



HIV among Today's College Students

Hendricks L*, Brooks T, Tague A and Ray A

Abstract

HIV continues to be an issue among the college age population. There are many risks and groups that allow the continued spread of HIV among college students. However, colleges continue to provide information to students on the prevention and intervention of HIV.

Keywords

HIV; Students; College; Prevention

Introduction

Many students on today's college campuses were not born when HIV (human immunodeficiency virus) was first discovered. Yet, a large percentage of college age students are at risk in contracting the virus. Administrators and educators are developing strategies in educating their constituents about this life changing virus and the importance of testing for HIV [1]. Thus, an informed and educated person will perhaps make better choices and decisions regarding their sexual and life activities. "We do see young people in their 20s who have acquired HIV," says Constance Mao, MD, assistant professor in the department of obstetrics and gynecology at the University of Washington in Seattle. College age students must remain educated on the modes of transmission of the virus: blood, semen, vaginal fluids, and breast milk [2]. Jarrett Way noted: "It seems that the overwhelming response is that of a general knowledge of HIV/AIDS, but there is a lack of proactivity when it comes to utilizing preventative measures and resources on the college campus [1]. Unfortunately, living ignorantly, and blissfully, has become somewhat of the norm. College students could benefit from being engaged more regularly regarding the topic, because constant conversation leads to consistent action. The reality of the situation is that personal hygiene culture and threats infecting human, especially those affecting the immune system; are not being talked about, so precautions will not be considered and followed. That's pretty eye-opening, considering just how easy it could be to start having these conversations while so many twenty-somethings are populated together as college students. We're not so far off from where we should be, but we're definitely not there yet."

Leading Causes of HIV/AIDS among College Students

In their review of HIV/AIDS risks and protective measures from 2004 to 2016, Johnston et al. identified the four, major risk factors of contracting HIV: injection drug use, needle sharing, sex with multiple

partners, and sex across and within genders. First, they reported the frequency of use of injection of illicit drugs, without a prescription, between the ages of 21 and 30, was 1.5% of one-time users and 0.5% of regular users. While not a direct risk factor for contracting or spreading HIV/AIDS, the use of injectable drugs requires needles and sharing needles is the second risk factor identified in the review. Johnston et al. found that a third of their injection drug users between 21 and 30 had or continue to share needles [3]. In structured interviews of young adults who use prescription opioids, researchers report prescription opioid users are not well educated on the HIV risks of needles; additionally, participants reported a higher engagement in unprotected sex and group sex, as well as misuse of their medication increased sexually violent behavior [4]. Contrary to expectation, marijuana use was not associated with unprotected sexual behavior, or having casual sexual encounters, and when marijuana and alcohol were taken together only the risk of having unprotected sex with one's primary partner was elevated [5]. However, when looking at casual sexual activity (hooking up), binge drinking and marijuana use just prior to engaging in sex predicted unprotected sexual behavior [6]. This suggests a more complex relationship between drug use and high HIV/AIDS risky behavior. Thirdly, Johnston et al. reported having multiple sexual partners (consecutively or simultaneously) was also identified as a risk for HIV/AIDS; however, only 10% of young adults identified having more than one sexual partner in the last 12 month. Complementing this finding, Twenge et al. discovered that people born between 1980 and 2000 are twice as likely to report not having a sexual partner since the age of 18, as compared to those born in the 1960s or 70s [7]. They also found those born after 2000 share the likelihood of reporting the absence of sexual behavior or partners. Lastly, Johnston et al. reported cross and same sex sexual contact was an important risk factor for the contracting and spreading of HIV/AIDS; however, in their sample of young adults who reported having more than one sexual partner in the last 12 months, 5.4% of men reported engaging in sex with other men and 4.4% of women reported engaging in sexual behavior with other women [3]. A limitation of this finding is the generalized scope of the project, as researchers reported only 4% of the men in the sample exclusively slept with men and 1.9% of the women exclusively slept with women. Parsons et al. found that gay and bisexual men who reported both sexual compulsivity and hypersexuality reported greater numbers of sexual partners and frequencies of condom less, anal sex [8]. Being regularly tested for HIV is encourage in the gay community; however, younger, drug using men who sleep with men, but identify as heterosexual or bisexual, are less likely to have ever been tested [9]. Unfortunately, Dennison et al. reported only 36.2% of general college students have ever been tested for HIV: women reported higher testing behaviors, as did students with more than one sexual partner [10]. These results have direct consequences for college students, as open lines of communicating sexual health are not possible unless both parties are actually aware of their health. Beyond the report, there have been multiple lines of research investigating other risk factors of contracting HIV/AIDS [3]. For example, obesity in sexually active high school students has shown to increase the likelihood of not using a condom during their last sexual encounter, more sexual partners, and use of injectable drugs [11]. Unfortunately, people who already have a higher risk of contracting HIV via sexual activity also show

*Corresponding author: Dr. LaVelle Hendricks, Department of Psychology, Counseling and Special Education, Texas A&M University-Commerce, Texas, USA, Tel: 903-886-5632; E-mail: Lavelle.Hendricks@tamuc.edu

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increased chances of unhealthy lifestyles; Laska et al. reported that lesbian and bisexual women were more likely to be overweight and have unhealthy lifestyle patterns than their heterosexual counterparts, while gay and bisexual men reported less physical activity than their heterosexual counterparts [12]. However, Gillen et al. reported that African Americans who had more positive evaluations of their body were more likely to communicate with their partners about their sexual health (including asking their partner to get tested) [13].

Groups at Risk

The CDC reports that youth aged 13 to 24 accounted for 22% of new HIV diagnoses in 2015. A majority of these diagnoses occurred among gay and bisexual men; African American and Hispanic/Latino men are disproportionately represented; African Americans and Hispanic/Latino men represented 55% and 24% respectively, while Caucasians represented 16%. Of these diagnoses, eighty percent occurred in youth aged 20 to 24, an age group of interest for colleges and universities [14]. Additionally, risky sexual behaviors such as alcohol or drug use before sex, unprotected sex, and multiple sexual partners [3,14]. Youth located in impoverished areas and the southern United States may also be at a higher risk for contracting HIV/AIDS [15]. Finally, drug use that involves injection may be a risk factor, but of greater concern is the sharing of needles after drug use [3].

Interventions that Colleges could use/do Use

Colleges and universities should be aware that a portion of their students belong to an at risk population (age 18-24). Sex education in high schools is lacking, as the CDC reports that most states do not meet CDC recommendations for sex education and that no state met goals for middle school sex education [14]. This presents an opportunity for colleges to intervene and provide the necessary education to students. Studies conducted with Historically Black Colleges and Universities (HBCUs) have found that increasing education via peer-led HIV interventions provide needed information to African American college students and assist in reducing risky behaviors [16,17]. Classes with content focusing on HIV/AIDS are another potential solution available to colleges. Marsiglia et al. found that students who attended a class entitled, *HIV/AIDS: Science, Behavior, and Society* left the class with greater knowledge of HIV/AIDS, and those who were sexually active reported engaging in less risky sexual behaviors [18]. Advocating for HIV/AIDS awareness on campus is another step that colleges and universities should consider undertaking. The CDC promotes several days of the year as days of awareness for various sexually transmitted conditions, HIV/AIDS included, that colleges could partner with and promotes awareness of resources available for self-education or testing. The US Preventive Services Task Force (USPSTF) recommends that adolescent's aged 15 to 65 should be screened for HIV, and that youth and older adults who have a greater risk should be screened as well [19,20]. More research is needed to determine what policies colleges and universities undertake in regards to HIV/AIDS awareness and the subsequent outcomes of those policies. Large universities, such as Purdue University and Texas A&M University, both feature information about HIV/AIDS awareness on their university websites; however, research is lacking regarding the effects of these efforts and whether these two university's actions are unique or representative of American Universities.

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Author Affiliations

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Department of Psychology, Counseling and Special Education, Texas A&M University-Commerce