

African American College Students' Attitudes toward HIV/AIDS: Implications for Historically Black Colleges and Universities

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Abstract

This paper investigated African American college students' responses to a set of interview questions selected from a larger survey instrument in an exploratory study of basic attitudes about HIV/AIDS. Forty-two participants responded to an interview schedule in an investigation of student attitudinal domains regarding the HIV/AIDS epidemic. Results show that while most students' attitudes were consistent with expectations, a number of students expressed attitudes that are counterproductive in the fight against HIV/AIDS. Given the epidemic within the African American community, such findings appear ominous and implore strategies, in particular, from the institution whose primary function is the education of its populace. Unless aggressive steps are taken to address the problem across college and university campuses, there can be no lessening of the epidemic's impact within this community, and thereby no positive impact toward the goal of U.S. lowered rates consistent with recent global trends.

Introduction

While HIV/AIDS cases have declined worldwide, ironically, the leading world superpower is not experiencing this optimistic trend. According to the World Health Organization (2007), 33.2 million people were estimated to have HIV in 2007 compared to 39.5 million who lived with the virus in 2006. In the United States, the HIV/AIDS epidemic has not hit a similar leveling, in part due to the high numbers of cases affecting the African American population. And within this particular population, a further irony is the number of black college students infected with HIV. While black college students represent only a very small proportion of HIV/AIDS cases overall, the significance lies in the African American numbers versus those in the Caucasian community, and in research showing gaps in knowledge between these two groups. In one study of ethnicity and sex differences in AIDS-related variables of knowledge, fear, and homophobia, the authors found that African American students had significantly lower scores on these measures (Waldner, Sikka, & Baig, 1999). Moreover, and irrespective to race or ethnicity, one would not expect such disparities from a sector focused on higher education. It is too often presumed that college campuses, replete with readily attainable informational resources, insulate their students from health-related risks, including HIV/AIDS.

The daunting statistics indicating an increase in HIV infections among African American young adults do not exclude the college populace. One might reason that at institutions of higher learning, students are somehow more “educated” about risk factors associated with contracting HIV, and thereby, less likely to engage in high-risk behaviors. However, cases of new HIV infection (84 male college students, 73 of whom were African American) revealed in an epidemiologic investigation involving 34 schools in North Carolina, show that college status is not an insulator. Rates of newly reported HIV infection among African American college student men who have sex with men were similar to their non-student counterparts (CDC, 2004). This research further showed that the majority of study participants did not perceive themselves to be at risk for HIV infection despite the elevated rates of high-risk behaviors.

Related literature on HIV/AIDS and college students indicates that while this population is knowledgeable about prevention measures and risky behaviors, students tend to underestimate

their vulnerability. In one sample of 649 African American male and female college students (aged 18-25 years) attending various 4-year institutions in a major southeastern metropolitan area, inconsistencies in knowledge and behavior were observed. Data indicate that while this population overall adheres to certain HIV-preventive behaviors, they nevertheless violate other important HIV-prevention practices (Taylor, Dilorio, Stephens, & Soet, 1997). For example, while the college women were more likely than college men to use measures that help prevent HIV transmission, both groups reported practices that expose them to risk, including engaging in sex without knowledge of a partner's sexual history. In an earlier study of African-American male college students, only 26% of respondents were steady condom users despite knowledge of the risk of not taking precautions (Johnson, Hinkle, Gilbert & Gant, 1992). Hence, a significant gap emerges between students' knowledge and their actions resulting in new cases of HIV infection.

Reasons for the failure of African-American college students as well as young African-Americans in general to follow safer sex guidelines tend to center around their perceptions of being invincible and somehow being disconnected from the reality that they might contract HIV. However, other studies suggest that the gap between student knowledge and behavior might be attributed to factors outside of the invincibility/invulnerability explanation. Included among these other factors are lapses in judgment (often due to alcohol or other substances), and believing that physical characteristics and appearance can inform one about their partner's HIV status. In light of the fact that college experiences can include experimentation with mind-altering substances, education and training campaigns attempt to appropriately emphasize the high risks involved with consumption and dating. Much of the literature has stressed the need for prevention and information messages that are tailored to the populations that appear increasingly vulnerable, including African American college students.

While empirical evidence in accounting for the gap between student knowledge and behavior has not been consistent, also inconsistent are factors explaining the gap between HIV rates of black and white college students. Research by Waldner, Sikka, & Baig (1999) show that AIDS knowledge scores were significantly lower for African American university students compared to Caucasian

students. African American students demonstrated higher rankings of homophobia as well. Davis et al (2007) found that although it appeared that white students were more aware of HIV facts than African American students, this effect could be explained through sexual status (sexually active students versus abstaining students, with the sexually active students reporting less knowledge).

A possible factor in the disproportionate number of black students contracting the virus is the increase of HIV/AIDS in certain U. S. regions. Reif, Geonnotti, and Whetten (2006) document that a substantial increase in AIDS cases in the Deep South occurred from 2000-2003. In contrast, other regions experienced more stable rates for this same time period. Given that black students are disproportionately located in the South and data suggesting colleges as potentially high transmission areas in the rural southeast (Hightow, Leone, MacDonald (2003), the regional hypothesis becomes a feasible one.

An epidemic of infection occurring in some North Carolina college students involving African American men who have sex with men is described by Hightow et al (2005) in terms of an at-risk, accessible population deserving further HIV prevention interventions. In this study of state surveillance records examining new HIV diagnoses in men 18-30 years old, risk behavior for HIV-infected men enrolled in college was compared with HIV-infected male non-enrollees. Newly diagnosed HIV infection was found in men in 37 colleges located in North Carolina or surrounding states and a sexual partner network investigation linked 21 colleges, 61 students, and 8 partners of students (Hightow et al, 2005). As a result, the authors describe an epidemic of HIV infection occurring in North Carolina college students that has captured the attention of both researchers and practitioners as well as college and university officials. The study clearly reveals that college students can no longer be viewed as a categorically low risk population, in part due to the nature of developmental stages associated with this age group.

The culture of late adolescence (including the college population) and the accompanying thought processes do not necessarily nor consistently coincide with the wider culture. That is, this population may tend to view sexual phenomena in ways different from other groups. Specifically, they may hold different views on what constitutes sex or particular sexual behaviors. For

example, while penile-vaginal intercourse is viewed as “having had sex,” oral-genital or penile-anal intercourse is not viewed as constituting “sex” as perceived by certain college students (Sanders & Reinisch, 1999). Similarly, Bogart et al (2000) found that vaginal intercourse and anal intercourse were considered sex by a group of undergraduates (n=233) under most circumstances. However, this same group categorized oral intercourse as sex contingent upon the gender and viewpoint of the actor, and whether orgasm occurred. This specific study by Bogart et al (2000) assessed the impact of four factors on respondents’ judgment of whether hypothetical actors would consider a particular behavior to be “sex.” The subjects read 16 scenarios featuring a male and female and judged whether each actor would consider the described behavior to be sex. The views of the subjects indicate the realm of differences related to what constitutes sex for this population. These findings suggest, as pointed out by the authors, that items in behavior surveys need to be clearly delineated to avoid subjective interpretations by respondents. Many studies on HIV/AIDS and adolescent/young adult age groups have repeatedly illuminated the inconsistencies that abound in defining “sex” for the college population.

The training of students in alleviating attitudes and behaviors that run counter to controlling the HIV/AIDS epidemic is certainly the purview of the education sector, but also begs for the input of the religious/faith sector. In light of the stigma and fear associated with HIV/AIDS, strategies to combat the epidemic within both sectors have been severely hampered. These key social institutions within the African American community represent crucial sectors in impacting the problem, but have only recently begun to engage in more aggressive initiatives toward addressing the problem.

Given the increased numbers of African American college and college-aged students who have contracted HIV, and in light of knowledge and attitudinal gaps, efforts toward understanding the nature of this population’s psyche relative to the epidemic would seem feasible. Within this context, an investigation into specific domains of HIV/AIDS was conducted in illuminating themes that adversely affect safer behaviors.

Methods

This research included a sample of African American college students (n=42) who regularly attended a series of HIV/AIDS education and prevention activities at a Southeastern historically black university. Activities ranged from awareness seminars and forums to health fairs showcasing innovations in HIV/AIDS, with a major focus on training and education for prevention. Although a total of 166 participants responded to the larger survey instrument from which subsequent interview questions were extrapolated, complete interviews were conducted with forty-two students in comprising the content analysis for this study. Of the 42 respondents, the average age of the sample was 20 .2 years with a median of 19 years and a range of 18 – 29. They ranged from freshmen to seniors and all self-identified as black or African American. A majority of women in comparison to men were included (26 or 61.9% and 16 or 38.1% respectively).

The larger research used a survey instrument consisting of open-ended and structured questions to ascertain basic thoughts and actions of college students. These questions represent part of an extensive instrument designed to collect an array of measures on college students' attitudes and behaviors toward HIV/AIDS. Specific items were selected for content analysis in order to more closely investigate the students' attitudes on critical issues related to combating HIV/AIDS. The intent was to examine the students' overall disposition toward HIV/AIDS (i.e., whether internally-driven (including the expression of accurate information and knowledge of prevention indicative of high self-efficacy) or externally-driven (including the expression of inaccurate information and/or responses indicative of low self-efficacy)).

This analysis uncovered in-depth data on three important domains related to college students' thoughts and feelings regarding HIV/AIDS and involve statements alluding to 1. fear, 2. conspiracy theories, and 3. a gay disease. Questions that showed significant unexpected responses (e.g., assuming you had put yourself at risk, would you consent to testing if convenience and confidentiality were guaranteed?) were extrapolated for the interview schedule. This follow-up to responses resulted in the dichotomy of internally-driven students (those who would be expected to engage in safer sex/risk reducing behaviors, and thereby contributing to combating

the epidemic) versus externally-driven students (those who would be expected to attach lesser importance to these same behaviors, thereby exacerbating the problem).

The three specific themes that emerged from the interview schedule including 1. students' fear of individual HIV/AIDS test results, 2. students' belief that the epidemic is part of a conspiracy, and 3. students' association of HIV/AIDS with the gay population indicate a need for enhanced programs that teach education and prevention within a culturally-specific context.

Results and Discussion

The domains related to college students' thoughts and feelings regarding HIV/AIDS and the resulting themes provide insights as to how African American college students might be inclined to violate risk reduction and safer sex practices. For this population, perceptions appear to be their reality. Hence, messages about HIV/AIDS prevention must be centered in situational contexts, in an effort to reach these students based on their experiences, views, and ways of life. The themes unveiled corroborate past findings indicating the need for enhanced HIV/AIDS education for an array of populations.

The theme of "students' fear" captures sentiments of how afraid some students are to be tested even in the face of grave risk. For example, one student explained, "If I find out I have it, then what? So I would just rather not know." While the overwhelming majority of students (78%) stated that they would be tested if they had put themselves at risk, this leaves far too many behind still not understanding the importance of HIV testing. Additionally, a few students who alluded to the "what you don't know can't hurt you" syndrome made statements indicative of their experience with a large burden of other concerns that would appear to place a concern about their possible contraction of HIV as a minimal priority. For example, one student stated, "Right now, I'm dealing with trying to stay in school and keep my place . . . I just don't have time to do all these things that might give me another problem." While this student represents a minority view of the total population studied, the finding shows the myriad of complexities involved in the development of strategies for HIV/AIDS education and prevention.

The “conspiracy” domain is particularly interesting but perhaps is best understood from an African American historical context. Still, given persons who feel that they are helpless to control their HIV status because of a master plan, consistent preventive measures are unlikely. Bogart & Thorburn (2005) show that HIV/AIDS conspiracy beliefs are a barrier to prevention and may represent negative attitudes about condoms among black men. While only six of the 42 respondents for this analysis discussed the epidemic in terms of a conspiracy designed by the “powers-to-be,” five of the six had very strong opinions on how the virus emerged. One response captures the expressions of this group: “I do think that genocide is being committed to rid society of certain people.” Another student stated, “I believe it is a plan to wipe out all black people because it mysteriously surfaced in Africa to a large extent recently, and the worst effects are on Africa.” Still another stated, “I have proof that there was a plan . . . we need to know what they did and what they are still trying to do.” These statements indicate how attitudes and perceptions shape behaviors; hence, HIV/AIDS training and education specialists must consider the sentiments of this group in designing effective prevention messages.

Although HIV/AIDS awareness and prevention campaigns have done much to educate society in general about the epidemic, there still tends to be an association of HIV/AIDS almost exclusively with the gay community. This is particularly disturbing when college students make such blanket associations. This third domain, “gay association” surfaces as a theme from the content analysis in that students do not necessarily view all groups as being at risk. For example, 8 of the 42 students (or 19.0%) indicated “gays” to the question, “what populations or groups of people are most at risk for HIV-infection?” (The expected responses and those which had been communicated via training seminars and forums center around the point of “any persons who put themselves at risk or engage in risky behaviors.”) While the vast majority of student respondents answered in the expected direction, unacceptable numbers continue to believe that they are not at particular risk, when in fact (according to self-identified behaviors), they are indeed. Several students’ responses can be interpreted in terms of their inability or unwillingness to view HIV/AIDS as an equal opportunity disease. Overall, in addition to uncovering consequential attitudes, results from this analysis pose

an important question: If students who are motivated to attend HIV/AIDS awareness and prevention activities show adverse attitudes, do those not attending harbor even more severe attitudes? This and similar questions are posed for further study.

The fact that college and university students are at particular risk for the transmission of HIV has resulted in a number of programs and activities to address this problem. Across America, historically black colleges and universities as well as majority-serving institutions of higher education, have housed an array of projects initially including awareness efforts. More recently, however, these efforts have begun to focus more on prevention initiatives, acknowledging the platforms that have been made during the early nineties addressing awareness.

Given the seriousness of the HIV/AIDS epidemic within the African American community generally, and the numbers of HIV-infected African American college students in particular, specific strategies can be suggested. First, the major social institutions within the African American community must bolster their efforts in addressing the problem. The sector of higher education has a direct opportunity to do this and should take advantage of such to incorporate HIV/AIDS teaching and learning across various curricula. The importance of education as the primary response of higher learning, and the various issues surrounding HIV/AIDS on college campuses, point to this sector as a natural ally and collaborator in the fight toward curtailing the epidemic. Other institutions and community sectors are also critical in this fight, namely the religious sector or faith community.

The religious/faith community has come a distance in confronting the HIV/AIDS epidemic, but it has to now compensate for a stagnant period by taking bolder and more aggressive steps toward combating the problem. These institutions hold enormous potential for impacting the problem, as both education and religion have historically played a major significance in the African American community.

Secondly, measures that directly capture and sustain the attention of black college students would seem to make a difference. For example, given the popularity of hip-hop and rap music to this group, researchers, practitioners, and activists should greater explore the relationship between this genre's appeal and combating

HIV/AIDS. Previous literature has discussed a model for using hip-hop music with young adults as having heuristic value in promoting HIV/AIDS prevention (Stephens, Braithwaite, & Taylor, 1998.) Recognizing the potential of this genre of music to mobilize the targeted population, and implementing subsequent catalysts for change, can be a monumental strategy.

Lastly, reminders of risk to this target population at every viable opportunity cannot be overemphasized. Because of gross feelings of invincibility or invulnerability to HIV-infection, college students too often act as if they were magically insulated from becoming statistics in the epidemic. Persistent admonitions on risky behaviors from all socialization agents, but especially the media, can at a minimum, be a forceful reminder of the epidemic as a nonrandom culprit.

Ongoing HIV/AIDS education is undoubtedly one of the best mechanisms for stemming the epidemic within African American communities. Given an epidemic with no cure and no vaccine, accurate and timely information is indispensable to the ultimate goal. Specifically, within the context of African American college students, studies allude to the importance of increasing the specific knowledge level of this group regarding the subtleties of sexual transmission (Bazargan et al, 2000) in empowering them to better understand their risk.

Conclusion

This research illuminates barriers to alleviating the HIV/AIDS epidemic among African American college students relative to their thinking about the disease and how it affects them. While a number of implications can be gleaned, a primary one is that until the most likely players (colleges and universities) step up in ways that only they can, improvements are not likely to occur within the black college populace.

Although it is difficult to predict specific interventions that would seem to bring the HIV/AIDS epidemic under greater control, it appears obvious that the sector of higher education can lessen the deleterious impact via the very means of its basic function. In broadening students' knowledge of the epidemic and in serving as a catalyst for them to be proactive, historically black colleges and universities (and all institutions of higher education) across the country can be a powerful force in the fight against HIV/AIDS.

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