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AIDS/HIV and Higher Education

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HIV and AIDS are affecting college and university campuses. Because the majority of infections occur among young adults, institutions have the opportunity to significantly impact infection rates through educational programming. This article presents a brief overview of the issues involved with HIV/AIDS and higher education while offering suggestions for continued programming efforts.

Should universities and colleges participate in Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) education? For educational institutions, the simple answer is yes. However, the difficult question then becomes what type of education should be encouraged. In addition to informational resources, should colleges and universities educate and provide physical resources for AIDS/HIV education? Campuses supply their students with physical resources for health and well being, such as recreational facilities. Should they provide students with safer sex resources such as condoms, dental-dams, and lubricants with preventative agents like non-oxynol-9?

The purpose of this paper is to present student affairs professionals with an overview of issues related to HIV/AIDS education and to recommend appropriate methods for addressing these difficult issues. First, a discussion will focus on the need to support AIDS/HIV education. Second, this article will address institutional responsibility to provide safer sex resources. Third, criticism of such programs are explained as a critique of current safer sex education. Finally, recommendations for new programs are offered in order to improve programming efforts at institutions which lack effective AIDS/HIV education.

Need For AIDS/HIV Education

To date, there is still no cure for the fatal AIDS virus. Prevention is the only method available to combat future infections. HIV education is extremely important to undergraduate student populations because traditional-age students are engaging in more sexual activity than in

previous years, yet they have little understanding of the risks for contracting HIV (Brown & Franklin, 1991). In a study conducted at Indiana University-Bloomington, students reported their levels of sexual activity. Fifty percent of males and 36 percent of females reported having sexual intercourse with someone they had just met (Reinisch, 1991). Such activity increases the risk of infection.

When considering student populations, one must acknowledge the rate of infection more than the number of fatalities. Parker indicated that results of HIV testing among college students show that 3 out of every 1000 students is HIV positive (as cited in Rewis, Schaninger, Monfiston & Chambliss, 1994). Many students are contracting HIV during their undergraduate years, but are not visibly sick or dying until a varied amount of years after leaving the institution. This lag-time in the disease's ability to manifest gives the students a false sense of low risk for infection and perceived immunity to the AIDS virus (Spears, Abraham, Sheeran & Abrams, 1995). Likewise, student affairs staff can misinterpret infection rates and underestimate student needs.

Providing Safer Sex Resources

In addition to providing informational resources, student affairs professionals must decide if it is appropriate to provide such physical resources as safer sex materials. Through recent television ads, print media, and formal teaching, AIDS education programs have begun the process of informing students of their risk for contracting HIV (Yarber, 1993). Studies show that students demonstrate a high understanding of AIDS/HIV transmission. However, they show little behavioral change with regard to protection (Oswalt & Matsen, 1992). These results indicate that institutions of higher education are failing to educate completely with regards to AIDS/HIV issues. Could part of this lack in behavioral change be due to a lack of safer sex resources and information on their proper use?

While it is important to provide information about the risk and transmission of HIV, colleges and universities also need to provide physical resources to protect their students, such as condoms, dental-dams, and lubricants with non-oxynol-9. It is important to note that Oswalt and Matsen (1992) cited the unavailability of condoms as one of the main reasons why students did not use them during sexual activity. These results

suggest that colleges and universities should not only take responsibility for informing students of dangerous behaviors, but also for protecting students from the same dangerous activity.

Discussion

The supplying of safer sex resources by higher education professionals is highly controversial and often disputed because it may encourage young adults to be sexually active. Further, the practice of sex education itself has been viewed as inappropriate for academic institutions such as colleges and universities. Two major criticisms are presented by Reiss (1995). First, he states that most sex education programs fail to discuss the value systems upon which they are based. For example, a discussion on the modes of HIV transmission can be presented without discussing the values, morals, or beliefs of an institution. Successful student affairs professionals should be aware of and incorporate the mission of the institution in all programming efforts. If such consideration is not included in HIV/AIDS programming, it is rightfully considered neglectful.

Second, Reiss (1995) expresses the idea that sex educators are corrupting young people by giving them mixed messages. He believes that it is confusing to first tell students not to have sex because they may contract sexually transmitted diseases and then to provide students with safer sex materials. This could lead to misinterpretation and may encourage sexual activity. Both criticisms view sex education as inappropriate or inadequate. But, to account for those students who are sexually active and who are contracting sexually transmitted diseases, student affairs professionals must find ways to improve safer sex education programs.

Recommendations

While acknowledging these criticisms and understanding the need for protection and prevention, we must develop new AIDS/HIV programs. From a critic's point of view, these new programs need to be more sensitive to the social and cultural norms of the institution; from an AIDS/HIV educator's point of view, these programs need to be more successful with regard to increasing prevention behaviors. New programs should educate beyond informational resources and extend into physical resources and behavioral change. Also, these programs must equally endorse all options of prevention, including abstinence and safer sex

practices. They must address attitudes, values and prejudices about AIDS/HIV (Vener, Krupka & Stamatakos, 1991). Taken collectively, these programs should not only be effective, but should gain support and participation from supporters as well as critics of current sex education programs.

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2. Manuscripts should be word-processed using Word Perfect version 5.2 or higher. Manuscripts must be double spaced on 8.5" x 11" paper with a 1" margin on all sides. Use a common font style, such as Courier or Times Roman. Set all text in 12 point type, and use one font size throughout. Set headings and subheadings in boldface type. All pages with the exception of the title page should be numbered. Do not justify right margins.
3. Manuscripts should be no longer than 20 double-spaced, typewritten pages, including references, tables, and articles. Exceptions should be discussed with the co-editors prior to submission.
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