STIGMA AND PEOPLE LIVING WITH HIV/AIDS

PERCEPTIONS AND ATTITUDES OF COMMUNITY COLLEGE STUDENTS, AGES 20

YEARS TOWARD PLWHA AND TESTING

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Summary

In the late 1970s and early1980s an epidemic disease called HIV/AIDS was identified and as of date has either infected or affected millions of people in different parts of the world and has been described as the largest humanitarian crisis in the 21st century (Usdin, 2003). At its initial onset, the diagnosis of positive HIV of any man or woman was interpreted as a death sentence since there is no cure for the disease and hence the irrational fear of the disease. Stigma is a complex phenomenon and is rooted in the perception of individuals from value, and social norm stands point and has affected the well-being of those living with the HIV disease emotionally, mentally and physically (Goffman, 1963). The alarming increase in HIV/AIDS incidence as reported by CDC 2010, coupled with the rise in community college admission of this age group(20-29 years) in the United States (Zhang, 2016) has given cause for concern.

Therefore, the primary purpose of this study was to examine the knowledge and perception of community college students of HIV/AIDS disease and to determine whether their knowledge of the disease plays any role in the way they deal or treat people living with the disease. A cross-sectional structure and explorative quantitative research design and standardized format using questionnaire were used to collect data among Prince George's community college students, ages 20 years. I attempted to confirm or dispute whether the level of knowledge of HIV/AIDS of students at Prince George's community college determines their perception of the disease and hence contributes to the stigmatization of people living with HIV or Aids (PLWHA).

The results of this study revealed that community college students possess a high level of knowledge about HIV/AIDS disease, but there is still a good number of them who exhibit prejudice toward PLWHA. The results of this study showed that increase in awareness level of HIV/AIDS disease leads to a decrease in the stigmatization of PLWHA disease. The study also revealed that community college students' perception of HIV/AIDS positively influences their perception of PLWHA and that college students knowledge of HIV disease decreases their fear of the infection and therefore, increases willingness to test for HIV/AIDS disease. Many students have a good understanding of how HIV is transmitted, but yet still, a good number of them expressed negative behavior toward those living with the disease.

More education on efficient transmission and prevention programs need to be addressed by public and community health officials that focus on promoting positive behavior and attitude, stressing on care for PLWHA and discouraging fear of the disease. Incorporating health educational programs such as public lecture from trained public health officials on the incidence of HIV and

health awareness fairs in high schools to include brochures and flyers on topics like transmission and prevention of STIs that stresses on the awareness of HIV/AIDS disease.

Keywords: Stigma; HIV/AIDS; Knowledge; Perception; Behavior; PLWHA; HBM; UNAIDS

The author acknowledges he completed this assignment in the spirit of the Trinity Washington University policy regarding academic honesty and plagiarism.

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The results of this study revealed that community college students possess a high level of knowledge about HIV/AIDS disease, but there is still a good number of them who exhibit prejudice toward PLWHA. However, about 63% of them are willing to share a meal with PLWHA, 70% are willing to care for relatives with HIV/AIDS, about 73 % are willing to share a classroom with students who may be HIV positive. About 68 % of them are willing to allow a teacher who is HIV positive teach, and about 92 % of the students stated PLWHA should have the same right as everyone else. About 25 % of the students exhibited prejudice by saying that they would not share meals with PLWHA, about 25 % would not care for a relative if the relative get ill with HIV and 30 % stated they would not buy food from a shopkeeper who is a known infected. Therefore, the alternate hypothesis which is the increase in awareness level of HIV/AIDS disease leads to a decrease in the stigmatization of PLWHA disease was accepted. In the study, it was also observed that even though students have high knowledge of illness, gaps still exist among a good number of them about how the disease is transmitted and prevented. There was a divergence between knowledge of HIV infection and the behavior expressed by the students. Many students have a good understanding of how HIV is transmitted, but yet still, a good number of them expressed negative behavior toward those living with the disease. Although efforts are being made by government agencies and public health authorities to raise awareness and educate the public on HIV/AIDS disease, gaps remain among many communities especially young people as revealed by this study. However, the study showed that community college students' perception of HIV/AIDS positively influences their perception of PLWHA. The study also showed that college students knowledge of HIV disease decreases their fear of the infection and therefore, increases willingness to test for HIV/AIDS disease. _____49 Recommendations 49

Summarv

More education on efficient transmission and prevention programs need to be addressed by public and community health officials to focus on promoting positive behavior and attitude stressing on care for PLWHA and discouraging fear of the disease. High school administrators should incorporate health educational programs such as public lecture from trained public health officials on the incidence of HIV. This talk should include health awareness fairs in high schools to include brochures and flyers on topics like transmission and prevention of STIs that stresses on the awareness of HIV/AIDS disease, encouraging compassion, and providing emotional support to PLWHA may be helpful in reducing the stigmatization of the PLWHA. Informational brochures on treatment with antiretroviral medication and healthy living with the disease like any other chronic illness can also help reduce the stigma associated with HIV disease. I did not take into account the gender characteristics of the participants as analytical variables while interpreting the results of this study. The data collected for this study was from a small sample of community college students so the results cannot be used to make the generalization about the knowledge of HIV/AIDS by all community college students in the Maryland. It is highly recommended that similar study is done in other Maryland counties to enable researchers to compare the results with the findings of this study. Implications ____ 49

The results of this study imply that more knowledge of HIV/AIDS disease infection among community college students may lead to lower HIV risk-related sexual behavior among them which may lead to a low risk of transmission of the disease. Also, increased knowledge of the illness may contribute to less stigma behavior toward people living with the disease and will encourage students to get tested routinely without fear. Public and community health officials need more resources to help in educating high schools as well as community colleges and even our local communities about this epidemic. ______50

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Introduction

In the later part of the 1970s and the early 1980s an epidemic disease called HIV/AIDS was identified and as of date has either infected or affected millions of people in different parts of the world, and this has been described as the largest humanitarian crisis in the 21st century (Usdin, 2003). At its initial onset, the diagnosis of positive HIV of any man or woman was interpreted as a death sentence since there is no cure for the disease and hence the irrational fear of the disease. HIV disease still has no definitive cure. However, researchers have helped to identify various drugs that will slow down and help control some of the symptoms and the effects of this epidemic disease on the human body. Stigma is a complex phenomenon and is rooted in the perception of individuals, from the standpoint values and social norms and has affected the well-being of those living with the HIV disease emotionally, mentally and physically (Goffman, 1963). People with HIV/AIDS are now leaving longer and healthier life provided they seek early treatment when diagnosed than cancer and other chronically ill individuals. The previously perceived notion by many individuals of HIV/AIDS disease as a fatal disease has now become a manageable chronic disease (Greeff, M., et al., 2008). However, according to Gardner et al., (2011), stigma has posed serious challenges to the prevention and treatment of HIV/AIDS disease and hence has contributed to the spread of the disease. Zhang et al. (2015) pointed out that stigma is a significant contributor to the problem of HIV/AIDS disease.

Many researchers have investigated stigmatization of HIV/AIDS and its impact on people living with the disease and the overall status of the epidemic. Among these researchers, Mahajan et al., (2008) wrote a paper on stigma in the HIV/AIDS epidemic. Stigma, as defined by Mahajan et al. (2008), is "a mark of disgrace" or "an attribute that is deeply discrediting." Time and again, people living with HIV/AIDS (PLWHA) are subject to blame, fear, and avoidance even though there are some people who perceive people are living with the disease with sympathy and the willingness to care for them (Weiss, Ramakrishna, & Somma 2006).

In general, the management of many chronic diseases such as Diabetes, high blood pressure, coronary artery disease, cancer, asthma, to name a few, in individuals are more likely to be effective and acceptable to many compared to HIV/AIDS disease. The stigma of HIV disease is a major deterrent to preventing the spread of the disease and has posed a big barrier in the prevention programs of the disease, testing for the virus and access to treating but little research has been conducted on this subject as purported by Hasan et al., (2012). Beaulieu et al., (2014), noted that the key to the prevention and reduction in the spread of HIV/AIDS is early detection and effective and efficient medical care because it encourages people to adopt safe sexual practices thereby reducing the infection rate of the disease. However, the stigma of the disease by many, and

even the health care professionals and medical practitioners has posed serious challenges to the prevention and treatment of the disease and hence has contributed to the spread of the disease.

Stigmatization of the disease has many negative implications on those living with the disease. This includes the impact on their emotional, physical, and social well-being. Hasan et al., (2012) noted that internalized stigma of HIV/AIDS disease could hinder the participation of individuals living with the disease in the community and social gatherings. This may discourage them from seeking care and treatment and may heighten their loneliness as compared to the general population, thus, the thrust of this study.

Statement of the Problem

The HIV/AIDS disease epidemic is of great concern all over the world and researchers have focused on key issues such as stigma of the disease to eradicate the disease and control the spread. In Bangladesh for instance, a study on the attitudes of healthcare workers on stigmatization of individuals living with HIV/AIDS disease revealed that the support staff portrays high stigmatization attitudes toward these people followed by Medical Techs and Nurses (Hasan et al., 2012). In the US according to Varnie et al. 2012, HIV/AIDS diseases is stigmatized since it is associated with marginalized groups like Homosexuals and Intravenous drug users and hence its association with sickness and death. It is also believed that people tend to exhibit negative attitudes toward individuals who have been diagnosed with HIV and tend to avoid or express feelings such as repulsive and rejection toward them. Varnie et al. (2012) posited that stigma has a potential to prevent people from discussing safe sex practices because of fear of negative judgment of them and may not encourage people to reveal their HIV status to their sex partners. It is also believed that HIV stigma introduces big barriers to public health programs such as denial and silence to problems associated with disclosure, the way individuals behave in seeking health and the communal violence (Brown, Macintyre, & Trujillo, 2003).

Many health organizations have concentrated on educating people about HIV/AIDS to reduce and prevent the spread of the disease. As a result, one can claim that the youths of today have less fear of the disease than those 15 years or so ago. However, youths in this age group have a higher tendency to involve in risky behaviors such as indulging in alcohol use and unprotected sexual acts. This age group is targeted because according to the CDC diagnosis of HIV/AIDS infection in the US and dependent areas (2014), 36% of those infected were between the ages of 20-29 years as compared to 4% in ages 13-19 years and 60 and over each, 24% in ages 30-39 years, 19% in ages 40-49 years, and 12% in ages 50-59 (CDC, 2014). Due of this high incidence in this age group, assessing the factors responsible for such occurrence might be of importance for this study. The study assumes that if youths have a better understanding and more education on HIV/AIDS disease, then they will exhibit a positive attitude toward PLWHA and will be less likely to stigmatize people living with HIV or AIDS of the disease.

Objective

The purpose of this study is to examine the knowledge and perception of community college students concerning HIV/AIDS disease and to determine whether their knowledge of the disease plays any role in the way they deal or treat people living with the disease. Also, I will attempt to gain insight into the attitudes of college students toward PLWHA disease and hence investigate if any, misconceptions of HIV/AIDS disease among college students. This will help identify the gaps in the treatment, prevention, and control of HIV/AIDS especially as it relates to the stigmatization of people living with the disease. This study aims to identify the perception of students on issues related to HIV infection and by enhancing the knowledge of college students on HIV/AIDS may probably help to decrease stigma about HIV/AIDS disease. The results of the study may give insight to public health officials in the planning of programs for the prevention and spread of the disease.

Research Questions

The following research questions were developed to investigate the research hypothesis.

Research question one

To what extent are community college students knowledgeable of HIV/AIDS disease in the study area?

Null hypothesis one

Controlling for all other factors, increases in the awareness level of HIV/AIDS disease has no effect on stigmatization of PLWHA disease.

Alternate hypothesis one

Controlling for all other factors increases in the awareness level of HIV/AIDS disease leads to a decrease in the stigmatization of PLWHA disease.

Research question two

Do community college student's perceptions of HIV/AIDS influence their perceptions of PLWHA?

Null Hypothesis two

Community college student's perceptions of HIV/AIDS do not influence their perceptions of PLWHA.

Alternative Hypothesis two a

Community college students' perception of HIV/AIDS negatively influences their perceptions of PLWHA.

Alternative Hypothesis two b

Community college students' perception of HIV/AIDS positively influences their perceptions of PLWHA.

Research question three

Does community college student's knowledge of the HIV disease increase their fear of infection and decrease their willingness to test for HIV/AIDS?

Null hypothesis three

Community college student's knowledge of the HIV disease does not affect their fear of infection and their willingness to test for HIV/AIDS.

Alternative hypothesis three a

Community college student's knowledge of the HIV disease decreases their fear of the infection and increases their willingness to test for HIV/AIDS.

Alternative hypothesis three b

Community college student's knowledge of the HIV disease increases their fear of the infection and decreases their willingness to test for HIV/AIDS.

Research Design

In this study, a cross-sectional structure and explorative quantitative research design and standardized format was used using a questionnaire to collect data among 20-year-old students at Prince George's Community College. The goal of the study was to describe the HBM related to the knowledge about HIV/AIDS disease, the perception of the students, and the possible stigma of the disease. I attempted to confirm or dispute whether the level of knowledge of HIV/AIDS of students at Prince George's community college determines their perception of the disease and hence exhibit stigma toward PLWHA disease. A focused questionnaire item was put together to derive information

from the respondents on issues relating to knowledge and perception of HIV/AIDS disease, and the stigma of the disease. The survey questions had closed-ended explorative questions to test for a causal relationship between knowledge of the disease, testing availability and willingness to test for the disease, perception of the students and their behavior toward PLWHA, and stigmatization of those living with the disease. The questionnaire comprised of the following sections:

Section 1 was designed to collect data on demographic characteristics of participants.

Section 2 was designed to gather data on knowledge of participants about HIV/AIDS disease and mode of transmission. The knowledge portion consists of 10 items (2a-2j), and the prevention part will have five items (3a-3e).

Section 3 was designed tocollect data on testing availability and the willingness to test for HIV/AIDS and behavior toward PLWHA disease. There are two items on confidentiality and status (4a & 4b), ten items (5a-5j) on revealing status and nine items (6a-6h) on reaction and disclosure of positive HIV test.

Section 4 was designed to collect data about the perception of HIV/AIDS disease, and stigma and attitude toward PLWHA, eight items (7a-7g).The questionnaire for this study was adapted from the general population assessment tool used by the UNAIDS and Health Department services module that have been used successfully to evaluate knowledge about HIV/AIDS and routine testing by other researchers in other studies (Letamo, 2003). Modifications were made to the questionnaire so that it will assess knowledge, stigma of HIV, and attitude toward testing that may be consistent with 20-year-old community college students.

In this study, reduced stigmatization of HIV/AIDS leading to decrease fear and increase willingness to test for HIV/AIDS was the dependent variable. The information collected on the independent variables: Knowledge of HIV/AIDS, Perception of the students, and the behavior toward PLWHA was analyzed. Participants were given guidance on how to complete the survey where they may have questions. I collected data for this study by first, visiting Prince George's community college common areas such as the library and the cafeteria and approached students within the study age group. I then explained the purpose of the survey, the benefits, and risk of the study to prospective students and those who agreed to participate, I asked them to sign consent forms accepting to participate in the study. The goal was to have each participant fill out the survey correctly as possible for accurate data analysis. Finally, the data collected on each independent variable item was analyzed using SPSS version 21 statistical tools and the result of this analysis was summarized in percentages and presented in tables. These results were used to test the variables

items in the independent variables against the dependent variable to determine whether to accept the hypothesis statements or reject the statements.

Participants

Participants were selected based on the following criteria:

- 1. Students registered for credit
- 2. Targeted students must be 20 years old.

The site for this study was Prince George's Community College in Maryland. For the Spring 2016 semester, there were 12,360 total registered credit students according to the college's factsheet. Among this number, 29.2 % of the students are between the ages 20-24 years old which give 3,609 students. So by dividing 29.2% among the ages 20-24 (29.2%÷ 5) = 5.84% of 3,609 leaves 212 students is the number of 20-year-old registered students at the college. Using this sample selection, a total number of 137 students meet the sample when calculated at a 5% margin of error and a 95% confidence interval. This age group is targeted because according to the CDC diagnosis of HIV/AIDS infection in the US and dependent areas (2014), 36% of those infected were between the ages 20-29 of years as compared to 4% in ages 13-19 years and 60 and over each, 24% in ages 30-39 years, 19% in ages 40-49 years, and 12% in ages 50-59 ((CDC Report, 2014)). This alarming increased in the percentage of the infected population is a cause for concern. Therefore, there is a need to assess the factors influencing this increase, focusing particularly on whether knowledge, perception, and stigmatization of the disease are responsible for the increase. Participants will be recruited from public areas such as the college library, cafeteria, and recreational center within the local community college campus.

Ethical Considerations

A cover letter to the questionnaire was designed that explains the significance of the study and assuring them that the information collected will be confidential and use for academic purposes only. All participants before the survey were given an opportunity to read and sign an informed consent for the exercise, and they were also informed that they have the right to terminate the exercise and decline at any point in time during the entire process if they wish to do so.

Every effort was made to discourage any action that will have physical, emotional and psychological harm or impact on participants. According to Babbie (2004), such research should never aim at injuring or having any impact on the participants that are being studied irrespective of whether they are doing it voluntarily or not. However, a possible harm that may occur during this exercise will be that students who are HIV/AIDS positive may know the feelings and perception of

other students toward PLWHA. Therefore, participants were asked not to disclose any detailed information to other students to avoid this potential. The time to answer survey questions was kept at minimum 10 to 15 minutes and in a location where every effort was made to preserve the participants' self-esteem, and they were assured that the information they provided will be used only for the purpose of the study and their identity will be kept confidential.

Assumptions and Limitations

This study was based on post-positivism as it seeks to understand the causal effect of knowledge, attitude, and the behavior of community college students, 20 years towards people living with HIV/AIDS thereby resulting to the stigmatization of HIV/AIDS disease. According to Creswell (2013), post-positivism works according to fixed laws of cause and effect where thoughts are utilized to test theories about the laws to confirm, reject and to accept it provisionally. The quantitative research method is a type of the investigation, which involves measurable ideas/elements with large samples. This may include an enormous number of research participants, case study surveys that take into consideration research instruments. For instance questionnaires (i.e. structured or semi-structured) administered either directly or indirectly (or postal, online, telephone, emails or self-administered) by the researcher. For the purpose of this study, survey questions in the form of a questionnaire was conducted among 20-year-old students at a local community college in Maryland.

This study assumed that increased knowledge of HIV/AIDS disease holistically leads to positive behavior change toward people living with HIV/AIDS (PWLHA) disease and hence a decrease in the stigmatization of the disease. Alternatively, it is assumed that a decreased in the knowledge of HIV/AIDS disease will lead to an adverse behavior change and an increased stigmatization of people living with HIV/AIDS disease.

In ensuring that the participants understand research tools used, a draft questionnaire was pre-tested and self-administered, and this showed the strength of this method. A targeted controlled group of respondents took part in this study voluntarily with honesty, and I assured them that their information will be confidential. For the purpose of this study, survey questions in the form of pre-coded questionnaires was directly administered to students 20 years old at Prince George's community college in Maryland. This method assures respondents of privacy; however, it does not give provision for probing questions. Therefore, engaging these respondents into personal discussions before or after administering survey tools was vital. I was not be able to collect data from all respondents to meet the proposed sample size for the study. Results from such a study cannot be generalized since it is a case study of one community college and few targeted students amidst

several universities and students within the study area. Hence the need for further studies on similar topic or interest cannot be over emphasized.

Theory

In this research paper, I attempted to examine the causal effect of knowledge of a concept or event and the influence of that knowledge on individuals' perception of the event. In this case, HIV/AIDS disease as the event and knowledge of this event by 20-year-old community college students and examining whether this knowledge has any effect on the perception of the disease. There are several health promotional theories and models that relate to health behavior change. For the purpose of this study, the Health Belief Model (HBM) was used since it attempts to relate individuals' perceived threat of a disease or its severity to perceived barriers to action and hence explains and predicts health behavior. The HBM focuses on the attitude and beliefs of individuals, and it was developed as a systematic method to explain and predict preventive health behavior in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels (Glanz, Rimer, & Lewis, 2002). According to Hochbaum (1958), HBM was first used to explain why health screening programs by the U.S. Public Health Services were not successful. Since HBM promotes behavioral change, it is in the researcher's view that this could be a way to prevent stigmatization of HIV/AIDS disease among college students.

There are four main constructs to the Health Belief Model that represent perceived threat and net-benefit: perceived seriousness, perceived susceptibility, perceived benefits, and perceived barriers. Any of these perceptions can be used to explain health behavior either individually or by a combination of any of the constructs. HBM has been expanded in recent years to include cues to action, motivating factors and self-efficacy of the individual (Glanz, Rimer, & Lewis, 2002). The model was further expanded later by Becker and Maiman to include modifiable factors such as age, sex, ethnicity, social class and personality and knowledge of the disease and previous experience of it (Gillam, 1991).

With perceived seriousness, this construct explains how individuals' belief of the severity of a disease is based on the medical knowledge that the individual has the disease. McCormick-Brown (1999), noted that the individual would take the disease seriously base on the difficulties the disease would create in his or her life personal life generally. Perceived susceptibility construct explains individuals whose believes that the greater the risk of probably contracting a disease the more likelihood they will engage in behaviors that will reduce the risk. For instance, people will use condoms so that they can reduce susceptibility to contracting HIV/AIDS (Belcher et al., 2005). The construct of perceived benefit explains that people will tend to adjust to healthier behavior when they believe their behavior will reduce the chances of them contracting a disease. About HIV/AIDS stigmatization, one can deduce that if students acquire knowledge of the disease and understand

the means of transmission, then their chances of stigmatization of the disease will reduce. The perceived barrier to change construct explains that for individuals to adopt a new behavior, they need to believe that the benefits of new behavior outweigh the consequences of the old behavior (Glanz, Rimer, & Lewis, 2002).

Critics of the HBM hold that the model is abstract because some concepts described in the model such as motivation, perceived seriousness are difficult to define, hence has resulted in few prospective studies and that the model has little predictive value because research has failed to give the support necessary to weight key variables (Gillam, 1991). The model has also been criticized for stressing on the rationality of individuals' behavior. Gillam (1991) explains that individuals may be interested in the action to solve other problems and not necessarily the perceived value of minimizing the threat of the disease.

For individuals to improve their health, they need to be cognizance of the severity of the health condition or event and acknowledge the necessary steps needed to bring about positive change in their behavior. The Center for Disease Control (CDC) report (2014) showed that 36% of those infected with HIV in the US was between the ages 20-29 years. Since many college students fall into this age group, the HBM will be useful in assessing the knowledge and perception of the students about the disease, and this could be important in the prevention and spread of the disease. Determining that there are gaps in their knowledge of the disease, programs to educate them may serve as a vehicle through which public health officials could help reduce or prevent the further spread of the disease among other demographics.



Figure 1. The Health Belief Model (Glanz, Rimer, & Lewis, 2002).

Theoretical Framework

Increased knowledge of HIV/AIDS disease and the mode of transmission might be one of many ways to prevent stigmatization of the disease and subsequently help students treat PLWHA disease with some respect and dignity in the community. However, many individuals are not aware of the disease process and as such, are afraid and anxious about the disease when they find out someone in their community has HIV/AIDS. Many government agencies and health organizations including UNAIDS have put programs together to educate people about HIV/AIDS disease to prevent the further spread of the disease. The researcher assumes that the more knowledge students get about HIV disease process and mode of transmission, the less fear they will exhibit about the disease and hence, the more tolerant they will be of those living with the disease.

Generally speaking, people are resistant to change when it comes to health behaviors (Rollnick et al., 1992). It is more difficult to change peoples' health behavior than to change their environment (Rosenstock, 2005), which may be due to their perception of certain events. The more knowledge people have of HIV/AIDS, the more it will lead to positive behavior change, and subsequently, this will lead to a change in perception of the disease and hence, reduce the stigma of the disease among college students.

Reduced stigmatization of HIV/AIDS leading to decreased fear and increased willingness to test for HIV/AIDS - Dependent variable

Reduced stigmatization of HIV/AIDS disease will reduce the fear of the disease and encourage testing among young adults. People want to belong to social groups, to families and friends and their community especially young adults. If any of this peace id taken away from them, many will develop psychological problems. Looking at PLWHA as being immoral and irresponsible may put more stress on them and will further encourage them to isolate themselves. So educating young adults about HIV disease and the mode of transmission is crucial in decreasing the fear encouraging them to test for HIV. The challenges of young adults living with HIV can be worsened by stigma and social isolation with the disease so much so as their sexual behavior and sexual orientation according to Nugent et al., (2010). HIV bestows a strong social stigma and youths may not have access to the quality of support resources that may be available to those who are not infected. As such, the perception of HIV –related stigma and the lack of supportive social relationships can lead to decrease psychological health and disengagement in healthcare (Nugent et al., 2010).

Knowledge of HIV/AIDS disease

Knowledge about HIV/AIDS disease is very important in the bid to reduce the stigma of the disease. Kerr et al., (2015) noted that poor knowledge about the transmission of HIV is a contributing factor to the stigma of HIV and that more knowledge about the means of transmission decreases irrational fear of getting the disease through casual contact.

Testing availability and willingness to test for HIV

Studies have indicated that HIV-related stigma has prevented people from HIV testing. Maughan-Brown & Nyblade (2014) noted that these studies examined the relationship between stigma and testing using stigma indexes and concluded that stigma discourages testing. One of the reasons why individuals are reluctant to do HIV testing is because of the negative moral judgment of people who are HIV positive by others as being engaged in immoral and irresponsible behaviors (Maughan-Brown & Nyblade, 2014).

Stigma behavior and Attitude toward PLWHA Disease

Stigma is "a mark of disgrace" or "an attribute that is deeply discrediting" as purported by Mahajan et al. (2008). I am of the notion that if college students believe that being HIV positive is a mark of disgrace and deeply discrediting and attribute this to the lifestyle of PLWHA, then one can say that stigmatization of the disease is very likely to exist among college students. However, this will only be an assumption until the research study proves otherwise. In a study on HIV/AIDS stigma and discrimination, Pope& Schoultz, (2010) conducted an interview in Belize of one-hundred and forty individuals using a structured survey tool in three different parts of the country, and quantitative analysis of the result was done to interpret the findings. The authors noted that geography and ethnicity are connected to the diffusion of HIV/AIDS across Belize and that the social and cultural norms that stigmatized the disease may contribute to the transmission of the epidemic. In another study, Mbonu et al., (2009) noted that stigma would enhance the spread of HIV/AIDS by inhibiting social and medical support because PLWHA is not able to relate to their families and community that they belong and as such, they don't feel complete and secured.



Figure 2: The theoretical framework of the stigmatization of people living with HIV/AIDS.

Analysis

A cross-sectional study using a questionnaire as survey instrument was given to 110 students at Prince George's community college in Maryland. Attached to the questionnaire was an introduction letter with a short description of the study and a statement ensuring the participants of confidentiality and voluntary participation in the study was also included. Consent forms and information on how to contact the researcher by phone or email were also provided to the participants.

The 45-item survey questions included the characteristics, knowledge of HIV/AIDS, HIV testing experience including a willingness to tell a partner, and fear of the disease, and stigma and attitude toward PLWHA disease. Based on the information gathered, a conceptual model that directed the selection of variables is illustrated above. The dependent variable: reduced stigmatization of HIV/AIDS leading to decreased fear of and increased willingness to test for HIV; independent variables: Knowledge of HIV/AIDS disease process and Mode of transmission; testing availability and willingness to test for HIV; stigma and attitude toward PLWHA disease.

For the independent variable knowledge of HIV/AIDS and mode of transmission, participants were asked how they think someone can get HIV from a list of possible and non-possible ways based on their knowledge of the disease using modified questions from UNAIDS population survey and health services department AIDS module. Participants were asked based on their knowledge of HIV/AIDS disease how they think that a person can get HIV/AIDS from a list of ten possible statements: Having sexual intercourse without a condom (For the purpose of this survey, sexual intercourse is defined as vaginal or anal sex); Using public toilets; Receiving a blood transfusion; Sharing used needles or instruments; Sharing meals with an HIV-positive person; During childbirth from mother to baby; During breastfeeding from mother to baby; Getting bitten by a mosquito; Shaking hands; and Kissing. For this question item, a 4-point outcome was constructed and categorized as: yes (1), No (2), don't know (3), and no response (4). Among the ten statements, five is true of the mode of transmission and five is false. Students were scored as possessing knowledge of HIV if they correctly identified 2-3 ways of transmission of the disease.

Participants were also asked, based on their knowledge to select which statements they think can help prevent someone from becoming infected with HIV/AIDS: Using a condom correctly every time you have sex; Being faithful with one uninfected partner; Praying; and not having sex at all. For this question also, 4-point outcome was constructed and categorized as: yes (1), No (2), don't

know (3), and no response (4). The respondents were scored as having knowledge of prevention if they correctly identified one way of prevention from the list of possible options provided.

For the independent variable testing availability and willingness to test for HIV, the participants were asked if it was possible for someone who gets tested for HIV and have the positive result be kept confidential between himself/herself and the doctor. They were also asked if they will tell their sexual partners their status. A 4-point outcome was constructed and categorized as: yes (1), No (2), don't know (3), and no response (4) for both question items in this section.

In assessing the participants' fear of the disease, they were asked a list of questions that pertains to how others will react to them if they were to test positive for HIV: Break-up of your marriage or relationship; Physical abuse by your spouse/partner(s); You would lose your job; You would be treated badly at work or school; Loss of your friends; Disowned from or neglected by your family; Treated badly by health professionals; Your community(village) would treat you like a social outcast; or Your family would not care for you if you became sick. Here also, 4-point outcome was constructed and categorized as: yes (1), No (2), don't know (3), and no response (4) for this section.

The participants were asked if their spouse or partner was HIV positive, how would they react to their status: You would get a test immediately; You would kick your spouse/partner out of the home; You would assume that your spouse/partner was having sex with other people; You would be grateful that he/she had told you; You may try to hit or hurt your spouse/partner; You would use condoms always if you continued to stay with him/her; You would not have sex anymore with your spouse/partner. For this question items also, 4-point outcome was constructed and categorized as: yes (1), No (2), don't know (3), and no response (4) for this section.

Sample

		Frequency	Percent	Valid Percent	Cumulative Percent
Males	1	60	54.5	54.5	54.5
Females	2	50	45.5	45.5	100.0
Total		110	100.0	100.0	

Based on the checkmarket.com sample size calculator for this study the number of students ages 20 years in the study area required a sample size of 210 students from Prince George's community college in Maryland. Most students were willing to participate in the study and consented to take part and filled out the questionnaire when I approachd them on their campus in the common areas. However, only 110 students actually responded to all the survey questions and this gives a 6.46 %

margin of error for this study. Sixty (54.5%) of the participants were males students and fifty (45.5%) were female students.

Data Analysis and Coding

The data collected was analyzed using SPSS version 21 statistical tool. Descriptive and inferential statistics such as frequencies, Pearson's correlations and a one-sample t-test were used to analyze the students' responses to the survey tools to answer the research questions.

Tests and mesurments

Frequency Distribution table: Describes how often an attribute of a variable occurs in set of data. The columns show the actual number of cases, percentage, valid percent, and cumulative valid percent that responded to the attribute stated in the row (Szafran, 2012, p.78)

Pearson's correlation or Pearson's r : Describes a symmetric measure of association and has possible range of values from -1.00 to 1.00 and this includes two-tailed significance calculated at p>0.05 (Szafran, 2012, p. 219-221).

One sample t-test: This is a statistical test of the hypothesis that can be used to determine whether there is a variation of means between one or more samples and if so to what extent is it significantly different from the other (Szafran, 2012). A one-sample t-test helps to determine whether to accept or reject the null hypothesis when a claim is made about the mean of one variable for one group (Szafran, 2012, p. 219). This test gives a "95% confidence interval for the difference between the value of the sample mean and the value of the mean predicted by the null hypothesis" (Szafran, 2012).

Frequency

Knowledge of HIV transmission

All data collected were analyzed using SPSS 21 statistical software. The outcome of interest on knowledge of the mode of transmission of HIV/AIDS from the survey of 110 students yielded the following results: the study revealed that 97.3% of the students in the sampled identified that HIV could be transmitted by having sexual intercourse without using a condom. Even though participants demonstared an overwhelming knowledge on the mode of transsions of HIV by through sexual intercourse without using a condom, there were 1.8 % of the sample population that did not agree and 0.9% stated they did not know (Table 1). The study also showed that 92.7% of the students know that HIV can be transmitted through receiving a blood transfusion (Table 2), and 96.4% know that one can get the disease from sharing needles and instruments (Table 3). 82.7% of the students

indicated knowledge that one can also get the disease during childbirth from mother to baby; however, 10.9% of the students in the sample size disagree with this question item (Table 4). Additionally, 50% the students also indicated that one could get HIV during breastfeeding from mother to baby.

However, 16.4% indicated that one could not get the disease from breastfeeding from mother to baby and 29.1% indicated they don't know (Table 5). The results showed 74.5 % of the students identified that one cannot get HIV from using a public toilet and 17.3% indicated they don't know whether one can get the disease from using a public toilet. However, 4.5 % of them believe someone can get HIV from using a public toilet (Table 6). Data collected and analyzed about whether someone can get HIV from sharing meals with an infected person, 53.6 % stated that one could not get the disease from sharing meals, and 17.3 % of the participants stated HIV could be transmitted by sharing meals. However, 28.2 % of the participants stated they don't know that either HIV could or could not be transmitted from sharing meals (Table 7).

Data collected and analyzed on whether someone can get HIV from getting bitten by mosquitos showed that 56.4 % of the participants identified that someone cannot get HIV from mosquito bites, and 31.8 % stated that someone could get the disease from getting bitten by mosquitos. However, 11.8 % of the participants stated they don't know whether someone could or could not get HIV from mosquito bites (Table 8). Another element that was measured was hand shaking as a mode of tramssion of HIV. On the question of whether someone can get HIV from shaking hands, 87.3% of the participants stated someone could not get HIV from shaking hands, 4.5 % of the participants stated someone could not get HIV from shaking hands, 4.5 % of the participants and one could not get HIV from shaking hands, and 8.2 % of the participants stated they don't know whether one could or could not get from shaking hands (Table 9). Data collected and analyzed on whether someone can get HIV from kissing, 59.1 % of the participants identified that someone could not get HIV from kissing, 20.9 % of them stated someone could get the disease from kissing. However, 18.2 % of the participants stated they don't know whether someone could or could not get HIV from kissing (Table 10).

	Frequency	Percent	Valid Percent	Cumulative Percent
1	107	97.3	97.3	97.3
2	2	1.8	1.8	99.1
Valid 3	1	.9	.9	100.0
Total	110	100.0	100.0	

Table 1. Having sexual intercourse without a condom.

	Frequency	Percent	Valid Percent	Cummunlative
				Percent
1	102	92.7	92.7	92.7
2	7	6.4	6.4	99.1
Valid 3	1	.9	.9	100.0
Total	110	100.0	100.0	

Table 2. Receiving a blood transfusion.

Table 3. Sharing used needle or instrument.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	106	96.4	96.4	96.4
2	3	2.7	2.7	99.1
Valid 3	1	.9	.9	100.0
Total	110	100.0	100.0	

Table 4. During childbirth from mother to baby.

		Frequency	Percent	Valid Percent	Cumulative Percent
	1	91	82.7	82.7	82.7
	2	12	10.9	10.9	93.6
Valid	3	2	1.8	1.8	95.5
	4	5	4.5	4.5	100.0
٦	Total	110	100.0	100.0	

Table 5. During breastfeeding from mother to baby.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	55	50.0	50.0	50.0
2	18	16.4	16.4	66.4
Valid 3	32	29.1	29.1	95.5
4	5	4.5	4.5	100.0
Total	110	100.0	100.0	

	Frequency	Percent	Valid Percent	Cumulative Percent
1	5	4.5	4.5	4.5
2	82	74.5	74.5	79.1
Valid 3	19	17.3	17.3	96.4
4	4	3.6	3.6	100.0
Total	110	100.0	100.0	

Table 6. Using public toilets.

Table 7. Sharing meals with HIV positive person.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	19	17.3	17.3	17.3
2	59	53.6	53.6	70.9
Valid 3	31	28.2	28.2	99.1
4	1	0.9	0.9	100.0
Total	110	100.0	100.0	

Table 8. Getting bitten by mosquitos.

		Frequency	Percent	Valid Percent	Cumulative
					Percent
1		35	31.8	31.8	31.8
2		62	56.4	56.4	88.2
Valid	3	13	11.8	11.8	100.0
Total		110	100.0	100.0	

Table 9. Shaking hands.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	5	4.5	4.5	4.5
2	96	87.3	87.3	91.8
Valid 3	1	8.2	8.2	100.0
Total	110	100.0	100.0	

Table 10. Kissing.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	23	20.9	20.9	20.9
2	65	59.1	59.1	80.0
Valid 3	20	18.2	18.2	98.2
4	2	1.8	1.8	100.0
Total	110	100.0	100.0	

Knowledge of HIV prevention

The responses to the question how the research subjects think one can prevent from becoming infected with HIV/AIDS showed that 95.5% of the participants know that HIV could be avoided by using a condom correctly anytime one engages in sexual intercourse. About 2.7 % of the participants stated that HIV could not be avoided by correctly using condom, and 1.8 % stated they don't know whether someone could or could not get HIV from correctly using condom (Table 11). On average, 82.7% of the students agreed that being faithful to one uninfected partner will also prevent someone from getting HIV/AIDS. However, 15.5% of the participants disagree and 1.8 % of them stated they don't know whether being faithful with one unaffected partner could or could not make someone get HIV (Table 12). Not having sexual intercourse at all was also identified as a way to prevent HIV infection by 60 % of the participants. But 15.5% of the students don't know that abstinence will prevent someone from getting the illness, and 19.1% did not respond to this question (Table 13). Praying was identified by 73.6% of the students as not a way of preventing someone from getting HIV even though 12.7% of participants think praying could be a way of prevention and 10% did not respond to this question item (Table 14).

	Frequency	Percent	Valid Percent	Cumulative Percent
1	105	95.5	95.5	95.5
2	3	2.7	2.7	98.2
Valid 3	2	1.8	1.8	100.0
Total	110	100.0	100.0	

Table 11. Using a condom correctly anytime one engages in sexual intercourse

Table 12. Being faithful with one uninfected partner.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	91	82.7	82.7	82.7
2	17	15.5	15.5	98.2
Valid 3	2	1.8	1.8	100.0
Total	110	100.0	100.0	

Table 13. Not having sex at all.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	66	60.0	60.0	60.0
2	6	5.5	5.5	65.5

Valid 3	17	15.5	15.5	80.9
Total	21	19.1	19.1	100.0

Table 14. Praying.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	14	12.7	12.7	12.7
2	81	73.6	73.6	86.4
Valid 3	4	3.6	3.6	90.0
4	11	10	10	100.0
Total	110	100.0	100.0	

Confidentiality and telling sexual partner if HIV-infected

The responses to the question that is it possible for someone to get a confidential HIV test to know their status indicated that 71.8% of the students believe it is possible and 20.9% reported that they don't know (Table 15). Even though a significant percentage of respondents said the test could be confidential, a greater percentage 90% (Table 16), stated they would tell their sex partners if they were found infected.

		Frequency	Percent	Valid Percent	Cumulative Percent
	1	79	71.8	71.8	71.8
	2	7	6.4	6.4	78.2
Va	alid 3	23	20.9	20.9	99.1
	4	1	.9	.9	100.0
	Total	110	100.0	100.0	
Table 1	.6. Tell sexu	al partner if positive.			
		Frequency	Percent	Valid Percent	Cumulative Percent
	1	99	90.0	90.0	90.0
	2	3	2.7	2.7	92.7
Valid	3	7	6.4	6.4	99.1
	4	1	.9	.9	100.0
Total		110	100.0	100.0	

Table 15. Possible to get a confidential test.

Fears if HIV positive and what may happen to you

The responses by the partcipants when they were asked what they think might happen to them if they reveal to others that they are HIV infected showed that 50% of the respondents indicated they could break up their marriage with their partners, 18.2% say they will not and 30.9%

say they don't know if they will stay or not (Table 17). About 60.9 % of the participants reported they didn't think their partners will physically abuse them, and 21.8 % think they could be abused whilst 16.4 % of them don't know whether they could be abused or could not be abused by their partners (Table 18). Approximately 70% of the research subjects indicated that they don't think they could lose their jobs, while 13.6% think they could, and 15.5 % don't know what might happen (Table 19).

On the question whether the participants think they will be treated poorly at work of school, virtually the same percentage 42.7 % of them reported that they could be treated poorly at school or work, and 40.9 % of them reported they would not be treated poorly at school or work whilst 12.7 % of them reported they don't know how they could be treated at work or school (Table 20). When the participants were asked whether they think they will lose their friends, 47.3 % of the them reported they don't think they could lose their friends, 30.9% think they could, and 20% don't know whether they could or could not lose their friends (Table 21). On the question whether they think they could be disowned or neglected by their family, 29.1 % of the participants reported they could be disowned or neglected by their families, 61.8% don't believe that they could, and 8.2 % don't know whether they could or could not be disowned by their family (Table 22). When asked whether they think the could be treated badly by health care professionals, 70 % of the participants reported they would not be treated badly by health professionals, 7.3% think they could whilst 21.8% of them don't know how they would be treated (Table 23).

On the question whether the research subjects think their community would treat HIV positive persons as social outcasts, 23.6 % of the participants think their community will treat them like social outcasts, 45.5 % think they would not be treated as social outcasts, whilst 30% don't know how they could be treated (Table 24). When the participants were asked whether they think their family will care for them if they became ill, approximatley 67.3 % of the participants think that their family would care for them if they became ill, 20.9% think their family would not care for them, and 7.3% don't know whether they would or could not (Table 25).

		Frequency	Percent	Valid Percent	Cumulative Percent
1		55	50.0	50.0	50.0
2		20	18.2	18.2	68.2
Valid 3	3	34	30.9	30.9	99.1
4		1	.9	.9	100.0
Total		110	100.0	100.0	

Table 17. Break up of your marriage or relationship.

Table 18. Physical abuse by your spouse or partner.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	24	21.8	21.8	21.8
2	67	60.9	60.9	82.7
Valid 3	18	16.4	16.4	99.1
4	1	.9	.9	100.0
Total	110	100.0	100.0	

Table 19. You would lose your job.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	55	50.0	50.0	50.0
2	20	18.2	18.2	68.2
Valid 3	34	30.9	30.9	99.1
4	1	.9	.9	100.0
Total	110	100.0	100.0	

Table 20. You would be treated badly at work or school.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	47	42.7	42.7	42.7
2	45	40.9	40.9	83.6
Valid 3	14	12.7	12.7	96.4
4	4	3.6	3.6	100.0
Total	110	100.0	100.0	

Table 21. Lose your friends.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	34	30.9	30.9	30.9
2	52	47.3	47.3	78.2
Valid 3	22	20.0	20.0	98.2
4	2	1.8	1.8	100.0
Total	110	100.0	100.0	

Table 22. Disowned from or neglected by your family

	Frequency	Percent	Valid Percent	Cumulative Percent
1	32	29.1	29.1	29.1
2	68	61.8	61.8	90.9

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Valid 3	9	8.2	8.2	99.1	
4	1	.9	.9	100.0	
Total	110	100.0	100.0		

Table 23. Treated badly by health professionals.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	8	7.3	7.3	7.3
2	77	70.0	70.0	77.3
Valid 3	24	21.8	21.8	99.1
4	1	.9	.9	100.0
Total	110	100.0	100.0	

Table 24. Your community would treat you like a social outcast.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	26	23.6	23.6	23.6
2	50	45.5	45.5	69.1
Valid 3	33	30.0	30.0	99.1
4	1	.9	.9	100.0
Total	110	100.0	100.0	

Table 25. Your family would not care for you if you became sick.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	23	20.9	20.9	20.9
2	74	67.3	67.3	88.2
Valid 3	8	7.3	7.3	95.5
4	5	4.5	4.5	100.0
Total	110	100.0	100.0	

Reaction to partner if partner is HIV positive

On the responses to the question of how research subjects would react if their partner told them they were infected with HIV disease, overwhelmingly 98.2 % stated they would get tested immediately (Table 26); 21.8 % stated they would kick their partners/spouses out of the home, 60% stated they would not kick them out, and 17.3% stated they don't know what to do (Table 27). Additioanlly, 69.1% stated they would assume their spouse/partners were having sex with other

people, 10.9% stated they would not assume, and 17.3% stated they don't know what to do (Table 28). Moreover; 56.4% stated they would be very grateful that the partner told them of the positive test result, 30% stated they would not be grateful, and 13.6 % stated they wouldn't know what to do (Table 29). Remarkably, 10.9% stated they might try to hit or hurt their spouse or partners, 79.1% stated they wouldn't try to hurt them, and 10% don't know what to do (Table 30). A significant percentage of 68.2% stated they would use condom always if they stay with their spouses or partners, 11.8% stated they wouldn't use condom always, and 19.1% stated they don't know what to do (Table 31) while 36.4% stated they wouldn't have sex with their spouses or partners anymore, 30.9% stated they would and 31.8% stated they don't know what to do (Table 32).

Table 26. You would get a test immediately.

		Frequency	Percent	Valid Percent	Cumulative Percent
1		108	98.2	98.2	98.2
2		1	.9	.9	99.1
Valid	3	1	.9	.9	100.0
Total		110	100.0	100.0	

Table 27. You would kick your spouse or partner out of the home.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	24	21.8	21.8	21.8
2	66	60.0	60.0	81.8
Valid 3	19	17.3	17.3	99.1
4	1	.9	.9	100.0
Total	110	100.0	100.0	

Table 28. You would assume that your spouse or partner was having sex with other people.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	76	69.1	69.1	69.1
2	12	10.9	10.9	80.0
Valid 3	19	17.3	17.3	97.3
4	3	2.7	2.7	100.0
Total	110	100.0	100.0	

Table 29. You would be grateful that he or she had told you.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	62	56.4	56.4	56.4
2	33	30.0	30.0	86.4
Valid 3	15	13.6	13.6	100.0
4	110	100.0	100.0	
Total	62	56.4	56.4	56.4

Table 30. You may try to hit or hurt your spouse or partner.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	12	10.9	10.9	10.9
2	87	79.1	79.1	90.0
Valid 3	11	10.0	10.0	100.0
4	110	100.0	100.0	
Total	12	10.9	10.9	10.9

Table 31. You would use condoms always if you continued to stay with him or her.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	75	68.2	68.2	68.2
2	13	11.8	11.8	80.0
Valid 3	21	19.1	19.1	99.1
4	1	.9	.9	100.0
Total	110	100.0	100.0	

Table 32. You would not have sex anymore with your spouse or partner.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	40	36.4	36.4	36.4
2	34	30.9	30.9	67.3
Valid 3	35	31.8	31.8	99.1
4	1	.9	.9	100.0
Total	110	100.0	100.0	

Stigmatizing behavior toward PLWHA

The students were asked if they would be willing to share meals with a person they believed had HIV. A significant percentage of 62.7% of participants stated they would share meals with infected

individuals, 24.5% reported they would not share meals, and 5.5% don't know what to do (Table 33). The students were asked if a relative became ill with HIV, would they care for him or her, 70% stated they would care for them, 24.5% said they would not (Table 34). On the question of whether a student who has HIV should be allowed to continue to attend school, 72.7% stated they should be authorized, 1.8% disagreed and 25.5% don't know whether they should (Table 35). When asked if a teacher with known HIV should be allowed to teach, 68.2% stated the teacher should be allowed, 2.7% stated the teacher should not be allowed, and 29.1% said they don't know (Table 36). When the students were asked if they believed a shopkeeper had HIV, would they buy food from him or her, 40% stated they would buy food from the shopkeeper, 30% stated they would not buy food from the shopkeeper, and 28.2% reported they don't know (Table 37). When the students were asked if they would want it to remain a secret if a member of their class became ill with HIV, 19.1% stated they would want it to be a secret; 37.3% said they would not want it to be a secret and 39.1 reported they don't know (Table 38). On the question, if they think people with HIV should have the same rights as people who do have, 91.8% overwhelmingly stated they should have the same rights. However, 8.2% indicated they don't know whether those with HIV should have the same rights as those who are not infected (Table 39).

	Frequency	Percent	Valid Percent	Cumulative Percent
1	69	62.7	62.7	62.7
2	27	24.5	24.5	87.3
Valid 3	6	5.5	5.5	92.7
4	8	7.3	7.3	100.0
Total	110	100.0	100.0	

Table 33. Would you be willing to share a meal with someone you believed has HIV.

Table 34 Willing to	care for	him/her
	curc ror	11111/1101.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	77	70.0	70.0	70.0
2	27	24.5	24.5	94.5
Valid 3	5	4.5	4.5	99.1
4	1	.9	.9	100.0
Total	110	100.0	100.0	
Table 35.If student h	nas HIV but not sick shou	uld he or she be allow	ved in class.	
				Cumulativa

Frequency	Percent	Valid Percent	Cumulative Percent

1	80	72.7	72.7	72.7
2	2	1.8	1.8	74.5
Valid 3	28	25.5	25.5	100.0
4	110	100.0	100.0	
Total	80	72.7	72.7	72.7

Table 36. If a teacher has HIV but is not sick should he or she be allowed to teach.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	75	68.2	68.2	68.2
2	3	2.7	2.7	70.9
Valid 3	32	29.1	29.1	100.0
4	110	100.0	100.0	
Total	75	68.2	68.2	68.2

Table 37. If you believed a shopkeeper or food seller has the HIV/AIDS virus would you buy from him/her.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	44	40.0	40.0	40.0
2	33	30.0	30.0	70.0
Valid 3	31	28.2	28.2	98.2
4	2	1.8	1.8	100.0
Total	110	100.0	100.0	

Table 38. If a member of your class became ill with HIV/AIDS would you want it to remain a secret.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	21	19.1	19.1	19.1
2	41	37.3	37.3	56.4
Valid 3	43	39.1	39.1	95.5
4	5	4.5	4.5	100.0
Total	110	100.0	100.0	

Table 39. Do you think that people with HIV/AIDS should have the same right like everyone else.

		Frequency	Percent	Valid Percent	Cumulative Percent
1		101	91.8	91.8	91.8
Valid	3	9	8.2	8.2	100.0
Tota	I	110	100.0	100.0	

Pearson's correlations

Pearson's correlation was used by the researcher to analyze the results of this study. It is the asymmetric measure of association with values ranging from -1.0 to 1.0 and which includes a two-tailed significance calculated at p> 0.05 or p>0.01 (Szafran, 2012). Pearson's correlation was used to assess the strength of association between the individual items of the independent variable: knowledge of HIV/AIDS disease which includes mode of transmission and prevention variables such as having sexual intercourse without a condom; receiving a blood transfusion; sharing used needles or instruments; during childbirth from mother to baby; during breastfeeding from mother to baby; and shaking hands.

In Table 40 below (Knowledge of HIV disease mode of transmission), the results showed a strong positive relation between having sexual intercourse without a condom and receiving blood transfusion at the 5% significance level (.216, 0.05, 110); the results showed a strong positive relationship between having sexual intercourse without condom and sharing used needles at a 1% significance level (.289, 0.01, 110); the correlation results also showed that there is a strong positive relationship between receiving blood transfusion and sharing used needles at 1% significance level (.311, 0.01, 110); there is a strong positive relationship between receiving blood transfusion and during childbirth from mother to baby at a 1% significance level (.685, 0.01, 110); the results showed a strong positive relation between receiving blood transfusion and during breastfeeding from mother to baby (Pearson's r = .336, 0.01, 110); a strong positive relationship exists between during childbirth from mother to baby and breastfeeding from mother to baby (.541, 0.01, 110). However, the results show a strong negative relationship between sharing used needles and shaking hands (-.328, 0.01, 110) as a mode of transmission of HIV.

 Table 40. Correlation of mode of transmission.

		correlations					
		Havingsexuali ntercoursewit houtacondom Forthepurpos eoft	Receivingablo odtransfusion	Sharingusedn eedlesorinstr uments	Duringchildbir thfrommothert obaby	Duringbreastf eedingfromm othertobaby	Shakinghand s
HavingsexualintercoursewithoutacondomForthepurposeoft	Pearson Correlation	1	.216	.289	.048	.100	016
	Sig. (2-tailed)		.024	.002	.618	.301	.867
	N	110	110	110	110	110	110
Receivingabloodtransfusion	Pearson Correlation	.216	1	.311	.685	.336	111
	Sig. (2-tailed)	.024		.001	.000	.000	.247
	N	110	110	110	110	110	110
Sharingusedneedlesorinstruments	Pearson Correlation	.289	.311"	1	.389	.097	328
	Sig. (2-tailed)	.002	.001		.000	.314	.000
	Ν	110	110	110	110	110	110
Duringchildbirthfrommothertobaby	Pearson Correlation	.048	.685	.389	1	.541**	076
	Sig. (2-tailed)	.618	.000	.000		.000	.429
	Ν	110	110	110	110	110	110
Duringbreastfeedingfrommothertobaby	Pearson Correlation	.100	.336	.097	.541	1	.091
	Sig. (2-tailed)	.301	.000	.314	.000		.345
	Ν	110	110	110	110	110	110
Shakinghands	Pearson Correlation	016	111	328	076	.091	1
	Sig. (2-tailed)	.867	.247	.000	.429	.345	
	N	110	110	110	110	110	110

Corrolatione

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

In Table 41 below (knowledge of HIV disease prevention), the results showed a strong positive relationship between using a condom correctly anytime one engages in sexual intercourse and being faithful to one uninfected partner (.381, 0.01, 110). Praying and being faithful to one uninfected partner showed a strong negative relationship with (-.228, 0.05, 110). The same strong negative correlation exists between not having sex at all and being faithful to one uninfected partner (-.248, 0.01, 110).

 Table 41. Correlation of mode of prevention.

		Usingacondo			
		mcorrectlyeve	Beingfaithfulw		
		rytimeyouhave	ithoneuninfect		Nothavingsex
		sex	edpartner	Praying	atall
Usingacondomcorrectlyev	Pearson Correlation	1	.381 ^{**}	228	132
erytimeyouhavesex	Sig. (2-tailed)		.000	.017	.168
	Ν	110	110	110	110
Beingfaithfulwithoneuninf	Pearson Correlation	.381**	1	092	248 ***
ectedpartner	Sig. (2-tailed)	.000		.338	.009
	Ν	110	110	110	110
Praying	Pearson Correlation	228	092	1	.157
	Sig. (2-tailed)	.017	.338		.102
	Ν	110	110	110	110
Nothavingsexatall	Pearson Correlation	132	248 ^{**}	.157	1
	Sig. (2-tailed)	.168	.009	.102	
	Ν	110	110	110	110

Correlations

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 42. Correlations: Knowledge of HIV disease vs. stigmatization.

Correlations											
		Havingsexuali ntercoursewit houtacondom Forthepurpos eoft	Receivingablo odtransfusion	Sharingusedn eedlesorinstr uments	Duringchildbir thfrommothert obaby	Duringbreastf eedingfromm othertobaby	Wouldyoubew illingtosharea mealwithaper sonyoubeliev ed	Ifarelativeofyo ursbecameill withHIVAIDSw ouldyoubew	lfastudenthas HIVbutisnotsi ckshouldheor shebeallowe	lfateacherhas HIVbutisnotsi ckshouldheor shebeallowe	Ifyoubelieveda shopkeeperor foodsellerhad theAIDSvirus
HavingsexualintercoursewithoutacondomForthe	Pearson Correlation	1	.216	.289**	.048	.100	.164	.292**	095	019	.197
purposeoft	Sig. (2-tailed)		.024	.002	.618	.301	.086	.002	.321	.844	.039
	N	110	110	110	110	110	110	110	110	110	110
Receivingabloodtransfusion	Pearson Correlation	.216 [*]	1	.311**	.685	.336**	.363**	159	162	147	.094
	Sig. (2-tailed)	.024		.001	.000	.000	.000	.098	.091	.125	.328
	N	110	110	110	110	110	110	110	110	110	110
Sharingusedneedlesorinstruments	Pearson Correlation	.289	.311**	1	.389	.097	036	.130	111	083	.187
	Sig. (2-tailed)	.002	.001		.000	.314	.712	.175	.249	.390	.051
	N	110	110	110	110	110	110	110	110	110	110
Duringchildbirthfrommothertobaby	Pearson Correlation	.048	.685**	.389**	1	.541**	.375**	109	224*	251**	051
	Sig. (2-tailed)	.618	.000	.000		.000	.000	.256	.019	.008	.597
	N	110	110	110	110	110	110	110	110	110	110
Duringbreastfeedingfrommothertobaby	Pearson Correlation	.100	.336**	.097	.541	1	.339**	.177	129	103	312**
	Sig. (2-tailed)	.301	.000	.314	.000		.000	.064	.178	.283	.001
	N	110	110	110	110	110	110	110	110	110	110
Wouldyoubewillingtoshareamealwithapersonyo	Pearson Correlation	.164	.363**	036	.375	.339**	1	.485	.256	.278	.262**
ubelieved	Sig. (2-tailed)	.086	.000	.712	.000	.000		.000	.007	.003	.006
	N	110	110	110	110	110	110	110	110	110	110
IfarelativeofyoursbecameillwithHIVAIDSwouldyou	Pearson Correlation	.292	159	.130	109	.177	.485	1	.424	.468	.227
bew	Sig. (2-tailed)	.002	.098	.175	.256	.064	.000		.000	.000	.017
	N	110	110	110	110	110	110	110	110	110	110
lfastudenthasHIVbutisnotsickshouldheorshebea	Pearson Correlation	095	162	111	224	129	.256	.424	1	.907	.275**
llowe	Sig. (2-tailed)	.321	.091	.249	.019	.178	.007	.000		.000	.004
	N	110	110	110	110	110	110	110	110	110	110
IfateacherhasHIVbutisnotsickshouldheorshebea	Pearson Correlation	019	147	083	251	103	.278	.468	.907	1	.273**
llowe	Sig. (2-tailed)	.844	.125	.390	.008	.283	.003	.000	.000		.004
	N	110	110	110	110	110	110	110	110	110	110
lfyoubelievedashopkeeperorfoodsellerhadtheAl	Pearson Correlation	.197	.094	.187	051	312	.262	.227	.275	.273	1
DSwrus	Sig. (2-tailed)	.039	.328	.051	.597	.001	.006	.017	.004	.004	
	N	110	110	110	110	110	110	110	110	110	110

*. Correlation is significant at the 0.05 level (2-tailed). **. Correlation is significant at the 0.01 level (2-tailed).

One sample t- tests

I used the frequency and mean values from the above-computed data to answer my research question one (RQ1): To what extent are community college students knowledgeable of HIV/AIDS disease in the study area? The study showed that students demonstrated very good knowledge of the basic mode of transmission such as from unprotected sex, receiving a blood transfusion, sharing needles, and during childbirth from mother to baby. They also exhibited high knowledge of the ways the disease can be prevented such as using condoms being faithful to one uninfected person and also from abstinence. Tables 1 through 10 represented the responses to the question of how the students think a person can get HIV or AIDS. On average, about 84 % of the students know the means through which HIV/AIDS can be transmitted or acquired and about 80 % of the students know the someone cannot get HIV from kissing, sharing meals or getting bitten by mosquitos all combined, think that someone could get the infection through these means.

Also, the one-sample t-test was used to test the hypothesis of my research questions. Table 43 and 44 below will help answer research question one (RQ1). These tables explain the statistical significance as presented: Having sexual intercourse without a condom (46.90, 109, .000) Receiving a blood transfusion (36.96, 109, .000), Sharing used needles or instruments (43.99, 109, .000), During childbirth from mother to baby (18.71, 109, .000), Would you be willing to share a meal with a person you believed has HIV (18.47, 109, .000), If a relative of yours became ill with HIV would you be willing to care for him/her (23.19, 109, .000), If a student has HIV but is not sick should he or she be allowed to attend class (18.31, 109, .000). If you believed a shopkeeper or food seller has HIV would you buy from him/her (23.16, 109, .000). The probability values (p-value) as shown in Table 43 below are less than 0.05 level of significance. This test indicates 95 % certainty that the average community college student's knowledge of HIV/AIDS disease that may lead to the stigma of the disease is 0.0 for all the variables which are less than 0.05. This indicates that the alternate hypothesis is accepted, that is, increased in the awareness level of HIV/AIDS disease leads to a decrease in the stigmatization of PLWHA disease and reject the null hypothesis which is an increase in awareness level of HIV/AIDS disease.

Table 43. Statistics Knowledge of HIV disease vs. stigmatization.

	Ν	Mean	Std. Deviation	Std. Error Mean
HavingsexualintercoursewithoutacondomForthe purposeoft	110	1.04	.232	.022
Receivingabloodtransfusion	110	1.08	.307	.029
Sharingusedneedlesorinstruments	110	1.05	.249	.024
Duringchildbirthfrommothertobaby	110	1.28	.718	.069
Wouldyoubewillingtoshareamealwithapersonyo ubelieved	110	1.57	.893	.085
lfarelativeofyoursbecameillwithHIVAIDSwouldyou bew	110	1.36	.617	.059
lfastudenthasHlVbutisnotsickshouldheorshebea llowe	110	1.53	.875	.083
lfyoubelievedashopkeeperorfoodsellerhadtheAl DSvirus	110	1.92	.869	.083

One-Sample Statistics

 Table 44. One-sample t-test: Knowledge of HIV disease vs. stigmatization.

	Test Value = 0							
				Mean	95% Confidence Interval of Difference			
	t	df	Sig. (2-tailed)	Difference	Lower	Upper		
HavingsexualintercoursewithoutacondomForthe purposeoft	46.900	109	.000	1.036	.99	1.08		
Receivingabloodtransfusion	36.975	109	.000	1.082	1.02	1.14		
Sharingusedneedlesorinstruments	43.988	109	.000	1.045	1.00	1.09		
Duringchildbirthfrommothertobaby	18.712	109	.000	1.282	1.15	1.42		
Wouldyoubewillingtoshareamealwithapersonyo ubelieved	18.472	109	.000	1.573	1.40	1.74		
lfarelativeofyoursbecameillwithHIVAIDSwouldyou bew	23.191	109	.000	1.364	1.25	1.48		
lfastudenthasHIVbutisnotsickshouldheorshebea Ilowe	18.310	109	.000	1.527	1.36	1.69		
lfyoubelievedashopkeeperorfoodsellerhadtheAl DSvirus	23.158	109	.000	1.918	1.75	2.08		

One-Sample Test

Tables 45 and Table 46 respond to my research question two (RQ2), which is "Do community college student's perceptions of HIV/AIDS influence their perceptions of PLWHA?" In Table 45 below the results show the one-sample statistics and Table 46 shows the one-sample t-test and the significance as follows: willingness to share meal with a person who is know HIV (18.47, 109, 0.00), if a relative became ill of HIV would you be willing to care for him or her (23.19, 109, 0.00), if a student has HIV virus and not sick would he or she be allowed to attend school (18.31, 109, 0.00), if

a teacher has HIV and not sick, can the teacher be allowed to teach (18.55, 109, 0.00), if you believe a shopkeeper or food seller has HIV would you buy food from him/her (23.16, 109, 0.00) and do you think people with HIV should have the same rights as others (22.16, 109, 0.00). In this test, the probability (p-values) are less than 0.05 level of significance which indicate that the null hypothesis (community college students perception of HIV/AIDS do not influence their perception of PLWHA) should be rejected. The alternate hypothesis (community college students' perception of HIV/AIDS positively influence their perception of PLWHA) should be accepted.

	Ν	Mean	Std. Deviation	Std. Error Mean
Break up of your marriage or relationship	110	1.83	.907	.087
Physically abuse by your spouse or partner	110	1.96	.649	.062
You would lose your job	110	2.04	.574	.055
You would be treated badly at work or school	110	1.77	.809	.077
Loss of your friends	110	1.93	.763	.073
Disowned or neglected by your family	110	1.81	.613	.058
Treated badly by health professionals	110	2.16	.551	.053
Your community would treat you like a social outcast	110	2.08	.756	.072
Your family would not care for you if you become sick	110	1.95	.682	.065

 Table 45. One-Sample statistics: Fear of HIV disease.

Table 46. One-Sample t-test: Fear of HIV disease.

	Test Value = 0								
	t	df	Sig. (2-	Mean	95% Confide of the Dif	nce Interval ference			
			tailed)	Difference	Lower	Upper			
Break up of your marriage or relationship	21.124	109	.000	1.827	1.66	2.00			
Physically abuse by your spouse or partner	31.753	109	.000	1.964	1.84	2.09			
You would lose your job	37.239	109	.000	2.036	1.93	2.14			
You would be treated badly at work or school	22.985	109	.000	1.773	1.62	1.93			

Loss of your friends	26.500	109	.000	1.927	1.78	2.07
Disowned or neglected by your family	30.940	109	.000	1.809	1.69	1.92
Treated badly by health professionals	41.208	109	.000	2.164	2.06	2.27
Your community would treat you like a social outcast	28.889	109	.000	2.082	1.94	2.22
Your family would not care for you if you become sick	30.036	109	.000	1.955	1.83	2.08

Tables 47 and 48 respond to Research Question 3 (RQ3) "Does community college students knowledge of HIV disease increase their fear of infection and decrease and reduce their willingness to test for HIV/AIDS? The tables represent the one-sample statistics and one-sample t-test respectively for fear of HIV disease by community college students, and the results show the statistical significance as follows: Break up of marriage or relationship (21.12, 109, 0.00), physically abuse by spouse or partner (31.75, 109, 0.00), lost of job (37.24, 109, 0.00), treated poorly at work or school (22.96, 109, 0.00), lost of friends (26.50, 109, 0.00), disowned or neglected by family (30.94, 109, 0.00), treated badly by health professionals (41.21, 109, 0.00), community will treat you like social outcast (28.89, 109, 0.00), and family will not care for you if you become sick (30.04, 109, 0.00). Tables 49 and 50 below show the results for willingness to test for the HIV are as follows: get tested immediately if partner is positive (50.72, 109, 0.00), tell sexual partner immediately if test result positive (21.46, 109, 0.00), and possibility of a confidential test (18.53, 109, 0.00). The p-value in this report is less than 0.05 significant level so therefore, the alternate hypothesis (community college students knowledge of HIV disease decreases their fear of the infection and increases willingness to test for HIV/AIDS disease) was accepted. The null hypothesis (community college students' knowledge of the HIV disease does not affect their fear of the infection and their willingness to test for HIV/AIDS) was rejected.

Table 47. One-sample statistics.	: Willingness to test.
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	Ν	Mean	Std. Deviation	Std. Error Mean
You would get a test immediately	110	1.03	.212	.020
Tell sexual partner if HIV test	110	4 4 0	570	055
positive	110	1.18	.578	.055
Possible to get a confidential test	110	1.51	.854	.081

Table 48. One-sample t-test: willingness to test.

		Test Value = 0								
				Mean	95% Confidenc Differ	e Interval of the ence				
	t	df	Sig. (2-tailed)	Difference	Lower	Upper				
Youwouldgetatestimmediately	50.722	109	.000	1.027	.99	1.07				
Tellsexualpartnerifpositive	21.460	109	.000	1.182	1.07	1.29				
Possibletogetaconfidentialtest	18.534	109	.000	1.509	1.35	1.67				

One-Sample Test

Discussion

The goal of this study was to confirm or dispute whether the level of knowledge of HIV/AIDS of students at Prince George's community college determines their perception of the disease and hence contribute to the stigmatization of PLWHA disease.

Research Questions

The research questions were answered using the correlation and one-sample t-test to either accept or reject the null hypothesis or the alternate hypothesis.

Research question one

To what extent are community college students knowledgeable of HIV/AIDS disease in the study area?

Null Hypothesis one

Controlling for all other factors, increases in the awareness level of HIV/AIDS disease has no effect on stigmatization of PLWHA disease.

Alternate Hypothesis one

Controlling for all other factors increases in the awareness level of HIV/AIDS disease leads to a decrease in the stigmatization of PLWHA disease.

According to the results of the community college students possess a high level of knowledge about the HIV disease and that the variables measured how one can get the illness such as unprotected sex, receiving a blood transfusion, sharing needles, and during childbirth from mother to baby are significant. Also, the results showed that the students exhibited high knowledge on the ways the disease can be prevented such as using condoms, being faithful to one uninfected partner, and by abstinence were very significant. So based on the one-sample t-test in Table 43, the null hypothesis was rejected and the alternate hypothesis, increases in the awareness level of HIV/AIDS disease leads to a decrease in the stigmatization of PLWHA disease, was accepted. The results of this study confirm the health belief model (HBM) which attempts to relate individuals' perceived threat of a disease or its severity to perceived barriers to action and hence explains and predicts health behavior (Glanz, Rimer, & Lewis, 2002).

The results of the study indicate that the stigma variables were significant, i.e., willingness to share meal with a person who is a- known HIV (18.47, 109, 0.00), if a relative became ill of HIV would you be willing to care for him or her (23.19, 109, 0.00), if a student has HIV and not sick

would he or she be allowed to attend school (18.31, 109, 0.00), if a teacher has HIV and not sick, can the teacher be allowed to teach (18.55, 109, 0.00), if you believe a shopkeeper or food seller has HIV would you buy food from him/her (23.16, 109, 0.00) and do you think people with HIV should have the same rights as others (22.16, 109, 0.00). Therefore, the null hypothesis that increase in awareness or knowledge level of HIV has no effect on stigmatization of the people living with HIV/AIDS (PLWHA) according to this study will be rejected because a higher knowledged of the disease as demonstrated by the students has an effect on stigmatization of PLWHA. The alternate hypothesis, the increase in awareness level of HIV/AIDS infection leads to a decrease in the stigmatization of PLWHA disease was accepted. However, even though the students demonstrated a high level of knowledge about HIV/AIDS disease, a majority of them exhibits negative behaviors toward PLWHA such as not willing to share a meal with them, refusing to care for an HIV positive relative, refusing to buy from a shopkeeper known to have HIV.

Research question two

Do community college student's perceptions of HIV/AIDS influence their perceptions of PLWHA?

Null Hypothesis two

Community college student's perceptions of HIV/AIDS do not influence their perceptions of PLWHA.

Alternative Hypothesis two a

Community college students' perception of HIV/AIDS negatively influences their perceptions of PLWHA.

Alternative Hypothesis two b

Community college students' perception of HIV/AIDS positively influences their perceptions of PLWHA.

Based on the results of the one-sample t-test as shown in Table 46, the probability (p-values) are less than 0.05 level of significance which indicate that the null hypothesis (community college students perception of HIV/AIDS do not influence their perception of PLWHA) was rejected. The alternate hypothesis (b): (community college students' perception of HIV/AIDS positively influence their perception of PLWHA) was accepted. The results show that all variables in the assessment of students' perception are significant i.e. willingness to share meal with a person who is a known HIV (18.47, 109, 0.00), if a relative became ill of HIV would you be willing to care for him or her (23.19, 109, 0.00), if a student has HIV and not sick would he or she be allowed to attend school (18.31,

109, 0.00), if a teacher has HIV and not sick, can the teacher be allowed to teach (18.55, 109, 0.00), if you believe a shopkeeper or food seller has HIV would you buy food from him/her (23.16, 109, 0.00) and do you think people with HIV should have the same rights as others (22.16, 109, 0.00).

Research question three

Does community college student's knowledge of the HIV disease increase their fear of infection and decrease their willingness to test for HIV/AIDS?

Null Hypothesis three

Community college student's knowledge of the HIV disease does not affect their fear of infection and their willingness to test for HIV/AIDS.

Alternative hypothesis three a

Community college student's knowledge of the HIV disease decreases their fear of the infection and increases their willingness to test for HIV/AIDS.

Alternative hypothesis three b

Community college student's knowledge of the HIV disease increases their fear of the infection and decreases their willingness to test for HIV/AIDS.

The results of the one-sample t-test of all the variables assessed about fear of the disease by the students are significant and is presented as follows: Break up of marriage or relationship (21.12, 109, 0.00), physically abuse by spouse or partner (31.75, 109, 0.00), lost of job (37.24, 109, 0.00), treated badly at work or school (22.96, 109, 0.00), lost of friends (26.50, 109, 0.00), disowned or neglected by family (30.94, 109, 0.00), treated badly by health professionals (41.21, 109, 0.00), community will treat you like social outcast (28.89, 109, 0.00), and family will not care for you if you become sick (30.04, 109, 0.00). The one-sample t-test results for the variables for willingness to test was also significant and presented as follows: get tested immediately if partner is positive (50.72, 109, 0.00), tell sexual partner immediately if test result positive (21.46, 109, 0.00), and possibility of a confidential test (18.53, 109, 0.00). The p-values in this report are less than 0.05 significant level so therefore, the alternate hypothesis (community college students knowledge of HIV disease decreases their fear of the infection and increases willingness to test for HIV/AIDS disease) was accepted. The null hypothesis (community college students' knowledge of the HIV disease does not affect their fear of the infection and their willingness to test for HIV/AIDS) was rejected. This study

corroborates Houtsonen et al., (2014) who found that good knowledge of HIV/AIDS might decrease the fear of infection and increase sympathy for people living with HIV/AIDS disease.

The results showed that a significant percentage of students agreed that the test for HIV could be confidential and as such, are willing to test for HIV if their partner reported he or she is infected with the HIV. This study corroborates with Santella et al., (2013) who noted in their study that a significant percentage of their high-scoring HIV knowledge group indicated that they would be agreeable to conduct HIV rapid testing.

Conclusion

The results of this study revealed that community college students possess a high level of knowledge about HIV/AIDS disease, but there is still a good number of them who exhibit prejudice toward PLWHA. However, about 63% of them are willing to share a meal with PLWHA, 70% are willing to care for relatives with HIV/AIDS, about 73 % are willing to share a classroom with students who may be HIV positive. About 68 % of them are willing to allow a teacher who is HIV positive teach, and about 92 % of the students stated PLWHA should have the same right as everyone else. About 25 % of the students exhibited prejudice by saying that they would not share meals with PLWHA, about 25 %would not care for a relative if the relative get ill with HIV and 30 % stated they would not buy food from a shopkeeper who is a known infected. Therefore, the alternate hypothesis which is the increase in awareness level of HIV/AIDS disease leads to a decrease in the stigmatization of PLWHA disease was accepted. In the study, it was also observed that even though students have high knowledge of illness, gaps still exist among a good number of them about how the disease is transmitted and prevented. There was a divergence between knowledge of HIV infection and the behavior expressed by the students. Many students have a good understanding of how HIV is transmitted, but yet still, a good number of them expressed negative behavior toward those living with the disease. Although efforts are being made by government agencies and public health authorities to raise awareness and educate the public on HIV/AIDS disease, gaps remain among many communities especially young people as revealed by this study. However, the study showed that community college students' perception of HIV/AIDS positively influences their perception of PLWHA. The study also showed that college students knowledge of HIV disease decreases their fear of the infection and therefore, increases willingness to test for HIV/AIDS disease.

Recommendations

More education on efficient transmission and prevention programs need to be addressed by public and community health officials to focus on promoting positive behavior and attitude stressing on care for PLWHA and discouraging fear of the disease. High school administrators should incorporate

health educational programs such as public lecture from trained public health officials on the incidence of HIV. This talk should include health awareness fairs in high schools to include brochures and flyers on topics like transmission and prevention of STIs that stresses on the awareness of HIV/AIDS disease, encouraging compassion, and providing emotional support to PLWHA may be helpful in reducing the stigmatization of the PLWHA. Informational brochures on treatment with antiretroviral medication and healthy living with the disease like any other chronic illness can also help reduce the stigma associated with HIV disease. I did not take into account the gender characteristics of the participants as analytical variables while interpreting the results of this study. The data collected for this study was from a small sample of community college students so the results cannot be used to make the generalization about the knowledge of HIV/AIDS by all community college students in the Maryland. It is highly recommended that similar study is done in other Maryland counties to enable researchers to compare the results with the findings of this study. Implications

The results of this study imply that more knowledge of HIV/AIDS disease infection among community college students may lead to lower HIV risk-related sexual behavior among them which may lead to a low risk of transmission of the disease. Also, increased knowledge of the illness may contribute to less stigma behavior toward people living with the disease and will encourage students to get tested routinely without fear. Public and community health officials need more resources to help in educating high schools as well as community colleges and even our local communities about this epidemic.

Summary

In the late 1970s and early1980s an epidemic disease called HIV/AIDS was identified and as of date has either infected or affected millions of people in different parts of the world and has been described as the largest humanitarian crisis in the 21st century (Usdin, 2003). At its initial onset, the diagnosis of positive HIV of any man or woman was interpreted as a death sentence since there is no cure for the disease and hence the irrational fear of the disease. Stigma is a complex phenomenon and is rooted in the perception of individuals from value, and social norm stands point and has affected the well-being of those living with the HIV disease emotionally, mentally and physically (Goffman, 1963). The alarming increase in HIV/AIDS incidence as reported by CDC 2010, coupled with the rise in community college admission of this age group(20-29 years) in the United States (Zhang, 2016) has given cause for concern. Therefore, the primary purpose of this study was to examine the knowledge and perception of community college students of HIV/AIDS disease and to determine whether their knowledge of the disease plays any role in the way they deal or treat people

living with the disease. A cross-sectional structure and explorative quantitative research design and standardized format using questionnaire were used to collect data among Prince George's community college students, ages 20 years. I attempted to confirm or dispute whether the level of knowledge of HIV/AIDS of students at Prince George's community college determines their perception of the disease and hence contributes to the stigmatization of people living with HIV or Aids (PLWHA).

The results of this study revealed that community college students possess a high level of knowledge about HIV/AIDS disease, but there is still a good number of them who exhibit prejudice toward PLWHA. The results of this study showed that increase in awareness level of HIV/AIDS disease leads to a decrease in the stigmatization of PLWHA disease. The study also revealed that community college students' perception of HIV/AIDS positively influences their perception of PLWHA and that college students knowledge of HIV disease decreases their fear of the infection and therefore, increases willingness to test for HIV/AIDS disease. Many students have a good understanding of how HIV is transmitted, but yet still, a good number of them expressed negative behavior toward those living with the disease. More education on efficient transmission and prevention programs need to be addressed by public and community health officials that focus on promoting positive behavior and attitude, stressing on care for PLWHA and discouraging fear of the disease. Incorporating health educational programs such as public lecture from trained public health officials on the incidence of HIV and health awareness fairs in high schools to include brochures and flyers on topics like transmission and prevention of STIs that stresses on the awareness of HIV/AIDS disease.

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Appendices

Appendix A: Recruitment Materials

My name is Moses S. Belewa; I am a student at Trinity Washington University. I am doing my research on HIV/AIDS stigma among college students. The data collected in this survey will help fulfill the requirements for Master of Science in Administration in Public and Community Health Management at Trinity Washington University.

I am requesting your kind participation as a student in my research study. The aim of my research is solely academic and there is no risk involved from the study. However, I am aware that there may be a possible risk associated with this study such as feeling uncomfortable answering the questions. Please be advised that there will be no benefit for the people participating in the study but, we hope to learn more about HIV/AIDS stigma among college students.

The questionnaire consists of 35 short answer questions; I am requesting you to complete the questionnaire using pen/pencil. Participation in this study is totally voluntary, and you have the freedom to withdraw at any time. Completion of the survey takes 10 -15 minutes. Please sign the informed consent, if you agree to participate in this study. If you have any questions, or concerns, please feel free to contact me at 301-641-1002 or email: mosesbelewa@hotmail.com

This research study is supervised by

Dr. Kelley Wood MSA Program Trinity Washington University 125 Michigan Ave NE Washington DC 20017 (202) 884-9227, or Woodke@trinitydc.edu

Thank you for taking the time to participate in this study.

Appendix B: Informed Consent

Perceptions and attitudes of community college students ages 20 years toward PLWHA and testing

My name is Moses S. Belewa and I would like to invite you to participate in a research study examining perceptions and attitudes of community college students, ages 20 years toward PLWHA and testing which will add to the knowledge related to the stigma of HIV/AIDS disease. The data collected in this study will help fulfill the requirements for a Master of Science in Administration in public and community health at Trinity Washington University. I am under the supervision of my faculty advisor Dr. Kelley Wood.

Participation Requires of You: To the best of your knowledge, honestly complete the survey questions. You can choose not to answer or complete any question that may make you uncomfortable to respond to. (what the participant will be expected to do, i.e. to be interviewed, to complete the survey, etcetera).

Your Privacy: Your participation in this study and your responses will be kept confidential. Any reference to you will be by pseudonym, including any direct quotes from your responses. This document and any notes or recordings that might personally identify you as a participant in this study will be kept in a locked place that only the researcher will have access to. Only the researcher and the research supervisor might know who has participated in this study. Three years after the completion of this research study all personally identifying information will be destroyed.

Risks to you: There are five acknowledged risks generally associated with participation in research studies such as this one: Physical, psychological, social, economic, and legal. The researcher foresees minimal risk for those who choose to participate in this study. There is no planned use of deception involved in this study. There are no foreseen physical risks associated with this study; other risks might include the following:

You might experience anxiety, discomfort, or negative emotions as a result of responding to the questions asked of them in this research study. If you experience a negative reaction, you may choose to skip the question, to withdraw from the study, or you may contact my faculty advisor or the SPS Institutional Review Board, especially if your discomfort continues after the study. See the contact information on the page below.

You might experience social, economic, or legal implications if you share your responses or your participation in this study with others. If you choose to participate in this study, you are encouraged to keep your participation in this study and your responses confidential. The researcher will maintain your confidentiality throughout the study, and will destroy the records of your participation three years after the study is complete.

Benefits to You: There are no foreseen direct benefits to you regarding participation in this study beyond the general knowledge that you are assisting in furthering the knowledge related to this research topic, and assisting the researcher in completing the degree requirements. There is no compensation associated with participation in this study.

Informed Consent Form, page 2

Perceptions and attitudes of community college students ages 20 years toward PLWHA and testing.

I acknowledge that the researcher has explained my rights, the requirements of this study, and the potential risks involved in participating in this study. I understand there is no compensation for, or direct benefit of participating in this study. By signing below and providing my contact information I am indicating that I consent to participate in this study, that I am at least 18 years of age, and I am eligible to participate in this study.

I may withdraw from this study at any time by notifying the researcher by email. If I have any concerns regarding my participation in this research study I may contact the research supervisor, Dr. Kelley Wood, or the BGS Institutional Review Board (IRB), which oversees the ethical practice of research involving human participants conducted by students of the Trinity Washington University School of Business and Graduate Studies.

Signing this document acknowledges that I understand my rights as a participant, which have been explained to me prior to signing this document. I may ask for, and keep, a copy of this document for my own records.

Signed Name:	Date: _	
-		
Printed Name:		

Phone Number, Email Address, or Postal Address: ______

Thank you for your participation,

Moses S. Belewa

MSA in Public and Community Health Trinity Washington University Email Address: <u>belewam@students.trinitydc.edu /or</u> mosesbelewa@hotmail.com

Research Supervisor: Dr. Kelley Wood MSA Program Trinity Washington University (202) 884-9620, or woodke@trinitydc.edu

BGS Institutional Review Board Committee (202) 884-9620, or BGS@trinitydc.edu with BGS IRB in the subject line.

Appendix C: Data Collection Instrument

PARTICIPANT CHARACTERISTICS

1a. Age ____

1b. Sex [Circle ONE] Male (1) Female (2)

1c. Are you 20 years old (Circle one) Yes (1) No (2)

1d. How would you describe your overall health? [Circle ONE]

Very Good/Excellent (1) Good (2) Fair (3) Poor (4) Don't know (55) No response (66)

KNOWLEDGE REGARDING HIV/AIDS

2. I will now ask you some questions about what you know about HIV and AIDS. Based on what you know about AIDS, do you think that a person can get HIV or AIDS from any of the

following? [READ ALL: Circle YES or NO for 2a-2j]

Statement	Vee	No	Don't	No
	res	S NO	know	response
a. Having sexual intercourse without a condom (For the				
purpose of this survey, sexual intercourse is defined as				
vaginal or anal sex)				
b. Using public toilets				
c. Receiving a blood transfusion				
d. Sharing used needles or instruments				
e. Sharing meals with an HIV-positive person				
f. During childbirth from mother to baby				
g. During breastfeeding from mother to baby				
h. Getting bitten by a mosquito				
i. Shaking hands				
j. Kissing				

3. Based on what you know of HIV and AIDS, which of the following do you think can help prevent someone from becoming infected with HIV/AIDS? [READ ALL: Circle YES or NO for 3a-3e]

Statement	Yes	No	Don't	No
			know	response
a. Using a condom correctly every time you have sex				
b. Being faithful with one uninfected partner				
c. Praying				
d. Not having sex at all				

HIV TESTING

4a. Is it possible for someone to get a confidential test to find out if they are infected with HIV? By confidential, I mean that no one will know the test result, except you and your doctor, if you don't want them to know? [Circle ONE] CNFT

1. Yes (1) 2. No (0) 3. Don't know (55) 4. No response (66)

4b. I will now ask you some questions about HIV testing. I will not ask you to tell me your HIV

status. If you were HIV positive, would you tell your sexual partner(s) your status? [Circle ONE] TELLP

1. Yes (1) 2. No (0) 3. Don't know (55) 4. No response (66)

5. If you were to test positive for HIV and told others your status, do you think any of the following may happen to you? [READ ALL: Circle YES or NO for 5a-5j] FEARS

Statement	Voc	No	Don't	No
	res		know	response
a. Break-up of your marriage or relationship				
b. Physical abuse by your spouse/partner(s)				
c. You would lose your job				
d. You would be treated badly at work or school				
e. Loss of your friends				
f. Disowned from or neglected by your family				
g. Treated badly by health professionals				

h. Your community(village) would treat you like a social		
outcast		
i. Your family would not care for you if you became sick		
j. Other (please specify)		

6. If your spouse or one of your partner(s) was HIV-positive, how would you react to their status? [READ ALL: check the best option for 6a-6h] REACT

Statement	Yes	No	Don't know	No response
a. You would get a test immediately				
b. You would kick your spouse/partner out of the home				
c. You would assume that your spouse/partner was having				
sex with other people				
d. You would be grateful that he/she had told you				
e. You may try to hit or hurt your spouse/partner				
f. You would use condoms always if you continued to stay				
with him/her				
g. You would not have sex anymore with your				
spouse/partner				
h. Other (please specify)				

STIGMA AND ATTITUDES TOWARDS PLWA

7a. I will now ask you some questions about people living with HIV or AIDS. Would you be

willing to share a meal with a person you believed had HIV or AIDS? [Circle ONE]

1. Yes (1) 2. No (0) 3. Don't know (55) 4. No response (66)

7b. if a relative of yours became ill with HIV/ AIDS, would you be willing to care for him or her

in your household? [Circle ONE]

1. Yes (1) 2. No (0) 3. Don't know (55) 4. No response (66)

7c. If a student has HIV but is not sick, should he or she be allowed to continue attending school? [Circle ONE]

1. Yes (1) 2. No (0) 3. Don't know (55) 4. No response (66)

7d. If a teacher has HIV but is not sick, should he or she be allowed to continue teaching in school? [Circle ONE]

1. Yes (1) 2. No (0) 3. Don't know (55) 4. No response (66)

7e. If you believed a shopkeeper or food seller had the AIDS virus, would you buy food from him or her? [Circle ONE]

1. Yes (1) 2. No (0) 3. Don't know (55) 4. No response (66)

7f. If a member of your class became ill with HIV/AIDS, would you want it to remain secret?

[Circle ONE]

1. Yes (1) 2. No (0) 3. Don't know (55) 4. No response (66)

7g. Do you think that people with HIV/AIDS should have the same rights as people who do not have the disease? [Circle ONE]

1. Yes (1) 2. No (0) 3. Don't know (55) 4. No response (66)