However, it is also this population that stands a good chance of helping decrease the spread of HIV/AIDS, by obtaining the correct information and understanding the disease before they begin possibly risky behaviors.

APPENDIX A: HIV/AIDS Education Questionnaire

1. What is your gender?
 - A. Male.
 - B. Female.

2. What is your age?
 - A. 18 years old.
 - B. 19 years old.
 - C. 20 years or older.

3. What ethnic group do you consider yourself to belong to?

A. White, Non-Hispanic.	F. Filipino
B. African American Islander	G. Pacific
C. Chicano	H. Other Hispanic
D. Asian	I. Other
E. Native American	

4. What high school did you graduate from?

5. What year did you graduate from high school?

6. Who do you think helped you the most in getting information of HIV/AIDS?

7. About how many hours of HIV/AIDS education did you receive in high school?

8. If you received HIV/AIDS education in school, what grade was the information taught to you?
 - A. Junior high school.
 - B. Freshman or Sophomore years
 - C. Junior year
 - D. Senior year
 - E. Do not know.
 - F. Did not get information.

9. If you received HIV/AIDS education in high school, who taught you the information?
- _____
10. If you received HIV/AIDS education in high school, how were you taught to protect yourself from HIV/AIDS and other STDs (sexually transmitted diseases)?
- _____
11. How would you rate your level of concern over HIV/AIDS?
- A. High
 - B. Moderately
 - C. Low
 - D. Not concerned at all
12. How would you rate your level knowledge of HIV/AIDS?
- A. High
 - B. Moderately
 - C. Low
 - D. Don't know any information about HIV/AIDS
13. Do you think HIV/AIDS is curable?
- A. Yes
 - B. No
 - C. I don't know
14. Circle the situations that place a person at risk for HIV infection:
- A. Anal sex
 - B. Exchange of saliva during kissing
 - C. Unprotected sexual intercourse
 - D. Sharing ear piercing needles
 - E. Donating blood
 - F. If you are not sure, check here _____
15. If you have had sexual intercourse, how effective do you believe latex condoms are in preventing the transmission of STDs (sexually transmitted diseases), including HIV?
- A. always effective.
 - B. very effective.
 - C. somewhat effective.

- D. hardly effective.
 - E. not at all effective.
 - F. Never had intercourse
16. What body fluid[s] have been reported as passing HIV?
- A. Semen
 - B. Blood
 - C. Saliva
 - D. Sweat
 - E. I don't know.
17. What does a positive HIV antibody test result mean?
-
-
18. I wouldn't mind being in the same classroom with someone who has HIV/AIDS.
- A. True
 - B. False
 - C. Not sure
19. I wouldn't mind playing sports with someone who has AIDS.
- A. True
 - B. False
 - C. Not sure
20. AIDS doesn't affect me because I don't do drugs and I'm not gay.
- A. True
 - B. False
 - C. Not sure
21. Most people in the United States with AIDS are gay males.
- A. True
 - B. False
 - C. Not sure
22. Has HIV or AIDS affected you or someone in your extended family?
- A. Yes
 - B. No
 - C. No response

23. If you answered yes to question #22, who was the person afflicted in relation to you?
-
24. The last time you had sexual intercourse, what method did you use to prevent giving or getting an STD (sexually transmitted disease)?
- A. I have never had sexual intercourse.
 - B. No method was used.
 - C. Birth control pills.
 - D. Condoms.
 - E. Withdrawal or some other method.
 - F. Other _____
25. Have you changed your sexual behaviors as a result of HIV/AIDS?
- A. Yes
 - B. No
26. If you answered yes to question #25, how did you change your behavior?
-
27. If you answered no to question #25, why did you choose not to change your behavior?
-
28. If you have had an HIV/AIDS antibody test, what were the results?
- A. Negative
 - B. HIV Positive
 - C. Diagnosed with full blown AIDS
 - D. I have never had an HIV/AIDS test

APPENDIX B: Informed Consent

This study is designed to evaluate the knowledge, attitudes, beliefs, and behaviors of college freshman in regards to the curriculum they learned in high school about HIV/AIDS. This study is being conducted by Kimberly Curry and Frank Pullara, Master of Social Work Candidates at California State University, San Bernardino, under the supervision of Dr. Marjorie Hunt, Assistant Professor of Social Work at California State University, San Bernardino.

In this study you will receive 28 questions pertaining to your knowledge, attitude, sexual behavior, and beliefs regarding HIV/AIDS. The answering of the questions should not take more than 10 minutes.

Please be assured that any information you provide will be held in strict confidence by the researchers. At no time will your name be reported along with your responses. A contact phone number will be provided at the end of this consent form if any questions or concerns should arise.

It is hoped that the results of this study will increase understanding about what young adults know about HIV/AIDS and contracting the disease. Your participation will be helpful in attaining this goal. However, please understand that your participation is totally voluntary and you are under no obligation to respond. You may choose to answer all, some, or none of the questions. Although, answering all of the questions will really help.

If you have any questions about the study, or would like a report of its results, please contact Kimberly Curry, Frank Pullara, or Dr. Marjorie Hunt at (909) 880-5501.

By placing a mark in the space provided below, I acknowledge that I have been informed of, and understand the nature and purpose of this study and freely consent to participate. By this mark, I further acknowledge that I am at least 18 years of age.

Give your consent to participate by marking an 'X' mark here: _____

Today's date is _____

APPENDIX C: Debriefing Statement

The study you have participated in is designed to investigate the effects of HIV/AIDS education in high school on college freshman's knowledge, attitudes, beliefs, and behaviors. The research data will be collected through a questionnaire. All data collected will be kept confidential. You may receive the final findings by contacting Dr. Marjorie Hunt, Assistant Professor of Social Work and project advisor at (909) 880-5501. If personal issues should surface during or after completing the questionnaire, you may contact the Student Health Services Office by calling (909) 880-5040, or any local family service or mental health facility.

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