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AIDS EDUCATION AND

FEMALE UNIVERSITY STUDENTS:

A FEMINIST PERSPECTIVE

by

Cristina Catalan

A thesis submitted to the

Faculty of Education

Lakehead University

In partial fulfilment of the requirements
for the degree of Master of Education

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Abstract

The present study sought to identify specific gender attributes in relation to AIDS preventive behaviors, specifically those relating to young women's role in sexual relationships.

The data analysed in this study were included as part of an ongoing three-year investigation and implementation of an AIDS education program at Lakehead University (Loos & Bowd, 1993).

It was found that, although young women's attitudes/motivation, and beliefs were more consistent with AIDS prevention, their interpretation of risk and safety in sexual relationships remains to be unpredictable and ambiguous. It is argued that the assimilation of conventional feminine roles and expectations could conflict with the adoption of AIDS preventive behaviors, explaining in part inconsistencies in young women's sexual behavior.

The implications of these finding in the development and implementation of comprehensive sex education and AIDS prevention programs are discussed.

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Chapter 1

Introduction to the Problem

The literature on AIDS concerning the young heterosexual population is extensive. It deals mainly with a) the development of AIDS preventive interventions, b) attitudes and sexual behavior resulting from the threat of AIDS, and c) the adoption of AIDS preventive behaviors (APBs) such as communication between sexual partners and condom use. However, most of the available research literature does not involve gender specific approaches to the study of the AIDS related issues previously mentioned.

There is little documented evidence regarding the effect of gender differences on the acquisition of AIDS preventive behaviors and the variables underlying the behavioral skills involved in sexual negotiation and AIDS risk reduction for women. As well, feminists have argued that research is clearly lacking on the sexual practices, understanding, and beliefs of young women in relation to the heterosexual transmission of HIV infection, and the nature of the risks they face (Holland, Ramazanoglu, & Scott, 1990).

Drawing on Loos and Bowd (1993) and Bowd, Loos, Sajna-Hebert, and Catalan (1994) who, studying first

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year university students at Lakehead University, found significant gender differences concerning the adoption of AIDS preventive behaviors and the development of effective AIDS education programs, the present investigation focused upon the importance of gender specific AIDS interventions, particularly those responsive to women's educational needs. This resulted in the provision of knowledge about the role that young women are playing in influencing the spread or containment of the AIDS epidemic. Such knowledge should be valuable in designing comprehensive AIDS education programs targeting young people.

Research Questions

Based on the premise that information about young women's characteristics regarding sexual behavior is critical for effective health education, the research questions guiding this study were:

- What are young women's attitudes/motivation, beliefs, and behaviors regarding AIDS preventive behaviors?

- What are the implications of young women's attitudes/motivation, beliefs, and behaviors in the development of comprehensive AIDS preventive programs for this population?

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Chapter 2

Review of Relevant Literature

Women and AIDS

Women represent the fastest growing group with AIDS (Gentry, 1993). At the present time heterosexual women face greater risks of becoming infected with HIV through sexual intercourse than do heterosexual men, due to the greater proportion of heterosexual and bisexual men infected with HIV. As well, women's vulnerability to infection is increased by the relative efficiency of male to female transmission as opposed to female to male transmission. (Campbell, 1990; Ickovics & Rodin, 1992; Mantell, Schinke, & Akabas, 1988).

The extent of the impact of AIDS epidemic on women's beliefs, attitudes and behaviors regarding sex is not yet documented. Authors have noted several reasons for this. Epidemiological and behavioral research specific to women has been limited (Krieger & Margo, 1991; Psychology and AIDS Exchange, 1993; Rosser, 1991). The stereotyping of AIDS as a disease of predominantly male groups (drug addicts, male homosexuals) has inhibited the development of a reliable knowledge profiling women and AIDS (Campbell,

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1990; Duke & Omi, 1991; Ickovics & Rodin, 1992).

The literature reflects a delay in addressing AIDS education needs for populations other than gay men, prostitutes, street youth, and intravenous drug users. Only recently has it been realized that prevention programs for women are a priority. As the heterosexual impact of the AIDS epidemics is felt, research must be responsive to women's specific educational needs which are not identical to those of men. Of particular importance is understanding the socio-cultural barriers to behavior change by men as it impacts women. This does not preclude the need to understand and respond to specific groups of women even beyond the common link of gender (Campbell, 1990; Mantell et al., 1988).

Socio-cultural Contexts

The engagement and retention of women through intervention strategies requires sensitivity to their perceived needs and an understanding of the context of their lives. AIDS research which is directly relevant to women's lives should be conducted within the broad context of the economic, social, cultural, and political realities of women (Campbell, 1990; Ickovics & Rodin, 1992; Weissman, 1991).

Weissman (1991) reports that outreach workers found it was difficult to talk to women about AIDS

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prevention without also taking into consideration issues like health, sexuality, domestic violence, as well as relationships and dependency, death and dying, and love and loss. She concludes that "those designing and delivering prevention programs need to be mindful of the many contexts that shape the lives of these women, including psychological, familial, social, economic, cultural, political, medical and spiritual" (p.61).

Condom Negotiation

Consistent with these observations, Minh Nguyet, Maheux, Béland, & Pica, (1994) imply that women will have difficulty in successfully employing the most effective of AIDS risk prevention measures: ensuring that their partners use condoms. The adoption of this prevention measure is undermined by the lack of power women possess to engaging in what has become known as "condom negotiation". This is further complicated by psychological and/or socio-cultural aspects of gender relations in sexual behavior (Campbell, 1990; Ickovics & Rodin, 1992; Kutzko, 1988; Mantell et al., 1988; Rosser, 1991; Weissman, 1991).

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The Young Heterosexual and AIDS

The Canadian Quarterly surveillance update for AIDS, ending December 31, 1993, reports that 8,990 Canadians 15 years and older were living with AIDS (Health and Welfare Canada, 1994).

Research has shown that the incidence of the AIDS virus in the heterosexual population is increasing (Kelly, Murphy, Sikkema, & Kalichman, 1993). As well, there is increasing evidence of the significance of heterosexual transmission of HIV among adolescents and young adults (Keeling, 1993).

Numerous studies report increased sexual activity among youth (Bishop & Lipsitz, 1991; Oswald & Pforr, 1992), and a reluctance to adopt AIDS preventive behaviors (Cohn, 1993; Sheehan, 1991; Carrol, 1991; Van der Velde, Kooykaas, & Van der Pligt, 1992).

The Ontario Health Survey of 1990 (Ministry of Health, 1992) reported that youths 16-19 were the most likely age group surveyed to report having multiple sexual partners and not using condoms. As well, the rate of sexually transmitted diseases (STDs) was found to be increasing for this group.

Concerns have been raised relating AIDS to college students. They are based on the belief that this population group is at greater risk of HIV transmission

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than the general heterosexual population. Students' comparatively higher levels of sexual activity, multiple partners, and high risk behaviors such as anal sex and recreational drug use would tend to support this belief (Sheehan, 1991; Brown, 1991).

According to the recent literature, sexually active college students have a generally high level of knowledge about AIDS, its transmission, and what constitutes risky behaviors (Loos and Bowd, 1993; Maticka-Tyndale, 1992; Mickler, 1991). Despite this evidence, research predominantly indicates minimal behavior change and adoption of AIDS preventive behaviors among young people (Carrol, 1991; Goertzel & Bluebond-Langer, 1991; Hays & Hays, 1992).

As well, studies concerned with students' attitudes towards the risks of HIV transmission often indicate that students have developed a pattern of denial of the risks imminent to HIV infection (Mickler, 1991, Ehrhardt, Yingling, Zawadzki, & Martinez-Ramirez, 1992; Moore & Rosenthal, 1991). Such findings are consistent with research that indicates that widely acknowledged health risks are often ignored by the general population. People tend to believe that they are at less risk than others around them. Unrealistic optimism of this type would include examples such as reluctance to wearing seat belts (Weinstein, Grubb &

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Vautier, 1986), and illness as a result of smoking (Lee,1989).

AIDS Related Research on Campus

Extensive research has been conducted documenting college student's knowledge, attitudes, and behavior concerning HIV infection and AIDS.

An extensive literature review showed that despite students' awareness of the major routes of contracting HIV, their behavior has remained unchanged (Weinstein, 1991). Perceptions of personal risk and vulnerability to infection appear to be the prime determinants of students behavior (Memon, 1990).

Students' Knowledge Concerning HIV/AIDS infection

Carrol (1991) studied the relationship among knowledge about AIDS, self-reported changes in sexual behavior, and independent measures of those behaviors - condom use, coital frequency, and number of partners. The subjects were a random sample of 195 university students. Although this survey revealed substantial evidence to suggest that increased knowledge about AIDS had led to changes in sexual behavior of at least some men, it also suggested little change among women.

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Knowledge of AIDS was not associated with increased condom use, less frequent sex, or with fewer partners. As predicted by the researcher it was found that women perceived themselves to be at less risk than men and were thus less motivated to put knowledge about AIDS into practice.

Hays and Hays (1992) in a study of 19 heterosexual college students found that knowledge and intention did not appear to be good predictors of sexual behavior. Despite their satisfactory knowledge of AIDS, the students in this study reported that they engaged in high risk sexual behavior such as having two or more sexual partners, having a bisexual partner, not using condoms, having "one night stands", or having anal intercourse.

A telephone survey of 294 post-secondary students, examining students' knowledge about AIDS and students' reactions to the threat posed to them by AIDS, revealed that even though students are well informed about AIDS and aware of the behaviors that lead them to risk of infection, they are reluctant to change their sexual actions despite their concern of a potential AIDS epidemic on campus (Thurman & Franklin, 1990).

In Weinstein's (1991) study, 465 high school and college students responded to a questionnaire about their knowledge of AIDS and how this knowledge had

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affected their behavior. The range in age of the respondents was 12-24, with a mean age of 18. Forty-two per cent of the respondents were female. The results indicated that while the young people involved in the study appeared to have a substantial amount of knowledge about AIDS, less than half of the sample, 49%, reported having changed their patterns of sexual activity since they learned about AIDS. However, since learning about AIDS, their number of partners had not decreased overall. General knowledge about the disease, the immune system, and how AIDS is contracted was accurate. However, insufficient behavior change was reported. This study showed also that as students become older, they worry less about AIDS.

Students' Attitudes Towards the Risk of HIV Transmission

Studying the relationship between sexual risk taking and attitudes to AIDS precautions among a sample of approximately 1,000 non-virgin college and university students, Moore and Rosenthal (1991) found that risk denial was one attitudinal variable which showed similar patterns for both sexes. It was consistently negatively associated with high risk sexual behavior, across all measures used in the regression analysis.

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In a study of talk about AIDS in romantic relationships among 243 heterosexual college students, Bowen and Michal-Johnson (1989) found that the level of talk among college students was superficial. The authors attributed this finding to the fact that students perceived themselves as invulnerable to many dangers and not at risk for a disease that seemed far removed from their personal spheres.

To provide information for AIDS education programming and counselling, Bruce, Shrum, Trefethen, and Slovik (1990), assessed attitudes about HIV infection, homosexuality and condoms in two Southern university populations with a total sample of 368 students. Students in this study expressed relatively neutral to positive attitudes about condoms in general, but their behavior did not correlate with these attitudes. Particularly, it was found that those students who were more at risk for contracting any STD, including HIV infection, were less likely to practise safer sex. In summary, students who had had more sexual partners and students who did not prefer condoms for birth control had not shown increased behavioral changes. The authors reported that students view AIDS as others' problems but not theirs. In addition, stereotypes of persons with AIDS, for example non-college heterosexuals, intravenous drug users, and gay

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and bisexual populations, tend to preserve this attitude. The data also indicated that actual susceptibility did not lead to appropriate behavior change, apparently because students did not perceive that their behavior made them susceptible to HIV infection.

Similar inconsistency was noted by Baldwin and Baldwin (1988) in a study involving a sample of 637 university students, 51 per cent female, with an average age of 20 years. The respondents were from predominantly middle to upper class backgrounds. The students were quite knowledgeable about AIDS transmission, and a few reported worrying about the disease and/or assessing themselves to be at risk. However, having accurate knowledge about AIDS transmission did not lead these students to engage in safer sexual practices. As well, they did not avoid casual sexual relationships or use condoms more.

Examining the impact of the threat of AIDS on heterosexuals, Sprecher (1990) surveyed 101 university dating couples about how the threat of AIDS had affected their relationship or could affect it in the future. The sample was comprised of volunteer university students from one geographic location. Although the participants reported discussing AIDS in their relationship, they reported a small amount of

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change in their sexual behavior as a result of the threat of AIDS. Females reported that they engaged in more cautious behaviors than did males. The results indicated that the men and women were only somewhat affected by the threat of AIDS. The two behaviors reported to be most likely affected by the threat of AIDS were "asked partner about his/her previous sexual contacts" and "got to know your partner well before having sex". Females in the sample were more likely than males to report that the threat of AIDS affected these behaviors.

Students' Behavioral Patterns Concerning HIV Transmission

Wicks (1991) focused on whether or not college students' self assessment of their variance in behavior/social style patterns impacted upon how they perceived and/or reacted toward the subject of the AIDS virus. In all, 95 undergraduate university students voluntarily completed the AIDS survey after receiving 6 hours of instruction of behavioral patterns/social styles. The gender component of the study indicated that males seemed to be more concerned about AIDS than females. Males, more so than females, apparently believed that there were people on campus who unknowingly carried AIDS. However, this study also

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indicated that males failed to practise "safer sex."

A survey on premarital sex was conducted by Roche and Ramsbey in 1988 and compared to the results of a similar study conducted in 1983. The primary purpose of the study was to examine the stage of premarital sexual attitudes and behavior among college students during the 80s and to assess the degree to which concern about contracting AIDS affected them. The composition of the 1988 and 1983 samples were quite similar, each involving over 250 college students which reflected the general composition of the college. In general, respondents were most conservative in what they believed was proper sexual behavior, more permissive in their actual behavior, and most permissive in their beliefs about what others did. The researchers found that the premarital sexual attitudes and behavior of males and females were not very different in the latter dating stages when there was love and commitment. However, significant differences between males and females were found in early stages of dating. During casual dating males expected considerably more sexual involvement. This pattern was also found in the earlier study. This study produced data indicating greater permissiveness than was found in the 1983 survey. In addition, students' attitudinal changes did not correspond with behavioral changes.

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Bishop and Lipsitz (1991) compared 1988 and 1982 samples of college students aged less than 25 years to examine the impact of AIDS on sexual behavior. The 1982 sample consisted of 175 males and 188 females, and the 1988 sample contained 154 males and 119 females. In comparison with the 1982 sample, the 1988 sample reported increased sexual activity, with more partners, and more permissive attitudes. Although contraceptive use had increased it seemed unrelated to AIDS awareness. Results from the 1988 sample indicated little apparent personal concern about AIDS.

Risk-reduction Strategies

The two strategies most commonly advocated to reduce the risk of HIV infection are: condom use, usually with a spermicidal agent, and effective communication between sexual partners (Catania et al., 1992; Fisher & Fisher, 1992).

Condom Use

Proper and consistent condom use during vaginal intercourse has been advocated as an effective HIV preventive measure (Centers for Disease Control, 1988). However, despite widespread appropriate knowledge and

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beliefs about AIDS preventive behaviors, regular condom use seems to be low (Carrol, 1991; Loos & Bowd, 1993; Rickert, Jay, Gottlieb, & Bridges, 1989).

The relationship between gender and intended condom use has been widely debated. Research on this area has revealed that even though condoms are not totally favoured by young males, young females' beliefs about condom use are still ambiguous. Moore and Rosenthal (1991) reported that despite young women's more positive attitudes to AIDS precautions, "it was only among young women that negative attitudes to precautions and risky behavior were related" (p.222).

Adolescents and Condom Use

To assess the specific health attitudes and behaviors as they relate to condom purchase by adolescents, Rickert et al. (1989) surveyed 99 adolescent females between 12 and 19 years of age, 50 of whom were black. The respondents were from low to middle socioeconomic backgrounds and 85% were sexually active. Descriptive analyses indicated that 62% of the sample reported the threat of AIDS had influenced their contraceptive behavior. However, only 10% reported regular use of a condom with another contraceptive measure specifically to prevent HIV transmission. It is the authors assumption that despite young females'

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awareness of AIDS, their sexual behavior continues to be unchanged. Although the sample size was limited, the data suggested that adolescent females' willingness to purchase and subsequently use a condom appeared unrelated to their knowledge of AIDS, willingness to discuss contraception with her partner(s), embarrassment or perceived behavioral risk factors. The data supported the commonly held belief that the male partner was more likely to purchase a condom.

Oswald and Pforr (1992) compared two samples of 542 adolescents from West Berlin and 340 from East Berlin. Their research showed that the general trend toward sexual liberality among adolescents was continuing and that natural processes of adolescent sexual development appeared not to be influenced by the threat of AIDS. Though the level of knowledge about AIDS was satisfactory, this did not in itself guarantee determined and consistent AIDS preventive behavior. The analysis of answers in this study lead to estimate that fewer than one-third of sexually active adolescents, and even fewer than a quarter of those in the most sexually active group, could be described as consistent users of condoms. For sexually active adolescents in steady relationships, the majority of whom use the pill, AIDS prevention clearly took on secondary importance to contraception as a priority. Condoms are

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only used initially until oral contraceptives are effective (Bishop & Lipsitz, 1991).

College Students and Condom Use

Maticka-Tyndale (1992) found college students' lack of condom use related to four factors: a) condoms were unnecessary if one's partner was not believed HIV positive, b) condoms were thought to be unreliable, c) condoms were considered necessary only for contraception, and d) a general dislike for condoms. Twenty-five college students were interviewed to assess scientific and common sense knowledge about AIDS, personal methods of protection, and use of condoms. The author found that despite scientific knowledge, the majority believed they ensured protection by selecting presumed uninfected partners. Students used common sense knowledge such as the person's appearance, the place were they met, the word of their friends, the trust that the man would inform the woman of prior risky behavior or that the woman would not have participated in risky behaviors. Since the subjects believed that their judgements of partners were reliable, condoms were unnecessary and personal judgement would suffice as a protective measure. Many students also reported the beliefs that using a condom while taking contraceptive pills was a slight to the

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partner and that condoms are used in situations where partners are not to be trusted. The replacement of condoms by birth control methods such as the pill in steady relationships is highly symbolic and can be used to define the seriousness of the relationship (Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1992).

Sacco, Levine, Reed, and Thompson (1991) investigated in two studies, the domain of attitudes about condom use as an AIDS-relevant behavior and their relation to self-reported condom use, past and intended. In so doing, the Condom Attitude Scale (CAS) was developed. Subjects for both studies (n = 248 and n= 528) were undergraduates, primarily heterosexual. The results suggested that people who exhibit poor self-control may hold a false sense of safety by believing they know their partner well enough or that monogamy provides protection against AIDS. Gender was unrelated to all measures of condom use during intercourse. However, women reported more negative attitudes than did men about buying and keeping condoms and were less likely to do so. The finding that women had more positive attitudes about condoms but were not more likely to use them suggested that condom use may involve complex interpersonal processes reflecting differences in assertiveness and power. In addition, because women were less likely to have a condoms with

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them, they were more dependent on their male partner to provide one. Thus, their positive attitudes, however unrealistic, were less likely to result in condom use.

Moore and Rosenthal (1991) found that attitudes of non-virgin college students towards AIDS preventive behaviors were diverse and resulted in widely varied sexual behavior. Young women expressed less negative attitudes than young men towards condom use, and those young women having more negative attitudes towards condom use, reported more frequent risky behavior with casual and multiple partners. The authors suggested that while "males may be learning to live with condoms to some extent...females are more likely to place themselves (and their partners) at risk with their anti-condom sentiments" (p. 222-223).

In a British study, concerned with situational factors and thought processes associated with unprotected sex among heterosexual students, Gold, Karmiloff-Smith, Skinner, and Morton (1992) reported results obtained from interviews with 129 males and 155 females college students. The age range of these students was 18-21, and all of them were categorized as of high socio-economic status. The results of this study indicated that heterosexual college students justify lack of condom-use by rationalizing that when other contraceptive method such as the pill was in use,

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condoms became superfluous. In this sample condoms were used primarily when the "type of partner" was considered an unsafe risk for AIDS or STDs.

Studying situational factors and thought processes associated with unprotected sexual activity among heterosexual students, Gold et al. (1992) reported no gender differences concerning ways in which the respondents might have engaged in unprotected intercourse. The authors suggested that the lack of evidence for gender differences might be due to the high socio-economic status of the sample studied.

Communication Between Partners

Educational campaigns concerned with AIDS preventive behaviors have been advocated to improve intimate interpersonal communication and to facilitate AIDS prevention. It is expected that effective AIDS education will help develop frank and honest communication between partners concerning past sexual behaviors which will ultimately lead to AIDS preventive behaviors (Cline, Johnson, & Freeman, 1992).

It has been noted that college students appear more likely to talk about AIDS in the abstract than about specific safer sex practice (Bowen & Michal-Johnson, 1989). Students presumably believe that their relationships might be placed at risk if a wish is

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expressed to discuss specific AIDS preventive behaviors. Although most students may be talking about AIDS, it seems they are not discussing specific and immediate issues necessary for AIDS prevention (Cline, Freeman, & Johnson, 1990; Cline, Johnson, & Freeman, 1992).

Cline, Freeman, and Johnson (1990) surveyed a stratified sample of approximately 550 college students in a study identifying factors that differentiated those students who talk about AIDS with their partners and those who do not. By analyzing responses to a questionnaire regarding AIDS, AIDS prevention, and AIDS-related communication issues, the authors concluded that college students seem more likely to talk generally about AIDS than about safer-sex practices. The four talk groups identified in this study were: a) safe-sex talkers, b) general AIDS talkers, c) non-talkers, and d) want-to-be talkers. The four talk groups did not differ in their levels of knowledge about AIDS, nor did they differ in terms of reported condom use due to AIDS and condom purchases. They did not differ either in their probabilities for having used condoms for oral, anal, or vaginal intercourse or in their reported numbers of sexual partners in the previous 6 months. The only behavioral way in which they tended to differ suggested that those

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who talked about AIDS with their partners might have been at higher risk than those who have not talked. Those who talked reported a greater number of partners in the previous five years than those who had not talked with a partner about AIDS.

Gender and Communication

In a secondary analysis of these data, Cline, Johnson, and Freeman (1992) reported that the likelihood of a person talking with her/his partner about AIDS is related to gender. The data suggested that women are probably more willing and better socialized than men to talk about AIDS with their sexual partners. However, the authors argue that talk about AIDS may not necessarily lead to efficacious preventive behavior.

Sprecher (1990) examined the issue whether couples discussed AIDS in their relationship. As predicted by the researcher, 72.8% of the respondents reported that they had discussed AIDS with their partners. However, most of the couples in this study were seriously dating and had been dating for an average of 19 months.

Bowen and Michal-Johnson (1989) interviewed 243 college students in a study of talk about AIDS in romantic relationships among heterosexual college students. The findings indicated that college students

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talked about AIDS to some extent, but the quality of talk was not that necessary for a realistic negotiation of safer relationships. The talk reported was most often externally referenced, and prompted by media accounts of AIDS. In spite of the superficiality of the talk level, when students did talk about AIDS with their partners they believed they were using legitimate strategies for protecting themselves against HIV infection.

Intervention Programs and Communication

The literature indicates mixed effects of AIDS education programs on direct partner to partner communication prior to intercourse. Hernandez and Smith (1990) found that an intervention using written and audio-visual teaching aids, accompanied by skills training for discussing safer sex with partners failed to result in improved communication.

In an experiment which emphasized skills training and assertiveness in negotiating condom use with small groups of university students, Franzini, Sideman, Dexter, and Elder (1990) found that the experimental group, in general, performed better than the control group in requesting the use of a condom in the role play measured through videotaping. The authors, however, did not investigate actual behavior change

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following the sessions.

A Model for AIDS-risk Reduction

Fisher and Fisher (1992) propose that there are three fundamental determinants of behavior resulting in AIDS risk reduction. They are: (a) relevant information, (b) motivation, and (c) behavioral skills.

a) Relevant Information: by information these authors refer to the means of AIDS transmission and the specific methods of preventing infection. This information is considered a prerequisite for risk reduction behavior.

b) Motivation: a second determinant of AIDS prevention is motivation to change AIDS risk behavior. According to the authors it affects whether one acts on one's knowledge regarding AIDS transmission and prevention.

c) Behavioral skills: a third critical determinant of prevention are the behavioral skills needed for performing specific AIDS preventive acts. They are important regardless of how knowledgeable or highly motivated person may be to change his or her behavior.

It is the authors' assumption that AIDS risk reduction information and motivation work largely

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through AIDS risk reduction behavioral skills to affect behavioral change in relation to AIDS risk reduction. Information and motivation are thought to activate behavioral skills that result in risk reduction behavioral change and maintenance of change. Risk reduction information and risk reduction motivation may also have direct effect on risk reduction behavior, particularly when risk reduction behavior requires uncomplicated behavioral performance. Information and motivation are regarded as generally independent constructs in this model (see Figure 1).

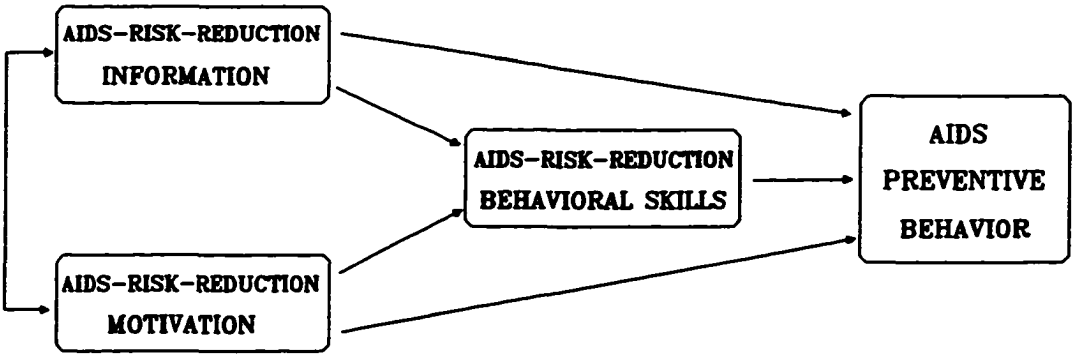

Figure 1: Three fundamental determinants of AIDS risk reduction (Fisher & Fisher, 1992).

The constructs of the information-motivation-behavioral skills (IMB) model are regarded as highly generalizable determinants of AIDS preventive behaviors in any population of interest. As well, these constructs should have content that is specific to

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particular target populations and particular AIDS preventive behaviors. That is, within the IMB model, specific types of information, specific motivational issues, and specific behavioral skills will be implicated in a particular group's performance of a certain type of AIDS-preventive behavior.

As well, it is expected that some specific causal factors in the IMB model, and some specific causal paths among them, will prove to be more powerful determinants for particular populations and for particular AIDS preventive acts than others. These variations should provide critical information for understanding and modifying AIDS risk in specific populations and in relation to specific AIDS-preventive behaviors.

Preliminary findings by Fisher and Fisher (1992) suggested that the process of reducing AIDS-risk behavior may be conceptualized in terms of the IMB model.

Using elicitation research and group intervention strategies, they were able to modify previous knowledge, motivation, and behavioral skills to reduce AIDS-risk behaviors of 174 university students. The significant change in behavior remained constant two months after the interventions.

As Fisher and Fisher (1992) suggest, the

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constructs involved in the IMB model should be content specific to particular target populations and particular AIDS preventive behaviors. Causal factors for specific populations and in relation to specific AIDS preventive behaviors should then be assessed within the socio/cultural contexts and the experiences of the audience being targeted through AIDS prevention strategies.

In the present investigation it was proposed that these constructs may be usefully conceptualized within a feminist perspective in which the practice of safer sex is examined within a context of socially constructed gender relationships.

A Feminist Framework for AIDS Education

Some feminists have criticized current public policy on AIDS education. They have argued that the rational approach underlying AIDS prevention campaigns has reinforced the dominant male understanding of heterosexual sex by exclusively promoting condom use, without taking into account the significance this contraceptive method has for young people, and the barriers women may face in trying integrate condoms into their sexual relationships (Holland, Ramazanoglu,

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Scott, Sharpe, & Thomson, 1990, 1992; Segal, 1987).

Sexuality

Literature on the processes of construction and control of female sexuality in different societal institutions (e.g. the family and the education system) reveals data concerning the ways behavior and beliefs about sexuality can be shaped through socialization processes inside these institutions (Ollenburger & Moore, 1992).

According to many feminists, in western societies women's sexuality is systematically constructed to complement the dominant ideology of masculinity (Hollway, 1984; Irigaray, 1985; Segal, 1987). Furthermore, they argue that male definitions of female sexuality have often become included into girls' and women's own conceptions of sexuality (Holland, Ramazanoglu, & Scott, 1990).

Young women are supposed to associate themselves to young men in order to meet traditional expectations of femininity. Furthermore, the only socially acceptable identities available to young heterosexual women stem from their social relationships with men (Irigaray, 1985; Kippax, Crawford, Waldby, & Benton, 1990; Holland, Ramazanoglu, Scott, Sharpe et al., 1990).

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Feminists define sexuality to include sexual practices, sexual identity, and the varied historical and cultural forms which influence sexual identity. It involves sexual beliefs and desires and the ways in which these are socially constructed in a context of inequality. "Sexuality is both public and secret, both biological and cultural, both socially constructed and the product of individual agency" (Holland, Ramazanoglu, Scott, Sharpe et al., 1990. p. 129).

Sexual Negotiation and the Empowerment of Women

Arguably, inconsistencies in the negotiation of safer sexual encounters occur because women are influenced by conflicting social pressures which pull them in different directions. On one hand, women are confronted with demands of femininity characterized by passion, romance, trust, and love for a man. On the other hand, concepts of protection encourage mistrust of strangers, and fear of unprotected sex. Thus, traditional feminine identity and expectations of sexual passivity are seen by feminists as inconsistent with the need to be assertive in order to enjoy sex safely (Holland, Ramazanoglu, Scott, Sharpe et al., 1990).

Some feminists argue that, young women's decisions about sexual safety suffer because the inequalities of

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power in sexual negotiation along with social pressures on young women to protect their reputations limits the control they have over practising safer sex (Holland, Ramazanoglu, Scott, Sharpe et al., 1990).

"Positive feminine sexuality would encompass the heterogeneity of female desire and experience" (Holland, Ramazanoglu, Scott et al., 1992, p.279). This would allow women and men to recognise and express the contradictions of their own experiences providing a much stronger basis for responsible and safer sex than that currently available.

Empowerment is viewed as more than simply achieving safer sex by encouraging more assertive behaviors, as current AIDS education promotes. It must be a collective endeavour in which the power between women and men throughout society is shared equally. In its broadest sense sexual behavior is socially constructed and therefore capable of being reconstructed (Segal, 1987).

Assertive young women who attempt to put their intellectual empowerment into practice face barriers which "come not only from men's behavior and broader social pressures, but are rooted in women's own conceptions of masculinity and femininity" (Holland, Ramazanoglu, Scott et al., 1992, p.280). Empowerment goes beyond providing young women with skills to

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protect themselves in every risky sexual situation. "Safer sex for young women constitutes a challenge to the ideas, identities, expectations and practices of men. It is this challenge which makes safer sexual practices contradictory and unstable" (Holland, Ramazanoglu, Scott et al., 1992, p.280). Ideally safer sex includes a set of strategies which women can use and transfer between relationships, independent of the context of sexual encounters. It requires a new notion of sexuality which recognizes and includes female sexual pleasure and replaces a passive femininity with a positive female sexual identity.

Policy on AIDS education should be enabling rather than prescriptive, recognizing both the limitations of the rational choice model and social and material constraints affecting individual behavior. Effective HIV/AIDS education programs should be built on recognition of the complexities of sexuality and sexual practice (Holland, Ramazanoglu, Scott et al., 1992).

Women and Current Forms of AIDS Education

Feminists argue that the spread of AIDS to heterosexual women has exclusively focused attention on male-centred definitions of heterosexuality and heterosexual practice. Unprotected sexual intercourse has been identified as the most common way by which

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infection takes place, this explaining the focus of health campaigns encouraging the use of condoms. However, a narrow focus upon intercourse protected by a condom may have neglected other safer sexual behaviors such as non-penetrative sex which may be considered a positive alternative, particularly for women (Holland, Ramazanoglu, & Scott, 1990; Segal, 1987).

Condom Use and Women

The focus on the use of condoms for protection against AIDS in the current programs of health education programs has ignored the significance the use of this contraceptive method has for young people, and the ways in which their understandings may differ. As well, these campaigns fail to consider the limitations young women face when trying to put this knowledge into practice in their sexual encounters (Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1990).

Several studies suggest that condom use is unpopular, thought to be an insensitive and obtrusive method (Oswald and Pforr, 1992; Rickert et al., 1989; Sheeran, Abraham, Abrams, Spears, & Marks, 1990). For young women to carry condoms around implies premeditated sex which conflicts with popular ideas of romantic spontaneity, and implicitly labels them with a negative sexual reputation. Feminists argue that young

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women are caught up in a patriarchal contradiction which, on the one hand, expects them to be available to men, and, on the other labels them as promiscuous if they are seen to be sexually active (Holland, Ramazanoglu, & Scott, 1990).

The primary and almost exclusive focus on condoms as the means to safer sex may not only have strengthened dominant male understanding of heterosexual sex but it may also have limited the development of AIDS education for women. AIDS education programs have usually been restricted by a narrow conceptualization of sex. Sex is not seen as a complex social process, but rather "as a set of acts, leading inevitably to penetration, into which condoms must be inserted at the right moment. Prevention has become a matter of punctual intervention" (Holland, Ramazanoglu, Scott, Sharpe et al., 1990, p. 347). While some demands for abstinence from intercourse are inappropriate and unrealistic, public education may benefit from considering a wider range of safer sex practices which are possible and pleasurable and which may help increase women's confidence rather than foster their alienation (Holland, Ramazanoglu, Scott, Sharpe et al., 1990; Segal 1987).

The AIDS discourse needs to be explored in the light of the actual experience of young people, taking

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account of both the full social context in which these experiences develop and the gender elements involved in sexual relations as they affect the beliefs and practices that shape sexual identity (Holland, Ramazanoglu, Scott et al., 1992). Effective AIDS education should empower young women to take control of their own sexuality by teaching them to understand and feel comfortable with their sexual desires and have them met in safety (Holland, Ramazanoglu, & Scott, 1990, p.141). These requirements combined with realistic and practicable strategies for practising safer sex, which are not exclusively based on traditional masculine concepts of sexuality, could provide the bases for effective AIDS education.

The Need for Gender Specific AIDS Prevention Research

Emphasizing population specific AIDS prevention research, Fisher and Fisher (1992) have recognized three well defined steps in promoting AIDS risk reduction.

First, it is necessary to perform elicitation research to identify the population's existing level of AIDS risk reduction knowledge, the factors that determine motivation to reduce AIDS risk, and the

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existing AIDS prevention behavioral skills.

Second, on the basis of these data, it is necessary to design population specific interventions to effect prevention changes in knowledge, motivation, and behavioral skills, and ultimately AIDS preventive behavior.

Third, adequate evaluation research is necessary to determine whether the interventions have produced short and long term changes in knowledge, motivation, and behavioral skills and to assess to what extent changes in each have resulted in long term risk reduction behavior change.

Considerable research to assess young heterosexuals' level of knowledge, attitudes, and behaviors concerning HIV/AIDS transmission has been conducted. However, comparable research assessing these issues as they relate specifically to young women has been minimal.

As AIDS prevention programs targeting young women become a priority, it is important that their beliefs, attitudes, motivation, and behaviors regarding sex be studied. Feminist theory clearly implies that sexuality for women has different connotations than for men, and that, women's educational needs are likely to differ in several respects from those of men. The identification of these differences is fundamental for the successful

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design and implementation of comprehensive AIDS education programs which meet the needs of young women.

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Chapter 3

Design of the Study

Due to the exploratory nature of this study, as well as the descriptive survey design guiding the methodological procedures, the results and implications suggested in it were drawn from broad expectations rather than specific directional hypotheses.

Expectations

As it becomes critical to acknowledge the high risk of transmission women face in the HIV/AIDS epidemic (Gentry, 1993; Ickovics & Rodin, 1992), the complexities and contradictions of female sexuality (Amaro, 1995; Holland, Ramazanoglu, Sharpe, & Thomson, 1992; Weissman, 1991), and the need for behavioral changes in order to contain the spread of HIV/AIDS infection (Fisher & Fisher, 1992), it is necessary that the role of women in the transmission or containment of HIV/AIDS infection be understood as a relevant issue for the development of effective women's AIDS education programs.

The present study investigated gender differences

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in attitudes/motivation, beliefs, and behavioral skills relevant to the adoption of safer sexual practices, and outlined implications from these data for the design of AIDS education programs for young women.

The underlying expectations followed from the need for accurate knowledge about young women's sexual behavior. These were:

1. That young women's sexual attitudes/motivations, beliefs, and behaviors were different from those of men.

2. That young women were more aware of their own risk for HIV/AIDS infection and therefore their sex related attitudes/motivation, beliefs, and behaviors tended to be more consistent with AIDS preventive behaviors.

3. That despite young women's motivation and awareness concerning HIV/AIDS infection and AIDS preventive behaviors, their negotiation skills are not developed to the extent of ensuring safe sex in every sexual relationship they engage in.

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Methodology

The data analysed in this study were included as part of an ongoing three-year investigation and implementation of an AIDS education program at Lakehead University (Loos & Bowd, 1993).

The investigator participated in the study as a research assistant and as such was responsible for aspects of the literature review and data analysis. The research questions in this study were examined through analysis of a subset of questionnaire items selected by the investigator.

Participants

The sample involved in this study was comprised of 509 Lakehead University students, of whom 200 have participated in the project for 2 consecutive years.

Prior to the beginning of 1992 and 1993 school year, all first year students entering Lakehead University from high school were asked to participate in this study by responding to an initial AIDS education survey received through the mail with registration materials.

The sample of 509 students was subjected to a follow up survey in 1994 at the conclusion of an AIDS

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education intervention performed as part of the study. The 509 students who responded to this second survey were the subjects of this study.

Instrument

The data were obtained by analysing a set of items from a questionnaire used in the Loos and Bowd (1993) study.

A set of 25 objective and open-ended items used to obtain information relating to personal information as well as attitudes/motivation, beliefs, and behaviors concerning AIDS preventive behaviors among young women.

The selected items were divided into three domains consistent with the literature review and theoretical framework as well as the expectations underlying the study. These domains were: a) young women's attitudes in relation to AIDS preventive behaviors, b) young women's beliefs in relation to AIDS preventive behaviors, and c) young women's sexual behavior in relation to safe sex.

a) Young Women's Attitudes/Motivation in Relation to AIDS Preventive Behaviors

Items relating to this domain provided information about young women's feelings about safe sex and

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perception of own risk as a determinant of safe/unsafe sexual behavior.

The set of items corresponding to this domain was the following:

1. The threat of AIDS has influenced my decision to abstain from sexual intercourse

Not at all _____ **A little** _____ **A fair bit** _____ **A lot** _____

Please check ✓ either or both of the following statements if true

2. I don't do anything to minimize my own risk for HIV infection because I really don't care about safer sex _____

3. I don't do anything to minimize my own risk for HIV infection because I really don't think I am at risk _____

4. Have you felt you'd like to ask a sexual partner about his/her past sexual history but found it too difficult to do so?

Yes, a lot ____ **Often** ____ **Sometimes** ____ **Rarely** ____ **Never** ____

5. What would help you bring up this subject with your partner?

_____
_____
_____
_____

6. Have you ever felt you'd like to suggest that a condom be used (or plastic wrap for oral sex) but found it too difficult to do so?

Yes, a lot ____ **Often** ____ **Sometimes** ____ **Rarely** ____ **Never** ____

7. What would help you bring up this subject with your partner?

_____
_____
_____
_____

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b) Young Women's Beliefs in Relation to AIDS Preventive Behaviors

Items from this domain dealt with young women's beliefs about the need for safe sex, argued acceptance or rejection for specific AIDS preventive behaviors, and belief in personal ability to reduce risk of HIV/AIDS infection.

The set of items corresponding to this domain was the following:

1. Do you believe it is necessary to use condoms every time you have intercourse?

Yes _____ **No** _____

2. If you answered "yes", please check ✓ all the statements that support your belief that condoms are necessary every time

Unsure of history of his/her past partners _____

Not sure my partner is monogamous _____

A condom reduces my risk for AIDS _____

A condom reduces my risk for STD's _____

A condom reduces the risk of pregnancy _____

Others_____

3. If you answered "NO" check ✓ all the statements that support your belief that condoms are not necessary every time

I have always practised safer sex _____

I am aware of all my partners' sexual histories _____

I have been tested for AIDS _____

My partner has been tested for AIDS _____

I trust that my partner is monogamous _____

I am using other forms of birth control _____

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I dislike condoms _____

Condoms are not always available _____

4. Do you believe in having only one sexual partner at a time?

Yes	No
_____	_____

5. Do you believe that you are able to control your behaviour and reduce your risk for HIV infection?

Not at all	Rarely	Sometimes	Often	Always
____	____	____	____	____

c) Young Women's Sexual Behavior Concerning Safe Sex

Items regarding this domain included information about young women's actual sexual practices, use or absence of AIDS preventive behaviors, as well as items relating to their negotiation skills in relation to safer sexual practices.

The set of items corresponding to this domain was the following:

1. How long do you go with a sexual partner before you decide it is no longer necessary to use condoms?

Never use them	_____	**More than 6 months**	_____
Less than a month	_____	**Until we marry**	_____
1-3 months	_____	**Never stop**	_____
4-6 months	_____		

2. Which of the following safer sexual behaviours have you used? (please check ✓ all that apply)

Heavy petting	___	**Condom with spermicide**	___
Mutual masturbation	___	**Oral sex with latex barrier**	___

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Condom ___ Oral sex without barrier ___

If other please specify_____

3. I find out before the first time I have sexual intercourse with a partner, whether he/she has had unprotected sex with a previous partner

Always_____ Usually_____ Sometimes_____ Rarely_____ Never_____

4. I am comfortable suggesting I/my partner use a condom when we engage in sexual intercourse

Always_____ Usually_____ Sometimes_____ Rarely_____ Never_____

5. Despite what I know about AIDS, if a new partner is not prepared to use a condom I have difficulty saying "no" to sexual intercourse

Always_____ Usually_____ Sometimes_____ Rarely_____ Never_____

6. Please rate how much influence each of the following may have had on your decision to personally adopt safer sexual behaviours.

	None	A little	A fair bit	A lot
Safer sex can be more fun	____	____	____	____
Safer sex reduces my risk for possible pregnancy	____	____	____	____
Safer sex reduces my risk for getting AIDS	____	____	____	____
Safer sex reduces my risk for getting other STDs	____	____	____	____
Safer sex shows concern and caring	____	____	____	____

7. Have you ever refused to have intercourse because your partner insists that a condom not be used?

Yes_____ No_____ Unsure_____ Doesn't Apply_____

8. What would you do if you wanted to have intercourse but your partner insisted that a condom not be used?(check ✓ all the appropriate)

_____ Discuss reducing the risk of pregnancy

_____ Discuss reducing the risk of AIDS

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_____ Discuss reducing the risk of STDs

_____ Tell your partner you feel uncomfortable not using one

_____ Refuse to have intercourse

_____ Engage in other safer sexual behaviours

_____ End the relationship

_____ Other _____

9. How likely are you to discuss safer sex with a new partner?

Very	Somewhat	Not at all
____	____	____

SINCE I HAVE BEEN AT LAKEHEAD UNIVERSITY I HAVE:

	Yes	No
10. Had vaginal intercourse	____	____
11. Discussed safer sex with my partner	____	____
12. Used a condom every time I engaged in sexual intercourse	____	____
13. Refused to have vaginal intercourse without a condom	____	____

Item Selection According to Expectations

In order to establish gender differences all items mentioned before were subjected to analyses.

Concerning young women's awareness of risk as determinant of attitudes/motivation, beliefs, and behavior consistent with AIDS prevention, the items analysed were:

1. The threat of AIDS has influenced my decision to abstain from sexual intercourse

Not at all	A little	A fair bit	A lot
_____	_____	_____	_____

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Please check ✓ either or both of the following statements if true

2. I don't do anything to minimize my own risk for HIV infection because I really don't care about safer sex _____

3. I don't do anything to minimize my own risk for HIV infection because I really don't think I am at risk _____

4. Do you believe it is necessary to use condoms every time you have intercourse?

Yes	No
_____	_____

5. If you answered "yes", please check ✓ all the statements that support your belief that condoms are necessary every time

Unsure of history of his/her past partners _____

Not sure my partner is monogamous _____

A condom reduces my risk for AIDS _____

A condom reduces my risk for STD's _____

A condom reduces the risk of pregnancy _____

Others_____

6. If you answered "NO" check √ all the statements that support your belief that condoms are <u>not</u> necessary every time

I have always practised safer sex _____

I am aware of all my partners' sexual histories _____

I have been tested for AIDS _____

My partner has been tested for AIDS _____

I trust that my partner is monogamous _____

I am using other forms of birth control _____

I dislike condoms _____

Condoms are not always available _____

7. Do you believe in having only one sexual partner at a time?

Yes	No
_____	_____

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8. Do you believe that you are able to control your behaviour and reduce your risk for HIV infection?

Not at all	Rarely	Sometimes	Often	Always
____	____	____	____	____

9. How long do you go with a sexual partner before you decide it is no longer necessary to use condoms?

Never use them	___	More than 6 months	___
Less than a month	___	Until we marry	___
1-3 months	___	Never stop	___
4-6 months	___		

10. Which of the following safer sexual behaviours have you used? (please check ✓ all that apply)

Heavy petting	___	Condom with spermicide	___
Mutual masturbation	___	Oral sex with latex barrier	___
Condom	___	Oral sex without barrier	___

If other please specify_____

11. I find out before the first time I have sexual intercourse with a partner, whether he/she has had unprotected sex with a previous partner

Always_____ Usually_____ Sometimes_____ Rarely_____ Never_____

12. Please rate how much influence each of the following may have had on your decision to <u>personally</u> adopt safer sexual behaviors.

	None	a little	a fair bit	a lot
Safer sex can be more fun	____	____	____	____
Safer sex reduces my risk for possible pregnancy	____	____	____	____
Safer sex reduces my risk for getting AIDS	____	____	____	____
Safer sex reduces my risk for getting other STDs	____	____	____	____
Safer sex shows concern and caring	____	____	____	____

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SINCE I HAVE BEEN AT LAKEHEAD UNIVERSITY I HAVE:

	Yes	No
13. Had vaginal intercourse	____	____
14. Discussed safer sex with my partner	____	____
15. Used a condom every time I engaged in sexual intercourse	____	____
16. Refused to have vaginal intercourse without a condom	____	____

As for establishing young women's measure of negotiation skills, the items selected were the following:

1. Have you felt you'd like to ask a sexual partner about his/her past sexual history but found it too difficult to do so?

Yes, a lot	Often	Sometimes	Rarely	Never
____	____	____	____	____

2. What would help you bring up this subject with your partner?

_____
_____
_____
_____

3. Have you ever felt you'd like to suggest that a condom be used (or plastic wrap for oral sex) but found it too difficult to do so?

Yes, a lot	Often	Sometimes	Rarely	Never
____	____	____	____	____

4. What would help you bring up this subject with your partner?

_____
_____
_____
_____

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5. I am comfortable suggesting I/my partner use a condom when we engage in sexual intercourse

Always_____ Usually_____ Sometimes_____ Rarely_____ Never_____

6. Despite what I know about AIDS, if a new partner is not prepared to use a condom I have difficulty saying "no" to sexual intercourse

Always_____ Usually_____ Sometimes_____ Rarely_____ Never_____

7. Have you ever refused to have intercourse because your partner insists that a condom not be used?

Yes_____ No_____ Unsure_____ Doesn't Apply_____

8. What would you do if you wanted to have intercourse but your partner insisted that a condom not be used?(check ✓ all the appropriate)

_____ Discuss reducing the risk of pregnancy

_____ Discuss reducing the risk of AIDS

_____ Discuss reducing the risk of STDs

_____ Tell your partner you feel uncomfortable not using one

_____ Refuse to have intercourse

_____ Engage in other safer sexual behaviours

_____ End the relationship

_____ Other _____

9. How likely are you to discuss safer sex with a new partner?

Very	Somewhat	Not at all
____	____	____

The determination of expected results was established by analysing the set of items selected to assess each expectation. It was anticipated that items belonging to each of the domains in question would provide the information needed to ascertain the overall results of this study.

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Method

The item set was subjected to secondary analysis.

Coded data were manually entered into a computerized database with the same structure and field names as the questionnaire itself. This made initial data entry as well as preliminary sorting, counting, and global changes easy to manage.

The database file was then converted into the file format required by MINITAB Statistical Software Release 8 (Minitab Inc., 1993), and the necessary statistical analysis to ascertain results was performed. Analysis for each question was limited to the percentage of respondents who answered to each question independently of the total sample number.

Firstly, male and female responses were assessed to establish gender differences as well as their behavioral and attitudinal tendencies concerning AIDS preventive behaviors.

Secondly, the main focus of this study was placed upon young women's responses in order to identify as accurately as possible their specific gender attributes in relation to AIDS preventive behaviors.

Data Analysis

The data collected were analysed by using descriptive and inferential statistical methods.

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Qualitative analysis would be provided, particularly if the respondents offered comments in items that included open-ended answer opportunities.

Gender differences were established by measures of Chi-square.

Items presenting similar structure were clustered together for the analyses.

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Chapter 4

Results

The total sample was comprised of 509 college students of whom 137 (27%) were males and 372 (73%) were female. The mean age of the subjects was 19.7 ranging from 18 to 22 years of age.

The results were organized in terms of each expectation involved in this study.

Overall Gender Differences

The first expectation in this study involved the assumption that measurable differences existed between young men and women's sexual attitudes/motivation, beliefs, and behaviours.

In determining the significance of such an assumption the analysis of the entire set of questions was considered.

It was found that approximately 13 of the total number of items revealed significant gender differences when subjected to statistical analyses.

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Significant Differences

Significant gender differences were found for items concerning the influence of the threat of AIDS in the students' decision to abstain from sexual intercourse. More females reported being influenced by this factor (3, N=501, χ^2 =8.04, p.<.05).

Significantly more females believed it was not necessary for them to do anything to minimize their risk of HIV because they did not believe themselves to be at risk (1, N=99, χ^2 =7.62, p.<.01).

Likelihood of discussing safer sex with a new partner (2, N=404, χ^2 =22.80, p.<.001), refusing to have unprotected intercourse (3, N=405, χ^2 =20.45, p.<.001), and believing in having one sexual partner at a time (1, N=410, χ^2 =7.10, p.<.01) were behaviors which females reported a greater willingness to practise.

In general, significant gender differences were obtained for measures involving the influence of HIV/AIDS on students' decisions to adopt safer sexual practices as well as for those measuring students' attitudes/motivation to practice safer sexual behaviours; and the attitudes/motivation, beliefs, and behaviour of females were somewhat more positive.

A more detailed account of these findings is provided in a later section reporting results relating

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to other expectations.

Non-significant Differences

A low number of male and female students equally reported that they did not minimize their risk of HIV because they didn't care about safer sex.

As well, equal proportions of males and females students believed that it was or it was not necessary to use condoms every time they engaged in sexual intercourse. It was often reported by the subjects that this depended on the type of relationship in which they were involved. Males and females equally indicated that the time for discontinuing condoms with a new partner was between *"1 to 3 months"* and *"never stop"*, but these trends failed to achieve significance. They also reported engaging equally in safer sexual behaviours such as *"heavy petting"*, *"sex with a condom"*, and *"oral sex with and without barrier"*.

Another question which did not yield significant gender differences was that inquiring about the students' capability of reducing their own risk for HIV infection. In addition, students in both groups perceived themselves equally comfortable when having to suggest the use of condoms.

Males and females equally reported high rates of vaginal intercourse and low use of condoms since

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entering university.

Young Women's Awareness of Risk as a Determinant of Attitudes/motivation, Beliefs, and Behaviours Consistent with AIDS Prevention

The second expectation involved in this study followed from the assumption that young women were more aware of their own risk for HIV/AIDS infection and therefore their sex related attitudes/motivation, beliefs, and behaviours tended to be more consistent with AIDS prevention.

Although analysis of responses of the selected items suggested that attitudes/motivation and beliefs of females were consistent with AIDS prevention, the data assessing the awareness of their HIV/AIDS risk seemed to present some contradictions.

Table 1

Students' Attitudes Towards Safer Sex in Relation to Their Perception of Risk

	% Males (N)	% Females (N)	χ^2
Agree (1)	7.4 (2)	1.4 (1)	
Agree (2)	77.8 (21)	93.1 (67)	7.62**
Agree both	14.8 (4)	4.2 (3)	

**p < .01.

As shown in Table 1, no significant gender

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differences were found for the item:

(1) *I don't do anything to minimize my own risk for HIV infection because I really don't care about safer sex.*

However, significant differences were found for the related item:

(2) *I don't do anything to minimize my own risk for HIV infection because I really don't think I am at risk.*

Of those who agreed to item (2), 77.8% were males and 93.1% were females. Interestingly, these significant gender differences suggested that females perceived themselves less at risk of infection than males (1, $\underline{N}$=99, χ^2 =7.62, $\underline{p}$.<.01).

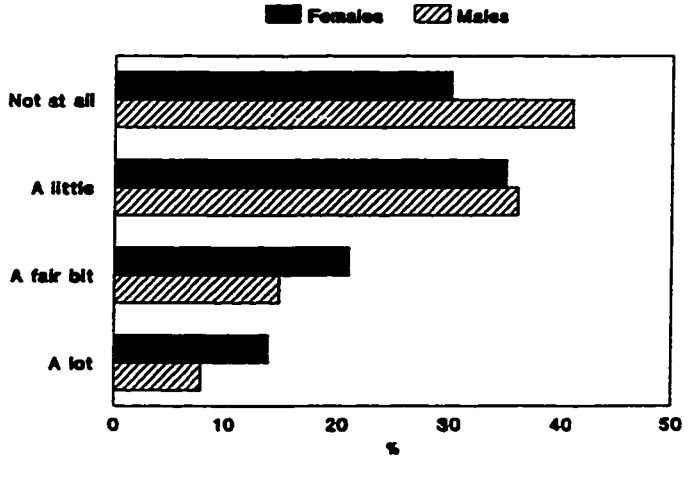

Figure 2. Extent to which the threat of AIDS had influenced students' decisions to abstain from sexual intercourse.

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However, in a contradicting fashion, significant gender differences were found concerning the extent to which the threat of AIDS had influenced students' decision to abstain from sexual intercourse (3, N=501, χ^2 =8.04, p.<.05).

As shown in Figure 2, the threat of AIDS appeared to have influenced females' decisions on abstinence significantly more than for males. Over 10% more males than females reported not being affected at all by this fact (40.7% vs. 30.0%).

As well, when students were asked to rate a set of determinants that might have influenced their personal decision to adopt safer sexual behaviour, statistically significant gender differences were found in four out of the five statements shown in Table 2.

Although the statement, *"safer sex reduces my risk for possible pregnancy"*, was thought to have highly influenced males and females in their decision to adopt safer sexual behaviors, 9% more females reported this to have had *"a lot"* of influence in their decisions. This difference was found to be statistically significant (3, N=401, χ^2 =11.62, p.<.01)

When asked to rate the statement, *"safer sex reduces my risk for getting AIDS"*, three times more males than females reported that this had no influence in their sexual decisions. Conversely, 20.7% more

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females than males reported this to have had *"a lot"* of influence in their decisions. A chi-square analysis indicated this difference to be statistically significant (3, N=406, χ^2 =19.13, p.<.001).

Table 2

Factors Influencing Decisions to Adopt Safer Sex

	Rating				
Gender	None	A little	A fair bit	A lot	χ^2
a) safer sex can be more fun					
Males	38.7(41)	32.1(34)	18.9(20)	10.4(11)	
Females	34.2(101)	31.2(92)	20.7(61)	13.9(41)	
b) safer sex reduces my risk for possible pregnancy					
Males	7.8(8)	2.9(3)	22.5(23)	66.7(68)	
Females	2.3(7)	7.0(21)	15.1(45)	75.6(226)	11.62**
c) safer sex reduces my risk for getting AIDS					
Males	13.1(14)	14.0(15)	23.4(25)	49.5(53)	
Females	4.0(12)	10.4(3)	15.4(46)	70.2(210)	19.13***
d) safer sex reduces my risk for getting other STD's					
Males	12.3(13)	16.0(17)	18.9(20)	52.8(56)	
Females	2.3(7)	10.7(32)	20.8(62)	66.1(197)	19.68***
e) safer sex shows concern and caring					
Males	14.2(15)	14.2(15)	25.5(27)	46.2(49)	
Females	2.7(8)	14.8(44)	26.5(79)	56.0(167)	19.51***

**p < .01. ***p < .001.

As for the statement, *"safer sex reduces my risk*

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of getting other STD's", approximately 6 times more males than females reported this as having no influence in their decisions to adopt safer sexual behaviours. On average 13.3% more females than males reported this as having a lot of influence in their sexual decisions. Statistically significant gender differences were also noted for this statement (3, N=404, χ^2 =19.68, p.< .001).

A similar pattern of response was found relating to the statement, *"safer sex shows concern and caring"*. Males had an almost seven times higher rate of response than females indicating that this had no influence in their decisions to adopt safer sex. However, over 10% more females reported "*a lot*" of influence from this statement (3, N=404, χ^2 = 19.52, p.< .001).

As suggested by the data reported above, it appears that females' safer sexual decisions have been more influenced by the threat of AIDS. However, as suggested in other studies (Carrol, 1991; Moore & Rosenthal, 1991)) there is evidence that women sometimes may fail to see themselves at risk of HIV infection, which could lead to great risk for AIDS.

Attitudes/motivation, Beliefs, and Behaviours Consistent with AIDS Preventive Behaviours

As shown in Figure 3, females were significantly

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more likely to *"always"* inquire about a partner's previous sexual practices (4, N=392, χ^2 =10.49, p.< .05).

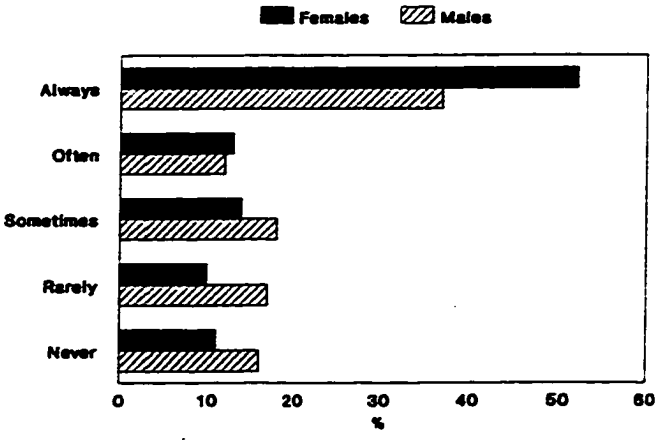

Figure 3. Reported likelihood of inquiring about a partner's previous sexual practices.

Although more females agreed with this item, no statistically significant gender differences were found when students were asked if they believed that it was necessary to use condoms every time they engaged in sexual intercourse. It was often indicated by the respondents that this depended on the type of relationship they were engaged in. As shown in Table 3, data from those who answered *"yes"* to this former question (47.5%) suggested that females were on average 10% more inclined than males to believe that condoms reduced their risk for AIDS (1, N=218, χ^2 =4.38, p.<

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.05), and STD's (1, N=218, χ^2 =7.37, p.< .01), the only items found to present significant statistical differences. Among other reasons for believing condoms were necessary, females mentioned back up for birth control, and general peace of mind.

Table 3

Reasons Condoms are Perceived as Necessary

	% Males (N)	Females (N)	χ^2
Unsure of history of his/her past partners	84.9 (45)	76.5 (127)	
Not sure my partner is monogamous	56.6 (30)	45.8 (76)	
A condom reduces my risk for AIDS	86.8 (46)	94.6 (157)	4.38*
A condom reduces my risk for STD's	84.9 (45)	95.2 (158)	7.37**
A condom reduces the the risk of pregnancy	92.5 (49)	95.2 (158)	
Others	9.4 (5)	3.6 (6)	

*p < .05. **p < .01.

As can be seen in Table 4, of those who answered *"no"* to the same previous question (51%), significantly more females (13.5% on average) reported trusting their partner as monogamous (1, N=202, χ^2 =6.13, p.< .05) and using other forms of birth control (1, N=202, χ^2 =6.91, p.< .05). This may suggest that the replacement of condoms by birth control pills signifies the seriousness of their relationships.

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In other categories such as, "*always practised safer sex*", "*aware of all their partner's sexual histories*", "*both tested for AIDS*" and "*I dislike condoms*", differences failed to achieve statistical significance.

Table 4

Students' Reasons for Believing that Condoms are Not Necessary Every Time They Engage in Sexual Intercourse

	% Males (N)	% Females (N)	χ^2
I have always practised safer sex	40.0(26)	44.6(70)	
I am aware of all my partners' sexual histories	76.9(50)	82.2(129)	
I have been tested for AIDS	20.0(13)	25.5(40)	
My partner has been tested for AIDS's	23.1(15)	29.3(46)	
I trust that my partner is monogamous	75.4(49)	88.5(139)	6.13*
I am using other forms of birth control	75.4(49)	89.2(140)	6.91**
I dislike condoms	43.1(28)	35.0(55)	
Condoms are not always available	21.5(14)	19.7(31)	

*p.< .05. **p < .01.

More females held the belief that monogamy was appropriate, while more than twice as many males as females did not favour this belief (Figure 4). A chi-square test indicated these differences to be

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statistically significant (1, N=410, χ^2 =7.10, p.<.01).

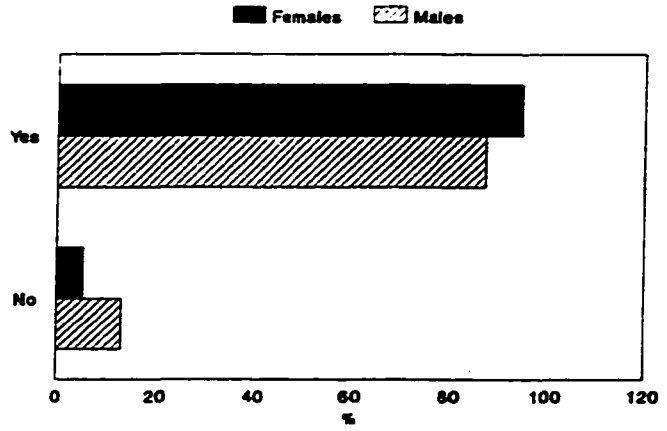

Figure 4. Percentage of students believing in having only one sexual partner at a time.

c) Women's Negotiation Skills

The third expectation of the present study assumed that young women's negotiation skills were not sufficiently developed to be in control of their sexual encounters and ensure safer sex every time they engaged in sexual relationships. Analysis of responses to the corresponding items indicated a level of ambiguity in the responses offered by females concerning this expectation. Some explanations for the ambivalence revealed in female responses (Holland, Ramazanoglu, & Scott, 1990) suggest that this ambiguity is part of

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young women's confused understanding of sexuality, an issue that could undermine young women's capability to negotiate safer sex in every sexual encounter.

Therefore, it was found that the analysis of responses to the corresponding items appears to suggest that young women may not be able to ensure safer sex in every sexual encounter they engage in, especially in those relationships which are not characterized by love and closeness.

It follows that, although the majority of respondents thought that this item did not apply to them (45% of the total sample), when students were asked if they had refused to have intercourse because a partner insisted upon not using a condom, approximately twice as many females as males reported that they had refused to have intercourse when a condom was not used (19% vs.37%). Gender differences for this item were found to be statistically significant (3, $\underline{N}$=405, χ^2 =20.45, $\underline{p}$.<.001).

When responding to the question, "*What would you do if you wanted to have intercourse but your partner insisted that a condom not be used?*" 21.7% more females reported that they would discuss reducing the risk of AIDS (1, $\underline{N}$=397, χ^2 =14.79, $\underline{p}$.<.001), 16.3% more females reported discussing the risk of STD's (1, $\underline{N}$=397, χ^2 =8.16, $\underline{p}$.<.01), and 16% more females would tell their

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partner they feel uncomfortable not using one (1, N=397, χ^2 =8.19, p.<.01). As well, as shown in Table 5, 34.4% more females reported they would refuse having intercourse if a partner insisted that a condom not be used (1, N=397, χ^2 =39.94, p.<.001).

Table 5

Students' Reaction to the Possibility of Unprotected Sex

	% Males (N)	% Females (N)	χ^2
Discuss reducing the risk of pregnancy	67.0(67)	76.4(227)	
Discuss reducing the risk of AIDS	45.0(45)	66.7(198)	14.79***
Discuss reducing the risk of STDs	46.0(46)	62.3(185)	8.16**
Tell your partner you feel uncomfortable not using one	53.0(53)	69.0(205)	8.19**
Refuse to have intercourse	41.0(41)	75.4(224)	39.94***
Engage in other safer sexual activity	65.0(65)	63.3(188)	
End the relationship	5.0(5)	11.8(35)	
Other	13.0(13)	6.4(19)	4.40*

*p < .05. **p < .01. ***p < .001.

Compared to males, females also reported that they were more likely to discuss safer sex with a new partner (45.7% vs. 70.9%). As shown in Figure 5, males

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were approximately three times more reluctant to talk about this topic with a new partner (2, N=404, χ^2 =22.80, p.<.001).

Analyses of the items presented above indicates that these young females have an appropriate disposition to ensure safer sex. However, in the analysis to the following items the control they can exercise in sexual encounters seems to be dependent on certain factors which are not always present in sexual encounters, especially when engaging in casual sex.

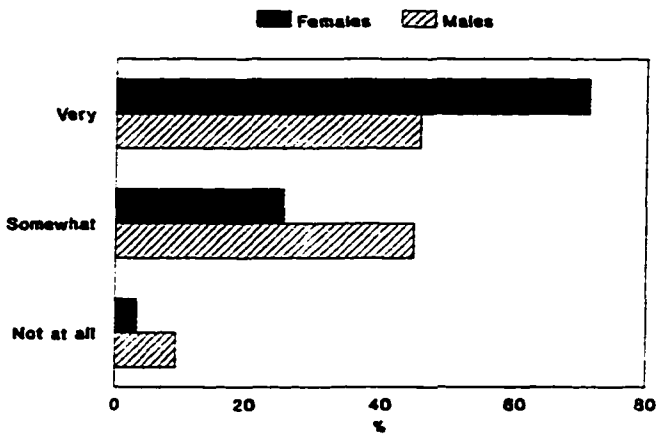

Figure 5. Likelihood of discussing safer sex with a new partner.

It follows that answers to the question, *"Have you felt you'd like to ask a sexual partner about his/her past sexual history but found it too difficult to do*

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so?", yielded no significant gender differences. Males and females equally indicated that this occurred to them "*sometimes*", "*rarely*", or "*never*". (This could be interpreted as something that has "*sometimes*", "*rarely*", or "*never*" happened to them or as something that they "*sometimes*", "*rarely*", or "*never*" found difficult to do). However, when students were asked, in relation to the same question, what would help them to raise this subject with a possible partner, relevant and significant differences were observed.

Table 6

Identified Facilitators for Inquiring About a Partner's Past Sexual History

	%Males(N)	%Females(N)	χ^2
Self confidence	5(1)	5.1(5)	
No problem/just talk	50(10)	21.4(21)	7.00**
Being in a caring/ loving/close relationship	25(5)	48.9(48)	3.86*
If he/she asked first	15(3)	18.3(18)	
Learn about how to do it from TV, open discussions, parents, and surveys like this	5(1)	6.1(6)	

*p < .05, **p < .01

The response rate to this question was low, 118 subjects, corresponding to only 23.2% of the total

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sample. Interestingly, only 16.9% (20) of the respondents were males, and the remaining 83% (98) were females.

As shown in Table 6, significantly more males than females responding indicated that they would have no difficulty asking a possible partner about her past sexual history (1, N=118, χ^2 =7.00, p.<.01) providing a level of congruency with their response to the former question. However, 24% more females indicated that they would feel this way if they were in a caring, loving, and close relationship (1, N=118, χ^2 =3.86, p.<.05).

This significance was reiterated when, in the same fashion as the two previous questions, students were asked, "*Have you ever felt you'd like to suggest that a condom be used (or plastic wrap for oral sex) but found it too difficult to do so?*". Both males and females indicated equally that this had "*rarely*" or "*never*" happened to them. However, when asked what would help them to bring the subject up with their partner, male students were significantly more inclined to believe that they would be in control, thus having no problem suggesting so (90% vs 40%), (1, N=52, χ^2 = 6.50, p.<.05). A remaining 45% of females believed that self respect and being in a trusting, loving, and caring relation would facilitate this task for them (1, N=52, χ^2 =5.90, p.<.05), making the negotiation of safer

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sexual encounters dependent on the situation.

In general, findings relevant to the three expectations involved in this study seem to indicate these young women appear to be appropriately motivated to practise safer sex. However, the weaknesses shown in perceiving themselves at risk of HIV infection and to negotiate safer sexual encounters with partners that feel more confident and in more control of sexual relationships, could undermine young females' intentions to adopt AIDS preventive behaviors.

A discussion of relevant findings and the issue of negotiation in sexual encounters is provided in the next chapter.

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Chapter 5

Discussion and Conclusions

This study has attempted to provide an overview of behavioral skills involved in sexual negotiation among young women and the related topic of AIDS risk reduction. It was hoped that this investigation would shed some light on the relationship between gender and the acquisition of AIDS preventive behaviors.

Consistent with the expectations forming the basis for this study, the data suggested that young male and female students hold different attitudes/motivation, beliefs, and may practise different behaviors relevant to HIV/AIDS prevention. Furthermore, such differences appeared to imply that females' attitudes/motivation, beliefs, and behaviors were, to some extent, more consistent with AIDS prevention.

In general, it was found that young women were more willing to communicate with their partners, to refuse risky sex, and to acknowledge the importance of using condoms. However, because their motivation cannot be attributed to greater awareness of risk (they reported to perceive themselves less at risk than males) it can be assumed that the differences of gender socialization together with the assimilation of

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responsibility for birth control assigned to women, can account for these differences (Bowd et al., 1994).

Nonetheless, these findings do not permit the assertion that these young females are fully enabled to control their risk for HIV/AIDS infection. There is sufficient evidence in their responses to suggest that, in spite of their favourable attitudes/motivation to practice safer sex, the awareness of their risk for HIV/AIDS infection and their capability to negotiate safer sex are still somewhat unpredictable and ambiguous.

As well, the facts that females failed to report using condoms regularly, had slightly more vaginal sex than males since entering university, failed to consider serial monogamy as possible in their relationships, neglected to consider themselves at risk for HIV infection, and discontinued condom use for other birth control methods based on the length of a relationship, contradicts their desire to practise safer sex.

The discussion that follows draws on these findings which are believed to have profound implications for AIDS risk reduction and prevention. Arguments drawn from relevant literature as well as feminist writings are considered in this discussion.

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Young Women's Sexuality and Safer Sex

In relation to safety in sexual behavior, studies (Carrol, 1991; Holland, Ramazanoglu, & Scott, 1990; Moore & Rosenthal, 1991) support the notion that young women have a confused understanding of risk and safety in sexual relationships. This, coupled with a possible lower perceived degree of control in their sexual encounters, further undermines their possibility of practising safe sex.

Three levels of conflicting pressures, affecting young women's sexual decisions, have been recognized by feminists: personal pressures, social pressures, and the pressures coming directly from men. It is argued that, in the absence of personal experience to draw on, the different messages from these sources oblige young women to live with, and make sense of, contradictions in the social construction of feminine sexuality (Holland, Ramazanoglu, Sharpe et al., 1992).

In the present study, responses relating to sexual negotiation yielded sufficient data to believe that the socialization of the young women involved in it, apparently resembles the assimilation of contradictory values concerning the practice of safe and pleasurable sex. Their expectations for romance, loving and caring relationships, monogamy, and even the perception of

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personal responsibility for birth control, seem to conflict with the consistent practise of safer sexual behaviors which demands, full awareness of risk and the transgression of established norms for relationships such as using condoms in spite of the seriousness of a relationship.

Furthermore, as explained in the feminist literature, young women's motivation to practise safer sex is undermined by a sexuality largely defined in terms of men's needs and in which women lack notions of a positive female sexuality or female desire.

No matter how motivated women are, as is the case of the women involved in the present study, they may find difficulties in implementing safer sex practices with partners who are resistant to using condoms or forms of sexual expression other than sexual intercourse.

Ultimately, the negotiation of safer sex for women conflicts with the traditional socialization which treats them as unequal and subordinates to men. Therefore, ensuring safer sex implies a more complex task than it would be between equal individuals (Amaro, 1995).

Two Levels of Empowerment as a Determinant of Safer Sex

In determining the level of women negotiation

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skills in sexual encounters, feminists have distinguished two levels of empowerment which were found useful in conceptualizing young women's level of sexual negotiation skills. They are: intellectual empowerment, and experiential empowerment (Holland, Ramazanoglu, Sharpe et al., 1992).

Intellectual Level of Empowerment

At an intellectual level of empowerment, young women reflect critically on their sexual knowledge and experience and make decisions about their future sexual strategies. As similarly reported by the young women involved in the present study, intended behaviors at this level include asking a partner to use a condom, resisting intercourse just because a partner is aroused, ensuring that they are not at risk of pregnancy, STD's or HIV infection, and communicating about past sexual experiences. This level of empowerment can be a decisive element in modifying women's level of awareness and helping them to develop more positive models of female sexuality.

Empowerment at the intellectual level, however, does not guarantee that young women can implement all their intended strategies for safer sex in every sexual encounter. Various reasons have been identified for this.

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Double Standard for Sexuality

As was found in the present study, women's interpretation of safety was based on their intention to practise various AIDS preventive behaviors. These prerequisites included communicating with a sexual partner about past sexual experiences, communicating about AIDS precautions, and assuming monogamy as a result of being in a close and trusting relationship.

Although reliance on communication and the seriousness of a relationship appears to be a practical way of ensuring safe sex, results of research (Maticka-Tyndale, 1992) suggest that relying on a partner to communicate about prior risky behavior as a method of protection is not necessarily a safe and effective way for either gender to rely on. As feminists have noted (Holland, Ramazanoglu, Sharpe et al., 1992), a double standard for sexuality is still present in our society as part of the deep structure of gender roles. Concerning AIDS, this two-fold norm assumes no prior risky sexual activity for women and disclosure of possible prior risky sexual activity for men.

Thus, while in some instances men and women assume the same meaning when they use the word "trust", the significance of this word can be mistakenly taken for granted. On one hand, women, as seen in the present study, seem to rely on their partners to inform them

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about their past sexual activity. On the other hand, male partners do not necessarily share a sense of obligation to provide this type of information.

Another issue identified in the literature (Bowen & Michal-Johnson, 1989; Cline et al., 1990; Sprecher, 1990) concerning the effect of communication on the adoption of AIDS preventive behaviors deals with the seriousness of these conversations. These authors contend that young people are very likely to talk about safer sex in a superficial and/or abstract manner, but not for realistic negotiation.

Consequently, the findings of the present study identify relevant implications for the practice of AIDS preventive behaviors. Young people's beliefs of practising legitimate safer sex strategies when they engage in talk like the one described above, may increase their risks for HIV infection, since a false feeling of safety may lead them to greater promiscuity.

Women Neglecting to See Themselves as Personally at Risk

Even women with knowledge and awareness of HIV transmission routes and the risks of sexual activity may fail to see themselves as personally at risk for HIV infection via their sexual partners (Carrol, 1991). For many women, as well as for the women involved in

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the present study, being in a committed long term relationship includes an assumption of mutual monogamy. This leaves the possibility of serial monogamy untouched and undermines considerations for employing AIDS preventive methods (Ehrhardt et al., 1992). In fact, as reported in the present study, in some cases women realistically saw pregnancy as a more immediate problem than sexually transmitted diseases.

Furthermore, the abandonment of condoms, thought to be used when partners are not to be trusted, and their replacement by other birth control methods, is usually a choice made in order to signify the seriousness of the relationship (Bishop & Lipsitz, 1991; Gold et al., 1992; Holland, Ramazanoglu, Sharpe et al., 1992; Sacco et al., 1991). There is evidence in the present study that women discontinued condoms early in their relationships to replace them for birth control pills, and that, in general, condom use depended on the types of relationships they were involved at the time.

There is also the possibility that the same young women while believing that they were practising legitimate strategies for safer sex (communication and the assumption of monogamy) perceived themselves less at risk for STDs and HIV infection than they actually could have been.

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Thus, young women may fail to perceive themselves at risk for HIV/AIDS infection because, the very sexual situations which implicitly threaten them are hidden in loving and caring relationships (Holland, Ramazanoglu, & Scott, 1990).

Inequalities in Sexual Relationships

The findings of the present study support the notion that young female students seemed to be positively willing to practise safer sex. These findings present problems for some aspects of feminist writings which have noted that, in spite of their genuine concern for safer sex, women will have difficulty ensuring safer sex in different sexual encounters (Holland, Ramazanoglu, Sharpe et al., 1992).

It is argued that women's sexuality has been socially constructed to complement a standard form of heterosexuality which is defined mainly in male terms. It follows that it is difficult to guarantee that concerns for safer sex, as reported by the females in the present study, as well as young women resistance to men's sexual pressures, will result in effective AIDS prevention (Holland, Ramazanoglu, & Scott, 1990).

Analyses of women's sexual behavior (Amaro, 1995; Holland, Ramazanoglu, Scott, Sharpe et al., 1990) have revealed that there may be instances in which young

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women see sex as what they do to keep their partners happy, or more negatively, what they do in order to ensure they have a partner. Evidence from the present study suggests that there were instances in which women were not able to talk about previous sexual behavior with their partner or to suggest the use of a condom for oral sex because of the lack of emotional involvement in the relationship. This may suggest their involvement in less rewarding sexual relationships. Furthermore, even in steady relationships "because of women's basic orientation to others" (Amaro, 1995, p. 442), their fear of disrupting a relationship is likely to undermine any intention to reduce their risk of infection.

This evidence indicates that, in spite of their positive attitudes and motivation, it is difficult for young women to ensure safer sexual practices, when they do not expect to assert their own sexual desires.

This, coupled with fear of a negative response or rejection, further increase the uncertainty of females' ability to negotiate safer sexual encounters (Amaro, 1995; Miles, 1993).

Experiential Level of Empowerment

Therefore, it is argued that to control their own sexuality and to be able to negotiate sexual equality

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with men, young women need to be empowered at an experiential level. This requires the integration of both levels of empowerment, so that young women feel confident about their sexuality, allowing them to negotiate pleasure and safety in every sexual encounter and situation.

While women's experiences of pressured sex can vary depending on the situation and partner, their responses to these experiences can also vary depending on how they make sense of these situations. In some cases, women might become more assertive as a consequence of their experiences of pressured sex, while others will become more accepting of unrewarding sexual relationships. Empowerment then does "not" imply women will take control over men, but, that they will be able to assert themselves and negotiate their own sexual boundaries independently of the type of relationship in which they are engaged.

Consequently, the integration of intellectual and experiential empowerment should overall instill in young women a positive conception of female sexuality which provides the possibility of safely asserting their female sexual rights, needs, and pleasure. Women should be able to dissociate from concepts of sexuality that give priority to men's needs, and in which sexual pleasure is often seen as dependent on their feelings

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for a man or the quality of their relationship with one.

Thus, the signs of intellectual empowerment shown by the women involved in this study, however important, are not sufficient to ensure that they will act effectively in the process of putting into practice ways of negotiating safe and pleasurable sex with men. To be effective intellectual empowerment must be integrated and complemented with a process of experiential empowerment. This can be achieved through sensitive HIV/AIDS health promotion education that encompasses alternative to stereotypical views of masculinity and femininity, as well as a positive concept of female sexuality.

Conclusions

As knowledge about females' emotional and experiential information concerning AIDS is limited in the research literature, the present study has sought to identify specific gender attributes in relation to AIDS preventive behaviors, specifically those relating to young women's role in sexual relationships.

Although young women's attitudes/motivation, and beliefs were found on some issues to be different, as

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well as more consistent with AIDS prevention, it can also be concluded that females' interpretation of risk and safety in sexual relationships remains to be unpredictable and ambiguous. The assimilation of conventional feminine roles and expectations which, in some instances, could conflict with the adoption of AIDS preventive behaviors, may in part offer an explanation to the inconsistencies in their sexual behavior.

Feminists authors (Kippax et al., 1990; Holland, Ramazanoglu, Scott et al., 1992) contend that femininity as traditionally understood, encourages a passive concept of female sexuality which may conflict with females' intentions to assert their sexual rights/needs and practice AIDS preventive behaviors. In fact, results from the present study suggested that these young women seemed to still discuss sex in terms of men's needs and the quality of their relationships with them.

Little is known about females' interpretation of risk and safety in sexual behavior. An argument which offers some explanation is that women's awareness of risk is undermined by a double standard for sexuality which may be hidden in loving and caring relationships. It is believed that this underlying inequality limits the power women can exert over males' pressures and

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themselves in sexual relationships.

Nevertheless, neglecting to consider these issues in explanations for people's sexual risk taking appears to result in a misconstrued interpretation of the meanings of sexuality and sexual practice for young people, especially young women.

As the AIDS epidemic challenges our current understanding of sexual beliefs, practices, and identities, two complementary alternatives pertaining to the expansion of young people's narrow view of sexuality can be offered: a) changing young males' sexual attitudes, beliefs, and behaviors to make them more caring and responsible as they directly affect the sexual behavior of young women; b) empowering young women to develop positive sexual identities and to be able to negotiate sexual safety in different situations. Concerning sex education programs and AIDS prevention campaigns, these issues should also provide a more appropriate basis for health promotion concerning HIV/AIDS infection.

a) Men's Sexuality and AIDS Education

AIDS education programs have not yet specifically addressed the need to change the behaviour of heterosexual men who are not members of designated high risk groups. "It is vital that more attention is

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focused on the sex education of young men" (Holland, Ramazanoglu, Scott et al., 1992, p.281). Education strategies should focus on educating men about the social construction of masculinity and encouraging the legitimation of alternatives to stereotypical notions of masculinity and femininity. Some examples of these would include: replacing notions of gender as a determinant of power and superiority; emphasizing that, rather than confrontational partners, males and females relationships should be based on equality; dismissing concepts of male promiscuity as a measure of masculinity; and emphasizing a more comprehensive view of the construction of sexuality than that which defines it exclusively as a biological phenomenon.

Feminists recognize that effective AIDS education for women implies significant change in programs which have implicitly or explicitly targeted men. "The biggest problem we face is how heterosexual men, who have yet to be politicised as a sexual community, can be educated to take responsibility for women" (Segal, 1987, p.11). As well, Holland et al. (1990), Fisher and Fisher (1992), and Wyatt (1994) stress the consequences that the effect of health education for men would have on education for women.

AIDS education must emphasize the development of

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more equal sexual relations between women and men, enabling both to discuss their sexual preferences and the risks to them from AIDS and/or other sources (Segal, 1987). It is believed that, a social environment promoting "'good sex' is more likely to produce 'safe sex' than a campaign simply adding to existing sexual relations new duties for women and new prohibitions for men" (Segal, 1987, p.11).

Empowerment of Women

As the adoption of AIDS prevention for women will depend on their capability to make their concerns for safer sex valid in sexual encounters, it is advised that beyond providing women with knowledge and unguaranteed intentions to practise sex safely, women should be empowered to ensure safety as well as satisfaction in their sexual encounters.

As it was argued elsewhere, intellectual empowerment will not be sufficient in providing women with the skills necessary to practise safer sex. To be effective, intellectual empowerment should be integrated with an experiential level of empowerment. This way, independent of the behavior of men, women can properly achieve a shift away from the traditional ways men and women are constituted as sexual elements and resist sexual pressures that in some cases may put them

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at risk for STD's and HIV infection.

In the context of sexual relationships, empowering women to negotiate safety and pleasure at this level would imply developing and reinforcing attributes such as:

a) Independence and autonomy: By promoting an internal sense of control based on the belief women own their lives, they should be able to negotiate choices that they know are right for them in typically male controlled situations.

b) Positive and self-respecting sexual identities: These qualities should allow women not to depend primarily on being attached to a man in order to achieve a sense realization. It is believed that this type of disconnection would place women in a stronger and more objective position to negotiate sexual safety.

c) Awareness of inequalities in sexual relationships: Awareness that sexuality is socially constructed and that a double standard, which places women at disadvantage in sexual relationships, is hidden in loving and caring relationships.

Based on these attributes, and the redefinition of femininity and masculinity, women should be able to develop negotiations skills that in practice would allow them to (1) make decisions about type of sexual activities in which they engage, (2) refuse to engage

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in sexual activity or to have sex if they do not wish to, and (3) make their own sexual preferences and desires known and respected.

By working on achieving this level of empowerment, it is hoped that women should be better able to develop life-long negotiation skills which would be consistently put into practise in every sexual encounter.

Designing a Skills Development Model for AIDS Risk Prevention

Fisher and Fisher's (1992) model for AIDS risk reduction includes three determinants of behavior: (a) relevant information, (b) motivation, and (c) behavioral skills, which are recognized as basic to implementing AIDS risk reduction strategies.

Although this model is thought to be highly general, the three basic components involved in it could be considered relevant in developing a gender specific model for AIDS risk reduction, if the model were placed within the context of feminist theory. This could result in an HIV/AIDS prevention model which includes concepts of empowerment as well as socio/cultural and gender sensitive skill building.

By recognizing the complexities in which sexuality and sexual practise develop, and considering the social

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pressures under which sexuality is constructed this model could be considered useful in developing women's negotiation skills, and, separately, in affecting male sexual behavior.

The constructs in the IMB (information, motivation, and behavior) model, as proposed by Fisher and Fisher (1992), are believed to be sufficiently flexible to include content/information specific to particular target groups, specific motivational issues, and specific behavioral skills. Therefore, it is likely that this model could result in specific assertiveness skills in a target group comprised of women.

In order to begin to conceptualize this model from a feminist perspective, it is important that the existing level of AIDS risk reduction knowledge, the factors that could interfere with as well as reinforce motivation to reduce risk, and the existing level of empowerment be assessed within the socio/cultural context and experiences of the audience being targeted.

Then, the components of the IMB model should be defined within a relevant framework of feminist theory in which the practise of safer sex ultimately focuses on developing women's assertiveness skills at an experiential level of empowerment.

In defining the components of the IMB model to target women and to enable them to assume a stance in

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favour of safe sex, the following general elements should be considered:

a) Relevant Information: Information about appropriate and practical methods of preventing HIV transmission. This should include information about the barriers women may face in trying to put this knowledge into practice, especially when trying to introduce the use of condoms in sexual encounters.

As well, providing information about the social construction of sexuality and the existing inequalities in sexual relationships, would provide women with an understanding of what should be expected from sexual encounters and men's sexual pressures.

b) Motivation: The motivational aspect of this model should develop, promote, and reinforce women's sense of self-worth and their self-esteem. This could provide them with the skills necessary to make healthy choices about their bodies and to enable them to assert their safety, pleasure, and sexual rights in situations that are traditionally controlled by men. Overall, women's independence and autonomy should be promoted in order to encourage them to participate in safer sex based on their own sexual rights, needs, and desires.

c) Behavioral Skills: By consistently developing the two previous concepts of this model (information and motivation), and therefore a more positive concept

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of women's selves and of their sexuality, they should be able to comfortably practice sexual behaviors which are, on one hand, consistent with HIV/AIDS prevention, eg. informing men of the need to use a condom for vaginal, or anal sex; and on the other hand, responsive to women's particular sexual needs, eg. practising non-penetrative sex.

Elements to Consider in Implementing a Risk Reduction Model

Concerning the format and the dynamics of HIV/AIDS prevention interventions, Levine, Britton, James, Jackson, and Hobfoll (1993) suggest, based on the success of their intervention empowering young women, a set of key elements that would be pertinent to consider when implementing risk reduction interventions.

It is believed that by taking into account these elements, the development and implementation of the model previously proposed would be likely to result in the successful empowerment of women.

These authors suggest that there are four important elements relevant to the transformation of HIV prevention knowledge into behavioral change. They are: (1) considering the reality and significant elements of the participants' lives in the program; (2) employing a small group format to ensure cohesiveness,

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discussion of relevant concerns, and support among the participants; (3) involving group facilitators instead of group leaders to guarantee mutuality and equality; and (4) promoting ongoing and authentic relationships among the program participants and staff members.

Based on continuity, these four points and the concept of encouraging women's responsibility and control over their behavior can facilitate the achievement of empowerment.

By focusing on women's strengths and experiences interventions should enable them to find possible and practicable HIV protection plans for their lives.

As well, in order to improve actual skills or to teach new ones, the contextually relevant group dynamics to be considered should include guided imagery, role playing, cognitive rehearsal, the development of assertiveness skills, and peer education strategies.

It is expected that the suggestions for interventions offered here would provide an effective grounding for sex education and AIDS prevention programs that target women.

Implications for Future Research

As has been suggested in the literature (Holland, Ramazanoglu, Sharpe et al., 1992; Wyatt, 1994), the

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empowerment of women is complicated by the divisions between women such as those of class, race, ethnicity, culture, and religion.

As Canada's population becomes more varied, so do the populations attending Canadian universities. The need for comprehensive research taking into account these differences, as well as the fact that college students (Carrol, 1991) and minorities (Ehrhardt et al., 1992), especially women, are more at risk for HIV infection, becomes a priority as we realize that empirical data relating these two issues is currently lacking in the research literature.

Ultimately, risky sex occurs within highly complex social contexts filled with assumptions, values, ideals, attitudes, and beliefs, which vary as much between individuals as between groups (Wyatt, 1994). The knowledge of these contexts becomes essential if we intend to understand sexual behavior and modify it in populations at risk. Interventions planned to encourage safer sex effectively must be informed by these differences.

Specifically, implications for research deriving from this study include:

1. Identifying factors that are likely to encourage or constrain change in sexual risk taking for males and females separately.

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2. Identifying the meanings sexuality has for young women and how they make sense of male pressures in their sexual risk taking.

3. Identifying processes and mechanisms through which women and men, separately, construct, experience, and define sexuality.

4. Identifying mechanisms through which values and ideals shape the sexual behavior of men and women.

5. Identifying how sexuality is shaped within different cultural/social groups of women.

These implications, together with their practical implications for the promotion of positive sexual concepts and HIV/AIDS prevention should provide some empirical knowledge concerning the complexities that shape male and female sexuality.

Limitations of the Study

As mentioned previously, sex occurs in highly complex social and cultural contexts. This complexity becomes apparent when intending to produce data that must convey, as objectively as possible aspects, of the dynamics of human behavior.

In addition, when attempting to understand and explain, in this case underlying facts affecting sexual behavior, the limitations of certain methodological elements become visible. The use of objective

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questionnaires in which the response rate to certain items was low may have posed constraints in the collection of relevant data. As well, the measure of significance by performing chi-square tests, together with the limited size and voluntary nature of the sample constitute possible factors restricting the significance and generalizability of the study.

Even though honesty did not seem to be an issue, the fact that the instrument was mailed to the respondents might have given opportunity for a possible bias factor in responding to the items. The disproportionate number of males (137) and females (392) who responded, and the fact that more females were willing to respond and return the questionnaire, may suggest that those males who chose not to respond may have belonged to a higher risk group.

In overcoming limitations like the ones identified in the present study, it is suggested that the integration of more open and descriptive data collection techniques, such as open-ended questions and interviews, be used, as well as qualitative and quantitative approaches to the analysis of data.

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References

Amaro, H. (1995). Love, sex, and power: Considering women's realities in HIV prevention. American Psychologist, 50(6), 437-447.

Baldwin, J. D., & Baldwin, J. I. (1988). Factors affecting AIDS-related sexual risk-taking behavior among college students. The Journal of Sex Research, 25(2), 181-196.

Bishop, P. D., & Lipsitz, A. (1991). Sexual behavior among college students in the AIDS era: A comparative study. Journal of Psychology and Human Sexuality, 4(3), 135-148.

Bowd, A., Loos, C., Sajna-Hebert, S., & Catalan, C. (1994). Paper presented at the National Multidisciplinary Conference "Women's Health: Key Research and Health Care Issues". Women's Health Office, McMaster University, Hamilton, Ontario.

Bowen, S., & Michal-Johnson, P. (1989). The crisis of communicating in relationships: Confronting the threat of AIDS. AIDS and Public Policy Journal, 4(1), 10-19.

Brown, W. J. (1991). An AIDS prevention campaign. American Behavioral Scientist, 34(6), 666-678.

Bruce, K., Shrum, J., Trefethen, C., & Slovik, L. (1990). Student's attitudes about AIDS, homosexuality, and condoms. AIDS Education and Prevention, 2(3), 220-

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

234.

Campbell, C. (1990). Women and AIDS. Social Science and Medicine, 30(4), 407-415.

Carrol, L. (1991). Gender, knowledge about AIDS, reported behavioral change, and the sexual behavior of college students. Journal of American College Health, 40(1), 5-12.

Catania, J. A., Coates, T. J., Kegeles, S., Fullilove, M. T., Peterson, J., Marin, B., Siegel, D., & Hulley, S. (1992). Condom use in multi-ethnic neighbourhoods of San Francisco: The population-based AMEN (AIDS in Multi-Ethnic Neighbourhoods) study. American Journal of Public Health, 82(2), 284-287.

Centers for Disease Control. (1988, March 11). Condoms for prevention of sexually transmitted diseases. Morbidity and Mortality Weekly Report, 37, 133-137.

Cline, R., Freeman, K., & Johnson, S. (1990). Talk among sexual partners about AIDS: Factors differentiating those who talk from those who do not. Communication Research, 17(6), 792-808.

Cline, R., Johnson, S., & Freeman, K. (1992). Talk among sexual partners about AIDS: Interpersonal communication for risk reduction or risk enhancement?. Health Communication, 4(1), 39-56.

Cohn, J. (1993). Human Immunodeficiency Virus and

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

AIDS:1993 update. Journal of Nurse-Midwifery, 38(2), 65-85.

Duke, S. I., & Omi, J. (1991). Development of AIDS education and prevention materials for women by Health Department staff and community focus groups. Aids Education and Prevention, 3(2), 90-99.

Ehrhardt, A., Yingling, S., Zawadzki, R., & Martinez-Ramirez, M. (1992). Prevention of heterosexual transmission of HIV: Barriers for women. Journal of Psychology and Human Sexuality, 5(1-2), 37-67.

Fisher, J. D., & Fisher, W. A. (1992). Changing AIDS-risk behavior. Psychological Bulletin, 111(3), 455-474.

Franzini, L. R., Sideman, L. M., Dexter, K. E., & Elder, J. P. (1990). Promoting AIDS risk reduction via behavioral training. AIDS Education and Prevention, 2(4), 313-321.

Gentry, J. (1993, Winter). Women and AIDS. Psychology and AIDS Exchange, 11, 1-8.

Goertzel, T. & Bluebond-Langer, M. (1991). What is the impact of a campus AIDS education course? Journal of American College Health, 40(2), 87-92.

Gold, R., Karmiloff-Smith, A., Skinner, M., & Morton, J. (1992). Situational factors and thought processes associated with unprotected intercourse in heterosexual students. AIDS-Care, 4(3), 305-323.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Hays, H., & Hays, J. (1992). Students' knowledge of AIDS and sexual risk behavior. Psychological Reports, 71(2), 649-650.

Health and Welfare, Canada. (1994). Quarterly Surveillance Update: AIDS in Canada. Ottawa: Queen's printer.

Hernandez, J., & Smith, F. (1990). Abstinence, protection, and decision-making: Experimental trials on prototypic AIDS programs. Health Education Research, 5(3), 309-320.

Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S., & Thomson, R. (1990). Sex, gender and power: Young women's sexuality in the shadow of AIDS. Sociology of Health and Illness, 12(3), 336-350.

Holland, J., Ramazanoglu, C., & Scott, S. (1990). Managing risk and experiencing danger: Tensions between government AIDS education policy and young women's sexuality. Gender and Education, 2(2), 125-146.

Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S., & Thomson, R. (1992). Risk, power and the possibility of pleasure: Young women and safer sex. Aids Care, 4(3), 273-283.

Holland, J., Ramazanoglu, C., Sharpe, S., & Thomson, R. (1992). Pleasure, pressure, and power: Some contradictions of gendered sexuality. The Sociological Review, 40 (4), 645-674.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Hollway, W. (1984). Gender difference and the production of subjectivity. In J. Henriques, W. Hollway, C. Urwin, C. Venn, & V. Walkerdine (Eds.), Changing the subject, (pp. 227-263), London: Methuen.

Ickovics, J. R., & Rodin, J. (1992). Women and AIDS in the United States: Epidemiology, natural history, and mediating mechanisms. Health Psychology, 11(1), 1-16.

Irigaray, L. (1985). This sex which is not one. New York: Cornell University Press.

Keeling, R. (1993). HIV disease: Current concepts. Journal of Counselling and Development, 71(3), 261-274.

Kelly, J., Murphy, D., Sikkema, K., & Kalichman, S. (1993). Psychological interventions to prevent HIV infection are urgently needed: New priorities for behavioral research in the second decade of AIDS. American Psychologist, 48(10), 1023-1034.

Kippax, S., Crawford, J., Waldby, C., & Benton. P. (1990). Women negotiating heterosex: Implications for AIDS prevention. Women's Studies International Forum, 13(6), 533-542.

Krieger, N., & Margo, G. (1991). Women and AIDS: Introduction. International Journal of Health Services, 21(1), 127-130.

Kutzko, D. (1988). Teaching safe sex to women in the age of AIDS. Women and Therapy, 7(2-3), 169-174.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Lee, C. (1989). Perceptions of immunity to disease in adult smokers. Journal of Behavioral Medicine, 12(3), 267-277.

Levine, O., Britton, P., James, T., Jackson, A., & Hobfoll, S. (1993). The empowerment of women: A key to HIV prevention. Journal of Community Psychology, 21(4), 320-334.

Loos, C., & Bowd, A. (1993). Post secondary AIDS education programs: Are they working. Paper presented at the 3rd. annual Canadian conference on HIV/AIDS research, Montreal, P.Q.

Mantell, J. E., Schinke, S. P., Akabas, S. H. (1988). Women and AIDS prevention. Journal of Primary Prevention, 9(1-2), 18-40.

Maticka-Tyndale, E. (1992). Social construction of HIV transmission and prevention among heterosexual young adults. Social Problems, 39(3), 238-252.

Memon, A. (1990). Young people's knowledge, beliefs and attitudes about HIV/AIDS: A review of research. Health Education Research, 5(3), 327-335.

Mickler, S. (1991). Perceptions of vulnerability: Impact on AIDS-preventive behavior among college adolescents. Paper presented at the Annual Meeting of the Eastern Psychological Association (62nd, New York, NY, April 11-14, 1991).

Miles, L. (1993). Women, AIDS, and power in

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heterosexual sex. Women's Studies International Forum, 16(5), 497-511.

Minh Nguyet, N. T., Maheux, B., Béland, F., & Pica, L. (1994). Sexual behaviors and condom use: A study of suburban male adolescents. Adolescence, 29(113), 37-48.

Minitab Statistical Software: Release 8 [Computer software]. (1993). State College, PA: Minitab Inc.

Moore, S., & Rosenthal, D. (1991). Condom and coitus: Adolescents attitudes to AIDS and safe sex behavior. Journal of Adolescence, 14(3), 211-227.

Ontario Ministry of Health. (1992). Ontario Health Survey, 1990. Toronto, ON: Author.

Oswald, H., & Pforr, P. (1992). Sexuality and AIDS: Attitudes and behaviors of adolescents in East and West Berlin. Journal of Adolescence, 15(4), 373-391.

Ollenburger, J. C., & Moore, H. A. (1992). A sociology of women: the intersection of patriarchy, capitalism & colonization. Prentice Hall: New Jersey.

Rickert, V. I., Jay, S. M., Gottlieb, A., & Bridges, C. (1989). Adolescents and AIDS: Female's attitudes and behaviors toward condom purchase and use. Journal of Adolescent Health Care, 10(4), 313-316.

Roche, J. P., & Ramsbey, T. W. (1993). Premarital sexuality: A five-year follow up study of attitudes and

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behavior by dating stage. Adolescence, 28(109), 67-80.

Rosser, S. V. (1991). AIDS and women. AIDS Education and Prevention, 3(3), 230-240.

Sacco, W. P., Levine, B., Reed, D. L., & Thompson, K. (1991). Attitudes about condom use as an AIDS-relevant behavior: Their factor structure and relation to condom use. Psychological Assessment: A Journal of Consulting and Clinical Psychology, 3(2), 265-272.

Segal, L. (1987, April). AIDS is a feminist issue. New Socialist, 7-11.

Sheehan, E. P. (1991). University student's response to AIDS: A review of research with recommendations for education. College Student Journal, 25(4), 417-426.

Sheeran, P., Abraham, S., Abrams, D., Spears, R., & Marks, D. (1990). The post-AIDS structure of student's attitudes to condoms: Age, and sex, and experience of use. Psychological Reports, 66(2), 614.

Sprecher, S. (1990). The impact of the threat of AIDS on heterosexual dating relationships. Journal of Psychology and Human Sexuality, 3(2), 3-23.

Thurman, Q. C., & Franklin, K. M. (1990). AIDS and college health: knowledge, threat, and prevention at a northeastern university. Journal of American College Health, 38(4), 179-184.

Van der Velde, F., Kooykaas, C., & Van der Pligt,

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J. (1992). Risk perception and behavior: Pessimism, realism, and optimism about AIDS-related health behavior. Psychology and Health, 6(1-2), 23-38.

Weinstein, E. (1991). Adolescents' knowledge of AIDS and behavior change. Implications for education. Journal of Health Education, 22(5), 313-318.

Weinstein, N. D., Grubb, P. D., & Vautier, J. (1986). Increasing automobile seat belt use: an intervention emphasizing risk susceptibility. Journal of Applied Psychology, 71(2), 285-290.

Weissman, G. (1991). Aids prevention for women at risk: Experience from a national demonstration research program. Journal of Primary Prevention, 12(1), 49-63.

Wicks, T. (1991). Comparing behavior patterns/social styles and gender in students' perceptions of AIDS. College Student Journal, 25(3), 351-353.

Wyatt, G. E. (1994). The sociocultural relevance of sex research: Challenges for the 1990s and beyond. American Psychologist, 49(8), 748-754.

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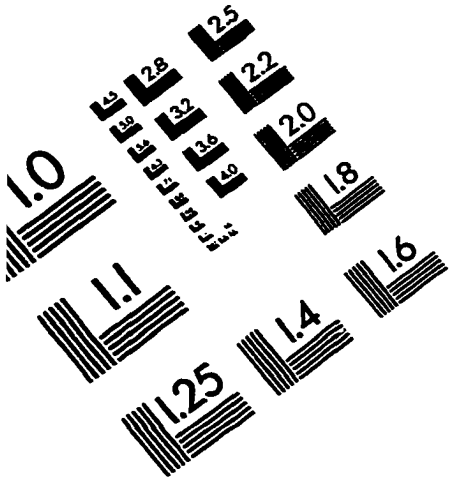

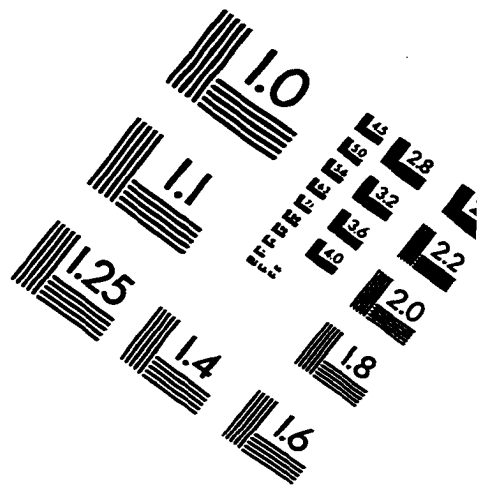

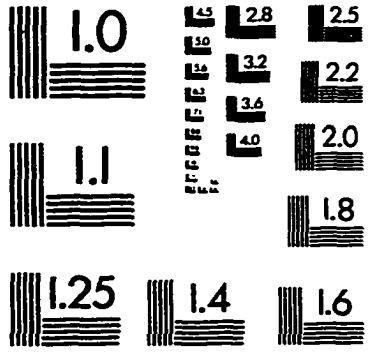

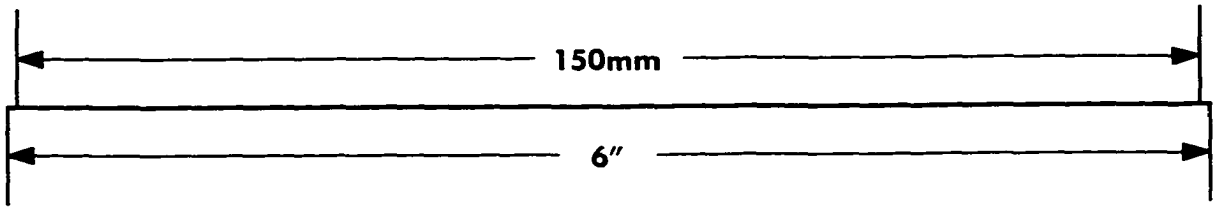

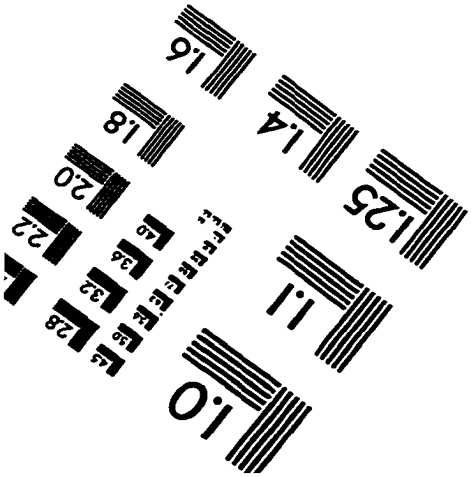

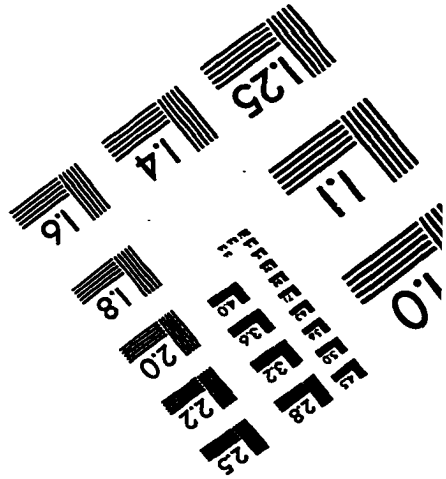

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