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ABSTRACT

This survey of 66 4-year state universities with enrollments greater than 5,000 students in the North Central census region investigated the availability of condoms on campuses to prevent sexually transmitted diseases, including acquired immune deficiency syndrome. The survey sought to determine condom availability, location, cost to students, and the institutional levels at which this issue had been raised. Results indicated that condoms were available to students on 57 of the 66 campuses, or 86 percent. Condom availability had been a campus issue on 62 of the campuses. Of the nine institutions not making condoms available on campus, five indicated it had been a campus issue. Condom availability did not appear to be as strong an issue with parents, faculty, or boards of trustees as it was with students, chief health officers, and student affairs staff. The most common areas in which condoms were reported to be available at colleges and universiites were at health centers and in restroom vending machines. It is concluded that the extent of condom availability on campuses may be too limited to effectively deal with the increase in sexually transmitted diseases. (17 references) (JDD)

Condom Availability at Four-Year State Universities in the North Central Census Region

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With the increasing number of cases of Sexually Transmitted Diseases (STDs) and Acquired Immune Deficiency Syndrome (AIDS) in the United States, colleges and universities will be faced with students contracting these diseases. The purpose of this study was to determine condom availability, location and cost to students, and the institutional levels at which this issue had been raised. A self-developed questionnaire was sent to 86 four-year state universities with enrollment of 5,000 or more students in the north central census region. Sixty-six institutions (77%) responded with 57 (86%) reporting that condoms were available on campus. Condoms were most frequently distributed in restroom vending machines and in student health centers.

Sexually Transmitted Diseases (STDs) will have a far-reaching impact on the United States population in the coming decades. Sexually transmitted disease organisms will affect the nation's capacity to reproduce, the incidence of genital cancers. and the occurrence of Acquired Immune Deficiency Syndrome (AIDS) (Parra & Cates, 1985). The increase in cases of STDs being seen by physicians has paralleled the increase in the number of casual sexual encounters in the general public (Kilby, 1986). AIDS is by far the most devastating of the STDs and has received the most media attention in recent years; however, STDs such as chlamydia, herpes, gonorrhea, and syphilis have been in the spotlight as well (Kilby, 1986).

In 1985, "the American population was estimated to contain some 69 million sexually experienced persons between the ages of 15 and 34; up from 42 million in 1970" (Parra & Cates, 1985, p. 261). This group is truly at risk to the devastating effects of STDs unless educational measures and effective preventative measures are undertaken. AIDS was first recognized in 1981 and over 90% of the patients with this

disease are between the ages of 20 and 40 years of age (Hardy, Rauch, Echemberg, Morgan, & Curran, 1986). Currently there is no known cure for AIDS and over half of the patients diagnosed have died of the disease (Koop, 1986). In July of 1989 the Center for Disease Control (CDC) reported that 56,212 cases of AIDS had been reported in the U.S. with 23,000 of those cases being reported in the last twelve months (Center for Disease Control [CDC], 1988). At the Annual Meeting of the American Public Health Association in 1986, it was reported that STDs were at epidemic levels in the U.S. with an estimated 2.5 million teenagers infected annually (U.S. Department of Health and Human Services, 1985). Parra and Cates (1985) reported that:

> Although syphilis remains a challenge, gonorrhea became the major STD control priority in the 1970's and early 1980's. Recently, however, our knowledge of other STD organisms and syndromes have increased at a logarithmic rate... Chlamydial infections have replaced gonorrhea and syphilis as the number one bacterial infection in the U.S. ...An estimated 3 million cases of nongonocaccel urethrites and related chlamydial infections occur in the U.S. each year. Infections caused by herpes simplex virus and human papillamavirus are also at epidemic levels (p. 266).

Kilby (1986) states that the problem is sex, not the diseases. The so-called "sexual revolution" has had an enormous impact on society economically and in the area of public health (Hardy et al., 1986).

Society has become more tolerant and respectful of others' rights and preferences; however, the increased sexual freedom of women, the use of oral contraception, and the change in accepted sexual

expression have led to an increase in the number of casual sexual encounters in the general public and thus to an increase in STDs (Kilby, 1986).

> For years, the medical community regarded sexual activity as a matter of personal choice, to be left to one's own judgment. We left the impression that we could always make a patient well, that contact with different individuals held acceptable risks... Until AIDS, STDs, apart from possible disability from hepatitis, were regarded as inconveniences, unpleasant conditions that could easily be dealt with... but we cannot yet cure AIDS or stop people from dying from the disease (Kilby, 1986, p. 104).

The less fatal STDs have been with us since recorded time. Therefore, it is impossible to assess their economic impact on society. AIDS, however, with its appearance in the last decade, has been well documented regarding its economic impact.

- the first 10,000 patients will spend an estimated 1,677,900 days in the hospital
- expenditures for hospitalization will be an estimated $1.4 billion
- Approximately 8,387 years of work and $189 million in potential earnings will be lost due to disability
- economic loss following premature death was calculated at $4.6 billion

- the expenditures for hospitalization and the income lost due to disability and premature death total $6.3 billion for the first 10,000 cases of AIDS in the U.S. (Hardy et al., 1986, p. 272).

Expenditures for home medical care, outpatient care, outpatient medication, and laboratory testing are major expenses for AIDS patients which were not considered in the totals above (Hardy et al., 1986).

During college, students are developing their personal identity (Chickering, 1969) and sexuality is a component of this development. During the first year of college up to 50% of the student body will have their initial sexual contact (Kilby, 1986). This degree of sexual activity has many implications, especially in the areas of AIDS and other STDs.

> College students do not make up a large proportion of the AIDS cases in the U.S. However, because the incubation period for AIDS may be quite long, the HIV infection contracted while attending college may not develop into AIDS until a number of years after graduation (Richwald, Friedland, & Morisky,1989, p. 272).

Due to the lack of knowledge about AIDS, college students are at risk for HIV infection and thus it is important to target college students for AIDS education (Richwald et al., 1989).

Transmission of AIDS and STDs occurs by direct skin contact or by exchange of bodily fluids (Stone, Grimes, & Magder, 1986). Logically, prevention must focus on avoidance of skin and mucosal contact with infectious lesions and body fluids (Stone et al., 1986, p. 1763).

Condoms have been proven effective in preventing the passage of HIV, as well as other common sexually transmitted infections (Connant, Hardy, Sernatinosh, Spicer, & Levy, 1986; Katznelson, Drew, & Mintz, 1984; Kilby, 1986; Richters & Donovan, 1988; Richwald et al., 1989; Stone et al., 1986). Matlow and Fisher (1989) state that "the use of condoms should be condoned in both homosexual or even the young heterosexual population" (p. 299). The U.S. Surgeon General (Koop, 1986) advises that condoms must always be used during sexual intercourse.

"Condoms are safe, inexpensive, easy to use, and acceptable to men and women" (Stone et al., 1986, p. 1763). However, Kilby (1986) reports that "there are a large number of young adults who fail to use contraception at the time of their first intercourse, or they use unreliable methods or no method" (p. 34). He also claims that "when contraception is practiced in first sexual encounters among university-aged students, the condom is used most frequently by 19% to 40% of the couples" (Kilby, 1986, p. 34).

Considering the implications of these statistics, Kilby (1986) goes on to state:

> a campaign to promote the use of condoms is urgently needed throughout the world to help reduce the growing numbers of people adversely affected by STDs. No sexually active individual is immune to the threat of sterility, sexually transmitted cancers, and even death associated with diseases such as condiglomata, syphilis, gonorrhea, herpes, chlamydia, hepatitis, and AIDS. Educational and promotional

programs should stress the availability, accessibility, safety, and the low cost of condoms (p. 92).

More people would use condoms if they were readily accessible (Kilby, 1986; Richwald et al., 1989). The location of this availability is extremely important. Kilby (1986) points to the fact that "publicly acknowledging one's intention by acquiring contraceptive devices from a doctor or druggist is felt to cause negative perceptions of his or her sexual being, further inhibiting contraceptive use" (p. 36). Increasingly, however, condoms are being offered for sale in such places as university bookstores, residence hall and restroom vending machines, as well as on display shelves of drugstores and supermarkets (Goldsmith, 1987; Kilby, 1986). "Sales through vending machines are especially important because they allow an individual the opportunity to purchase condoms anonymously and at times outside of normal store hours" (Richwald et al., 1989, p. 273). Soloman and DeJong (1989) "argue that education and accessibility to free condoms can increase condom use and that health care providers have a vital role in promoting this form of STD prevention" (p. 453).

In many colleges and universities, failure to distribute condoms is a result of the common myth or belief that "advertising and easy access to condoms arouses sexual curiosity and experimentation" (Kilby, 1986, p. 88). According to the National Research Council's committee on AIDS research (1989):

> even if current sexual or drug-use practices meet with public disapproval, the reality of these practices must be taken into account when making public health recommendations. Moreover, even for those who find these

practices and the discussion of them morally repugnant, the value of saving human lives and preserving the health of the public should weigh as an equally important consideration. Failure to make full use of colleges and universities as a site for condom sales and associated AIDS education efforts could seriously reduce the institutions' ability to combat AIDS (p. 764).

An institution's response to the rising numbers of STDs and AIDS on campus has implications for other colleges and universities. Sharing of information in this area can provide support for institutions who wish to take measures to deal with this societal problem. Therefore, the purpose of this study was to determine condom availability, location and cost to students, and the institutional level at which the issue had been considered at four-year state institutions in the north central census region with an enrollment of 5,000 or more students.

Methods

Eighty-six four-year state universities with enrollments of 5,000 or more in the United States north central census region were selected to participate in this study (Healey, 1990). A cover letter, researcher-developed questionnaire, and a stamped return envelope were sent to the chief health officer at each institution in the Spring of 1990. Information was collected regarding condom availability, location and cost, as well as the institutional levels at which the availability issue had been considered. Two questionnaires were returned unanswered as a result of inaccurate mailing addresses and one returned questionnaire was unusable. Sixty-six institutions

responded, yielding a 77% return rate. Table 1 indicates the number of institutions in each state that received a questionnaire, as well as the number of institutions who returned the requested information.

Table 1

Number of Institutions Surveyed and Responding

State	# Sent	# Received	Response Rate (%)
Kansas	6	5	83.3
Illinois	11	7	63.6
Indiana	10	7	70.0
Iowa	3	2	66.7
Michigan	11	8	72.7
Minnesota	8	7	87.5
Missouri	9	7	77.8
Nebraska	2	2	100.0
North Dakota	2	2	100.0
Ohio	11	7	63.6
South Dakota	2	2	100.0
Wisconsin	11	10	90.9
TOTAL	86	66	76.7

Findings

The results of this study indicated that a high percentage of the north central census region universities with enrollments greater than 5000 were making condoms available to their campuses. Condoms were available to students on 57 of the 66 campuses (86%) from whom questionnaires were returned. This high percentage of availability of

condoms on campuses may be a response to the recommendations by many regarding the use of condoms in preventing the spread of STDs and AIDS (Connant et al., 1986; Katznelson et al., 1984; Kilby, 1986; Richters & Donovan, 1988; Richwald et al., 1989; Stone et al., 1986).

Condom availability had been a campus issue on 62 of the 66 responding institutions. Of those nine institutions not making condoms available on campus, five indicated it had been a campus issue. Condom availability did not appear to be as strong of an issue with parents, faculty, or boards of trustees as it was with the students, chief health officers, and student affairs staff.

Table 2

Institutional Levels at Which Condom Availability Had Been an Issue

	Condoms Available			
	Yes (N = 57)		No (N = 9)	
	N	%	N	%
Students	38	66.7	5	55.6
Parents	5	9.4	1	11.1
Residence Hall Staff	29	50.9	3	33.3
Student Affairs Staff	33	57.9	5	55.6
Chief Health Officer	34	60.0	5	55.6
Faculty	5	9.4	2	22.2
Vice-President	28	49.1	4	44.4
President	23	43.4	4	44.4
Board of Trustees	6	11.3	1	11.1

Table 3 presents the location on campus where condoms were available and whether or not they were distributed free of charge.

Table 3

Location of Condoms and Cost Status (N = 66)

	Location	Available	Free
I.	Residence Halls		
	Restroom Vending Machines	20	1
	Snack Area Vending Machines	4	1
	Front Desk	3	1
	Hall Staff	4	3
II.	Health Center		
	Pharmacist	31	5
	Front Desk	18	10
III.	Student Union		
	Restroom Vending Machines	26	1
	Snack Area Vending Machines	2	0
IV.	Campus Bookstore	9	0
V.	Restrooms on Campus	13	0

The most common areas in which condoms were reported to be available at colleges and universities were at their health centers and in restroom vending machines. Some institutions indicated that condoms were available in locations other than those reported in Table 3. These locations included: library restrooms, rear entrance to health center, 24-hour emergency service areas, wellness center, athletic center, STD Clinic, and health literature tables. Several

universities also made condoms available in residence hall laundry rooms. Typically, the condoms were not free of charge. The results of this study concerning the location of condom availability appears to be consistent with those of Goldsmith (1987) and Kilby (1986) in which they found an increased availability of condoms in such areas as university bookstores, residence halls, and restroom vending machines; however, of the 57 institutions who indicated that condoms were available on campus, 2, 5, 13, 16, and 17 indicated condoms were available in five, four, three, two, or one of the locations identified in Table 3, respectively. Thus, it may be possible that the extent of condom availability on campuses is too limited to effectively deal with the increase in STDs. Future research is needed to investigate the relationship between the extent of condom availability on campuses and the number of STDs and AIDS cases reported as well as students' attitude toward and knowledge of correct use of condoms.

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References

Center for Disease Control. (1988). Quarterly report to the domestic policy council on the prevalence and rate of spread of HIV and AIDS in the United Stated (Reports on HIV/AIDS). Morbidity and Mortality Weekly Report, 37(14), 223-226.

Chickering, A. W. (1969). Education and identity. San Francisco: Jossey-Bass.

Connant, M., Hardy, D., Serntinosh, J., Spicer, D., & Levy, J. A. (1986). Condoms prevent transmission of AIDS-associated retrovirus. Journal of American Medical Association, 255(13), 1706.

Goldsmith, M. F. (1987). Sex in the age of AIDS calls from common sense and 'condom sense.' Journal of the American Medical Association, 257(17), 2261-2266.

Hardy, A. M., Rauch, K., Echemberg, D., Morgan, W. M., & Curran, J. W. (1986). The economic impact of the first 10,000 cases of AIDS in the United States. Journal of the America' Medical Association, 255(2), 209-211.

Healey, C. (Ed.). (1990). HEP 1990 Higher Education Directory. Falls Church, VA: Higher Education Publications, Inc.

Katznelson, S., Drew, W. L., & Mintz, L. (1984). Efficacy of the condom as a barrier to the transmission of cytomegalovirus. Journal of Infectious Diseases, 150(1), 155-157.

Kilby, D. (1986). Manual of safe sex. Burlington, Ontario, B. C. Decker, Inc.

Koop, C. E. (1986). Surgeon general's report on acquired immune deficiency syndrome. Journal of the American Medical Association, 256(20), 2784-1789.

Matlow, A. G., & Fisher, B. K. (1989). The acquired immunodeficiency syndrome. In L. C. Parish, & F. Gschnait (Eds.), Sexually transmitted diseases: A guide for clinicians (pp. 263-283). New York: Springer-Verlag.

National Research Council. (1989). NAS research unit supports ready access to condoms, drug treatment to halt AIDS spread. Hospital and Community Psychiatry, 40(7), 763-764.

Parra, W. C., & Cates, W., Jr. (1985). Progress toward the 1990 objectives for sexually transmitted diseases: Good news and bad. Public Health Reports, 100(3), 261-269.

Richters, J., & Donovan, B. (1988). Barrier methods: Contraception and STD prophylaxis. Australian Family Physician, 17(10), 874-877.

Richwald, G. A., Friedland, J. M., & Morisky, D. E. (1989). Condom sales at public universities in California: Implications for campus AIDS prevention. Journal of American College Health, 37, 272-277.

Soloman, M., & DeJong, W. (1989). Preventing AIDS and other STDs through condom promotion: A patient education intervention. American Journal of Public Health, 79(4), 453-458.

Stone, K. M., Grimes, D. A., & Magder, L. . (1986). Primary prevention of sexually transmitted diseases: A primer for clinicians. Journal of the American Medical Association, 255(13), 1763-1766.

U.S. Department of Health and Human Services. (1985). Sexually transmitted disease statistics (Calendar year 1984). Annual Sexually Transmitted Disease Report, 27, 25-39.

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