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
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.

References


Jeffrey Spahn graduated from the HESA program at Indiana University-Bloomington in 1997. He received his Bachelor of Arts in psychobiology from Hamilton College in 1995. At IUB, Jeffrey spent two years as an Assistant Coordinator of Residence Life. He has worked with both the Resident Assistant and Diversity Advocate programs.

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GUIDELINES FOR AUTHORS

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1. Manuscripts must be prepared according to the format and guidelines of The Publication Manual of the American Psychological Association (APA), Fourth Edition.

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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