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Changing Sexual Behaviors of College Students

Max Davis O'Guinn

Although most college students are aware of the deadly nature of HIV, many believe that HIV infection is not an issue of personal concern. According to the American College Health Association, one in every 500 American college students is presently infected with human immunodeficiency virus (HIV) and this number is rising. One of the major reasons students do not fear AIDS is because they do not see fellow college students infected with the disease. Because of the disease's long incubation period, symptoms, in some cases, can take up to ten years to become visible (Wickens, 1994). With an absence of an effective vaccine or treatment for AIDS, health professionals must capitalize upon the proactive role of education to stem the tide of this epidemic.

Many health educators and student affairs administrators assume that they are not responsible for informing students about AIDS. As Walters suggests, "it is a common fallacy that if educators provide the facts about HIV and AIDS, then students will reduce high-risk sexual behavior" (Walters, 1992). According to Kathryn Brown, an Indiana University Medical Center health educator, although the level of awareness is extremely high in college in terms of knowledge of AIDS, there is also a feeling that college students cannot get AIDS (Hahn, 1994, p.7). According to Weinstein, Rosen, and Atwood (1991), a large number of programs need to be actively directed toward altering risky behaviors of college students. The purpose of this paper is to suggest additional interventions by student affairs professionals and college administrators that focus on changing attitudes in order to reduce sexual behavior among college students, and therefore, reduce the transmission of HIV.

Several recent studies addressing AIDS knowledge, attitudes, and behaviors among college students have reported a dramatic increase in understanding of the disease. Two studies conducted at a private university in the South reported that, as a result of a vigorous AIDS prevention program sponsored by the university's student health center, students earned excellent scores on an AIDS knowledge test administered on campus. Unfortunately, however, the students believed that they were not very susceptible to AIDS and were unlikely to practice safe sex (Manning, Barenberg, Gallese, & Rice, 1989; Manning, Balson, Barenberg, & Moore, 1989).

A study by Weinstein, Rosen, and Atwood (1991) of 465 college and high school students resulted in similar conclusions. Although students involved in this study had gained substantial knowledge about AIDS, less than half reported a corresponding change in sexual behaviors. In addition, the number of partners with whom they were sexually involved since learning about AIDs had not decreased—3.5 (the number of sexual partners that respondents reported ever having) compared to 3.3 (sexual partners reported since learning about AIDS). "Thus, in general, knowledge about the disease, the immune system, and how AIDS is contracted is well known, but there is insufficient behavior change" (Weinstein, 1991, pp. 317–318).

Brown (1989) recognizes that college students' increased knowledge will not necessarily

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prevent AIDS. The reasons for insufficient behavior change and for underestimating personal risk are diverse. Complex psychological factors are involved, including college students' illusions of invulnerability, the long incubation period of AIDS, drugs and sexual experimentation, underestimating partners' risky sexual behaviors, and acquaintance rape (Brown, 1989).

According to Walters (1992), "change in the behavior of individuals can occur if it is approached developmentally at the sensorimotor level" (p. 99). For example, couples who received information on eroticizing condoms by including them in foreplay had more positive attitudes toward using condoms than couples who were given condoms without instructions. This educational approach works as a positive intervention to risky sexual behavior.

Modeling is also a positive strategy for changing attitudes and behaviors. Women reported an increased willingness to have their partners use condoms after viewing a film where condoms were used (Walters, 1992). Educational interventions designed to help women decrease their inhibitions about possessing condoms, and/or increasing their influence in the sexual encounter will likely increase the frequency with which condoms are used during sexual intercourse (Sacco, 1991).

A highly effective way to incorporate such educational methods to change sexual attitudes and behaviors is through AIDS classes for college credit. According to a study by Strauss, Corless, Luckey, van der Horst, and Dennis (1992), a significant number of university students expressed interest in enrolling in credit-bearing courses on AIDS. The study proved that many positive and significant changes occurred in student knowledge and attitudes regarding AIDS during the time students were involved in such a course (Strauss et al., 1992).

An additional study of an AIDS course by Goertzel and Bluebond-Langner (1991) determined that all categories of college students learned more about AIDS by taking an AIDS class for college credit. Additionally, results included a modest decline in homophobic attitudes. Attitudes toward persons with AIDS were also improved and students gained a greater understanding of the gravity of the AIDS epidemic (Goertzel, 1991).

Studies have shown that interactions with persons with HIV or AIDS are the best means of changing students' behaviors. Indiana University-Bloomington, offers panel discussions with people that have had to live with someone who has succumbed to AIDS. Furthermore, Indiana University also offers an interactive program in which actors perform part of a skit and then ask for audience participation to determine the skit's conclusion. Audience suggestions are then incorporated into the skit.

Changes in sexual behavior involve the use of alcohol in conjunction with sexual behavior as well. Increased alcohol intake greatly reduces the likelihood of practicing safe sex. According to Butcher (1991), college course efforts to prevent HIV infection should address alcohol use and safer sex practices simultaneously and should make explicit the connection between these behaviors and risk of HIV infection.

Universities are presently utilizing a variety of educational methods, including university courses and information sessions, to help increase AIDS knowledge on their campuses. The next challenge is to significantly reduce AIDS-related or risky sexual behaviors. One approach which demands greater attention is the implementation of complex university credit-bearing courses that focus on different developmental levels appropriate for changing risky sexual behavior. Successfully reducing risky sexual behavior by college students can have a profound impact upon the direction of the AIDS epidemic on college campuses.

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