

A SURVEY OF COLLEGE STUDENTS' KNOWLEDGE AND PERCEPTIONS
CONCERNING ACQUIRED IMMUNODEFICIENCY SYNDROME:
EFFECTS ON POLICY ATTITUDES

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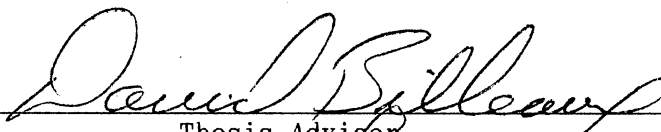
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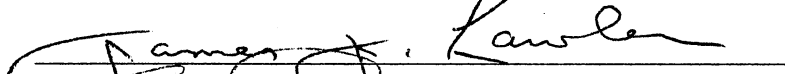
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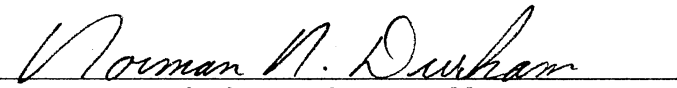
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TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION.....	1
Goal of the Research.....	1
Literature Review.....	1
AIDS Background.....	1
Risk Perception.....	4
Ideology.....	8
Political and Social Attitudes.....	11
Knowledge.....	14
Statement of Theory.....	16
II. METHODOLOGY.....	20
Survey Instrument.....	20
Statistical Methods.....	21
Independent Variables.....	22
Dependent Variables.....	24
III. RESULTS.....	26
Population Demographics.....	25
Zero Order Correlation.....	26
Regression Analysis.....	29
Causal Model Analysis.....	31
IV. DISCUSSION.....	33
Policy Choices.....	35
Summary.....	37
REFERENCES.....	38
APPENDIXES.....	41
APPENDIX A - AIDS EDUCATION AND ATTITUDE SURVEY.....	42
APPENDIX B - OVERVIEW OF THE SAMPLE POPULATION.....	50
APPENDIX C - DEPENDENT VARIABLES.....	51

APPENDIX D - ZERO ORDER CORRELATION
AMONG VARIABLES.....52

APPENDIX E - FREQUENCY RESPONSES BY POPULATION
FOR DEPENDENT VARIABLES.....53

APPENDIX F - FREQUENCIES OF ACCURATE
RISK PERCEPTION.....54

LIST OF TABLES

Table	Page
1. Overview of the Sample Population.....	50
2. Dependent Variables.....	51
3. Zero Order Correlaton Among Variables.....	52
4. Frequency Responses by Population for Dependent Variables.....	53
5. Frequencies of Accurate Risk Perception.....	54

LIST OF FIGURES

Figure	Page
1. Causal Model of Variables and Propositions Tested.....	18

CHAPTER I

INTRODUCTION

Goal of the Research

The purpose of this research is to determine how college students' knowledge, ideology, and perceptions about Acquired Immunodeficiency Syndrome (AIDS) influences their attitudes about AIDS policy, and to assess the impact of various educational efforts on knowledge, perceptions, and policy attitudes. Data for the study are from a random and anonymous survey of Oklahoma State University students conducted by the author in 1989. A multivariate analysis of knowledge, perceptions, ideology, and policy attitudes was performed using data accumulated from the survey instrument.

Literature Review

AIDS Background

Acquired Immunodeficiency Syndrome is a fatal result of infection with the Human Immunodeficiency Virus (HIV), for which there currently exists no cure or vaccine. The virus attacks the T4 cells of the human immune system and eventually destroys these cells. Without these cells, the body is left vulnerable to "opportunistic" infections that a normal immune system would have no problem destroying. It is these

opportunistic infections that cause death among AIDS sufferers, not the actual HIV virus.

The HIV virus was first discovered in the United States in May of 1981 (Price, 1986). The incubation period for the virus can be from six months to seven years. According to James Price:

About 10% of individuals infected with the AIDS virus actually develop AIDS within five years. About two-thirds have a latency period of three-five years during which they have no symptoms, but they are probably capable of transmitting the virus to others as a chronic carrier. About one-third develop AIDS- related complex (ARC)...ARC may last weeks or months before one-third develop AIDS. (Price, 1986)

AIDS is spread through sexual intercourse, both anal and vaginal, the sharing of needles by intravenous drug users, by blood transfusion using blood contaminated by the virus, and by an infected mother to her baby during the birth process. The blood supply is now, however, relatively safe due to testing of all donated blood. Blood to blood contact is generally required for infection to occur. Semen carries the virus to the blood stream through tiny cuts in the vaginal or rectal area.

The risk of contracting the virus during sexual intercourse is greatly reduced by the use of condoms. AIDS has not been found to be spread by casual contact such as, social kissing, drinking after an infected person, sharing eating utensils, hugging, and other forms of casual contact. Currently, there are two types of tests used to screen blood for antibodies to the virus. The ELISA and the Western Blot are the methods used for detecting antibody to the HIV virus. A presence of antibodies merely indicates that a person has been exposed to the virus and does not mean that the disease will ever manifest itself. It is

generally accepted, however, that a person carrying the HIV antibody is potentially contagious and able to pass the disease on to other people. Children have contracted the disease through blood transfusions and from infected mothers. The number of cases of AIDS among children under the age of twelve is expected to increase tenfold to more than 3,000 cases by 1991 (McCormick, 1987). Teenage cases of AIDS are due mainly to blood transfusions and I.V. drug use and it is expected to increase tenfold by 1991 (McCormick, 1987).

Effective AIDS prevention programs are needed to prevent the spread of the disease. Education has been the main policy response to the epidemic for many states. It will be through this education that many of the myths and fears about the disease will be dispelled. The Federal government, acting through the Surgeon General's office, mailed out factual AIDS pamphlets to every American home in the summer of 1988. Public service announcements try to dispell myth about the disease and offer toll free numbers where more information is available. Oklahoma has an AIDS information toll free number to supply information concerning AIDS.

Oklahoma is also one of the few states that requires AIDS education, for the secondary level, through legislative mandate. The material to be covered by teachers is very explicit in the law, however, and instruction is restricted to factual, scientific information, with no mention of change of lifestyle, and very little encouragement of condom use. This is however, a starting point for the education of the American youth regarding this lethal disease. More emphasis needs to be placed on prevention and less on the biology of the virus, however, if

the disease is to be defeated. The nature of viral transmission, be it sexual intercourse or drug use, makes it hard for legislators and teachers to deal with effectively. This problem must be overcome or many of America's youth will fall victim to this disease.

Risk Perception

The public's perceptions of risk can have a significant impact on public policy. More and more the public is demanding a voice in policy matters, especially life threatening matters such as hazardous waste disposal and AIDS. If the the risk perception of the public is in error, their policy demands will be wrong and legislators and policy makers will be stuck in the middle. These perceptions can be influenced by many different factors such as, the media, the type of decision heuristic utilized by the public, and experts in a given risk field.

The media plays a key role in the public's perceptions of risk. Often this is the only source of information concerning a type of risk, such as AIDS, that is utilized by the public. It is important to consider this aspect of information because many critics believe that the media can misinform the public and can cause an over-reaction to a particular risk, such as happened with DNA research, where just the mention of recombinant DNA frightens many people, yet products are on the market today that utilize this technology, such as insulin for diabetics, produced by a genetically altered bacterium (Quinn, *et al*, 1988). Journalists are not competent in every field and must rely on

experts to define scientific news stories pertaining to risk. Deadlines must be met and often not enough time is spent gathering accurate information. For many people, the media is the only source of information about certain topics and AIDS is no exception. Many teenagers receive information directly from the mass media concerning AIDS, according to a study conducted by Price *et al* (Price *et al*, 1985). More accurate types of information need to be directed toward the public and the media can be utilized successfully for this purpose.

Slovic notes three ways to improve media performance. First, it must be clear there is a problem in communication between the authorities and the media and, consequently, the public. Second, there exists a need for journalists to become better science writers, and third, there is a need for special organizations of experts that will be available to the media as a "clearinghouse" of information (Slovic, 1986). Through these efforts, it could become possible to communicate very efficiently to the public the proper definitions of certain risks and help to reduce the generally unnecessary fear associated with certain risks.

Risk perceptions can also be influenced by several decision heuristics and these heuristics must be dealt with in order to accurately assess the magnitude of risk perceptions (March, 1977, Tversky, 1973, 1974). Decision heuristics are mental strategies utilized to make a decision. Availability, framing, anchoring, and imaginability are all examples of decision heuristics. Availability deals with how accessible to the conscious memory a concept may be and how this will be the basis for the decision whether or not it is the

correct answer. Framing can have an impact on decision-making by simply rephrasing the same concept two different ways in terms of gains and losses or risk. For example, if there is a 68% chance of winning \$100 by betting \$10 or a 32% chance of losing \$10 by betting it, people tend to bet the money based on the 68% chance of winning, rather than on the 32% chance of losing. Simply how the definition of a risk is phrased can have a significant impact on perception.

Anchoring involves one central idea with little change away from that central theme. If this theme is suggested, through experts or the media or some other source, the resulting estimation of a risk will be different than if a different theme had been suggested. The risk estimation centers around the initial concept (Tversky, 1974). A final decision heuristic deals with imaginability. Depending on how imaginable a risk is, the public will adjust to underestimate its riskiness or overestimate the risk. This type of heuristic will be utilized to relieve anxiety due to resolving conflicts in decisions involving both gains and losses (Slovic, 1986). All of these heuristics play important roles in how risk is perceived and dealt with by the public. It is important to understand the effects of these heuristics on the study of risk perception and decision-making and ultimately, the effects on public policy.

The heuristic, availability, can have a substantial effect on risk perception and AIDS. The information available about this disease is not complete for the general public and can be confusing. The most readily "available" information about the disease deals with homosexuality and drug abuse and this can lead to wrong perceptions

about risk of infection and underestimation of personal risk of infection. Anchoring can have a similar effect. The anchor is the mistaken assumption that the disease involves only homosexual men and intravenous drug users and behavior will not be changed to reduce risk of infection. Imaginability also plays an important role in perception of AIDS. The disease itself is hard to understand and deal with on a "real" level for many people. Unless some understanding about the disease, infection, and eventual death of infected persons can be clearly taught, the disease will remain hard to imagine and ignorance can promote misconceptions.

Risk perception has been studied in great depth to gain an understanding of the impact perception has on judgement and decision-making (Johnson, 1984, MacGregor, 1986, Morgan *et al*, 1985, Slovic, 1984, 1986, 1987). It is through research of this kind that a better understanding is gained of the public's perceptions of risk. Such understanding can then lead to more effective public policy and decisions by public officials. The public itself is demanding a bigger voice in shaping policy concerning risk of both a physical and economic nature (Kraft, 1985, Mitchell, 1986, O'Brien, 1984). Public officials will have to include input from the public in policy decisions and an understanding of the public's perception of risk will only aid in the policy makers job.

Experts can have an effect on the public's perception of risk. In the area of AIDS, experts are critical in the formulation of perceptions. Medicine is supposed to be able to cure any serious threat to human health and medical experts are supposed to have answers

to the public's questions. AIDS is a hard area to deal with as little is still known about the HIV virus. Progress in the area has advanced rapidly due to public fear and the lethal nature of the disease. Often times, however, this knowledge is shared only in technical journals which the average layperson cannot understand. It is necessary for professional scientists to present data in terms the media and common people can understand if perceptions about AIDS are to be changed, so that eventually behavior will be changed to reduce risk of infection until a cure can be found. Slovic's suggestion of a clearinghouse of information would prove very valuable in the area of risk perception and AIDS.

Ideology

Ideology can have a significant effect on policy attitudes.

Merelman discusses ideology as involving:

- 1) a considerable number of constrained political ideas. By "constraint" let us mean that if one idea changes, those others related to it in the ideology will change as well;
- 2) an evaluational and prescriptive system;
- 3) persistence, an ideology must have some arbitrary, but considerable, duration in order for us to distinguish its components from passing whims;
- 4) global standards;
- 5) boundaries;
- 6) deductive consistency; and
- 7) activist directives. (Merelman, 1969).

Most Americans do not follow this definition of ideology, however, as socialization seems to play a significant role in the development of citizen ideologies. Mullins defines ideology as,

a logically coherent system of symbols which, within a more or less sophisticated conception of history, links the

cognitive and evaluative perception of one's social condition- especially it prospects for the future- to a program of collective action for the maintenance, alteration or transformation of society. (Mullins, 1972).

Placement in society, if you will, can have an impact on ideology and consequently, on policy attitudes. Family ideals and financial position during childhood and adulthood can greatly influences ideology and belief systems. Hamilton (1987) proposed this definition, "An ideology is a system of collectively held normative and reputedly factual ideas and beliefs and attitudes advocating a particular pattern of social relationships and arrangements, and/or aimed at justifying a particular pattern of conduct, which its proponents seek to promote, realise, pursue or maintain." (Hamilton, 1987).

This definition seems to include all the necessary components of ideology. Attitudes and social relationships contribute the most to ideology and justification of conduct due to the ideology of certain social groups is evident in the day to day actions of most groups, be they political or social. Sartori finds that ideologies "are the *hetero-constraining* belief systems par excellence. And this is the same as saying that ideologies are the crucial lever at the disposal of elites for obtaining political mobilization and for maximizing the possibilities of mass manipulation." (Sartori, 1969). This mass manipulation through ideology can occur through political parties, such as the Democratic or Republican parties, or through "social" parties, such as Sierra Club or Labor Unions. Most organizations provide some sort of ideological system for members to believe in and encourage their system of beliefs as the right system.

Hamill *et al* describe a type of ideological schemata utilizing class, political party, and liberal/conservative ratings. They detail how social schemata affects various cognitive functions. First of all, the schemata

provide categories for labeling people, places, events, and processes, thereby simplifying the environment; 2) influence what new information will be attended to, encoded, and retrieved from memory; 3) enable the individual to make inferences from incomplete data by filling in missing information with best guesses; 4) provide a plan for solving problems and making more confident decisions; 5) influence the weighting of evidence brought to bear in making decisions and predictions, and; 6) generate expectations against which reality is contrasted and one's experiences are compared. (Hamill *et al*, 1985).

This schemata works well when dealing with the disease AIDS. People tend to categorize other groups of people according to skin color, religion, or by what disease causes infection among people. Ideology, according to this schemata, also allows people to store and retrieve information based on the influence of the held ideology. This can make it difficult to provide correct information, if the ideological information held by the population is incorrect. The last four aspects of Hamill's social schemata are also important when AIDS is considered. Inferences, due to lack of information, have had an impact on AIDS and AIDS victims. People are frightened by this disease, and if uninformed or misinformed, tend to want total isolation from the disease and its victims, inferring easy infection, despite evidence to the contrary. Ideology allows people to solve the problem of AIDS through quarantine or denial of rights, and these actions are justified through the ideological beliefs held by the population.

The area of ideology and AIDS can present quite a problem for

policy makers and the policy they hope to implement. Rational thinking by the population concerning fatal, sexually spread disease can appear non-existent due to their fear. If policy is usually based on the assumption that people are rational decision makers, the whole context of policy making when dealing with a frightening disease will have to be based on the assumption that people are not rational decision makers when it comes to loss of life. By rational it is meant that people's decisions are based on reasoning and are not arbitrary or silly. Ideology is an important aspect of understanding the population's opinions and attitudes concerning AIDS.

Political and Social Attitudes

A Gallup poll from 1986 reported that six in ten American adults reported that the AIDS epidemic had not affected their attitudes about homosexuality, for or against. Other survey evidence suggests that if newly formed anti-homosexual attitudes are more prevalent due to the disease, they appear to be not deeply held attitudes (Gallop, 1986). Other types of social attitudes, however, can have an impact on policy attitudes. Racial attitudes, class attitudes, moral attitudes, and other types of attitudes usually result from socialization and these pre-existing beliefs can influence people's attitudes toward AIDS victims and AIDS policy.

Miller and Sears (1986) found in their research that there is an attitude persistence from preadult and early adult social environments that effects adult tolerance. They also found, however, that as

situations change so do attitudes. People's life situations are usually stable and so are social and political attitudes, but attitudes are not "intrinsically immutable, and may undergo significant change in response to new situational cues and norms." (Miller and Sears, 1986). This is encouraging for AIDS policy makers and educators, as it is hoped strong education programs can both curb the spread of the disease, as well as, encourage a more tolerant attitude toward AIDS victims. Intolerance has its roots in early socialization. General intolerance toward groups different from one's own group tend to spread from one situation to another. Can dislike of blacks or communists forecast dislike of homosexuals and AIDS victims?

Lipset found that although prejudice against Jewish people is on the decline, prejudice against blacks remains high. He found that Jews

have been able to pass into the culture as a group whose behavior and values are prototypical American. They now appear in honored and productive positions in all segments of society...Blacks, however, face a much more difficult situation. Race and color clearly are far greater barriers to intimate contact and equal social access than religion or ethnicity. (Lipset, 1987).

Other studies have shown that an increasing amount of prejudice is aimed at Asians due mainly to the competition they present to established business. Asians tend to be very hard working people and some white and black American citizens feel Asians are taking away business and job opportunities once available to them (Zinsmeister, 1987).

After an initial deterioration of attitudes toward homosexuals with respect to AIDS, common sense seems to have prevailed according to William Schneider. The public wants something done about the disease,

more research, more educational programs, and more treatment programs are generally supported and desired. Schneider found that, "in the public's view, it is the fringe groups on the left and right who are behaving irrationally by putting ideological concerns about morality and civil liberties ahead of the public health." (Schneider, 1987). Triplet and Sugarman found that fear of the unknown coupled with general prejudice against homosexuals helped explain the reaction toward AIDS victims. They also stressed that due to the fact the study was conducted before a viral cause was known, that attitudes would change concerning AIDS victims because a cause or reason for the disease was found and it helped alleviate unfounded fears (Triplet and Sugarman, 1987).

Levels of education and income appear to contribute to the attitudes held by people. Generally, the higher the income and education achieved, the more tolerant are policy attitudes. The Gallup polls conducted found more tolerance among people with higher education and income levels concerning AIDS (Gallup, 1987). This can be significant in the formulation of AIDS policy, especially educational programs.

Education is currently the best policy tool available to decision makers concerning AIDS and the education programs must be aimed at those most in need. People with a higher education appear more tolerant and are more informed about the disease, but this must not be assumed, and educational programs must be designed for all levels of educational backgrounds. Through this education, it is believed attitudes can be changed and fear eased.

Knowledge

Knowledge concerning AIDS appears to be lacking, according to the results of numerous studies, among young adults (Price *et al*, 1985, DiClemente, *et al*, 1987, 1988). DiClemente *et al* found ethnic differences in knowledge of AIDS. Although all groups knew that sexual intercourse was a means of viral transmission, Blacks and Latino adolescents did not know that condoms prevent the spread of AIDS (DiClemente *et al*, 1988). This causes alarm in AIDS educators as no cure exists for the disease. DiClemente further found that regardless of ethnic group, the lower the level of knowledge concerning AIDS, the higher the perceived risk of contracting the disease (DiClemente *et al*, 1988). In another study, DiClemente reported that "adolescents who score below the median for total number of correct responses were more than twice as likely to perceive themselves as very susceptible to AIDS." (DiClemente *et al*, 1987). Risk perception, at least among adolescents, appears to be directly linked to the level of knowledge held by the adolescents.

College students appear to be taking less precautions to prevent infection than adolescents. Baldwin and Baldwin (1988) conducted a random survey of students at a university in Southern California and found that students were not observing practices that would prevent infection of the HIV virus. The conclusions drawn by the results of their study suggest AIDS educational programs should not rely solely on strict AIDS information, but should also stress lifestyle,

responsibility, and caution (Baldwin and Baldwin, 1988).

This information is very relevant when most educational programs stress only factual, medical information and fail to address other issues such as prevention and lifestyle changes. Dawson *et al* (1987) researched adults knowledge and attitudes of adults concerning AIDS and found adults, while knowledgeable about the causes of AIDS, knew less about the effects the disease can have on its victims. The lowest level of knowledge appeared in the group of adults 50 years of age or older (Dawson *et al*, 1987). The level of knowledge even among health care givers is low. Wertz *et al* found that even after educational programs sizeable percentages of health care givers still thought AIDS could be transmitted through casual contact. The results of the study indicated a "need for education at all levels of the health care system, to a persistent gap in knowledge and attitudes between those persons who establish regulations and those who carry them out, and to the possibility of creating significant changes through education." (Wertz *et al*, 1987).

The Oklahoma State Department of Health found that knowledge concerning AIDS is still lacking among many Oklahomans. It was found that "the majority of the people surveyed know that there is no AIDS vaccine, that you can't tell if a person has AIDS by looking at them, and that the AIDS virus is spread through sexual intercourse. However, many Oklahomans are still afraid of getting AIDS from donating blood, from eating in a restaurant where the cook had AIDS, [and] from public toilets and mosquitos." (Oklahoma State Dept. of Health, 1989).

This lack of knowledge among various groups concerning AIDS

presents an interesting challenge to educators and policy makers. Currently, the program most relied on to prevent the spread of AIDS is education. These programs appear to be lacking as is evidenced by various studies. New tools or better educational programs are needed to insure the general population has the correct and needed information concerning AIDS in order to make informed decisions.

Statement of Theory

The purposes of this study are to determine the level of AIDS knowledge among college students, to assess how knowledge has influenced risk perceptions and policy attitudes concerning AIDS. The hypothesis offered by this research are that the greater the level of knowledge held by the students, the more accurate will be perceptions of risk and the more tolerant will be policy attitudes and expectations. The attitude variables measured through policy questions in the survey to try and determine the respondents attitudes toward AIDS policy.

The independent variables included risk perception questions and technical knowledge questions in the survey. These questions were designed to gauge the respondents perception of risk of infection, as well as the accuracy of this perception, and to determine what technical knowledge the respondents had with regard to AIDS. The risk variable measured the degree of accuracy with which the respondents determined "risky" behavior.

Ideology was also included as a variable to determine if pre-existing beliefs influenced AIDS attitudes, and to what extent

knowledge changed or did not change these beliefs. The following assumptions were made and tested. A high level of knowledge concerning AIDS would produce accurate perceptions of risk of infection, both personal risk and general risk. A low level of knowledge would produce overestimated or underestimated perceptions of risk. This would mean either little or no protection from infection during high risk activities, or total fear of infection. This low level of knowledge will not only affect risk perceptions, it could also produce intolerant type attitudes toward disease victims and more coercive types of policy, or as risk perception is also a measure of knowledge, actual knowledge about AIDS may have little impact on policy attitudes with only risk perception as the basis for decisions concerning this syndrome.

Ideology, or the beliefs held by the population, will also affect risk perception and attitudes. These ideological beliefs may or may not be influenced by knowledge or in fact, influence the level of knowledge held by respondents. This aspect was tested within the survey also to ascertain the effects of ideology on attitudes and perceptions. A causal model of the variables and propositions can be found in Figure 1.

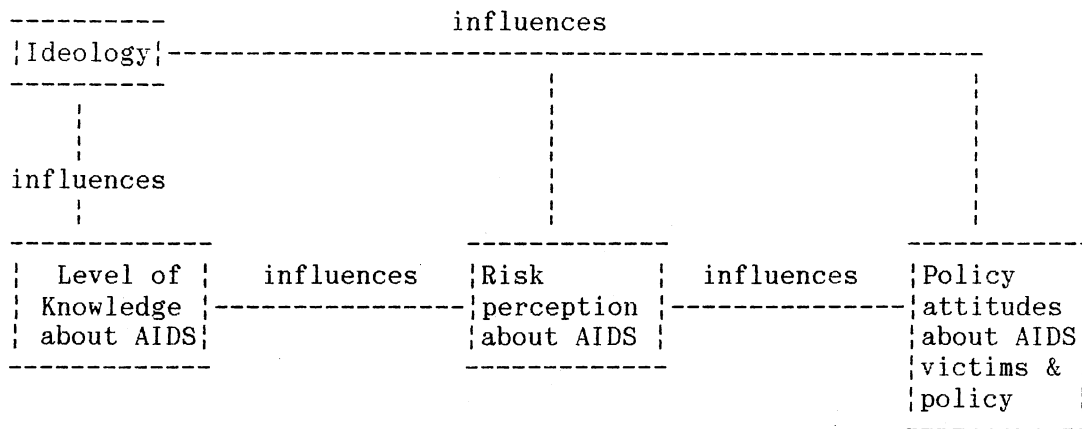


Figure 1. Causal model of variables and propositions tested.

It was indicated in the literature that education about risk would help reduce concern about risk and this reduction in concern would allow more lenient policy, in the case of AIDS, toward the disease and its victims. This is the theory tested by this research. It assumed that greater technical knowledge about AIDS would produce a more accurate assessment of risk of infection and therefore impact behavior and policy attitudes. Also included in this study was ideology to ascertain the impact of long held beliefs on the attitudes and perceptions concerning AIDS. Do people's attitudes remain coercive even after AIDS education due to beliefs and attitudes held for a lifetime? Ideology was also included as an impact on knowledge. It was assumed that ideology would impact the level of knowledge due to the effort, or lack thereof, of gaining information about the disease and the risks associated with it. This research assumes ideology would indeed impact perception and also policy attitudes despite or because of education.

The survey instrument used in this study was designed to try and gauge technical knowledge, perceptions, and policy attitudes, as well as ideology toward AIDS and AIDS victims to test the propositions presented above.

CHAPTER II

METHODOLOGY

Survey Instrument

A random sample of 525 students attending Oklahoma State University was drawn from the 1988-89 student directory using a skip interval method. Those students that lived outside the Stillwater area were eliminated from the sample population, leaving a total of 398 students surveyed.

A survey instrument was constructed to test the students technical knowledge, risk perceptions, attitudes, and ideology; general background information was also requested of the students (Appendix A). The survey was random and anonymous. The original sample of 398 students were mailed a copy of the survey with a stamped, self-addressed envelope included for the survey return. Of the 398 originally mailed, 48 were undeliverable and returned. This left a sample size of 350 students. After two weeks a postcard prompt was sent to all students requesting the return of the survey if they had not already returned it to the investigator. Approximately two weeks after the postcard prompt, another copy of the survey was mailed to all students informing them that if they had already returned the survey not to complete and return it again. However, if the student had not returned the survey they were asked to fill out the survey and return as soon as possible. Two weeks

after the second mailing, a second postcard prompt was sent as a final request for the return of surveys.

153 surveys were returned and used in this study. That constitutes a 43.7 percent return rate. As each survey was returned, it was coded with an identification number beginning with 001 and ending with 153, and the date of return was also recorded. All survey answers were given a numerical value and entered into the mainframe computer at Oklahoma State University using TSO. Variable labels and values were established and the data was cleaned until it free of errors.

Statistical Methods

The statistical program used for data analysis was SPSSx. The variables tested included the dependent variable of attitudes toward AIDS policy and AIDS victims, and the independent variables of risk perception, perception of risk of infection with the HIV virus; knowledge, how much knowledge the respondents have concerning AIDS and how effective current educational methods are concerning AIDS; and finally ideology, to gauge the effects of existing beliefs on attitudes.

The attitude variables were measured by a Likert scale ranging from 1- strongly agree to 5- strongly disagree. Each attitude and ideology question on the survey was answered using this scale. The risk perception variable was measured using a scale of 1 to 10 with 1 being a 1 in 2 chance of HIV infection and 10 being no chance at all of infection. The technical knowledge variable was measured using yes, no,

not sure answers and respondents were asked what sources their AIDS knowledge came from and how much knowledge was gained from these sources.

The statistics performed on the data included factor analysis, frequencies, Pearson correlations, and regression analysis. The data was interpreted based on these statistical operations.

Independent Variables

The independent variables used for data interpretation were labelled ideology, risk, and knowledge. The variable ideology was comprised of two questions found in part 1a of the survey (Appendix A) dealing with the testing of workers for drug use and homosexuals teaching at the college level. These two questions were combined to form one variable, ideology. The questions used were logically chosen to represent the ideological tendencies of the sample population. The answers to the questions were based on the Likert scale discussed above and the ideology variable was measured using an order versus freedom hypothesis, rather than straight self-identification. The order versus freedom aspect of ideology was used to determine the policy options the sample population desired concerning AIDS. The order/freedom measure can be thought of in terms of conservative/liberal, with those craving more order being more conservative and those desiring more freedom tending to be more liberal. The order and freedom aspects of this variable determine policy options. An order policy option will provide order for society by taking care of the AIDS problem, either through

quarantine methods or testing of high risk groups, or perhaps, through testing the population of the U.S. as a whole. The freedom aspect respects privacy and civil rights, so quarantine and testing are not policy options. The ideological variable will help determine the sample population's policy attitudes by using this order/freedom aspect.

The variable, risk, was a measure of accuracy as it allowed for the accurate choice of "how risky" certain behaviors are found to be through a choice of high risk or low risk. A respondent could know a behavior constitutes risk and yet underestimate or overestimate the actual risk of the behavior. Perception of actual risk is different than knowledge that the behavior is "risky". Questions 28-37 (Appendix A) were used to determine the risk perception held by the sample population concerning AIDS. Estimation by the respondents as to their chance of contracting AIDS was also investigated and interpreted. The questions used to measure risk were from the additive index of questions 28-37, and this index was used to construct the variable risk.

The knowledge variable was represented by one question, logically chosen to be the best indicator of technical knowledge, from the survey. The question dealt with positive antibody tests and is found in section 3 of the survey (Appendix A). The question had a correct and incorrect answer and the respondents choice was used to gauge their knowledge concerning the scientific aspects of AIDS and their knowledge about the disease itself.

Dependent Variables

The dependent variable of policy attitudes was the result of a factor analysis of questions found in part 1 of the survey (Appendix A) and the the questions that loaded to one factor were combined into three variables. A Pearson correlation was performed on the questions chosen by the factor analysis and were combined to form the dependent variables. The questions used and their correlations are found in Table 2 (Appendix C). [TABLE 2 SHOULD APPEAR HERE] The questions were recoded into the variables separation, testing, and universality and are representative of the general policy options of quarantine, testing on a specific level, and a universal application of policy measure; all three options are order based and theoretically measure each respondent's policy attitudes in terms of the dependent variables. "Separation" combined the questions concerning quarantine of all AIDS victims and allowing students with AIDS to be taught in public schools. "Testing" combined the questions concerning AIDS testing before marriage licenses could be issued and testing of all prison inmates. "Universality" combined questions concerning all U.S. residents being tested for AIDS and the governments protection of citizens from disease regardless of infringement of civil rights and results in a more complete and encompassing type of testing which differs from the testing variable as it is more coercive. All of these variables were logically chosen as representative of the policy attitudes held by the sample population and were measured based on the 5-point Likert scale described above.

CHAPTER III

RESULTS

Population Demographics

An overview of the sample population can be found in Table 1 (Appendix B). Generally the population appears evenly divided between male (56%) and female (44%) respondents. Party affiliation is nearly 2 to 1 Republican to Democrat and the majority of respondents were classified as a junior or above. This indicates that most respondents are mature and more defined in their political values and thus, the ideology variable can be considered fairly accurate in its relationship with the other independent and dependent variables. The majority of the sample population is single (75.8%) and sexually active (68%) and this lends significance to the results of this study. AIDS is a sexually transmitted disease and the fact that the majority of this sample population is sexually active, put the population at some risk of infection if proper safety measures are not observed. Other demographic data found three respondents to be homosexual and two bisexual. Seventy-three percent of the respondents grew up in Oklahoma in homes with an average income between \$29,000 and \$50,000 with 29% living in homes where the average income was above \$50,000.

Over 90% of the respondents indicated they received information about AIDS from television and print media. Thirty-one percent received information at school (other than OSU) and 56% got information from

friends. Fifty-seven percent of the sample population had seen the pamphlet sent out by Surgeon General Koop but only 25% that saw the mailer indicated they learned a great deal from the pamphlet. Eighteen of the 153 respondents had been tested for AIDS; all eighteen were negative. Nineteen of the respondents knew someone with AIDS.

Zero Order Correlations

The number of variables and amount of data accumulated required that the data be compressed into three dependent variables, found in Table 2 (Appendix C), and the independent variables of ideology, risk, and knowledge. The correlation between each dependent variable and the independent variables is found in Table 3 (Appendix D). [TABLE 3 SHOULD APPEAR HERE] The variables were statistically chosen based on variance and correlation using frequency tables and Pearson correlation methods. Response frequencies for the dependent variables can be found in Table 4 (Appendix E). [TABLE 4 SHOULD APPEAR HERE] These variables were then manipulated statistically and interpreted using the causal model presented in Chapter 1.

The ideology variable was a combination of survey questions used to determine respondents need for order in society. The questions used to represent this variable dealt with testing all workers for drug use and whether a homosexual should not be allowed to teach at the university level. Using the 5-point Likert scale 26.2% of the respondents agreed, 23.5% had no opinion, and 49.7% disagreed. It was assumed the more order was craved, the more conservative the respondent was judged to be

and, therefore, it was expected that knowledge was not sought or heeded. The correlation between knowledge and ideology, however, found no association between technical knowledge and ideology and consequently, the relationship between these two variables cannot be established. Ideology apparently played little or no part in the sample populations acquisition, or lack thereof, of knowledge.

The correlation between ideology and risk was not significant (.10), indicating that ideology played no role in risk perception, as far as influencing it one way or another. This research was testing to see if ideology would impact risk perception and somehow distort perception, but the findings indicate no such distortion exists.

The correlation between ideology and each of the three dependent variables was significant indicating a need for some type of order where AIDS is concerned, regardless of rights of the individual. The correlation between ideology and separation was significant (.51) implying that separation was considered an important policy option to maintain order within society when confronted with such a fatal disease. Respondents expressing a need for order will favor policy options that separate AIDS victims from the rest of society. The correlation between ideology and testing was also significant (.45) and testing was also considered a viable policy tool to maintain order. The correlation between ideology and the final dependent variable of universality of application was also significant (.48). The universal testing of Americans regardless of civil rights was considered an option when it came to maintaining order in society.

The risk variable's correlation with ideology has already been

discussed and respondents frequencies of accurate risk choices can be found in Table 5 (Appendix F). [TABLE 5 SHOULD APPEAR HERE] Correlation between risk and knowledge was not significant (.10). The respondent's lacked technical knowledge about AIDS, but were knowledgeable about risk of infection. The riskindex measured the respondent's accuracy concerning "risky" behaviors. Their accuracy concerning risk was correct, so their perception of risk was not influenced by biological knowledge, but by risk knowledge. This "risk knowledge" was correct and led to appropriate general risk perception, however, personal estimation of risk of infection found 61% believing their chances of infection were 1 in 10,000 or less. This perception of actual personal risk is too small according to recent reports and the tendency for the young to believe themselves immortal.

The correlation between the riskindex and the dependent variables had negative correlations. Separation had a correlation of (-.42) which is significant, indicating that as accurate perception of risk was gained, the desire for the policy option of separation decreased. Testing had a correlation of (-.002) with risk and this is not significant. Risk perception did not play a role in the policy option of testing in specific instances for AIDS. Universality had a correlation of (-.33) which indicates significance, as with separation, as accuracy increases the need for universal testing and civil rights infringement decreases.

Variance among knowledge questions was weak in all but one, thus the question concerning positive antibody results from an AIDS test was the question used for the knowledge variable. A positive antibody test

does not mean a person has AIDS, however, 79.7% of the respondents felt a positive test did indeed mean HIV infection, while only 19.6% correctly knew this was not the case. This variable was logically chosen from the data to represent the technical knowledge aspect of the causal model based on the statistical results and variance. The variable represented a straight yes or no answer to a question concerning AIDS with a correct and incorrect answer. The respondent's choice of answer to this question was the basis used to measure each respondent's level of knowledge concerning AIDS. The correlation between knowledge and other independent variables has been discussed above. The correlation between the dependent variables was not significant. Separation had a correlation coefficient of (-.07), testing had a coefficient of (.005), and universality had a coefficient of (.006). This indicates that as scientific knowledge about AIDS increases the need for separation from AIDS victims goes down, although the correlation is so weak, this assumption cannot really be safely made. The correlations between testing, universality, and knowledge were not significant enough to lend support to this research.

Regression Analysis

A multivariate regression was run involving all variables to control for the variables and make certain no masking was involved in the statistical results. A comparison between Pearson correlations and regression correlations can be found in Table 3 (Appendix D). The

regression analysis lends support to the results in the zero-order correlation analysis. Separation had a correlation of (.44) with ideology and this is significant. It supports the conclusions already drawn that ideology plays a role in policy choices. Correlation with risk was (-.61) and, again, this is significant and in line with earlier findings. As accuracy of risk perception increases, the need for separation as a policy option decreases. Knowledge and separation had a correlation of (-.11) and this is not significant, indicating that technical knowledge about the disease does not appear to influence the policy choice of separation. However, the little significance found indicates that as knowledge increases, the need for separation decreases. The correlation, however, is so low no true relationship can be established.

The correlations between the dependent variable, testing, and the independent variables are weaker, but much the same as those found with separation. Between testing and ideology a moderately strong correlation of (.39) is found. Testing and risk had a correlation of (.11) and it is not significant. Knowledge and testing had a correlation of (-.08) and is insignificant. Knowledge had no impact on the policy choice of testing.

The dependent variable of universality had a correlation of (.40) with ideology and, again, is significant enough to lend support to the proposition that ideology impacts policy choices. With risk, the correlation was (-.44) showing that as accuracy of perception increases, the need for a universal application of policy decreases. Knowledge had a correlation of (.14) indicating little significance between knowledge

of the disease and the need for some universal application of policy. The regression analysis of all the variables lent credibility to all the relationships established by the Pearson correlations.

Causal Model Analysis

As the causal model indicated in Figure 1, it was assumed that ideology would impact knowledge, risk perception, and ultimately, policy attitudes. It was also assumed that knowledge would impact risk perception which would impact policy attitudes. The statistical results, however, do not entirely support the propositions tested. Ideology had no impact on the almost universal lack of technical knowledge concerning AIDS. The relationship offers no correlation and no significance and in this small population does not influence policy choices. Knowledge also did not influence risk perception. The population knew what constituted "risky" behavior but technical knowledge about the disease itself did not influence risk knowledge or accuracy of perception. This relationship also does not offer significance.

The relationship between ideology and risk was not significant. The model was testing to ascertain if ideology would somehow distort risk perception, leading to wrong perceptions of risk, but this distortion does not exist in this small population. Accuracy of perception did, however, play a role in policy attitudes. The correlation between all three dependent variables and risk indicated that as accuracy of perception increased, the need for the policy

options of separation, testing, and universal application decreased. All correlations except testing were significant. Risk perception does influence policy attitudes within this small population.

Correlation between ideology and the dependent policy option variables held the most significance within the model. In terms of order, all the policy options offered were viable to maintain order. All the relationships between ideology and the dependent variables were significant. This finding supports the model in that ideology influences policy attitudes. Existing beliefs had the greatest impact on policy, not knowledge and not risk perception.

CHAPTER IV

DISCUSSION

The sample population was diverse and although not representative of the entire university, can be considered to be generally representative of the whole university. The population indicated that most information concerning AIDS was obtained through television, print media, and friends. These sources of information are inadequate to actually teach people about this disease, but the idea of risky behaviors and protection seems to have come through as the respondents knew, with accuracy, what behaviors constitute "high risk". However, when asked to estimate their own chances of infection, 61% estimated their chances to be 1 in 10,000 or less. This estimation, based on current knowledge about the trends of infection, is too low. College students are at a higher risk of infection than other populations simply because of their lifestyles. Therefore, although the results of this study are encouraging in that the students know what risky behaviors are and how to prevent infection, it is also discouraging as they do not see themselves at risk. Education methods to educate about the disease itself is lacking as knowledge played no role in policy decisions. The efforts to educate about risk, however, are working, as this population knew what constituted "risky" behavior and this is perhaps the most important knowledge needed about the disease.

In terms of the causal model technical knowledge played no role in

policy choices. Accuracy of risk perception, however, did play a role. This study found that as accuracy of perception increased, the need for coercive policy options decreased. It was apparent to this population that casual contact would not spread the disease and if precautions were taken, risk of infection was low, so coercive policy was not necessary. Ideology was an important influence on policy options, although not on risk perception. This study found that long held beliefs did impact policy, regardless of knowledge or risk perception. The need for order in society took precedence over accurate risk assessment and this population's need for order indicated that more coercive policy was needed to protect the population as a whole, despite the infringement of civil rights. Testing was not so much called for, but separation and a universal application of testing policy was indicated by the results of this study. The decision heuristic of anchoring seems prevalent, as the initial scare of this fatal disease seems to be the basis for decisions, regardless of knowledge about transmission and risk of infection. Availability was another heuristic used for decision making. Respondents used readily accessible information on which to base decisions. Early, often incorrect, information, was often drawn on in the decision making process. The media has played a major role as the source of AIDS information and often the wrong information or the misinterpretation of information was passed on to society. This has contributed to the coercive attitudes held by the population.

It is interesting that the sample population let ideology and not accurate risk perception dictate their policy options, although it is not surprising. As Hamill pointed out, ideology allows people to store

and retrieve information, correct or incorrect. Early impressions of AIDS were scary and self preservation and concern for family led many to form the wrong impression concerning this syndrome. That is the problem faced by policy makers, the early and, often wrong information, digested by the public. It is difficult for society to change its opinions as quickly as science updates the information. It also presents an interesting challenge to policy makers as long held beliefs are difficult to change. The government's slow response to this disease has contributed to the problem as well, and it will be difficult to readjust society's views concerning AIDS.

Policy Choices

Policymakers have a challenge to re-educate the population so that their correct perception of risk can be the basis for policy options and not ideological beliefs that dictate order. This re-education may have to be forced on society through mandate, so that individual rights will not be lost in the process of protection of the population. Education is still the best tool available to policymakers concerning this syndrome, but the road is tougher due to government inaction and media hype. However, with proper technical information, personal risk perception and perhaps even ideology, can be corrected. The media is key to the proper education as the majority of the sample population in this study received information about AIDS from the media. It will be necessary for the media to gain the proper information about this syndrome, so that accurate information can be reported. The

clearinghouse for scientific knowledge suggested by Paul Slovic would be a vital asset to the media for reports concerning AIDS. The media in some instances is the sole provider of information and not toll-free numbers or short public service announcements that only scratch the surface. People will not "get the facts", the facts will have to be forced on them. Policymakers will have to be coercive in their educational efforts to prevent coercive policy being forced on victims of AIDS.

Although the results of this study cannot presume to be representative of society, it can be considered a fair gauge of the college population of Oklahoma State University and the policymakers of this institution face the same problems as the federal government. The Student Government Association and the University administration will be the policymakers for OSU and as such will have to be creative in policy design to alter ideology and therefore, policy. AIDS education could be included in Biology courses, which are required by all majors, as a type of mandate policy, in that it would be required for graduation through the biology requirement. Education is still an option for policymakers, it will, however, need to be more abstract and not so technical. AIDS education models will have to be designed around the ideological aspects of decision making, accurate risk perception, and more frank discussions concerning risk. A greater emphasis on the technical aspects of AIDS might help to dispell the fear associated with the syndrome and help knowledge and accurate risk perception be the basis for policy choices, instead of ideology, but the long held beliefs the population is using for policy choices will be difficult to alter. Education, either

mandatory or voluntary, is the best available policy tool, it just needs to be realistically designed and implemented.

Summary

The conclusions drawn by this research are interesting and perplexing. The sample population held no technical knowledge concerning AIDS, yet their knowledge of risk was correct and their perceptions of risk were accurate. Ideology, however, was the basis for decision making. Despite accurate risk perception, long held beliefs dictated the respondents policy choices. This is an important finding for policy makers. Perhaps through more technical knowledge concerning AIDS, some of the fear associated with this disease will be dispelled and correct risk perception could be the basis for policy decisions instead of ideology. However, these results are a basis for good educational models to be constructed by, and therefore, effective policy can be designed to implement AIDS education. It is important for policy makers to be aware of the decision making process of the public in order to incorporate this process into effective policy that can be implemented fairly to all those affected by the policy. It is only when the decision making process of the population to which the policy is targeted for is understood, can effective policy be designed and implemented. Successful implementation of effective policy will rely on compliance, and compliance will depend on understanding AIDS and not on the belief systems of the target population.

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APPENDIXES

APPENDIX A

AIDS EDUCATION AND ATTITUDE SURVEY

Please answer each of the following questions, based on your knowledge, best estimates, or feelings. This survey is anonymous; there are no code numbers on it. Please do not write your name anywhere on the survey. The survey is divided into five parts, each with its own set of instructions.

Part 1:

This section of the survey deals with your attitudes about AIDS and what kind of policies you believe the government should follow about AIDS. There are a few questions about your attitudes toward other public policy issues. Please answer each question using the scale on the right.

____ 1. AIDS victims should be quarantined by the government to prevent the spread of the disease.

____ 2. Only homosexual victims should be quarantined by the government to prevent the spread of the disease.

____ 3. Prison inmates should be tested for AIDS.

____ 4. AIDS test results should remain confidential so that only the one being tested knows the results.

____ 5. Positive test results should be made available to sex partners of AIDS infected people regardless of confidentiality.

1.--Strongly agree

2.--Agree

3.--No Opinion

4.--Disagree

5.--Strongly

disagree

____ 6. AIDS tests should be mandatory before a marriage license is issued.

____ 7. Elementary school students with AIDS should receive private home instruction and not be allowed to attend public schools.

____ 8. Immigrants and foreign students should receive an AIDS test before being admitted into the United States.

____ 9. A law should be passed requiring all

U.S. residents be tested for AIDS.

____10. Some people infected with AIDS have brought it on themselves due to their immoral behaviors.

____11. The Government should protect the public from infectious diseases no matter what the monetary cost.

____12. The Government should protect the public from infectious diseases even if it means infringement of civil rights.

____13. Persons who test positive for AIDS should not be hired by OSU.

____14. Students who test positive for AIDS should not be allowed to enroll at OSU.

- 1.--Strongly agree
- 2.--Agree
- 3.--No Opinion
- 4.--Disagree
- 5.--Strongly disagree

Part 1a.

This part asks some questions about other policy issues.

____15. A college or university should be able to dismiss a professor who admits being a Communist.

____16. A college or university should be able to dismiss a professor who admits being a homosexual.

____17. Homeowners should be allowed to decide for themselves whom to sell their houses to, even if they prefer not to sell to blacks.

____18. A homeowner should not be able to refuse to sell a house to someone because of their race or color.

____19. We have gone too far in pushing equal rights in this country.

____20. Workers in general should be tested to determine whether they have used illegal drugs recently.

____21. The U.S. Supreme court has ruled that no state or local government may require the reading of the Lord's prayer or Bible verses in public schools. To what extent do you agree with this ruling?

___22 People have a right to keep homosexuals out of their neighborhoods if they want to.

___23. Homosexuals have a right to live wherever they can afford to, just like anybody else.

Part 2:

This part of the survey deals with your perceptions about the risk of AIDS. Please answer each question using the scale on the right.

___24. What are the chances of a healthy OSU college student contracting AIDS?

___25. What are the chances of a healthy person who is not a college student contracting AIDS?

___26. What are the chances of a healthy MALE OSU college student contracting AIDS?

___27. What are the chances of a healthy FEMALE OSU college student contracting AIDS?

What are the chances of a healthy OSU college student contracting AIDS from the following situations:

___28. Taking a class in which one of the 100 students is infected with the AIDS causing virus?

1--1 IN 2

___29. Having a roommate who is infected with the AIDS causing virus?

2--1 IN 5

3--1 IN 10

4--1 IN 100

___30. Eating regularly in a restaurant where a worker is infected with the AIDS causing virus?

5--1 IN 1000

6--1 IN 10000

7--1 IN 100000

___31. Sharing a needle for injecting drugs with another student?

8--1 IN 1 MILLION

9--1 IN 10 MILLION

10--NO CHANCE AT ALL

___32. Sharing a needle for injecting drugs with a person infected with the AIDS causing virus?

What are the chances of a healthy MALE OSU college student contracting AIDS from the following situations:

___33. Having one unprotected sexual encounter (no condom used) with a female who is infected with the AIDS causing virus?

___34. Having one unprotected sexual encounter (no condom used) with a female whose sexual history is unknown?

___35. Having a homosexual partner who is infected with the AIDS causing virus and is practicing "safe sex" (condoms used)?

What are the chances of a healthy FEMALE OSU college student contracting AIDS from the following situations?

___36. From one unprotected (no condom used) sexual sexual encounter with a male student she met for the first time at a party?	1--1 IN 2 2--1 IN 5 3--1 IN 10 4--1 IN 100
___37. From one unprotected sexual encounter with a male who is infected with the AIDS causing virus?	5--1 IN 1000 6--1 IN 10000 7--1 IN 100000 8--1 IN 1 MILLION
___38. What do you estimate are your personal chances for contracting AIDS?	9--1 IN 10 MILLION 10--NO CHANCE AT ALL

Here are several things that can cause death in people. Please estimate how many people in the United States are likely to die from each of these causes in 1989, if this is an "average year."

___a AIDS	___g Smoking
___b Tornados	___h Suicide
___c Heart disease	___i Murder
___d Cancer	___j Motor Vehicle accidents
___e Earthquakes	___k Not wearing seat belts
___f Nuclear Reactor accidents	___l Toxic chemical spills

Part 3:

This section deals with information you might have received about AIDS and how much you learned from the different sources. Please check the appropriate answer.

40. Here are some ways that people can learn about AIDS. How many of the following have you utilized to gain information. (Please check all appropriate answers).

- T.V. media
- Print media (i.e. newspapers, magazines)
- School (High school educational program)
- Personal Physican
- Seminars at OSU
- Video tapes
- Clergy
- Friends
- Books on AIDS
- Seminars in your community
- Hotlines
- Pamphlets

41. Have you looked at the mail pamphlet that Surgeon General Koop sent out last summer concerning AIDS? [It was a four-page, blue and white, publication].

Yes No

42. What was the extent of the knowledge gained from the above sources? Please write the number corresponding to the answer you agree with next to each.

- | | | | | |
|--------------------------------------|-----------------------------------|----------------------------------|------------------------------------|-----------------|
| <input type="checkbox"/> T.V. media | <input type="checkbox"/> Physican | <input type="checkbox"/> Clergy | <input type="checkbox"/> Hotlines | 0. none |
| <input type="checkbox"/> Print media | <input type="checkbox"/> Seminars | <input type="checkbox"/> Friends | <input type="checkbox"/> Pamphlets | 1. a little |
| <input type="checkbox"/> School | <input type="checkbox"/> Video | <input type="checkbox"/> Books | <input type="checkbox"/> Dr. Koop | 2. some |
| | | | | 3. a great deal |

43. How often have you deliberately sought information on AIDS (i.e. watched a documentary, went to the library, called a toll free number)?

0.Never 1.Once 2.A few (3-5 times) 3.Several

44. Do you know where you can obtain information concerning AIDS on the OSU campus?

1.Yes 2.Not sure 3. No

45. Is testing available at the OSU Student Health Center?

1.Yes 2.Not sure 3. No

46. If testing is available, is it confidential?

1.Yes 2.Not sure 3. No

47. Is it true that AIDS can be caught by simply breathing the same air as a person infected with the AIDS causing virus?

1.Yes 2.Not sure 3. No

48. Can donating blood expose a person to the virus that causes AIDS?

1. Yes 2. Not sure 3. No

49. Is a positive blood test for the AIDS antibody an indication that a person has AIDS?

1. Yes 2. Not sure 3. No

Part 4:

This section of the survey will ask personal questions. Please understand that these questions are important to the survey and remember that this survey is anonymous and voluntary. You are not required to answer these questions.

50. Have you been tested for AIDS? 1. Yes 2. No

51. If so, do you know the results? 1. Yes 2. No

52. If so, what were the results? 1. Positive 2. Negative

53. Are you sexually active? 1. Yes 2. No

54. Do you consider yourself to be homosexual, heterosexual, or bisexual?

1. homosexual 2. heterosexual 3. bisexual

55. Do you or have you known anyone that has AIDS or has tested positive for the virus?

1. Yes 2. No

If yes, how many? _____

Part 5.

This part contains background information.

56. What is your sex? 1. Male 2. Female

57. Age (please write in your age) _____

58. What is your marital status? 0. Single 1. Married
 2. Divorced 3. Other

59. Generally speaking, do you usually think of yourself as a Republican, a Democrat, an Independent, or no preference?

- 1. Republican
- 2. Democrat
- 3. Independent
- 4. Other party
- 5. No preference
- 9. Don't know

60. Where would you place yourself on this Liberal/Conservative scale, or haven't you thought much about this?

- 1. Extremely liberal
- 2. Liberal
- 3. Slightly liberal
- 4. Moderate, middle of the road
- 5. Slightly conservative
- 6. Conservative
- 7. Extremely conservative
- 9. Don't know

61. What is your classification in college?

- 1. Freshman
- 2. Sophomore
- 3. Junior
- 4. Senior
- 5. Special student
- 6. Graduate

62. What was the annual income of your family while growing up?

- 1. Less than 12,000
- 2. 12,001 to 20,999
- 3. 21,000 to 28,999
- 4. 29,000 to 40,999
- 5. 41,000 to 50,000
- 6. More than 50,000

63. How religious are you?

- 1. Very
- 2. Somewhat
- 3. Not very
- 4. Not religious

64. With what church or religion are you affiliated? (e.g. Baptist, Catholic, Jewish, Muslim etc).

65. In what state have you lived most of your life?

- Oklahoma
- Other (Please name the state: _____)
- Foreign Country

* Questions 15-23 adapted from Idealog 1.0 by Dennis Hartman, Kenneth Janda, and Jerry Goldman.

Questions 59 and 60 from the International Consortium for Political and Social Research, American Election Study, 1986.

APPENDIX B

TABLE 1

Overview of the Sample Population

GENDER	MALE		FEMALE			
	85		68			
AGE	MEAN			MEDIAN		
	23.2			22.0		
MARITAL STATUS	SINGLE	MARRIED	DIVORCED		OTHER	
	166	32	1		4	
CLASSIFICATION	FRESH	SOPH	JR	SR	SPECIAL	GRAD
	15	28	32	44	4	29
POLITICAL PARTY	REP	DEMO	INDEP	NO PARTY		NO PREFERNCE
	76	41	13	1		18
HOME STATE	OKLAHOMA		OTHER	FOREIGN COUNTRY		
	110		22	18		
AVERAGE FAMILY INCOME	BELOW \$29,000			ABOVE \$29,000		
	44			109		
SEXUAL PREFERENCE	HOMOSEXUAL		BISEXUAL	HETEROSEXUAL		
	3		2	147		

APPENDIX C

TABLE 2

Dependent Variables

Variable	Correlation
<u>Separation</u>	
AIDS victims should be quarantined.	.54
Elementary school students should receive private instruction.	
<u>Testing</u>	
Prison inmates should be tested.	.37
Testing should be required before marriage license issued.	
<u>Universal</u>	
All U.S. residents should be tested.	.32
Government should protect public regardless of infringement of rights.	

Correlation based on results of Pearson correlation statistics. Each underlined variable was the combination of the two following it based on correlation and factor analysis. Factor analysis chose the questions loaded to one factor and the questions above were recoded into the three variables based on correlation.

Appendix D

TABLE 3

Comparison of Zero Order Correlation Among
Variables With Regression Correlation

N=153	<u>Dependent</u>	Separation		Testing		Universal	
		<u>r_o</u>	b	<u>r_o</u>	b	<u>r_o</u>	b
	Ideology	.51*	.44*	-.07*	-.14*	-.42*	-.60*
	Knowledge	.45*	.39*	.005	-.08*	-.002	.11*
	Risk	.48*	.39*	.006	.14*	-.33*	-.44*

* Denotes significance less than .01.

Appendix E

TABLE 4

Frequency Responses by Population for
Dependent Variables

Variable	Frequency		
	No Opinion	%Agree	%Disagree
Separation	9.1	17.7	73.2
Testing	8.7	82.4	8.9
Universality	35.9	24.2	39.9

Appendix F

TABLE 5

Frequencies of Accurate Risk Perception

	# of Errors	Frequency
Very High Accuracy	0	10
	1	65
	2	35
	3	21
	4	19
	5	3
	6	0
	7	0
Very Low Accuracy	8	0

Data based on frequencies generated by riskindex.

VITA

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