

AIDS Risk Reduction for College Students



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Principal Investigators: CHIP affiliated researchers, Jeffrey D. Fisher Ph.D., William A. Fisher, Ph.D., Stephen J. Misovich, Ph.D., and Diane L. Kimble Willcutts, designed, implemented, and evaluated the effects of an intervention emphasizing HIV risk reduction information, motivation, and behavioral skills among college students. Up until the time this intervention was created no intervention had been able to document changes in HIV risk behavior in a college student population.

The Bottom-line: When delivered by a trained health educator and peer educators, the HIV Risk Reduction Intervention proved to impact college students' HIV risk reduction information, motivation, and behavior skills and to change and maintain HIV prevention practices over time. The effects were evident immediately following and more than two months after the intervention.

Target Population: College Students

Why target college students?

The U.S. National Center for Education Statistics (1999) estimates show that there are 14.9 million college students in the United States. Research has shown that college students engage in high levels of unprotected sexual intercourse, with multiple partners, in a serially monogamous pattern (e.g., Caron et al., 1993, Reinisch, Sander, Hill & Ziemba-Davis, 1992). One study (Caron et al., 1993) revealed that 86% of the college students surveyed had been sexually active, but less than 21% reported always using a condom during sexual intercourse. In addition to the practice of risky behavior, there is evidence that HIV is present in blood samples drawn on U.S. college campuses (Edlin, Keeling, Gayle, & Holmberg, 1994; Gayle, Keeling & Garcia-Tunon, 1990).

What Behavior Change can you expect when you implement the intervention? (Based on study results)

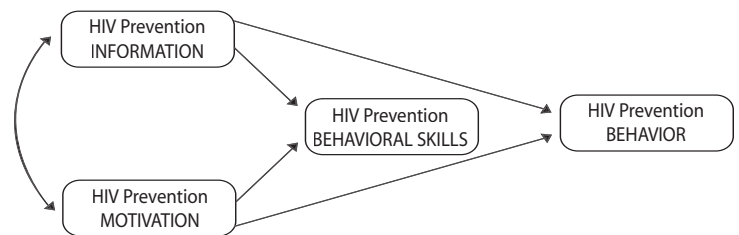
When this HIV Risk Reduction intervention is conducted with college students you can expect ...

- Increased HIV/AIDS information among intervention participants
- Improved attitudes toward the performance of HIV preventive behavior
- Increased likelihood participants will engage in HIV preventive behavior
- Enhanced perceptions of the effectiveness and ease of carrying out preventive behaviors.

Key Components of the Intervention: What you have to “keep-in” to achieve the expected results?

The Theory: The IMB Model (Figure 1) is the theoretical framework for the college student intervention. According to the IMB model, HIV prevention behaviors are driven by the influence of HIV prevention **information, motivation** to practice prevention behaviors, and by the **behavioral skills** to perform preventive behaviors.

Figure 1

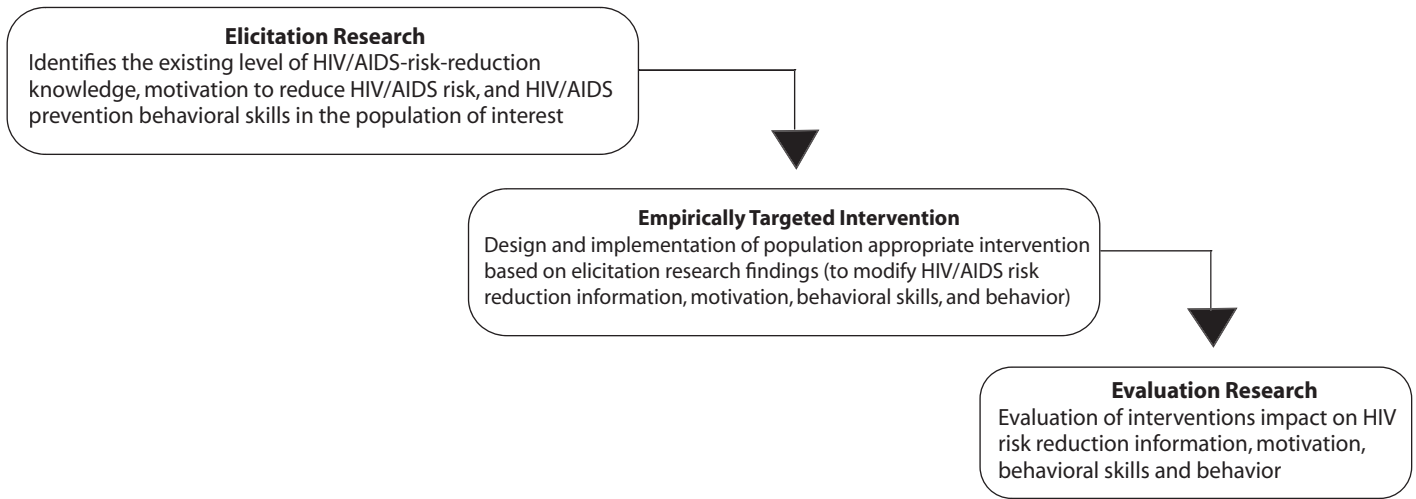


IMB employs 3 guiding principles (figure 2) that are critical to change levels of HIV prevention behavior within an individual or population.

1. Weaknesses within each of the model components (information, motivation, and behavioral skills), must first be identified. This is done through a technique called **elicitation research**. Focus groups, surveys, and other quantitative and qualitative can be used to conduct elicitation research and catalogue the population's existing deficits. To design school-based interventions, elicitation research can be done by school-based personnel.
2. Using the findings from the elicitation research, **empirically targeted interventions** are designed to address the deficits. Empirically targeted interventions are developed based on direct observations (e.g., identification of weaknesses in information, motivation, or skills) with a population of interest.
3. Determining whether or not the intervention impacts the information, motivation, behavioral skills, deficits and the actual behavior of the participants is critical in measuring the intervention's success. This involves **evaluation research**.



Figure 2



Session Content: The HIV Risk Reduction intervention is conducted in three two-hour sessions held one week apart. A professional health educator should lead the sessions working with a team of trained peer educators. A six to one (6:1) student-to-peer educator ratio is recommended for intervention activities involving peer educators.

Information Component: An “HIV/AIDS 101” slide show and large group discussion conducted by the professional health educator make up the information component. The information component is designed to deliver information about HIV transmission and prevention, the risk of sexual behaviors, the effectiveness of condoms and where to buy condoms near campus, safer sex decision making rules, HIV testing, and facts and myths about HIV/AIDS.

Motivation Component: The motivation component influences students’ attitudes and perceptions. Attitudes toward performing preventive behaviors and social norms regarding preventive behaviors are addressed along with perceptions of personal vulnerability to HIV and support for engaging in preventive behaviors.

Small-group discussions led by a peer educator, followed by large group discussions led by the professional health educator and a video narrated by persons who contracted HIV through unsafe heterosexual intercourse are used within this component.

Behavioral Skills Component: Teaching students to initiate and continue practicing safer sexual behavior within their own social environments is the basis of the behavioral skills component. Improving behavioral skill self-efficacy and response effectiveness are demonstrated in a video and encouraged and practiced through peer educator-led role plays of safe sex communication. Additionally, small and large group discussions are conducted to summarize and reinforce newly learned behavioral skills.

Evaluation Measures: Evaluation measures are necessary to accurately assess the impact of the HIV Risk Reduction Intervention on college students. The HIV Risk Reduction Intervention uses a set of evaluation measures to assess changes in information, motivation, behavioral skills, and HIV risk behavior. It is recommended that these measures be taken at the beginning and following the intervention. The measures used are self-report and use Likert scaling, with the exception of the demographic information sheet, and are easily administered.

Cost to implement : All materials necessary for implementing the AIDS Risk Reduction intervention are available from Sociometrics by calling 650-949-3282 or accessing their website at <http://www.socio.com/srch/summary/pasha/passt17.htm>.

Related CHIP Publications:

Fisher, J.D., Fisher, W.A., Misovich, S.J., Kimble, D.L., & Malloy, T.E. (1996). Changing AIDS risk behavior: Effects of an intervention emphasizing AIDS risk reduction information, motivation, and behavioral skills in a college student population. *Health Psychology, 15*(2A), 114-123.

References:

- Caron, S. L., Davis, C. M., Halteman, W.A., & Stickle, M. (1993). Predictors of condom-related behaviors among first-year college students. *Journal of Sex Research, 30*, 252-259.
- Edlin, B. R., Keeling, R. P., Gayle, H.D., & Holmberg, S.D. (1994). *Prevalence of human immunodeficiency virus infection among U.S. college students*. Unpublished manuscript, Division of HIV/AIDS National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta GA.
- Gayle, H.D., Keeling, R. P., & Garcia-Tunon, M. (1990). Prevalence of the human immunodeficiency virus among university students. *New England Journal of Medicine, 323*, 1538-1541.
- Reinisch, J.M., Sander, S.A., Hill, C.A. & Ziemba-Davis, M. (1992). High-risk sexual behavior among heterosexual undergraduates at a midwestern university. *Family Planning Perspectives, 24*, 116-121.
- U.S. National Center for Education Statistics (1999, August). *Digest of Education Statistics Tables & Figures*. Retrieved [May 10, 2004] from U.S. National Center for Education Statistics and [<http://nces.ed.gov/programs/diges/d99/d99tool.asp>].

