

COLLEGE STUDENTS AND CONCERN ABOUT AIDS

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An Abstract
Presented to the
Graduate and Research Council of
Austin Peay State University

In Partial Fulfillment
of the Requirements for the Degree
Masters of Science

by
Shannon Faith Ontiveros
June 1993

ABSTRACT

This study examines level of concern about contracting AIDS, changes in attitude and behavior toward sex, drug use, and homosexuality, and how level of concern is affected by whether or not the subject knows someone personally who tested positive for HIV, had AIDS, or had died from the disease. In addition, for the group of subjects who knew someone with AIDS, the relationship to the infected person was evaluated. The subjects were 246 undergraduate psychology students at Austin Peay State University. They were divided into two groups; those who know someone who is HIV positive, has AIDS, or has died from the disease (N=51), and those who did not know someone (N=195). Those who had experience with AIDS through a family member, friend or acquaintance were significantly less concerned about attending class with a student who has AIDS. There was a significant difference found in the reported levels of knowledge about AIDS and the degree of relationship with the individual with AIDS. Subjects who had a family member infected by AIDS were significantly more knowledgeable, however, when comparing the two groups of "know" and "don't know" the difference was not significant. There was a strong correlation between level of concern about contracting AIDS from a present sex partner and the level of concern about contracting AIDS from a future sex partner and attending class with an

infected student. None of the subjects reported having AIDS; however, 14 responded that they may have AIDS.

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To the Graduate and Research Council:

I am submitting herewith a thesis written by Shannon Faith Ontiveros entitled "College Students and Concern About AIDS." I have examined the final copy of this paper for form and content, and I recommend that it be accepted in partial fulfillment of the requirements for the degree Masters of Science, with a major in Guidance and Counseling.

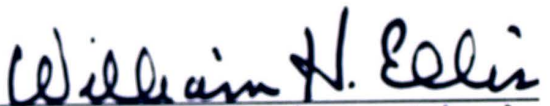

Major Professor

We have read this thesis
and recommend its acceptance:


Second Committee Member


Third Committee Member

Accepted for the Graduate
and Research Council:


Dean of the Graduate School

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CHAPTER 1

Introduction

Since the first case of Acquired Immunodeficiency Syndrome (AIDS) was diagnosed in 1981 (Morin, 1988), psychologists have tried to understand the reasons behind the continuation of "high risk" behaviors. The incidence of AIDS has long since reached epidemic proportions, and hardly a day passes that there is not a mention of a reported case or death caused by the virus. According to the Statistical Abstract of the United States 1991, as of 1990, the number of reported AIDS cases totalled 142,424. The total number of deaths as of 1989 was 77,350. The possible long incubation period of the AIDS virus, during which it can remain dormant, makes it difficult to know the exact number of people who could be carrying the disease. Presently, there is no cure for AIDS, only a limited number of drugs that will slow down the spread and possibly extend life.

AIDS is transmitted through behavior (Morin, 1988), meaning that people can prevent the spread simply by changing their behavior. If so, why do people continually place themselves at risk for contracting Human Immunodeficiency Virus (HIV) that will ultimately lead to death?

According to Morin (1988), the threat of AIDS is not always accurately perceived, which is particularly true

among specific groups such as adolescents and ethnic minorities who tend to underestimate personal risk. It was found that one-fifth of the reported cases in the U.S. have been in the 20-29 year age group, taking into account the unknown amount of incubation time, many of these victims were probably infected during high school or some time after (Hingson, Strunin, Berlin, & Heeren, 1990).

Educating people about AIDS and AIDS transmission has been the major emphasis in trying to control the spread of the disease. However, education alone does not seem to be slowing the number of reported cases. It was found that adolescents are still confused about the transmission of AIDS and therefore continue to engage in unprotected sex (Strunin & Hingson, 1987). Because of the considerable minority of teenagers who are misdirected about AIDS transmission, school intervention programs should be directed at educating this population about AIDS and AIDS transmission (Strunin & Hingson, 1987). It is important to counter attack with correct data and facts, the misinformation that is being passed around in the schools from adolescent to adolescent.

Baum and Nesselhof (1988) stated that, by age 21, many young adults will have experimented with sex, usually unprotected and with several partners. This suggests to the researchers that HIV infection may be a devastating reality for some of these young adults. Most of these young people

are reluctant to follow the information presented in many educational programs directed at sexuality (Baum & Nesselhof, 1988).

According to Crawford (1990), research should be directed at the sexual practices and other dangerous behaviors of adolescents to understand the motivation driving teenagers. He also stated that some undergraduate students may be miscalculating their danger of HIV infection. By not truly understanding their risk, they are placing themselves in a dangerous position by not practicing "safe sex" behaviors to decrease the threat of infection. He also found that as the length of a relationship increased the level of concern about contracting the virus from their present sex partner decreased. Changes in sexual behavior have been minimal although college students report that they are somewhat concerned about AIDS. Crawford (1990) stated that this low level of concern could be attributed to the perceptions of the population of what is a relatively small incidence of AIDS among their peers. This is demonstrated by the finding that the level of concern increased when the subjects perceived themselves to be directly threatened by the disease by socializing with an infected person (Crawford, 1990).

If this is true, then the more a person is knowingly in contact with an infected person, the more likely they

are to be concerned about contracting the virus. Crawford (1990) suggested that, with the results of his study, the emphasis of impending AIDS prevention programs focused on the college population may need to stress the growing number of HIV infected adolescents and young adults (Crawford, 1990).

In a study by Barling and Moore (1990), it was found that one-third of adolescents surveyed reported that they had no concern about contracting AIDS because their friends did not fit the type of people who carry the disease. This suggests that if a person has not been exposed to the harmful effects of AIDS, he or she is less likely to be concerned about contracting the virus. Thirty-seven percent of the subjects in their study responded that "life is full of risks and AIDS and STDs are just some examples; If you don't take risks you don't have any fun" (p. 886-887).

Simkins and Eberhage (1984) found that the majority of their subjects, 232 students in a mid-western university, expressed little concern about AIDS and did not change their sexual activity. However, they did find that homosexuals, which constituted 15% of their sample, reported more concern about contracting the virus. In addition, they stated that newspaper articles implied that the threat of AIDS infection is changing the sexual behavior of homosexuals. They attributed the low levels of

concern to the low incidence of the disease. In their sample, no one reported having AIDS.

For the purpose of this study, it was hypothesized that if a person knew someone who had been diagnosed positive for HIV, had AIDS, or had died from the disease, he or she would be more concerned about contracting the virus. In addition, it was hypothesized that the closer the relationship to the infected person, the higher the level of concern.

CHAPTER 2

Method

Subjects

Participants were undergraduate students in the Psychology department at Austin Peay State University. The questionnaire was anonymous and no identification was requested other than demographic information. The subjects participated on a volunteer basis and no incentives to take part were provided.

Materials

The subjects were given a modified version of a measure used by Simkins and Eberhage (1984) and also by Crawford (1990). The questionnaire (Appendix A) consisted of a seven point rating scale (1=no concern at all, 4=somewhat concerned, 7=very concerned about it) in which the subjects were asked to rate their concerns about contracting AIDS. Subjects were also asked to rate their current level of knowledge about AIDS, in addition to current sexual activity and how it compares to that of one year ago. Also, each subject was asked to rate their level of concern about a schoolmate with AIDS continuing to attend class.

Other information requested on the questionnaire included age, sex, whether they had ever engaged in sexual intercourse, whether they presently had a sex partner, if so, how long, and whether they presently had AIDS or if there was a possibility that they could have AIDS. Subjects were asked to sign an informed consent statement (Appendix B) before responding to the questionnaire.

CHAPTER 3

Results

A total of 246 surveys were returned; 51 reported that they knew someone personally who tested positive for HIV, had AIDS or had died from the disease. Of the people responding, 54 were male and 192 were female. The ages ranged from 17 to 65 ($X = 23.98$). None of the subjects reported that they have AIDS; however, when asked if there was a possibility that they may have AIDS, 14 responded "yes" (five males and nine females). Twenty-five people did not respond to that question.

Forty-three of the subjects stated that they had not engaged in sexual intercourse (nine males and 34 females). The ages for this sub-group of subjects ranged from 18 to 29 ($X = 20.00$, $SD = 2.19$).

The subjects reported minimal concern about contracting AIDS from their present sexual partner (see Table 1). However, the level of concern increased when asked about contacting AIDS from a future sexual partner. Subjects were mildly concerned about interaction with an infected classmate who continued to attend class, and there was slight support for mandatory testing for the AIDS virus. In addition, the level of sexual activity as compared to that of one year ago remained the same.

Table 1

Subject's Level of Concern per AIDS-related Activity.

Situation	Total sample		Know someone		Don't Know	
	X	SD	X	SD	X	SD
Concern about contracting AIDS from present sex partner	2.19	1.78	2.29	1.85	2.16	1.77
Concern about contracting AIDS from future sex partner	3.76	2.34	3.68	2.59	3.78	2.28
Concern about attending class with a person with AIDS	3.11	1.56	*2.56	1.81	*3.25	1.90
Mandatory AIDS testing	5.33	1.64	5.52	1.63	5.28	1.64
Level of sexual activity, compared to 1 year ago	4.02	1.56	3.87	1.35	4.06	1.61
Concern about contracting AIDS through IV drug use	1.53	1.49	1.39	1.33	1.56	1.53
Present level of knowledge about AIDS	5.30	1.27	5.55	1.22	5.24	1.28

*denotes significance

The lowest level of concern reported from the group was in response to intravenous drug use. The level of knowledge reported by the subjects was slightly above "somewhat knowledgeable". When asked if they would inform their present sexual partner if they tested positive for HIV or AIDS, 89.02% stated "yes". However, of the subjects selecting one of the other options ("no", "don't know", or "maybe/depends"), some added that they would end the relationship or not have sexual intercourse.

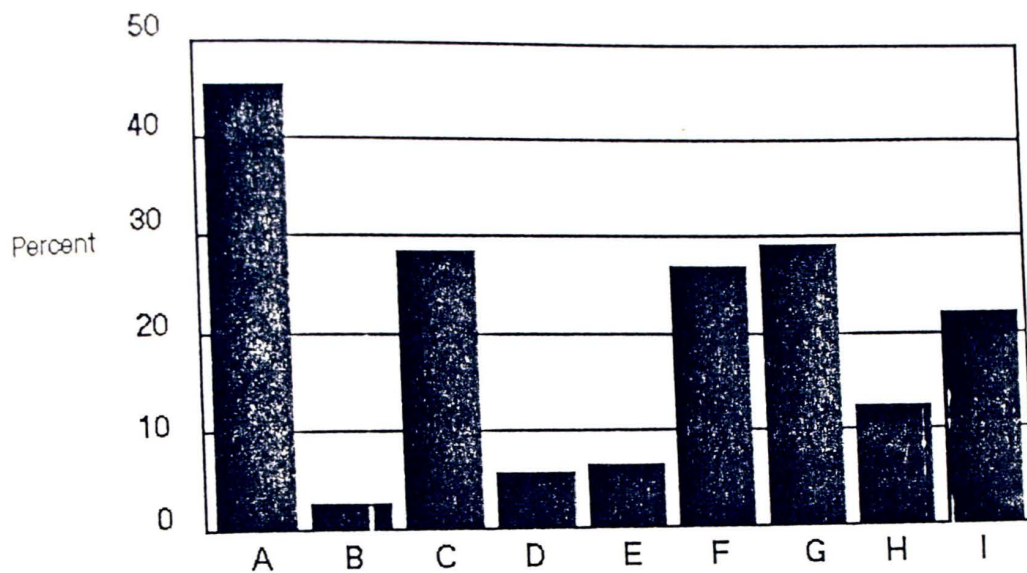
A t-test for independent samples was performed on each response on the questionnaire comparing the subjects who reported knowing someone personally who is HIV positive, has AIDS, or has died from complications from the disease, with the group of subjects who did not know someone with AIDS. The responses measured concern about contracting AIDS in several situations, the subjects level of knowledge about AIDS, and current level of sexual activity as compared to that of a year ago. A significant difference was indicated on the reported level of concern about attending class with a person who had AIDS $t(244)=2.348$, $p<.02$. However, the group did not differ significantly in any other area of concern.

An ANOVA was performed on the degree of relationship (i.e. family, friend, acquaintance, or other) for the group of subject who knew someone who was HIV positive, had AIDS, or died from the disease. A significant difference was

found in the reported level of knowledge $F(4,46)=3.254$, $p<.02$. Subjects who had a family member infected by AIDS were significantly more knowledgeable.

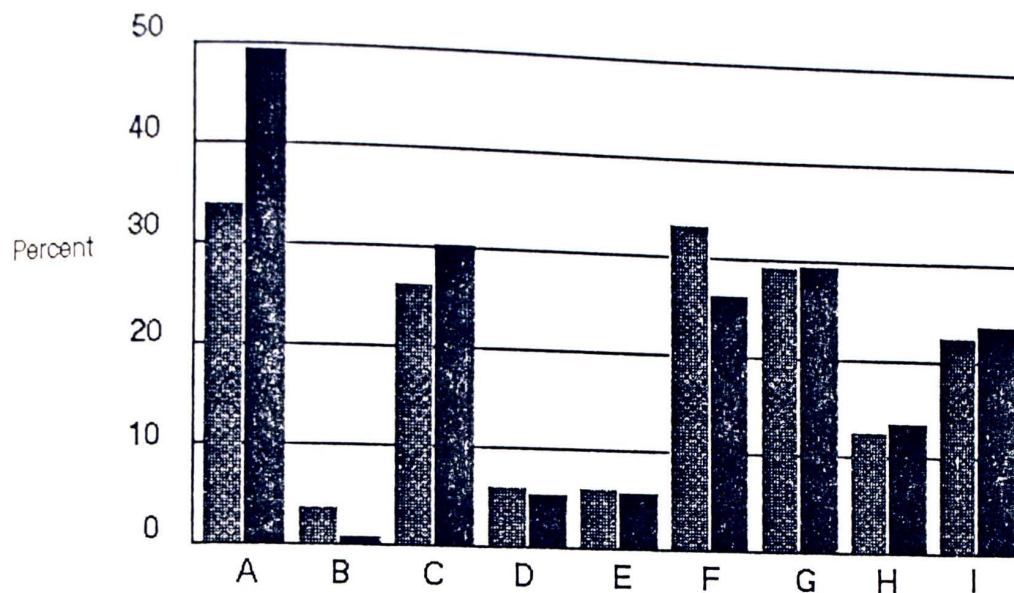
When asked in what manner has personal concern about AIDS influenced their sexual behavior the responses ranged from "celibacy" to "no influence at all" (see Figure 1 & 2). A chi-square analysis was performed on the influences that AIDS has had on attitudes and behavior of the subjects. There was significant difference between the group of subjects who knew a person who was HIV positive, had AIDS, or had died from the disease, and the group who did not know a victim of the epidemic in two categories. The group knowing a victim of the virus tended to change in attitude toward drug use as more positive [$\chi^2(1)=3.90$, $p<.04$]. However, there were only three responses to this category, two of which fell in the group of subjects who know someone with AIDS. Therefore, the results should be interpreted with caution. The group of subjects who did not know someone tended to change their attitude about drug use more negatively [$\chi^2(1)=4.38$, $p<.03$].

Figure 1. Influence on attitudes and behavior of AIDS.



- A = Attitude toward drugs more negative
- B = Attitude toward drugs more positive
- C = Attitude toward gays more negative
- D = Attitude toward gays more positive
- E = Celibate
- F = Changed sex practices
- G = No change
- H = Other
- I = Reduced the number of sex partners

Figure 2. Influence on attitudes and behavior of AIDS.



A = Attitude toward drugs more negative

B = Attitude toward drugs more positive

C = Attitude toward gays more negative

D = Attitude toward gays more positive

E = Celibate

F = Changed sex practices

G = No change

H = Other

I = Reduced the number of sex partners

■ Know someone HIV+, AIDS or DIED, N=51

■ Don't know someone HIV+, AIDS or DIED, N=195

Subjects who reported a high level of concern about contracting AIDS from their present sexual partner also tended to be more concerned about contracting AIDS from a future sex partner ($r=.47$, $p<.0001$) through IV drug use ($r=.27$, $p<.0001$), and were more concerned about attending class with a HIV positive classmate ($r=.15$, $p<.028$). However, as subjects increased in age, the level of concern from attending class with a HIV positive classmate decreased ($r=-.21$, $p<.002$). In addition, a high level of concern about contracting AIDS from a subject's present sexual partner and from attending class with a HIV positive student correlated strongly with support for mandatory AIDS testing ($r=.14$, $p<.037$; $r=.25$, $p<.0001$).

CHAPTER 4

Discussion

The results of this study seem to indicate that as the rate of AIDS infection increases, the changes in concern over contracting the virus may remain the same or even decrease slightly. In his study, Crawford (1990) hypothesized that the reason for the low levels of concern were tied to the idea that people believed that there was a low incidence of the virus. However, in this study there were no significant differences in the level of concern between the group of subjects who knew someone personally who was either HIV positive, had AIDS, or had died from AIDS and the group of subjects who did not. This seems to indicate that personal experience with the harmful effects of AIDS may not increase concern about contracting the disease. The overall levels of concern seem to be decreasing which may be attributed to the educational programs about the disease targeted at reducing the fear and increasing the practices of "safe sex." Seventeen percent of the sample had not had sexual intercourse. However, a few stated that the decision to abstain until they were married was based on values that were taught to them through their parents, rather than fear of contracting AIDS.

The idea of attending class with a person who is HIV positive did significantly increase the level of concern for those people who did not know someone who had been infected with the virus. This does seem to indicate that the closer the threat the higher the level of concern, but it does not explain why people who experience, first hand, the effects of the virus are not more concerned about contracting the virus. In dealing with the devastation of the virus, the increased level of knowledge may sooth the fear and irrational beliefs about the transmission of the virus. Some who have not had the experience of seeing the destruction of the disease may be fearful of AIDS transmission through casual contact which could explain the increased level of concern about attending class with an infected classmate and the increasing support for mandatory AIDS testing. Again, however, the increased level of concern is tied to misinformation and confusion about the transmission of the disease. This could be attributed to the public's lack of trust in the medical research field. Some may believe that the professionals in the discipline of medicine are not telling the public all of the facts tied to the transmission of AIDS, either because they do not want to create a panic, or because they do not know themselves the true danger of the virus. In addition, the lack of information about AIDS and its victims may increase the prejudice reaction of an inexperienced population.

This pattern seems to follow the lines of prejudice about those things that we do not understand.

The "high-risk" behaviors of adolescents, with regard to their sexual behavior, is probably no different from the egocentrism that engulfs their lives at this developmental stage. Quadrel, Fischhoff, and Davis (1993) suggest two theories as to why adolescents continue to engage in high risk behaviors. The first theory is that adolescents do not fully understand the risk that they are taking which contributes to them getting into trouble. The second is that, even though adolescents understand the risks, the benefits that go along with it outweigh these risks. Quadrel, et al., (1993) continue to point out, however, that adolescents tend to underestimate the probability of a negative outcome, see themselves as indestructible, and therefore make decisions based on the benefit, not the risk. This may be one explanation for the low levels of concern with regard to AIDS found in this study.

In addition, evidence tends to support the idea that people feel more vulnerable when they have had to endure a particular circumstance (Quadrel, et al., 1993). This was not supported in regard to knowing someone personally who had been diagnosed HIV positive, had AIDS, or had died from the disease. The low levels of concern in regard to this population may be attributed to the more realistic understanding of the transmission of the AIDS virus.

The change in attitude toward drug use for the group who did not know a victim of the disease moved in the more negative direction. This could be the result of any number of things such as, the public's awareness of the dangers of drug use, or the fact that many of the subjects are in the process of moving into young adulthood and growing out of the dangerous adolescent behaviors. In addition, there may again exist an element of prejudice against a population of people who use drugs. Many may feel that if the victim contracted AIDS through IV drug use, then they deserve the consequences.

It seems that the more knowledgeable the population is the less concerned about contracting the AIDS virus. Further research on the educational programs may need to be addressed to assess which are most effective in reducing irrational fears and increasing practice of safe-sex behaviors.

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APPENDICES

APPENDIX A

DIRECTIONS: I am conducting a survey about AIDS, a disease that might be of concern to you. I would like your cooperation in completing this survey. All information will be anonymous and held in the strictest of confidence. You are, however, under no obligation to complete this survey.

Please provide the following information as background:

1. Age_____
2. Sex: male_____ female_____
3. Have you ever engaged in sexual intercourse? yes_____ no_____
4. At the present time do you have a sex partner? yes_____ no_____ If yes, how long have you been together?_____
5. At the present time do you have AIDS? yes_____ no_____ If no, do you believe there is a possibility that you might have AIDS? yes_____ no_____
6. Do you know anyone personally who has tested HIV positive? yes_____ no_____

If yes, what is the nature of your relationship?

_____family member

_____friend

_____acquaintance

_____other(please explain)_____

If yes, how many people do you know who are HIV positive? _____

7. Do you know anyone personally who has AIDS? yes_____ no_____

If yes, what is the nature of your relationship?

_____family member

_____friend

_____acquaintance

_____other(please explain)_____

If yes, how many people do you know who have AIDS? _____

8. Do you know anyone personally who has died from AIDS?
yes____ no____

If yes, what is the nature of your relationship?

____family member

____friend

____acquaintance

____other(please explain)

If yes, how many people do you know who have died from AIDS? ____

9. If you answered yes to 6, 7, or 8, is it the same person? yes____ no____

DIRECTIONS: On a seven point rating scale, please rate your level of concern about each question, with 1 being no concern at all, to 7 being very concerned about it.

1. On the rating scale below, indicate (X) the number that best represents the concern you have about contracting AIDS from your present sexual partner?

1	2	3	4	5	6	7
No concern			Think About It		Very Concerned	
At All			Sometimes		About It	

2. On the rating scale below, indicate (X) the number that best represents your concern about contracting AIDS from a sexual partner in the future.

1	2	3	4	5	6	7
No concern			Think About It		Very Concerned	
At All			Sometimes		About It	

3. On the rating scale below, indicate (X) the number that would best represents your concern if you knew one of your classmates had AIDS and continued to attend classes.

1	2	3	4	5	6	7
No concern			Think About It		Very Concerned	
At All			Sometimes		About It	

4. On the rating scale below, indicate (X) the number that represents your opinion regarding mandating testing for the AIDS virus.

1	2	3	4	5	6	7
Strongly			Ambivalent			Strongly
Against It						For It

5. On the rating scale below, indicate (X) your current level of sexual activity compared to one year ago.

1	2	3	4	5	6	7
Definite			About The			Definite
Decrease			Same			Increase

6. In what manner has concern over AIDS influenced your sexual behavior or attitudes? Check as many as apply.

- ☐ a. Changed my sexual practices.
- ☐ b. Reduced the number of my sexual partners.
- ☐ c. Made my attitudes toward gays more negative.
- ☐ d. Made my attitudes toward gays more positive.
- ☐ e. Made my attitudes toward drug use more negative.
- ☐ f. Made my attitudes toward drug use more positive.
- ☐ g. Made me celibate.
- ☐ h. It has not influenced or changed my sexual behavior or attitudes.
- ☐ i. Other _____

7. On the rating scale below, indicate (X) your current level of concern about contracting AIDS from intravenous drug use.

1	2	3	4	5	6	7
No concern			Think About It		Very Concerned	
At All			Sometimes		About It	

8. On the rating scale below, indicate (X) how knowledgeable you are about AIDS.

1	2	3	4	5	6	7
Very Uninformed			Somewhat			Very
About AIDS			Knowledgeable		Knowledgeable	

9. If you tested positive HIV or had AIDS and you had just begun to date a new person with whom you were to engage in sexual relations, would you inform this person that you had AIDS?

☐ yes ☐ no ☐ don't know ☐ maybe or depends (explain)

APPENDIX B

Informed Consent Statement

The purpose of this investigation is to assess attitudes about AIDS among college students. Your responses are confidential. At no time will you be identified nor will anyone other than the investigators have access to your responses. The demographic information collected will be used only for purpose of analysis.

Your participation is completely voluntary, and you are free to terminate your participation at any time without any penalty.

The scope of the project will be explained fully upon completion.

Thank you for your cooperation.

I agree to participate in the present study being conducted under the supervision of a faculty member of the Department of Psychology at Austin Peay State University. I have been informed, either orally or in writing or both, about the procedures to be followed. The investigator has offered to answer any further inquiries as I may have regarding the procedures. I understand that I am free to terminate my participation at any time without penalty or prejudice and to have all data obtained from me withdrawn from the study and destroyed. I have also been told of any benefits that may result from my participation.

Name (Please Print)

Signature

Date