

THE RELATIONAL-BEHAVIOR MODEL:

A Pilot Assessment Study for At-Risk College Populations

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ABSTRACT

This pilot study examined the relational-behavior model (RBM) as an HIV/AIDS assessment tool for at-risk college students. In this study, a survey called the relational behavioral survey (RBS) was constructed. The RBS assessed personal awareness, knowledge deficiency, relational skills, HIV/STD stigmatization, community awareness, and health distrust. A descriptive profile analysis suggested high levels of health distrust and knowledge deficiency within the sample. In addition, the analysis suggested moderate levels of personal awareness, relational skills, HIV/STD stigmatization, and community awareness. An exploratory correlational analysis revealed gender differences in relational skills and HIV/STDs stigmatization. Additional studies examining the validity and reliability of the RBS were discussed.

INTRODUCTION

Since the early-1980's, Acquired Immunodeficiency Syndrome (AIDS) has been a leading cause of death in the United States. According to the Centers for Disease Control (CDC), the human immunodeficiency virus (HIV) is the cause of AIDS. Specifically, HIV attacks the primary cells required for human immunity. Therefore, a person infected with HIV (also called HIV-positive) has an inability to fight infections. In the United States, the most frequent modes of HIV transmission are through unprotected sexual activity and intravenous drug use. Currently, there are no vaccinations available for HIV infection; prevention is now the most effective method for reducing HIV/AIDS.

For years, various psychological and sociological theories have been used to create HIV/AIDS prevention and educational programs. Recently, the relational-behavior model (RBM) was created for at-risk populations (See Table 1). The RBM conceptualizes HIV/AIDS education as a preventive system. Psychologically, this system contains relational, cognitive, and community sub-systems. Sociologically, these sub-systems are dependent upon the functionality of five social institutions—families, schools, churches, government, and the economy.

In the United States, African Americans are the largest ethnic group living with HIV/AIDS. In 2000, African Americans represented over 40% of the total U.S. AIDS cases while consisting of only 13% of the U.S. population. Since then, African Americans have represented over 50% of the U.S. AIDS cases for women and over 60% of the U.S. AIDS cases for children. In summary, the dilemma of HIV/AIDS in the African American community has sustained dramatic projections: African American men are three times more likely than White men to contract AIDS; African American women are 13 times more likely than White women to contract AIDS; and African American children are 12 times more likely to contract AIDS than White children.

Purpose of the Study

It is theorized that the RBM may be useful in assessing the need for HIV/AIDS educational services at colleges and universities. Therefore, the purpose of this study is to explore the use of the RBM among a sample of African American college students.

METHOD

Participants

A pilot sample consisted of 10 African American college students (five males and five females) attending a historically black college in the southwestern region of the United States. The mean age was 22. All of the participants were heterosexual, single, and sexually active. The income range was \$10,000 to \$40,000.

Measures

The relational-behavioral survey (RBS) was developed in this study. The RBS questions were designed to assess the six sub-factors of the RBM: subjective knowledge (personal awareness), knowledge deficiency, relational skills, HIV/STD stigmatization, community empowerment (community awareness), and health distrust. The following rating system was used in the RBS: “0=Not Applicable/Don’t Know/Or Uncertain”, “1=Very False”, “3=Somewhat True”, and “4=Very True”.

Procedure

Convenience sampling was used in this study. Prior to participation, a consent form was provided to all participants indicating the nature of the study and the risks/benefits of participation. Student assistants distributed the RBS to various classes. All participants were instructed to complete the survey anonymously.

Data Analysis

A descriptive profile analysis was conducted (See Figure 1). The scoring range for each sub-factor was 0-8. The analysis suggested high levels of health distrust (mean=6) and knowledge deficiency (mean=6). The analysis also suggested moderate levels of personal awareness (mean=5); relational skills (mean=4), HIV/STD stigmatization (mean=4), and perceived community awareness (mean=4). An exploratory correlational analysis suggested the following: a modest relationship between gender and relational skills ($\rho = .67, p < .05$) and a modest relationship between gender and HIV/STD stigmatization ($\rho = .70, p < .05$). In summary, the correlational analysis suggested that females were more likely to have HIV/STD stigmas than males, but were also more likely to communicate about safe-sex practices.

CONCLUSION

As a needs assessment tool, the RBS can be useful in determining the specific components for HIV/AIDS educational programs. Specifically, the RBS can identify the need for improving HIV/AIDS knowledge, personal awareness, relational skills, and campus outreach programs. Further research on the validation and reliability of the RBS will be conducted.

References

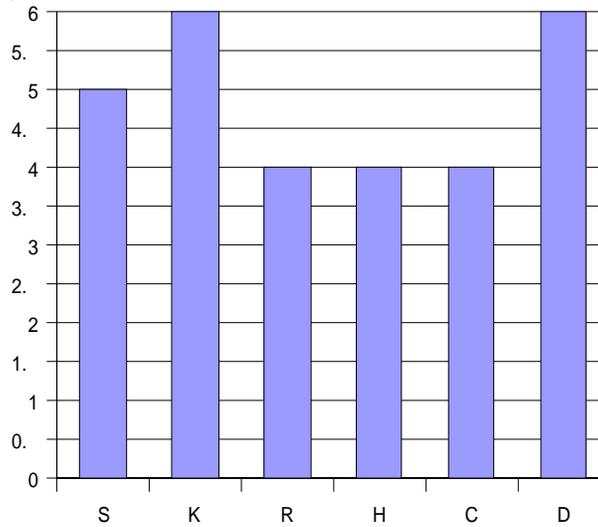
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Table 1. The RBM, Preventive Concentrations, and Goal Descriptions

RBM Preventive Sub-System/ System Efficacy	Major Social Institution/ Preventive Concentration	Goal Descriptions
Subjective Knowledge	Families/Personal Relations	Improve personal awareness of HIV/AIDS.
Knowledge Deficiency	Families/Schools Churches	Reduce misconceptions about HIV/AIDS
Relational Skills	Families/Personal Relations Schools/Churches	Improve communication/skills regarding safe-sex practices.
HIV/STD Stigmatization	Families/Schools Churches	Reduce stereotypes and myths related to HIV/STDs.
Community Empowerment	Families/Schools Churches/Government Politics	Improve community awareness regarding preventive resources.
Health Distrust	Families/Schools Churches/Government Politics	Reduce cultural distrust regarding HIV/AIDS.
System Efficacy	From all societal institutions.	The overall ability to maintain the protective goals.

Figure 1. RBS Profile n=10



S=Subjective Knowledge, K=Knowledge Deficiency, R=Relational Skills, H=HIV/STD Stigmatization, C=Community Empowerment, D=Health Distrust

Note: The RBS profile analysis suggested high levels of Knowledge Deficiency and Health Distrust. An HIV/AIDS educational program for this sample may require an emphasis on these areas.