

AIDS-Related Knowledge, Attitudes, and Behaviors In Adolescents

Public Schools Versus SDA Academies

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Since it was first recognized in 1981, Acquired Immuno-Deficiency Syndrome (AIDS) has become a global disease. The Harvard Global AIDS Policy Coalition estimated that, from 1981 to 1992, the number of people infected with Human Immuno-Deficiency Virus (HIV) worldwide increased from 100,000 to 12.9 million. Alarming projections for the year 2000 anticipate that between 38 million and 110 million adults and more than 10 million children will be infected.¹ In the U.S., the Centers for Disease Control estimate the number of HIV-infected individuals at 1 to 1.5 million people. The number of diagnosed AIDS cases increased by an estimated 10 percent from 1990 to 1991. Between 415,000 and 535,000 cases of AIDS were expected to have been diagnosed by the end of 1994, with more than a quarter of a million persons in the U.S. living with severe HIV infection at that time.²

Although AIDS-affected adolescents between the ages of 13 and 19 account for less than 1 percent of the total reported cases, their number is doubling each year. The mean interval from the time of HIV infection to onset of the AIDS disease is

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schools have been rarely gathered or analyzed separately. Such studies are, except for drug use, largely nonexistent for Seventh-day Adventist schools.

The Study and Its Findings

For the first time, an AIDS survey was conducted among adolescents in grades 9 through 12 who were attending SDA academies in California during the school year 1990-1991. A total of 488 adolescents participated and returned a mailed self-administered questionnaire anonymously. The students belonged to a random cluster sample of 225 SDA churches.

One purpose of the study was to explore AIDS-related knowledge, attitudes, and behaviors. The survey also examined contextual factors from church, school, and family as possible determinants. AIDS-related findings were compared with the 1990-1991 data of the statewide Youth Risk Behavior Survey in public schools. Due to the relatively low return rate (36 percent of all distributed survey forms), the findings are not representative of all SDA academies in California and must, therefore, be interpreted cautiously.

Adolescents attending SDA academies did significantly better than their peers from public schools on seven out of ten questions about AIDS/HIV transmission modes. When asked whether students their age should be taught about AIDS/HIV infection in school, students from SDA academies more often gave a positive answer than their peers from public schools: Yes, 96.7 percent vs. 93.1 percent; No, 1.4 percent vs. 3.6 percent; Not Sure, 1.9 percent vs. 3.3 percent. The results were statistically significant. Similarly, a higher percentage of youth from SDA academies than from public schools were willing to attend the same class as an AIDS/HIV-infected student: Yes, 70.3

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greater than seven years. Therefore, many of the AIDS cases in the 20-29 age group probably became infected during their adolescent years. The percentage of reported cases in people 20-29 years of age is 20 percent of the total cases in the U.S.³ In 1993, AIDS was the leading cause of death among people in this age group, surpassing accidents, heart disease, cancer,

suicide, and homicide.⁴ Because health education is the most effective means to fight the spread of AIDS, there has been an increasing assessment of AIDS-related knowledge, attitudes, and behavior in adolescents at the local, state, and national level. These studies, however, have been conducted almost exclusively in public schools. Data from private Christian high

percent vs. 64.4 percent; No, 6.4 percent vs. 15.2 percent; Not Sure, 23.4 percent vs. 24.4 percent. As documented by the Valuegenesis Study,⁵ faith maturity—which also includes a consistent commitment to serve others—is much more frequent among Adventist youth than among their peers in five Protestant denominations. This and the strong emphasis by the church on compassion may contribute to a greater willingness to attend class with an AIDS/HIV-infected student.

With the exception of a few variables, students from SDA academies reported consistently lower sexual involvement (see Table 1).

On two variables, however, results were similar for the two groups. There was no statistically significant difference between the number of partners for the sexually active students in the two groups during the three months prior to the survey. For both groups, the average age of sexual initiation was approximately 14 years.

Asked whether they had ever been told by a doctor or nurse that they had a sexually transmitted disease including AIDS/HIV infection, 6.3 percent of the students from public schools responded Yes compared to 2.5 percent of the students from SDA academies.

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The results conform to or replicate the findings from the Valuegenesis study. A majority of students attending SDA academies have an Adventist background. According to the Valuegenesis study, Adventist students display considerably higher denominational loyalty than do mainline Protestants.⁶ This commitment to Adventism, which advocates no premar-

ital sex and no drugs, may also translate into a corresponding abstinence.

Students from SDA academies reported significantly less drug use than their peers from public schools (see Tables 2-4).

No statistically significant differences were found for the age of initiation on the following substances: cigarettes, cocaine, and marijuana. These results may indicate that if drug use is initiated, it starts at the same age regardless of the school system. Concerning the first use of alcohol, however, public school students report an earlier age. These results are similar to the findings of the Adventist Youth Risk Behavior Survey conducted in 1985 throughout the United States and Canada. According to that study, students from Adventist academies were significantly less likely to use alcohol or marijuana than their peers from public schools.

Conclusion and Recommendations

Although probably less frequent than in public schools, AIDS-related at-risk behaviors do exist among adolescents attending SDA academies. Considering the present scope of the HIV epidemic, AIDS education in the Adventist school system should be viewed as a worthy, desirable, and needed prevention opportu-

Table 1
Sexual Intercourse in Lifetime

School System Attended	Percent of Students Yes	Percent of Students No
SDA Academy	19.5%	80.5%
Public Schools	41.4%	58.6%
Chi Sq = 88.68	1 D.F.	p = <.001

Table 2
Lifetime Alcohol Consumption as Reported by the Students

School System Attended	Percent of Students Yes	Percent of Students No
SDA Academies	41.2%	58.8%
Public Schools	73.2%	26.8%
Chi Sq. = 214.83	1 D.F.	p = <.001

nity. It appears appropriate to not merely recommend but to mandate a structured AIDS education program for all Adventist schools.

The present study, like all the previous surveys in Adventist schools, was only a one-point-in-time investigation. More data about the impact of the Adventist education system on adolescents' involvement in AIDS-related high-risk behaviors are needed. For this purpose, we recommend an annual, comprehensive survey similar to the Youth Risk Behavior Survey developed by the Centers for Disease Control and Prevention and administered in the public schools throughout the United States.

Such a study, repeated on a yearly basis, would allow us to (1) observe trends related to knowledge, attitudes, and behaviors over time, and allow ongoing assessment and quick responses through education programs; (2) make ongoing comparisons of data with those from the public school system; (3) maintain an awareness of and concern for youth problems within the church; (4) gain a broader view of youth risk behaviors.

Information obtained from regular, ongoing surveys would make our schools more effective in helping our youth, and would enhance their image among parents

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and constituency. Such information could be a powerful marketing tool for Adventist education. If the Adventist educational system supports a strong system of moral values in its AIDS education, yet portrays compassion towards those infected with the virus, it may well be seen by Adventist young people as an effective agency in today's world. ✍

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Table 3
Lifetime Cocaine Use as Reported by the Students

School System Attended	Percent of Students	Percent of Students
	Yes	No
SDA Academies	2.0%	97.5%
Public Schools	6.3%	93.7%
Chi Sq. = 11.36	1 D.F.	p = <.001

Table 4
Lifetime Marijuana Use as Reported by the Students

School System Attended	Percent of Students	Percent of Students
	Yes	No
SDA Academies	8%	92%
Public Schools	29.3%	70.7%
Chi Sq. = 110.77	1 D.F.	p = <.001