

College Students And HIV/AIDS Awareness

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ABSTRACT

More than half of all new HIV infections occur among individuals under 25 years of age. Though knowledgeable about HIV/AIDS, many college students still practice high-risk behaviors. Consequently, colleges and universities must be vigilant when it comes to intervention strategies.

Keywords: HIV/AIDS; college students

INTRODUCTION

The Centers for Disease Control and Prevention (CDC) reported that between 1990 and 1995, the AIDS incidence rate for Americans between the ages of 18 and 25 years (the age group which encompasses college students) rose nearly 20%. Moreover, 50% of all new HIV infections occur among individuals under 25 years of age (Centers for Disease Control and Prevention, 2004). It is estimated that between 75% and 90% of all college students are sexually active and, on average, report having more than two sexual partners per year (LaBrie, Earleywine, Schiffman, Pedersen & Marriot, 2005) and more than six lifetime partners (Civic, 2000).

The number of HIV-infected college students is estimated to be relatively low compared to other populations (Karon, Fleming, Steketee & De Cock, 2001). However, considering the time span between contracting HIV and exhibiting clinical symptoms coupled with the fact that many college students engage in behavior that places them at risk (Centers For Disease Control And Prevention, 1997a), such as inconsistent condom use, drinking alcohol and other drug use, the number of infected college students may be underestimated (Lewis, Miguez-Burbano & Malow, 2009).

HIV/AIDS KNOWLEDGE

Research on college students has found that they are very knowledgeable about HIV, but they still practice high risk behaviors (Carroll, 1991; Lance, Morgan & Columbus, 1998; Lance, 2001). In spite of correctly knowing the modes of HIV transmission and how to prevent the virus, students continue to have risky sex (Winfield & Whaley, 2002). In fact, being knowledgeable about HIV may actually increase transmission risk among college students, since HIV knowledge is related to a reduced concern about HIV and, subsequently, less frequent use of condoms (Demmer & Caroleo, 2001). A critical problem related to the higher risk of HIV transmission among African-Americans concerns the “knowledge behavior gap” which suggests that knowledge does not result in condom use (Bazargan, Kelley, Stein, Husaini & Bazargan, 2000; Valentine et al., 2003; Winfield et al., 2002).

Though typically well-informed about HIV overall, college students still have misconceptions about certain facts regarding transmission. While most Asian-American students knew that condoms reduce the risk of HIV transmission, Yi (1998) found that less than half are aware that sitting on a toilet seat is not a risk factor for HIV. Among Hispanics, Polacek et al. (2007) found that myths regarding transmission are prevalent, especially among males. Multiple researchers (Lewis, Miguez-Burbano & Malow, 2009; Brown, Jara & Braxton, 2005; Lance, Morgan & Columbus, 1998) report that approximately one in four college students believe that using a spermicidal jelly, foam or cream will prevent sexual transmission of HIV.

PERCEIVED SUSCEPTIBILITY OF HIV AND ATTITUDES TOWARD SAFER SEX

College students commonly believe that their peers are actively using alcohol and other drugs and are engaging in risky sexual behaviors. They believe, in turn, that an exaggerated number of students will contract HIV (Hines, Saris & Throckmorton-Belzer, 2002).

However, while most students recognize that their peers are at risk, they do not self-identify as being susceptible to contracting the virus. Young adults (18 to 22 years of age) often experience good health, and typically perceive themselves to be insusceptible to infirmity (Fletcher, Bayden, Schneider, Dawson & Vandermeer, 2007).

Research indicates that if individuals are unable to personalize the risk of HIV, they are unlikely to engage in safer sexual behavior. Personalization is more likely if the HIV-negative individual knows someone who is HIV-positive and has personal contact with the person. Through the interpersonal contact, individuals are more likely to relate to HIV-positive individuals. Once the individual perceives similarities with HIV-positive individuals, he or she is much more likely to personalize the risk of AIDS (Crowell & Emmers-Sommer, 2000).

While many college students are familiar with new treatments for HIV, less than 20% believe that HIV is not as serious as in the past. Still, both genders express negative views of condoms and this attitude is the primary barrier to safer sex. Feeling invulnerable also impacts the decision not to use condoms and is typical of the college population (Demmer & Caroleo, 2001).

HIV RISK BEHAVIOR

In recent decades, there have been profound changes in sexual attitudes and behaviors in adolescents, college students and other young adults in the United States. These have included the decline in the age at first intercourse, multiple sex partners and high rates of sexual activity on the part of both males and females. At the same time, there has been a marked increase in undesirable consequences associated with these behaviors, including a higher prevalence of sexually transmitted infections (Langer, Warheit & McDonald, 2001).

Cases of HIV are rising rapidly among young people. The CDC (1997) suggests that as many as one in 500 college students could be infected with HIV. Most college students in their 20s currently living with HIV/AIDS were probably infected during adolescence (Lance, 2001).

Adolescents and college students, armed with a sense of invulnerability, may put themselves at risk without really understanding the potential consequences. Research among college students indicates high levels of HIV risk behavior in the form of inconsistent or no condom use, multiple sexual partners and alcohol and other drug use combined with sexual involvement (Gullette & Lyons, 2005).

Research found that about 50% of college students who engage in heterosexual intercourse had never used condoms and about two thirds use condoms less than 50% of the time. Though knowledgeable about HIV/AIDS, less than 10% reported always using condoms.

Over 30% of college students report drinking alcohol before sex and about 15% of students who drank alcohol also had unprotected sex (American College Health Association, 2007; Brown & Vanable, 2000).

CONCLUSION

While AIDS infection rates are declining among the general population, it is rising among young Americans at an alarming rate (CDC, 2003). Therefore, colleges and universities must be vigilant when it comes to HIV/AIDS intervention strategies.

Intervention strategies among the college population should include:

1. HIV testing to not only determine HIV prevalence among students, but to be used as a tool for prevention since students have been found to reconsider their health beliefs and changed sex-risk behaviors post-testing (Mattson, 2002)
2. Continuing to address improvements in communication and negotiation skills, because many students report engaging in unprotected sex, even though they wanted to use a condom, but did not, due to their partner's influence (Smith, 2003)
3. Engaging students in motivation-skills programs to improve self-efficacy and behavioral skills (Vrungos, 2003)

AUTHOR INFORMATION

Dr. Rosemary Iconis is currently an Associate Professor at Queensborough Community College of the City University of New York. She is an award winning lecturer whose papers have been presented both nationally and internationally. Accomplished as a writer and researcher, Dr. Iconis has published extensively for newspapers and magazines on topics related to the health of both children and adults

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