The Surgeon General's Report on Acquired Immune Deficiency Syndrome (Koop, 1986) stated, "Information and education [are] the only weapons against AIDS" (p. 28). Although much information is available about AIDS, little is said about education's role in AIDS prevention. Many health professionals believe that education and the practice of safe sex can reduce the spread of AIDS.

Slowing the AIDS epidemic through the provision of safe sex education is important; however, a review of AIDS material available to the general public shows that little information on safe sex is available. Most pamphlets, magazines, and newspapers do not mention what safe sex is, and only a few recommend the use of condoms, describe the correct use of condoms, or give other guidelines for safe sex. Further, television is restricted by federal and industry regulations that may result in the censorship of AIDS information, and little information on safe sex is available in professional journals. As of December 1988, MEDLINE listed 2,140 articles under the heading of AIDS, but of those, only three used the phrase safe sex in the abstract. The seriousness of this lack of public information is compounded when one wants to educate psychiatric patients about AIDS and safe sex, because these patients often have lower levels of insight, difficulty controlling impulses, reduced attention spans, and irrational thought processes. To address the problem of educating psychiatric patients about AIDS and safe sex, I have developed a 45-minute program entitled "AIDS Education and Safe Sex" and have tested it on women in a locked unit of Cedarcrest Regional Hospital, Newington, Connecticut, a state psychiatric facility.

Program

The program has been presented five times over a 6-month period, along with an informal lecture, discussion, pretest, and posttest. All patients interested in the program were allowed to attend a session if their psychiatric symptoms did not interrupt the group. A short lecture on AIDS and safe sex practices followed the pretest. The lecture included the following information and instructions:

1. AIDS is caused by a virus, and there is no effective cure for a viral infection (Daniels, 1986; Koop, 1986).
2. People with the AIDS virus may not know that they have it because they may not look or feel sick (State of Connecticut, 1987).
3. There is no cure for AIDS, so it must be prevented before a person gets infected (Koop, 1986).
4. AIDS cannot be contracted through casual contact, such as a handshake, a kiss on the
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were important. The questions asked concerned gay sex, dating, and intimacy. The patients also expressed concern about sexual abuse and about partners not being honest about their sexual histories. They have reported feeling relieved when their questions were answered or when a myth was destroyed.

After all of the questions were addressed, the posttest was administered. The pretest and posttest were identical to allow the evaluation of improvements in the patients’ levels of understanding.

Results and Discussion

The results of the pretests and posttests show that the test scores increased for all sessions and for every patient within each session (see Table 1). The smallest increase in overall score was 5% (Session 3), and the largest increase was 24% (Session 5). Despite this increase, which reflects an increased understanding of AIDS-related information, the behavioral changes that might occur as a result of this program are impossible to predict. The level of understanding achieved at the posttest was not ideal, perhaps due to the patients’ psychiatric symptoms, which interfere with learning. These symptoms include restlessness, hypomanic behavior, and distractibility. In addition, each patient received only one 45-minute session of information in this program. Additional sessions might affect the patient’s level of understanding. The introduction of experiential learning, such as the application of condoms on dummies, might also influence behavioral changes.

This program had other positive effects. Several sessions had a record number of attendees for a rehabilitation group. Three patients approached me and said that they were very much interested in the subject matter and that it had meaning in their lives.

The program’s information on safe sex is based on research, not myth, and provides a sound basis for future decisions and behavior. Indeed, the goal of the AIDS Education and Safe Sex program is to provide or increase the patients’ knowledge base and resources.

Table 1

<table>
<thead>
<tr>
<th>Session</th>
<th>n</th>
<th>Correct Pretest Answers (%)</th>
<th>Correct Posttest Answers (%)</th>
<th>Increase (%)</th>
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<tr>
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<td>5</td>
<td>67</td>
<td>91</td>
<td>24</td>
</tr>
</tbody>
</table>

Note: The test contained 17 questions.

References


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