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AIDS and the perception of risk in college women: An inquiry into the effectiveness of AIDS education

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The University of Arizona, 1990
AIDS AND THE PERCEPTION OF RISK IN COLLEGE WOMEN:
AN INQUIRY INTO THE EFFECTIVENESS OF AIDS EDUCATION.

by
Halley Helene Eisner Freitas

A Thesis Submitted to the Faculty of the
DEPARTMENT OF ANTHROPOLOGY
In Partial Fulfillment of the Requirements
For the Degree of
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In the Graduate College
UNIVERSITY OF ARIZONA

1990
STATEMENT BY AUTHOR

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12/11/90
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ABSTRACT

Current AIDS information surveys are designed to evaluate an individual's degree of AIDS-related knowledge. These surveys are conducted in a forced-choice Likert format. Because rates of sexually transmitted diseases are increasing, (and by inference, therefore, so is AIDS), the author contends that testing "knowledge" is an inaccurate method in assessing sexual behavior. This study, which involves two-hour long, open-ended interviews with twenty-five college women, displays that their level of AIDS knowledge has little bearing on their sexual activity. Rather, peer group norms and values of sexual exchange influenced their sexual decision-making process. The women utilized several "voices" when discussing feelings of sexuality to negotiate coexisting dominant cultural ideals. This study explores student's sense of personal vulnerability, blame, responsibility and perceived necessity adopt safer sexual practices.
We are, most of us, largely unaware of the fact that the body exists in a world full of common infectious agents, which without adequate immune protection, would attack our fragile vital organs and kill us in short order. The individual soul...is similarly fragile and exposed to a world full of linguistic, moral, social and cultural predicates that bear down on it incessantly, bending and shaping it to fit received categories of being. (Clatts and Mutchler, 1990:20)
INTRODUCTION:

This thesis describes the results of a study designed to explore levels of STD/AIDS knowledge among freshmen college sorority women and social factors influencing their sexual behavior. Twenty-five sorority women were interviewed about their impressions of normal and ideal sexual behavior, their knowledge of STD/AIDS, (1) perceptions of risk and how this affected their behavior.

STD rates are a useful indicator reflecting the probable impact of the AIDS education campaign. Statistics have recently shown a marked rise in STDs in the general population. Because the same barrier methods (condoms) that deter the spread of AIDS also deter STDs, the recently noted marked rise in the incidence of STDs in the general population indicates that despite an increased awareness of AIDS, sexual behavior has not been modified.

STDs are increasing not only in the general population, but among college students. The central question posed in this study is whether a significant number of sexually active college students, although aware of the AIDS virus, have
altered their own sexual behavior. This project focused upon the behavior associated with sexual practices, choice of partners and methods of preventing transmission of STDs/AIDS. Women were asked to discuss those aspects of sexual behavior they considered to have potential risk and then, how they minimized these risks.

Sexual behavior can not be understood in isolation from other behaviors. Interviews with sorority women revealed many different voices describing sexuality as symbolic capital, success and companionship. Cultural themes involved perceptions of the self, the importance of a social-image and the production of this image through a marketing of self and sexual performance. My research on STD/AIDS is situated within dominant American society as personified by the Greek system.

I present here an ethnography of the multiple meanings sexuality has for female sorority college freshmen and my interpretations of how they organize their emotions to understand the their development of their sexuality. First I shall outline theoretical guidelines which guide my analysis. I then present the ethnographic data. Finally, I formulate interpretations of the complex motivations sorority freshmen women embody during sexual relationships.

The central issues examined in this ethnography were:
a. Cultural models of sexuality, perceptions, and expectations which define what a "relationship" is; and sexual stereotypes which influence students' choice of partners.

b. Students' knowledge about transmission and contagion of STD/AIDS, perceptions of personal vulnerability and risk, and conscious thought given to the necessity for adopting safer sexual practices.

c. The impact of AIDS education and messages on students' sexual behavior (moderation, 'safer sex', and/or higher discretion in choosing new partners).
THEORETICAL CONSIDERATIONS:

The theoretical constructs that I have used to analyze the informants stories are listed below. These theories provided me the means to describe multiple levels of the self as they were presented by informants during the interviews.

Symbolic Interactionism: A frame to Organize Intention and Interaction

The belief that people are constantly engaged in a process of creating appearances, making it appear that their behavior is correct, that it is the appropriate behavior, that they are being sensible and normal human beings doing things in the usual way. The [symbolic interaction] perspective argues that culture does not provide a specific set of rules that guide people in their everyday behavior, but that it provides the resources that people can make use of in creating the illusion of normality and meaning in their everyday lives. (Hewitt 1988:18)

The "ethnographic approach" attempts "to grasp the native's point of view" (Malinowski 1922:25) by conceptualizing culture as a system of meanings and symbols in actions and events executed at the individual level. Ethnography begins in ignorance of a population's fundamental assumptions. However, through the ethnographic process, tacit assumptions which organize, locate and label an individual's
experience are discovered. As Spradley (1979:3) has succinctly noted, 'rather than "studying people", ethnography means "learning from people"'.

The individual embodies cultural norms through the practice of everyday life. The group to which an individual is affiliated provides a social interactional environment in which ideology and cultural models are reproduced in accord with relations of power and status. (Foucault, 1990). Coexisting ideologies and norms exist in society. Peer groups support norms and behaviors which may conflict with mainstream cultural ideals. The individual's response to a situation is influenced by the associations and assumptions promoted by his/her peer group. What constitutes self (peer group) evaluates self (the other). Within the group, values and norms of dominant ideology are either resisted or reinterpreted to fit the needs of the group.

According to Blumer (1969 cf Spradley 1979:6,7), symbolic interactionism theory is comprised of three premises: 1. Human beings act toward things on the basis of the meanings that the things have for them. 2. Meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows. 3. Meanings are handled in, and modified through, an interpretive process used by the person dealing with the things he encounters.' The function of the
interactive process is to negotiate emotional well-being, power, status and covert social desires with others. The intention of an interaction, not the context of information, per se, needs to be considered when studying the form an interaction assumes. (Goffman 1974).

An individual's actions are embedded in the knowledge of a situation by an immediate and unconscious assessment. What is to be expected, how others act and which activities are shared is formulated by the individual. This definition of the situation directly affects how an individual will tacitly organize his or her role in response to the assumed expectations of others. Roles are dynamic and enable an individual to comprehend how situations can be organized and reorganized.

The presentation of the self to others occurs at the site of the physical body. The physical body reproduces on a small scale the ideologies and expectations of one's culture. The social-self then is an embodiment of collective ideology. (Comaroff, in press). As Douglas (1979:70) states, 'the human body is always treated as an image of society and that there can be no natural way of considering the body that does not involve at the same time a social dimension'. The physical body therefore tacitly signifies to the members of the society what values their country embraces. The body becomes a
metaphor to express the internalized norms and collective resistances of an individual's peer group.

How the individual orders his/her reality is through socially constructed performances. Goffman (1959:48) notes that individuals have an "audience segregation" so that, 'individuals often foster the impression that the routine they are presently performing is their only routine or at least their most essential one...the audience, in their turn, often assume that the character projected before them is all there is to the individual who acts out the projection for them'. These fronts are fluid and flexible. They can and do overlap with one another in response to multiple motivations which occur during a single encounter with another individual.

Social Labelling

The unsafe behavior that produces AIDS is judged to be more than just weakness. It is indulgence, delinquency--addictions to chemicals that are illegal and to sex regarded as deviant. (Sontag 1988:25)

The Social Labeling Theory posits that the labeling of individuals as ill (or deviant) dramatically influences the way in which group members (employment, school, doctors,
family) respond to them and interpret their actions. The person who is regarded as ill internalizes the label and conforms to expectations. Labels are "social facts"; an individual who is labeled "sick" is categorized as such by cultural consensus. A label of deviance is applied to an individual both on the basis of social characteristics and social context. Labels of deviance are conditional and negotiated in contexts of power and status. (Waxler 1980). Those involved in social labeling as "labelers" and the "labeled" are situated in terms of gender, class, peer group, and status.

The meanings of a label of deviance reflect core cultural and collective anxieties. AIDS provides an excellent example. As Sontag (1988:24,25) notes, 'AIDS is not a mysterious affliction that seems to strike at random. Indeed, to get AIDS is precisely to be revealed in the majority of cases so far as a member of a certain "risk group", a community of pariahs. The illness flushes out an identity that might have remained hidden from neighbors, jobmates, family, friends'.
Cultural Models

Cultural models are 'presupposed, taken-for-granted models of the world that are widely shared (although not necessarily to the exclusion of other, alternative models) by the members of a society and that play an enormous role in their understanding of that world and their behavior in it.' (Quinn and Holland, 1987:4). Cultural models are frames in which culturally constituted understandings are shared by participants of a peer group. Within a population, cultural models indicate accepted perceptions, beliefs and norms.

1. Word Scenarios

According to Quinn, (1982), cultural knowledge is embedded in scenario words such as "commitment" (or "AIDS") which are shared by the speakers of the same linguistic community. Scenario words are culturally constructed spheres of relevance 'so that when you pick up a word, you drag along with it a whole scene' (Fillmore cf. Quinn 1982:778). Cultural models may be constituted by images and metaphors which help organize cultural knowledge. Important for this study are scenario words which foster broad understandings about inter- and intra-personal relationships. Scenario words
have multiple implications. While a listener and the speaker may assume similar meanings for a word, their domains of experience may vary conjuring up different emotional responses. For example, when the informants were reluctant to express themselves, scenario words, such as mashing, were used instead.

[Mashing] is just a nicer way of saying, you know, of asking someone, "so, what happened?" You know, you can just say, "so, did you mash?" And they could say, "yes" and then you leave it at that...You don't have to get explicit.

Scenario words were employed when the informants felt they were sharing "common domains of knowledge" (Lakoff, 1987).

2. The Concept of Risk

Life choices, after all, often come in bundles of goods and bads which have to be taken whole...The risk that comes with the rewards can hardly be called involuntary. (Douglas and Wildavsky, 1982:18).

To a large extent, risk is comprised of societal consensus about the danger involved in a particular activity. Risky behavior is often exercised because auxiliary benefits are intricately tied into the behavior involving the risk. The social dilemma of do's and don't's must be measured in accordance with the perceived rewards. Whether something is
"worth the risk" is associated with cultural values and particular peer group norms with which the individual is affiliated. The perception of what constitutes risky behavior represents the individual's response to his/her own social environment at a given point in time. The group then, is of central importance, providing the individual with a self appraisal, and a foundation for social comparison and decision making.

In order to comprehend risk, the culturally constructed ideals of what makes up a "good" life must be analyzed. How much mobility do individuals have within "the range of the possible" within a closely monitored environment. At which activity does the censure become activated and behavior considered risky become condemned?

The Production of Knowledge

An actor produces more than one kind of knowledge about a particular event. His knowledge then appears to be contradictions to us only if we make the mistake of separating beliefs from praxis, substituting structure for process. (Young, 1981a:380).

The production of knowledge is the belief that knowledge is processual in that new stimuli is continually evaluated
against previous expectations. In accord with the cues offered through social interaction, knowledge is produced in a context of power and image management. Knowledge is always in a state of becoming. As noted by Young (1981a:379), the individual 'does not know all of his facts in the same way.' There are many ways of knowing (constructing cultural models) and many kinds of knowledge produced for different purposes. Unlike information, the individual is not of unidimensional scope. Knowledge can be processed integratively in the person, or knowledge can be compartmentalized into separate realms within the person. Multiple types of knowledge can be voiced simultaneously as the individual needs to clarify, emphasize or explain an event.

Young identifies five forms of knowledge production: 1. Theoretical knowledge which organizes events into identifiable groups or classes; 2. Empirical knowledge which observes the events and experiences around the individual; 3. Rationalized knowledge which organizes events and experiences into satisfying ways to make them consistent; 4. Intersubjective knowledge which organizes events and experiences into ways the individual thinks will be intelligible to the persons with whom s\he interacts; and 5. Knowledge which the actor produces which is negotiated during interaction with other persons. (Young, 1981a, 1981b). The production of knowledge is
important to consider in emotionally charged issues such as sexuality where competing ideologies and cultural models exist.

Explanatory Models

Explanatory models are socially constructed perceptions which incorporate personal experiences, experiences of family and friends and information absorbed from the media. (Helman, 1985). Explanatory models are constructed from multiple types of knowledge and emotions which the individual unconsciously organizes into a coherent narrative. One often maintains several explanatory models for an event. They provide the individual with meaningful rationales of cause and effect which is consistent with his/her own belief system and that of the community s/he interacts. Explanatory models are clearly linked to coping styles. By initially explaining causality, they give direction by identifying measures of control.

Lay expectations, or the human experience differs from biological or rational explanations because the latter do not view human experience as a viable concern. (Kleinman, Eisenberg and Good, 1978). The biological model is often
incomprehensible to the individual whose own explanatory model emphasizes the psychosocial management of experiences. Hence, the interaction between biological explanations and human experiences is a clashing of two different models explaining the same phenomenon: one in measurable causal relationships and the other in rich complex and often ambiguous descriptions. (Kleinman, Eisenberg and Good, 1978). A person may give multiple and conflicting messages about an emotion or event by integrating different types of knowledge into a single explanation. Thus, an individual may reject any explanation, including rational explanations, which conflicts with his/her own causal explanatory model. (Amarasingham, 1980).
AIDS SURVEY REVIEWS TO DATE:

Numerous surveys have been conducted in which adolescents have been interviewed about their knowledge of and attitudes toward AIDS. These surveys have by and large employed 'forced-choice' questionnaires. Questions are posed in such a way that the recipient can evaluate which answer seems "most" correct. Most questionnaires are arranged in a Likert format which limits the student's responses to a scale ranging from 'strongly agree' to 'strongly disagree'. Data from these surveys suggest that a majority of adolescents are both aware of the dangers of AIDS, and are cognizant of how AIDS is transmitted. (2).

Most AIDS campaigns have been built around the assumption that the amount of knowledge an adolescent possesses about the risks of certain behaviors will directly influence his/her actual behavior. (Freudenberg, 1990) Knowledge of risk is assumed to be prophylactic and slogans warn us not "to die of ignorance". What has not been addressed is the context in which risk-taking behavior is performed. What these surveys fail to incorporate are factors influencing why individuals choose or reject risky behavior. Of central importance are the social relationships associated with the risk. Hence, the motivations underlying adolescents' feelings and actions
in response to the threat of contracting AIDS have not been investigated.

I list below the central findings of surveys on AIDS and adolescent sexual behavior to date grouping these findings into 9 messages to health planners:

1. Sexual relations without the use of condoms has not dropped appreciably among the young. Statistics for STDs show that STDs are not only prevalent, but also on the rise. Among teens and college students, a high rate of STDs exist. This implies that these young adults may be at higher risk for contracting AIDS. (Brooks-Gunn, Boyer, and Hein, 1988; Manning, Barenberg, Gallese, and Rice, 1989; Michigan Medicine, 1988; Kegeles, Adler and Irwin, 1988).

2. College students often engage in 'high risk' sexual behavior even though they 'know better'. Many young adults do not feel personally vulnerable about contracting diseases from their partners. Their beliefs about AIDS are complex and contradictory. The way young people 'make sense' of information received through the media may differ from the medical explanation about AIDS. (Ankrah, 1989; Brandt, 1988; Brooks-Gunn, Boyer and Hein, 1988; Friedman, 1989; Keeling, 1989; Richwald, Friedland and Morisky, 1989; Warwick, Aggleton and Homans, 1988; Manning, Balson, Barenberg and Moore, 1989; Kegeles, Adler, and Irwin, 1988).

4. Female teens are reluctant to ask males to use condoms and are uncertain whether or not their partners want to use them. Conversely, males intend to use condoms and think that their partners wish them to do so. Males tend to have decreased intention over time in response to female partners' ambivalent reactions. (Keleges, Adler and Irwin, 1988).

5. The greater an individual's perceived risk of contracting AIDS, the more sexual partners the person was likely to have had in the prior three months. (Baldwin and Baldwin, 1988).

6. The level of knowledge a teen or college student has about practicing safe sex will influence his/her beliefs and actions. Students with low knowledge perceive that practicing "safe sex" contains more social 'barriers' than do those students with high knowledge. (DiClemente, Boyer and Morales, 1988; Manning, Barenberg, Gallese and Rice, 1989; Manning, Balson, Barenberg and Moore, 1989; Ross, 1988).
7. Because of the heightened awareness about AIDS and transmission of AIDS among homosexual groups, heterosexuals may now be at even greater risk than their homosexual peers for contracting AIDS. (Brooks-Gunn, Boyer and Hein, 1988; Hill, 1989; Manning, Barenberg, Gallese, and Rice, 1989; Stall, Heurtin-Roberts, McKusick, Hoff, and Lang, 1989).

8. Little change in sexual behavior has been observed in the general population in the last two years. This may be related to perceptions of personal vulnerability. Eight out of ten Americans consider AIDS as 'a threat to the general public...Three out of four respondents said they were not personally afraid of picking up the AIDS virus and were not taking special precautions to avoid exposure.' (Dorman and Rienzo 1988; Simkins and Kushner, 1986)

9. AIDS prevention programs traditionally have been designed to relay AIDS information only. In order for new programs to become more successful, they must address specific lifestyles, habits, notions of social responsibility, and perceptions of risky behavior. Accurate educational information must be readily available through physicians and schools. (Ankrah, 1989; Baldwin and Baldwin, 1988; Flora and Thoreson, 1988; Manning, Balson, Barenberg and Moore, 1989; McDermott, Hawkins, Moore and Cittladino, 1987; Solomon and DeJong, 1986).
COLLECTIVE FEARS OF AIDS: A BRIEF CULTURAL HISTORY OF THE
UNITED STATES

The more the symbol is drawn from the
common fund of human experience, the
more wide and certain its reception.
(Douglas, 1966:137)

In spring of 1987, the president of the American Medical
Association called for a new morality stating that 'people who
have had more than one sexual partner in the last ten years
may be at risk for AIDS'. In other words, all persons who do
not conform to long-term monogamous relationships now are
likely to be considered promiscuous and potentially dangerous.
AIDS has become both a moral disease and a biological one.
As Pierce and VanDeVeer (1988:11) have observed, 'now we need
a cure for two diseases. The first disease is AIDS; the
second—a disease in a metaphorical sense—is the public
hysteria surrounding AIDS...Historically, the sudden
appearance of any new disease has always elicited some fear;
however, the transmissible nature of this fatal disease has
escalated fear to phobia, as public dread of AIDS spreads
rapidly through the country.'

AIDS has become a password to alienation and contempt in
contemporary United States. Since the disease often is
attributed to persons with a drug addiction, and bisexuality
or homosexuality, culturally deviant subgroups have become the
scapegoat upon which all of society's emotions and attitudes associated with AIDS are projected. (McCombie, 1986). Suspicion, isolation and prejudice of the unknown is fortified and increased through the American fear of AIDS.

Not only has AIDS "insidiously" crossed economic lines, but its subtle mode of sexual transmission is both intimate and revealing. In a culture such as the United States, multiple ideologies simultaneously legitimize "sex as talk" (Foucault 1990) and deny "sex as action". AIDS has created a widespread anxiety that through the act of sexual intimacy one partner may be polluting the other. (Sontag, 1988). This feeds into a prevailing tacit ideology within American culture that sex as action is somehow dirty, reaffirmed by the advent of AIDS.

Sexually active Americans experience conflicting messages in the struggle between actualized daily behavior and desired idealized behavior. The public has been persuaded by the media that sex appeal signifies confidence and success. A conflict of values is realized when an individual attempts a sexually 'uninhibited' and idealized lifestyle modeled after movies, magazines, television, advertisements and popular literature: s/he is viewed by the general public with envy and admiration until some blemish such as a "promiscuous reputation", pregnancy, venereal disease or addiction is made
apparent. S/he is then considered untrustworthy and deserving of the consequences. The condemnation by the public of sexual "carelessness" currently has reached high levels in the media-promoted paranoia that casual sex is accompanied by dire and deadly ramifications. As Secretary of Health and Human Services, Dr. Otis R. Bowen commented fatefuly, 'so remember when a person has sex, they're not just having it with that partner, they're having it with everybody that partner had it with for the last ten years'.

The individual has the power—indeed, the moral responsibility—to maintain his own health by observance of simple, prudent rules of behavior. (Knowles 1977:368).

The American ideal of individual control, illustrated by the quote by Knowles, underlines the popular belief that any condition resembling deviancy constitutes a moral failing. Conversely, healthy behavior is enveloped in social obligation and duty. In order to express control and morality, an individual must provide an outward appearance of health and well-being. What Knowles neglects to note is a basic paradox. Underlying the concept of moderation and responsibility exists a materialist society which urges Americans to defy all limits, to exercise every whim or idle fantasy, and to purchase anything which may be amusing. The paradox embedded in American capitalism is the desire of the individual to
consume excessively and to maintain self-responsibility and control at the same time. Even if the persuasive consumer ideology is recognized, the individual is blamed for the inability to resist temptation. (Crawford, 1984).

The AIDS virus has been referred to as the 'unglamorous disease' because of the painful deterioration of formally healthy bodies. AIDS is perceived as an invasion in a culture committed to "looking good" to the extent that beauty and health merge. The emphasis on health, vitality, youth and sexiness as well as the values of control in a context of abundance have shunned AIDS as the defilement of sanctity. AIDS has become accepted as the antithesis to all that is considered desirable or worthy. As an ill, dependent and demoralized figure, the patient with AIDS is regarded as a victim of his/her own doing and not as a representative of that society. If AIDS has become a metaphor for moral deviancy, then the fear of AIDS is a metaphor for a socially instituted means of controlling sexual activity. As Douglas (1966:166) notes, 'when it [the community] is attacked from within by wanton individuals, they can be punished and the structure publically reaffirmed'.

The fear of AIDS implicitly supports American values associated with individualism and self interest. As Sontag (1988:73) states, 'Not only does AIDS have the unhappy effect
of reinforcing American moralism about sex; it further strengthens the culture of self interest, which is usually praised as "individualism", self interest now receives an added boost as simple as medical prudence.'
METHODOLOGY

One to two semi-structured, open-ended interviews were conducted with twenty-five female college sorority students who were freshman. A series of open-ended questions were posed and recipients were asked to respond candidly and thoroughly. Initially, questions were posed to ascertain how informants interpreted explicit and well-publicized AIDS messages. I, then, proceeded to engage informants in discussion around a wide range of issues related to perceptions of risk and identity associated with sexual behavior.

Responses to questions posed have been separated into two sections: The first section examines the degree to which the participants understand STD\AIDS causality and prevalence. The second section explores the personal values, self images, and behaviors of the participants. Many of the biological questions and some of the attitude questions were adapted from earlier AIDS surveys conducted among adolescents. (DiClemente et al., 1986, 1988, Dorman and Rienzo, 1988, Katzman et al., 1988, Simkins and Kushner, 1986, Strunin and Hingson, 1987). The overlapping of the questions from other surveys was to ascertain if different kinds of knowledge production was employed by adolescents when responding to forced-choice
questions versus open-ended question frames.

Data from preceding surveys have inferred that a higher knowledge of the risks of AIDS will promote increased behavior change. This hypothesis was examined. The questions were scattered into a specific pattern so that the key issues were posed in a variety of different ways and were embedded in different contexts. The objective of contextualized questions was to test the consistency of the participants explanatory models. Inconsistencies in the responses to the key questions were probed in relation to Young's (1981a, 1981b) model of the Production of Knowledge.

The nonrandom representative sample of twenty-five women had been purposefully chosen. Limited funding and a fixed time frame in which to conduct the interviews confined sample size. I was the single interviewer for the survey. To protect the confidentiality of subjects, all interviews were coded. No names appear anywhere on interview transcripts or in any ensuing research documents, including this thesis. Participants were free to refuse to answer any question, at any time during the interview. Participants also could terminate any interview spontaneously for whatever reason, without repercussions. The open-ended interview questions were pretested before being administered to the women involved in the project.
Women from four sororities were utilized in this study, although the majority of the participants were members of two sororities. The sororities were chosen on the basis of their reputation which was explained to me by key informant sorority women on the University of Arizona campus. In addition, informants confirmed these reputations during the interviews. One sorority (56% of participants) was labeled "conservative" because the girls are church-going, studious and active in the community. Another sorority (32% of the participants) was known as fairly promiscuous and had a "fat" reputation. Another sorority (8% participants) was called a party house and the last sorority (4%) [unlike the other three mentioned above] was considered a house with a low status among sorority rankings at the University of Arizona.

Formal interviews lasted between 1 1/2 and 2 hours. More than 30% of the participants remained after the interview ended to discuss feelings about their sexual selves. Many participants had never voiced feelings about their sexual identity to a stranger and wanted to confide in me or to ask questions they never had before felt free to discuss. Many of the participants were unsure of their answers in the "knowledge of AIDS" section of the interview and wanted to assess their responses. The researcher explained to the participants that to discuss the "rights" and "wrongs" of
their responses would contaminate the integrity of the study. Post-study roundtable on STD/AIDS discussion was scheduled at the participating sororities however. The interviewing process started in November, 1989 and terminated in May, 1990.
THE SAMPLE

Twenty-five sorority freshman women from 17 to 19 years of age comprised the population of this study. They were all Anglo-American and came from middle to upper-middle class socio-economic backgrounds. The women made up an homogeneous peer network of educated, upper middle-class adolescents, exposed to similar forms of media and AIDS education. Although seemingly homogeneous from an outsiders' perspective, key sorority informants explained that heterogeneity existed between sorority houses. In this study two sororities were chosen to represent social extremes: the smart, wholesome sorority with a 'good' reputation and the "fat", promiscuous sorority with a 'bad' reputation. The other two sororities used in this research were considered in the middle of the extremes. This bounded study was stratified within the sorority structure. Although sororities with different reputations were utilized, responses to the questionnaire did not cluster by sorority.

All the females in this study were affiliated with a sorority and were freshmen at the University of Arizona. In order to become a member of a sorority, the initiate must maintain a grade point average established by the sorority, fit into the prescriptions of the sorority standards and be able
to pay the sorority dues (about $800.00 a year for membership with additional meal charges of about $500.00). Once a woman becomes a member of a particular sorority, she tends to maintain affiliation with that sorority. Quitting one sorority and joining another is possible, only after a year's probation period. Sorority members have the option of living in their house after being members for a few years. None of the initiates interviewed were eligible to live in their sorority houses because they lacked seniority ranking. Instead, they resided in dormitories (80%), apartments (16%), and at home (4%). 20% of the population held part-time employment.

College students affiliated with the "Greek" system are insulated from interacting with nonmembers on campus. The fraternities and sororities have a built-in cultural system, which keeps them tremendously active socially within the confines of the Greek community. Women from the same sorority symbolically are 'sisters' to each other as males from associated fraternities are 'brothers' to the women. A symbolic family is created both to aid individuals in developing friendships and to monitor behavior through a "buddy" policy. Social events such as TG parties (referred to as "Thank God" or "Tail Gate" parties), formals, picnics, or other social interactions are scheduled frequently for the
members. These social events function to allow members of the fraternities and sororities to mingle and to find potential dating partners. TG parties are held almost every weekend. Certain fraternities and sororities get along particularly well and tend repeatedly to participate together in social events. This affiliation can be established through religious preferences, prestige of individuals among the Greek population, and/or reputation of the 'House' on campus. When asked what a TG meant, one informant said:

It's supposed to be just a place to meet people. It's kind of like you walk into a bar and I know everyone there. It's that sort of "Cheers" element.

Another informant explained:

It's to party and it's celebrating Friday. That's what they're supposed to be. It's to celebrate Friday and everyone's celebration, for most people is, "okay, I've had a stressful week, let's drink. I want to get wasted". I hear that one so much, "I DESERVE to get wasted!".

The demographics of the population show that 28% of the participants were born in Arizona although none of them spent their formative years in Tucson. The majority (84%) moved to Tucson in the fall of 1989 to attend the University of Arizona. 4% grew up in the East Coast, 28% grew up in the Midwest and 68% grew up in the West, of whom 36% grew up in Arizona. The religious affiliation of the population predominantly coincided with the sorority house the participants chose: 44% were Jewish, 32% were Catholic, 28%
were Protestant, and 8% were either agnostic or atheist.

Family income was generally high and all of the fathers of the participants were white collar professionals. The work backgrounds of mothers were more varied and involved both blue and white collar professions. 28% of the mothers were unemployed.

The participants were asked about their future employment goals following completion of a college degree. Goals reflected expectations fostered by familial patterns of financial success: 76% chose prestigious white collar professions of medicine, business, law and media arts. The remainder (24%) were undecided.

Although all the participants candidly admitted attractions towards specific males, 40% had not yet entered into sexual relationships. Of these informants, 30% stated that they were waiting to become married before engaging in sexual relations. The rest, (70%) stated they had not yet had the opportunity to become sexually involved with a male of their choice. The 60% who were sexually active, reported they began their sexual activity between the ages of 15 to 18 with the average age of sexual entry about 16.3 years. 24% were currently involved in a sexual relationship at the time of this study. None of the participants were married.

Within the population, two participants knew someone
personally who had AIDS or had died of AIDS.
It is a conceit of ours that if society rules us at all it does so in our minds rather than in our bodies. (O'Neill 1978:15).

In the knowledge section of the survey, fourteen questions were asked of all the informants. The results demonstrate that the informants expressed a reasonably good knowledge of AIDS, its transmission routes and its incurability. All the women answered correctly that: no cure for AIDS exist; an asymptomatic individual who has a STD can pass it on to others; AIDS is not only a male disease; and that kissing someone with AIDS is not a risk. There was consensus that everyone is susceptible to the AIDS virus and that even someone who appears attractive or "normal" may carry a sexually transmitted disease.

Although all the women responded that no cure (vaccine, pill or it goes away over time) for AIDS exist, 16% of the informants believed that AIDS, either could be cured like cancer in its formative stages, or they didn't know. And 8% thought that a vaccine has been recently developed to prevent AIDS.

The informants expressed a general lack of understanding of what causes AIDS. While most responded, automatically, that AIDS was passed through bodily fluids,
they did not know if AIDS was a virus or bacteria. Although 64% stated that AIDS was a virus, they were not confident in their responses. The remainder (36%) thought that AIDS was either a bacteria or "just cells mutating" or they didn't know and did not want to guess. Seventy-six percent of informants thought that all those people who test positive for HIV were infected with the AIDS virus and eventually would develop the fully fatal AIDS.

The only question the majority of informants (56%) answered incorrectly was the belief that many gay women have AIDS. When asked how gay women would contract AIDS, responses ranged from drugs and bisexual women lovers to the ambiguous response of 'through bodily fluids'. Because lesbians comprised a deviant population, informants associated them with gay men and categorized them as being at high risk to AIDS because of their sexual behavior.

The majority of informants had received STD and AIDS information from schools (high school (76%) and college (12%)). Newspapers, magazines, and television were mentioned as lesser but important sources of information. 24% of the participants had learned some STD and AIDS information in a family context.

Although most were quite knowledgeable about how AIDS was transmitted and how to prevent transmission, they were less
informed about other STDs. The most commonly mentioned STD by the participants was herpes (92%), followed closely by gonorrhea (84%) and syphilis (60%). The STD perceived to be most prevalent, according to these women, was herpes. They had little idea of what the symptoms were of any of the STDs they mentioned. Their knowledge about STDs, their prevalence and cure, was significantly lower than that concerning AIDS.

In 1989, on the University of Arizona campus, the most prevalent STD was genital warts and herpes was second. Only 28% of the women even mentioned genital warts as a STD when asked. One of the women interviewed had herpes, and a handful of other women had sisters or friends who had contracted a STD.
During their interviews, the freshman women tended to produce narratives to present themselves as aware and responsible of their actions. Because the knowledge section preceded the attitude section, the participants initially projected theoretical knowledge (Young 1981a) on AIDS. They had learned about AIDS primarily in school and had not associated the AIDS virus with their own sexual behavior. They were producing knowledge in explaining to the interviewer their ideas of AIDS. The informants were utilizing the resources available to them through what they were told, what they have experienced and what they have concluded AIDS meant. They were hesitant during the interview and recapitulated ideas. They reconceptualized their AIDS knowledge as they spoke. Two processes of knowledge were adopted during the interview: empirical and rationalized knowledge to answer the question logically; and intersubjective and negotiatory knowledge to satisfy the perceived expectations of the interviewer.

Of the twenty five women interviewed, ten had not yet entered into sexual relations. Most, however, said that they were ready to "get rid of their virginity". The sexually active women reported from one to six partners during the last
year with the average number of partners being two.

Organized below are the dominant themes about the social relations of sexuality maintained by this sorority population:

1. What Constitutes A Relationship:

The perception of a 'long term relationship' according to most informants lasts, on average between six months and two years. Most of them, however, had not yet been involved in a relationship which they would consider to be 'long term'. Of those (40%) who stated that they were currently involved in relationships, only half considered their relationship to be "serious" (a monogamous sexual relationship). The other half considered their relationships to be very casual or they were just beginning to date a new person.

Those who were not involved in a relationship seemed timid in admitting that they did not have a steady boyfriend. Slightly more than half of all the informants (52%) felt that they would be happier with a steady boyfriend and expressed their readiness to become involved in a long term relationship. Some of these women, however, were already sexually involved. Other responses to a preferred time frame for forming a long term relationship were: next year or the next couple of years (28%); or after college (16%). Only one
woman thought that her current relationship could be considered a long term relationship.

For making a long term relationship work, criteria such as friendship, trust, honesty, love, respect and independence were listed as important. Except for a passing remark by an informant, no one listed sexual compatibility as necessary. They envisioned a long term relationship as primarily a friendship which then develops into sexual intimacy. Many informants wanted to establish a friendship first before becoming sexually involved because they felt that emotional attachment is an integral and inevitable part of a female's sexual experience.

It seems to me that when a girl sleeps with a guy, she immediately gets all these emotions attached to him, you know, even if she went in going, "okay, this is only a one-night fling". She, somewhere along the way, is just, like, "oh, gosh, wouldn't this be great if he called me and we, you know. And the guy is still going, "yeah, this is great. What was your name?" And I just think that guys somehow are able to not attach anything to it and girls can't...not attach any emotions to sex, yeah. And I think that girls have a tendency to just, I dunno I think only because you're just giving yourself to this guy. You just assume that he'll respect you and want to call you the next day.

The perceived lack of emotions that males attach to sexual experiences was highlighted when an informant mentioned a friend of hers who remarked casually, 'just because I had sex with him doesn't mean, you know, you have to have a relationship'. The informant retorted indignantly, 'I mean
[she acted] almost like a guy!

2. Pregnancy, Birth Control and STDs:

In the condom/pill culture, we have two technical instruments that make it possible to consider the acts of entry and lovemaking rational, inasmuch as lovemaking may be combined with a decision to have or not to have children. Thus, in the modern world we are able to make the womb and the vagina places of "contractual order". (O'Neill 1985:109,110)

Sixty percent of the informants expressed the opinion that even if a woman is on the pill, the couple should use additional protection such as a condom. Use of condoms in tandem with the pill, however, was not to prevent STDs or AIDS, but, rather, to protect themselves against pregnancy. An additional 32% said a combined pill-condom approach depended on the type of relationship in which the individuals were involved: those in long term relationships, virgins, and individuals with prior knowledge of their partner's sexual activity were exempted from using multiple contraceptives. 8% did not think that a woman would need additional protection if she were on the pill. They thought the pill was adequate to prevent pregnancy and no other types of contraceptive were necessary.

When asked how long into the relationship a condom was
used, most sexually active informants stated they insisted on the use of condoms consistently because condoms served as their primary birth control device. It is unclear from their responses if the couple used condoms during the perceived less fertile periods of their cycle or during menstruation. When asked why some women stopped using condoms altogether, the most common answers were that condoms were "unromantic" and that "men did not like using them".

3. Who is Most "At Risk":

Half of the interviewed women felt that more males than females were likely to contract STD/AIDS. Males were perceived as more promiscuous and more prone to have sex with prostitutes. One informant, when asked why she considered men to be most likely to get sexually transmitted diseases, answered:

Because I think that men are bigger sluts than women are...Because for men it's like a peer pressure thing. It's a social achievement to go out and nail someone...You can imagine a guy walking into his dorm, six o'clock the next morning, ten o'clock the next morning, obviously wearing last night's clothing, and roommates howl, "AUWWL, how was she? Was she beautiful?" And if the girl does that, she crawls back in bed, she probably doesn't want to talk about it and if her friends are giving her any shit about it, she doesn't want to say anything and she'll laugh and say "I'm a slut" and she'll feel like hell for it. But the guy gets elbows in the ribs, saying "hey, hey, buddy, buddy, and 'biz'with her". You know what I mean? It's like there's like a shame factor, that does not apply to
men as it does to women. Individually, inside, maybe, but socially, definitely not. So, I think that men are encouraged to do it. What they feel on the inside, I have no idea.

Twenty-two percent, however, suspected that women were more likely to contract STD/AIDS primarily because female anatomy was considered more physiologically susceptible. They perceived the vagina as a warm and enclosed environment which fosters infection. As one informant described:

I think because there's a lot of, like, the tearing and the ripping, if it gets out of hand and stuff. I think women are more prone to be hurt or have tissue torn than men...You don't expose your insides to the elements and stuff, whereas men have kind of a protection, it seems like.

Other reasons explaining female susceptibility were:

Their [female] surface is touched longer.

or

It just seems, like, maybe a woman's body is more, uh, open to things like that and more sensitive to germs and stuff. Because, I mean, I'm sure men get diseases too, but it doesn't seem as common as for women, you know, or at least to develop it. Men might just pass it on. Women actually develop it.

Only secondarily, were women chosen as likely to contract STD/AIDS because of promiscuity. Twenty-eight percent of the interviewed women felt that the chances were equal for men and women alike to contract STD/AIDS.

The women were asked if college students are more "at risk" or "safer" than other groups in society. Overwhelmingly, these women thought that college students were
more at risk than anyone else because of the availability of partners on campus and the irresponsibility of college students in protecting themselves.

One informant replied:

I think they're [college students] way more at risk...I mean they, you know, you have to use protection against pregnancy and disease. But, they don't. I mean, they just, the kids just get really wasted and they just go, "oh, it doesn't matter"...They know what they should do, but they don't do it.

Another commented:

I think college students are a lot more laid back and, "oh, this won't happen to me," than the average person [who] is out in the work world. And, I don't know, I think college is a very lax atmosphere and whatever goes, goes, you do what you want. And once you get out into the real world--I mean, I think this even covers people who don't go to college, but are college age--and are out in the work force who just have a different idea on things, because they see that life isn't just, "let's go out and find somebody to screw". It's work, work, work, and "let's find something, you know, meaningful".

When asked who is most "at risk" in the entire society for STDs, informants thought that college and high school students were most at risk with "promiscuous people", prostitutes, and the lower economic classes as a lesser but notable risk. In regards to AIDS, informants selected different risk groups than with STDs. In the entire society, they thought that the gay population, IV drug users and older people (after college) were most at risk for contracting AIDS. One informant classified older people (over 25 years old) as risk takers because:
You know, it [using condoms] has never been an issue for me before except with ----, who was older. It's a whole different generation, you know what I mean? I've noticed it like, a lot, working with, like, older guys and stuff. Like, they don't wear seat belts, they drink and drive, they don't use condoms...Where the generation growing up today, um, ALWAYS put their seat belts on, tries not to drink and drive, um, you know, not always, but as a whole, I think.

Another stated:

Someone who's like, thirty years old has had about a hundred different partners...that's just going to compound it [risk].

When the informants were asked who was at risk for AIDS, the common response was "everyone". They felt that we (the informant and the researcher) shared a common sphere of knowledge that everyone, biologically, was susceptible to AIDS. The women did, indeed, have very definite stereotypes about who this "everyone" was. They conceptualized people who were at risk for AIDS not as "everyone" but rather, as the dangerous "other". IV drug users or gay men or promiscuous people or older men or prostitutes were not only at risk but most likely, contagious as well. According to the informants, those at highest risk for AIDS are deviant groups such as the poor, the morally corrupt and the careless.

College and high school students who are irresponsible are considered to be at risk for STDs. Although STDs are transmitted in the same manner as AIDS, the informants perceive STDs as less stigmatized and, therefore, a possible
consequence of unprotected sexual activity within their group.

Because informants felt that contracting a STD was a result of irresponsibility, sixty-eight percent said that they would have second thoughts about dating an individual who had gonorrhea a year ago. They would be his friend and perhaps even date him, but most would not want to become sexually involved. Thirty-six percent thought that behaviorally, he was more likely to get additional STDs because his morals were loose, he slept around or he was careless.

Well, from what I know about gonorrhea, um,...they have it because, they have slept with so many people, it's incredible. An that's what I'd think of him: I'd think, well, he must have been with SO many people...I would not even CONSIDER sleeping with him.

Twenty-four percent thought that behaviorally he would be less likely to get additional STDs because he has learned his lesson and would be more careful in the future. Forty percent were not sure and did not answer the question.

4. AIDS Testing as Social Control:

Although all the informants believed that testing for AIDS was a good idea, they varied on their stances regarding mandatory testing. Forty-four percent felt that mandatory testing was a good idea, 12% thought mandatory testing was
necessary for particular professions, 20% were against mandatory testing and 24% did not know how they felt. Two informants were tested for AIDS when they gave blood. None of the informants had been tested specifically for AIDS and a few informants said that they would never get an AIDS test. Testing seemed agreeable for the "other", the stranger. Because the majority of the informants do not perceive themselves "at risk", they do not feel testing themselves to be necessary.

I've thought about it [getting tested]...I'm not going to get one. I don't know why. I just don't [think it's necessary]. You know, I will, if someone sat me down and said, "I really think you should have one".

Others felt that testing could act as a moral safeguard:

And I KNOW I would never sleep with anyone else, whether or not I marry my boyfriend right now, but if I get married to someone else, I'm going to really have him tested.

5. What is Risky Behavior:

All informants agreed that "a few casual sexual encounters" increase the risk of contracting AIDS. Higher exposure to potential infections, less frequency of condom use and a lack of knowledge of a partner's sexual history were cited as reasons why casual sex is risky. Many of sexually
active informants reported having experienced casual sex or "one night stands". Yet 67% stated that they had not always practiced "safe sex".

When the question was asked, "if your partner refuses to use a condom, would you have sex with him anyway", 28% could not decide or thought they probably would because they would be too embarrassed to talk about it. Twenty percent of the women actually have experienced such a situation.

Eighty-eight percent believed that AIDS will spread into the general population if it hasn't already. The mode of transmission into general society, according to the majority of the informants, was through careless sexual activity and/or people who were infected and did not know that they had AIDS. Perceptions of those people who are most likely to contract AIDS are: "promiscuous people", gay men, IV drug users, "lower class" individuals and those with fewer morals.

[Someone who gets AIDS is] not a clean person. Ah, a person who sleeps around a lot. I don't know. A person who is heavily into drugs...I always picture people who are real grungy, dirty people.

Just very sleazy people. Like they dress very, like, out of the ordinary, you know what I mean? Very sloppily. You know they give the image of sleeping around a lot.

Many informants voiced the idea that their behavior was responsible, in the sense that they selected partners who seemed safe. The partners informants chose, for the most part, seemed safe because they are heterosexual and from the
upper social class. Eighty percent of the women thought that they were less likely than most to contract AIDS and 76% thought that they were less likely than most to contract STDs. Although they consider themselves to be living in a risky environment, they still didn't insist that their partners use condoms. They concluded that their own behavior is "safe" because they choose good partners, they are educated or they do not participate in high risk activities such as using drugs or dating bisexuals.

If you're in college, first of all, it says, that you've got ambition, that you've got something... Stereotypically, at least, that if you're ignorant in high school and you find yourself pregnant—usually the college ones are the ones who are going to take, to get, the abortion or had prevented it in the first place.

I think that this generation is so careful with condoms and stuff like that. Like, in 90% of the cases [condoms are used] a lot just for preventing pregnancy.

6. TGs and Alcohol:

The guys hang around, the girls hang around, you don't know anyone, you feel pretty stupid...I would just want to meet someone and have, like, a guy friend. The guys either want to have a one-night stand or they don't even want to talk to you...In some cases, I just want to pick someone up, yeah. But, in some cases, I just want to talk to someone and maybe develop a friendship. And that doesn't generally happen at those parties.

Most of the informants reported enjoying TG parties, although they frequently felt awkward in an unfamiliar
fraternity house with strangers. But they managed to make friends, dance, and drink. Although they were in an known environment, they felt protected by their own sorority members, and could release their inhibitions through the use of drugs or drinking alcohol. (3)

During the week, sorority women were expected to study regularly, maintain a active social life and participate in community service activities. Their lives were tightly organized around group activities where they were obliged to be well-mannered, helpful and friendly. TG parties were a built-in tradition of the sorority social structure and represented a respite from obligatory good behavior. TG's provided a socially sanctioned time and place for sorority women to relax control and become "wasted". When asked if alcohol played a role in sexual experimentation at TG parties, one comment was:

I think that alcohol is just an excuse. I think a lot of people want to be irresponsible. They like the idea of living dangerously...They allow themselves to drink alcohol and that gives themselves a excuse why they make mistakes. If they weren't drinking alcohol, they would be smoking weed or doing other things.

When drunk, these women are considered "not to be themselves". (4) They are uninhibited and available. As one informant stated, 'the mating call is: "I'm so drunk!"'. And immediately, you got guys. They'll sit there and talk to you and try to get you more drunk.' Another informant observed,
'a lot of times, so many girls are drunk and that's [sex] what they're after too.'

A lot of girls, they go to get drunk. It slips their mind, you know...They lose control...When you go to parties, people are always drunk. It's happened to me a few times and I feel dirty. It's like, how could I ever let that happen to myself, you know. I ought to take control more.

Too many people [college students] go wild, you know. They suddenly don't have a curfew, they suddenly don't have to look at Mom and Dad in the morning with their hangover. They just go to parties and completely lose control and just forget who was with who and where and when. I just think they get a lot more irresponsible.

Issues of control factored preeminently into their descriptions about TG's parties. Many informants expressed concern about their friends who might "lose control" at parties. They developed "buddy" policies amongst themselves to watch out for each other and to ensure getting home safely. Some felt that they could act promiscuously at TG's without repercussions from the Greek system and that ultimately they were protected by their friends. "Mashing" (kissing and touching) is expected behavior at TGs and many women mash each weekend. One informant defined mashing as, 'it's, like, oh gosh, you're drinking, and he's drinking and you look pretty cute, he looks pretty cute, you go in a dark corner and you kiss'. Hence, sexual experimentation constitutes a central focus of TGs. Whether sorority women chose to take advantage of sexual opportunities at TG parties was entirely an
Women "pre-partied" with alcohol at each other's houses before attending a TG. During this pre-party, they spent their time helping each other achieve an attractive look. They dressed in socially sanctioned "sexy" outfits to gain approval from their female friends. The pre-party functioned as a means to regulate friends' appearances so that they did not deviate from the norm. One informant remarked about appearances:

I think that any girl who went to a fraternity and wanted to have sex, she could. It really would matter who they looked liked...At fraternity parties, girls who are not as dressed up aren't going to have as many opportunities to meet people...you can't do anything about it [the unspoken dress code], unless you go meet people in a shopping mall.

Thus, sorority women were expected to be both attractive and available at TG parties. In order to feel protected and simultaneously "go wild", they constructed limits around their behavior and their looks. The "buddy" system established behavioral boundaries which are monitored collectively by sorority members. The pre-party homogenized their appearances so that individualism was set within limits and appearance conformed to a sanctioned image.
7. Impact of AIDS Media and Education:

Significantly, 60% of the informants reported that the AIDS-media and information have not affected their sexual habits, preferences or lifestyle in any way. Those who were affected said that they had become "more aware of what's out there". When asked what "becoming more aware" meant, the common response was ambiguous: being more careful in choosing sexual partners was most the common response with some mention of decreased sexual activity and condom use as well.

You see a guy, maybe you think he's cute or something and someone goes, "oh, well, him, he's a total male slut" or da-da-da-da probably has AIDS". Like, you know, [AIDS] is just a common thing comes up in conversation now...It's [AIDS] something that a person is, like, scared to talk [about]. You know, people feel weird talking about it, you know...It's brought out in the open a lot more, because I mean I think [AIDS studies] try to make everyone, you know, kind of conscious and aware about, you know, what...kind of risk you're taking.

More than half of the 25 informants were bored by the AIDS education in the media. Many chose not to read new AIDS literature, because "nothing new, like a cure, has been discovered". They felt reasonably confident with their knowledge of AIDS and stated that they are saturated with AIDS news. At the same time, 92% of the informants think that AIDS is an even bigger problem than the media suggests.
ANALYSIS

In this section, I have divided up the theoretical considerations into three major sections: The body as a site of control: individual [explanatory models], social body [cultural models and the concept of risk] and body politic [symbolic interactionism]; Social labelling, reputation and responsibility; and The effectiveness of AIDS education.

1. The Body as a Site of Control

To describe how sorority women talked about themselves, their sexuality, their feelings about personal vulnerability and perceived risk for STD/AIDS, I have used Scheper-Hughes and Lock's (1987) conceptualization of the body as having three sites of control: the individual body, the social body, and the body politic. These bodies are separate and overlapping units of analysis situated in the individual. The individual body is 'the lived experience of the body-self'. The social body is 'a natural symbol for thinking about relationships among nature, society, and culture'. The body politic is 'the regulation, surveillance, control of bodies (individual and collective) in reproduction and sexuality, in
work and in leisure, in sickness and other forms of deviance and human difference'. (Scheper-Hughes and Lock, 1987:7,8)
A. The Individual Body and Perceptions of Health

Within the explanatory models of many college students, the dominant perception of health is the absence of disease. Little time is spent conceptualizing health in terms of prevention and moderation. Rather, they accept health as a given. This is one reason the latency period associated with the development of AIDS in healthy individuals may be a difficult concept for young people to incorporate into their own lives. (Brooks-Gunn, Boyer, Hein, 1982). Moreover, on college campuses, where sexually transmitted diseases and pregnancies are sufficiently invisible, college students assume that they are not a common occurrence. Fears about contracting STDs do not concern sorority college freshmen because of their low visibility. (Keeling, 1989). Because the Greek system self selects their members, an even lower frequency of deviancy is perceived.

This study found that informant's sexual behavior corresponded little with what they had learned about STD/AIDS. Their knowledge was largely "theoretical" exposing the contradictory nature between knowledge and action. According to Young (1981a:380), the process of compartmentalizing knowledge sometimes incorporate procedures that are valued
precisely because they enable actors to avoid making connections which might increase their anxieties, distract them from matters at hand, or open the door to unwanted questions.' The compartmentalization of STD\AIDS knowledge as separate form sexual behavior, allowed college students to contradict themselves without a feeling of personal conflict.

Although they understood the causality of sexually transmitted diseases, informants in this study did not perceive their sexual behavior as risky. They presented themselves as aware persons and responsible for their actions. Informants felt that the sexual carelessness of others was the most common means of acquiring AIDS. To explain their own risk, they switched to logic to assess probabilities of contact with the AIDS virus. In concurrence with the results of Warwick, Aggleton and Homans, (1988), this study found that college freshmen discussed AIDS as a problem that exists "out there".

Many informants unconsciously separated themselves into a private self and a public image. Their private self was considered to be nurturing and moral. Their public image was more spontaneous, carefree and less concerned with modesty. The informants engaged in both the "moral" and "immoral" lifestyles without conflict because they felt they had enough control to keep the different aspects of the self distinct.
It was acceptable to be immoral occasionally if the moral part of the self was practiced in other aspects of their lives. To remain in control of their feelings, they maintained a separation between the self as temptress and the self as companion. Their contradictory desires to be both the "sexy blond of everyman's fantasy" and the "type of girl that any guy would want to marry" was embraced simultaneously.

Behaviorally, these disparate embodied ideals of being both a loving partner and a sexy fashion model produced paradoxical behavior. During the interviews, informants chose selective events for discussion to ameliorate gaps between what they knew, what they wanted and how they acted. For example, many informants described fraternity parties, disparagingly, as "meat markets" where "guys try to get you drunk so you become the victim of the evening". They voiced discontent at being treated as a sexual commodity by fraternity men. What they did not assess was their own performance during the party. Yet, the informants dressed in clothing they hoped would render them "sexy" to the fraternity men, drank alcohol, flirted, sought out potential relationships and "mashed" with whomever they found attractive that particular evening.

The informants repeatedly stated that they would prefer to develop a friendship before becoming sexually involved with
a man. Yet, to be socially approachable to fraternity men, sorority women are expected to drink to intoxication. In order to fulfill her own agenda, the female had to negotiate within a power structure which denied her personal desires. According to Goffman (1959), an individual will present a front (or voice) which is favorable to the audience. These socially constructed performances have underlying motivations. The informants, thus, maximized their altered "wasted" states to appear unthreatening to males while simultaneously assessing their own goals during the social interaction. Sometimes, informants did "lose control" by becoming drunk and leaving with someone before a friend could rescue her by intervening.

I got, um, intoxicated and I ended up over in one of the other dorms. The next thing I know, I'm sleeping over there and I have NO idea what the guy's name is, this date, what his face looks like. I have no idea of anything...[In the morning] it was early enough and it was dark and I just didn't want to look--I wanted to get the hell out of there.
B. Social Bodies

[College freshman] reflect the great concern people in their age group place on the self—and social images and the opinions of their peers. In almost all cases, the self--and social images work against the notion that the students are vulnerable to AIDS. (Manning et al. 1989:70).

College students are cognizant of the "rights" and "wrongs" of disease prevention in sexual conduct. In actuality, these preventive measures do not seem realistic in their lives. They perceive college as a time of experimentation and freedom. To become anxious about sexually transmitted diseases is to threaten their ideal of sexuality as an unplanned passion. Additionally, many of the informants had not yet developed a vocabulary to discuss sex with their partners and avoided conversation before or during sexual activity. Solomon and DeJong (1986:311) argue that adolescents want to believe that sexual activity is spontaneous and that 'contraceptive or prophylactic use implies premeditation which would damage not only their self image, but in their view, their reputation as well.' Calculated sex may be perceived as a social risk for the individual involved. One informant, who was cognizant of the guidelines for "safer sex" described a situation where the belief in sexual spontaneity overcame safer sex measures:

And um, so we were at his apartment and you know, he was, like, "are you sure you want to do this?" I'm like,
"---! Of course I'm..". I mean, I wasn't like, "of course, I want to do this"; but like, "what, I'd tell you if I didn't want to do this". And I go, "do you want to do this?" And he's like, "yeah, I wanted to for a long time". And I was, like, "okay". And then so, we were just starting to have sex and he's like, "are you on the pill?" And I'm like, "no". [laugh]. He's like, "you're not?!" And I go, and then, I lied. I told him, "yeah, I was". You know, it was, like, our whole relationship was riding on that one question. And he should have thought about it earlier, you know, and I knew it was happening, but I just, you know, didn't worry about it. But, I knew that's how it was going to happen.

With such an awkward and exhilarating activity as sex, planning for safer sex often was not only unrealistic but simply did not make sense to members of this age group. Sex was not perceived by informants as a behavior to be governed by rational thought but, to be ventured upon as a spontaneous event. As Broom and Rickett noted, 'sexual behavior depends much less on what the person knows, than on what he or she prefers and values in life.' When safer sex measures contradicts the ideal of passion, safer sex will be ignored.

During parties, sorority women dressed in expensive clothing which emphasized their bodies signalling to fraternity members the potential for a sexual encounter. This "social skin," according to T. Turner (1980), announces to society the social categories of the body-self. The surface of the body for Turner signifies 'a kind of common frontier of society which becomes the symbolic stage upon which the drama of socialization is enacted.' (Turner, cf. Scheper-

Sorority women, known for their conformity to cultural ideals of beauty as promoted by the media, unwittingly presented their social-self as sexual commodities. Advertising perpetuates this ideal by equating "sex appeal" with freedom, passion and ultimate release. Kilbourne (1989:8) argues that adolescents, who are developing their own self-concepts, are especially vulnerable to the seductive messages promoted in the media. Advertising instills a stereotype that we live in 'a mythical, WASP-oriented world in which no one is ever ugly, overweight, poor, struggling or disabled either physically or mentally'. Interestingly, these stereotypes portrayed women almost exclusively as housewives or sex objects. Sorority women embodied the values of American culture by socially controlling their bodies to achieve a sexy look. Social control was expressed on an individual level by emulating the American standard of beauty of thinness, strength and "naturalness". Beauty is not ascribed, it is achieved; women must "work" to achieve a beautiful body.

Consumption and exercise were closely monitored by sorority women to maintain "heal(thin)ess". Most informants thought they should discipline their lives more strenuously
in regard to dieting, laziness, and disorganization. They felt that they would be more socially acceptable and thus, more confident, if they could look like fashion models. Tolmach and Scherr (1984:52) observed that many women believe that 'outward beauty [has] become a sign of inward possibilities and, conversely, ugliness, a sign of moral decrepitude, of a purposeless life wasting away.' Indeed, this social model extends beyond the personal sphere and into the job place. As one informant, who worried about job possibilities and being overweight, lamented, 'I will not get into corporate America; I will NOT get into the door with my body figure right now. There's no way. Because they associate...extra pounds...as being lazy.'

Multiple motivations influence college students' sexual behavior so that even a "simple" behavior such as condom use involves several decision-making processes. Freunderberg (1990:594) notes that condom use depends upon 'how people are supposed to relate to each other, especially about sex; whether one believes acting now will pay off in the future...It includes how friends will react, what religion says and what using a condom means about the kind of person one is. For a woman, it means thinking about how a male partner is going to react if she asks him to use a condom'. To become sexually involved is risky, indeed. For informants,
however, the risk was not perceived as a biological threat, but ultimately sex was perceived as a social investment.
C. Body Politic: Responses to Social Exchange

In the United States, sexuality is linked to success largely through the sale of products where sex is a form of commodity fetishism. Sex is good for capitalism, as desire fosters consumption. Sexual pleasure is a sanctioned domain where it is appropriate to lose one's control. The traditional model of sexual intercourse for procreative purposes has been consciously deemphasized. Sexuality can be served primarily to please the body. (5). The ideal of sexual experience for college students currently is to satisfy bodily desires alone. (Canaan, 1983). The sexual self has been disembodied into different spheres: the physical, the emotional and the procreative self. For college female freshmen, sexuality was an unclear and complex experience that had vague guidelines. Sexuality is perceived to be central to one's personal self, yet also necessary for social exchange in establishing a social identity. Informants were unaware of how to categorize sex without attaching emotions or love. The boundaries of moral and immoral sexual practices for them was a struggle 'to express physical desires with and apart from emotional desires, as they represent their male partners as doing.' (Canaan, 1983?:208). The women interviewed had few standards to evaluate their own sexual practices as being
moral or immoral and were continually renegotiating the
definition of those boundaries.

In the Greek system, social control was maintained by
keeping much of the individual's life in the public sphere.
Social continuity was regulated through the scrutinizing eyes
of other members. Individual's behavior was not only assessed
but also enforced through public recognition. Success was
rewarded to the individual who upheld the norms and values of
the sorority house. Both the outward appearance and the
behavior of sorority women were dependant upon the collective
ideology of the house. Women were, therefore, controlled in
part by their sorority values which determined the boundaries
between sexual practices that are acceptable and those that
ultimately would alienate the individual from the
collectivity. Each house carries its own reputation and
accordingly, the women conformed to the reputation. As
pledges who hoped to be ordained into the sorority as members,
the freshmen initiates were especially compliant to the social
requirements of the sorority.

The reputations of each sorority may indeed extend into
the private realm and influence the sexual behavior of the
informants. The sororities in this study which engaged in
increased public activities seemed to instill a great
influence on their member's private interactions.
Conversely, the sorority whose reputation was "seldom date twice" did not seem as tightly organized as the others. The informants appeared less controlled by the sorority structure in their own behavior and less concerned with submerging the self entirely into the collectivity. The most sexually active informants in this study belonged to this house. Thus, the "loose" reputation of that sorority may be, in part, a condemnation from other sororities which feel threatened by perceived sexual deviancy existing within the Greek system.

Douglas argues that if a community feels threatened by disorder, the reaction of the group is to place social controls upon the body. Bodily concerns such as ritual, sexual purity and bodily functions take on added importance if the social-self boundaries become ambiguous. The result is higher control between the social and the physical bodily boundaries.
Reputations and Social Labelling

I met a guy when I was wearing my pledge pin and he was like, a freshman too. And we were in the Student Union, and we started talking and he pointed to my pledge pin and said, "you know that pledge pin. It should just say "fuck me" on it...[he continued] do you know how many sorority girls I've slept with?". And I'm like, "I really don't care".

What do fraternity men think of sororities? According to some informants, fraternity men were "intimidated by us" or "don't want to be friends with us" or "if they do become friends with us, they don't want to go out [on a date]". One informant said when she first met some fraternity members at the University of Arizona, they told her that 'sorority girls are such sluts here'. She continued, 'they [fraternity guys] call them sorority sluts. They call them little sluts instead of little sisters.'

Moffat (1989:262) observed in his study of college students that:

if you wanted to be surrounded by other men who also thought that sleazy sex with sluts was the way to prove your manhood, then the fraternities, or some of them at any rate, were the places for you. In them,...you could escape the complicated and relatively more egalitarian contemporary gender relations of the coed dorm floors. You could escape the tensions of dealing with female next-door neighbors as friends. Once again, as in the good old days, only other men needed to be your friends. Women were once more safe at a distance. Some fraternity members may indeed have had real female friends, but if they did so, they had them very much on their own time. As far as fraternity values went...women once again came in two types: good women (present or future girlfriends and/or wives) and sluts.
Good women, then, were those who had sex because they knew that they were in love. And sluts are women who engaged in sexual relations without emotional attachments. By calling sorority women sluts, fraternity men empowered themselves by derogatorily labelling females as disposable consumables. Male identity was reaffirmed through the labelling of sorority women as inferior. Women were therefore caught in a double bind. Females could not enjoy the sex appeal they felt necessary to attract fraternity men without being simultaneously labelled as sluts and viewed as sexual commodities.

The informants I interviewed did not perceive themselves as powerless. They felt they could determine potential sexual encounters because they had the right to say "yes" or "no". The play of power relationships according to informants in the Greek system revolves around two dynamics: To have a boyfriend within the female group is prestigious. To have multiple sexual experiences is prestigious within the male group. Given these opposing motivations influencing sexual behavior, rituals of sexual foreplay constructed fields defining power relationships. Mashing was pleasing to both parties because they both, initially, were satisfied. Commonly, the male requested more sexual liberty with the female. She could resist further sexual exploration and
according to the informants, she usually did refuse his offer. Sorority women remained "in control" of their environment as long as the sexual experimentation ceased with mashing. If she consented to sexual intercourse, she had extended beyond the boundary of her power base rendering her vulnerable both socially and sexually. She had relinquished her stated desire to become friends first with the male. Instead, she had chosen to become sexually involved spontaneously.
Blame and Responsibility

During the interviews the issue of responsibility arose when discussing pregnancy. Informants assumed that they were responsible in avoiding pregnancy. They had been reminded by friends and family that an unwanted pregnancy would ruin their future.

Informants were quick to blame male partners, however, for matters which such as STDs. (6) The unknown, was ascribed to others who were more likely to be exposed to sources of impurity. Most did not know the symptoms of any STDs or how to recognize a STD if they saw one, nor did they know which STD was worse to get. STDs were mysterious to the informants and were associated with males who were also unpredictable.

I would go kill that boyfriend, I think. I would be seriously, I would be SO angry. It would be because he had been totally sleeping around. I mean, I've slept with this other guy, but I'd want to know where the source came from.

The majority of the sexually active women interviewed consider condoms use as their primary birth control method. The informants did not want to invest extra time and worry into thought about protecting themselves. For the majority of them, sex occurs infrequently and they felt any other
method was unnecessary. Although women 'go out and buy lots of stuff so that they can buy one box of condoms', the responsibility to provide condoms lay predominantly with men.

As one informant stated:

Men keep that box of condoms next to the bed. Because they have that macho sex thing all the time. And it's like "stay here" [at the males residence], the guy keeps them next to the bed. But the girl buying it feels dirty, feels whatever. She doesn't feel like, "Hey, I'm preparing for the weekend", even though she might be, you know what I mean? So, I think that girls might be a little less, I don't know, STRONG about saying, "Hey, wait a minute", when they're blasted, or whatever, you know what I mean? They want to soothe the male ego and they don't want to, you know what I mean? Usually, I'm talking about people who aren't probably that close to people who they're getting close with.

Alcohol was another area where these women blamed something other than themselves as culprits. As Stein (1985:208) has noted, 'alcohol can hardly be "domesticated" when its social function is to produce and legitimate "wildness". Alcoholism will be fully understood only when we can begin to accept the fact that social control, social protest, and social violation are three aspects of the same process.

Alcohol symbolically functioned as an "idiom of social release" for the informants. They could embody both the good, moral sorority girl and the immoral slut by blaming alcohol for their sexual activities. One informant explained, 'there's a lot more temptation [on campus], like, you go out
and get drunk because it's exciting to do and you end up with this person and you wake up in the morning [saying], "God, I don't even remember what happened!" Alcohol, thus, acted as a shield and women needed only remember "pieces of it [the sexual encounter] here and there". By blaming alcohol for sexual activities, women redeemed themselves within the sorority structure and retained their respectability.
Does Education Reduce Risky Behavior?

For solutions to health problems directly related to human behavior (teenage pregnancy, smoking, alcohol, drug abuse, and sexual behavior), information is commonly offered as the best preventive tool. Educational studies advocate the teaching of facts to individuals as the most effective method of reducing dangerous behavior. Yet, does this term "education" confuse a problem solving process with a panacea?

All too often, education begins and ends with campaigns designed to create an "awareness" among individuals of the risks involved in particular activities. Such educational campaigns assume that the amount of knowledge an individual possesses about the risks of certain behavior will directly influence his/her actual behavior. Yet, individuals often choose or reject risky behavior because the social relations associated with the risk outweighs the physical risk itself.

The values by the community establishes how dangerous an action is and the range of acceptable risk. Valued to males in the Greek system is sexual excess. Valued to females is social relationships and status. The sorority women interviewed felt that they had, in fact, made good choices about their sexual partners. Their partners were relatively safe because they embodied mainstream American ideals. This
somehow protected them from coming into contact with STD/AIDS. For example, one informant expressed that among all her friends, she stood alone in her rational conception of AIDS:

That's what all my friends say. "Who cares about AIDS, because by the time I get it, they'll have a cure for it."...I guess it must sound real stupid to you but, real people say that ALL the time! And I look at them, like, oh my God, it's like swallowing a time release capsule of cyanide. "By the time it gets to me, they'll have a cure for it".

When informants did engage in unprotected sex, the sexual experience itself had high value placed on it. It was more important to complete the sexual act than to interrupt the process and to talk about contraceptives. Informants felt that acceptance from males would be higher if the physical aspect of sex went smoothly, without conversation. To risk interruption by requesting condoms might inhibit the sexual encounter. For some informants, requesting condoms was embarrassing and difficult to discuss.

Informant peer groups played a more central role in the perception of risky behavior than educational information. I use "risky behavior" here in an expanded sense which goes beyond the physical body and biological risk. Risky behavior was intricately connected with fears of a slighted reputation or social ostracism. After becoming sexually involved with a fraternity member, a sorority woman was primarily concerned about the effects the experience had on her popularity and
reputation. If she did worry about pregnancy or STD/AIDS, it was considered only as an after thought. As Douglas and Wilavsky (1982:8) note, 'common values lead to common fears and, by implication, to common agreement not to fear other things'.

The study findings reveal that the sexual behavior of college freshman women interviewed, was for the most part, not "safe" when viewed biomedically. Their knowledge of AIDS was compartmentalized and decontextualized. They did not apply their knowledge to their own sexual relations. They were concerned with passion and acceptance during sexual encounters. In the process, they ignored the safer sex guidelines they have learned in school. However, even when they did intend to use safer sex, their behavior was frequently uneven. Much of their sexual behavior was riddled with inexperience and insecurity and a perceived inability to discuss sexual issues with their partners. Thus, education as 'facts' may influence the intentions of young women before they become sexually involved. But, education alone is insufficient to promote preventive sexual behavior by teaching young women how to discuss their contraceptive concerns with their partners so they feel able to perform responsibly as sexual beings.

The issue of whether sex education should be taught in
the classroom is currently being debated in Arizona. Parents who oppose sexual education in schools argue that adequate sex education is provided in the home. The data from this survey suggests that little education is provided at home, and that the majority of women received their primary STD and AIDS education in school.
CONCLUSION

In 1988, Surgeon General C. Everett Koop sent every household in the United States a pamphlet explaining risks for AIDS and means to avoid contact with the virus. (7) This action kicked off a badly needed nationwide AIDS educational campaign. Since then, AIDS education has received substantial attention and some funding. Schools have invested an enormous amount of effort to create an awareness among adolescents about the dangers of unprotected sexual activity. As a result of this effort, most informants interviewed in this study stated that they had learned the majority of their STD/AIDS information in school.

Shortly after the AIDS education campaign began, surveys were conducted to assess sexual knowledge, attitudes and practices among adolescents. Predominantly, these AIDS-surveys have used "forced-choiced" questionnaires. While these Likert survey formats have been useful in eliciting adolescents theoretical knowledge, they provide little information on factors effecting sexual decision-making processes. The ethnographic approach, used in this study, has explored this topic and has examined why expected changes have not resulted from increased STD/AIDS knowledge.

This study found, similar to many AIDS surveys, that
adolescents maintain a reasonably good knowledge of AIDS, its transmission routes and its incurability. This may be juxtaposed to widespread ignorance of STDs other than AIDS. Because of their AIDS-focus, many surveys have neglected to elicit knowledge from adolescents about other STDs. This finding, that knowledge of AIDS far exceeds the knowledge of other STDs, reveals the selectivity of current sexual education programs. The AIDS campaign has eclipsed STD education by emphasizing AIDS as somehow different from other STDs, even though they are transmitted in the same manner. This is important because one finding of this study was that college women think the "other" is at greater risk to AIDS while they are at greater risk to STDs. Informants perceived STDs as a higher risk among their peer group because, unlike AIDS, they can be cured with medications. They were largely unaware of the asymptomatic character of some STDs and the danger they pose to pregnancies.

Open-ended questions concerning how sex education influenced behavior revealed that informants have minimally altered their sexual behavior in response to AIDS education. More than half of the informants went on to state that AIDS information in the media has had little affect on their sexual habits or preferences. Factors most likely to effect sexual behavior include the experience of a pregnancy scare and
warnings from friends, not AIDS information received in school or from the media.

Why hasn't female adolescent sexual behavior changed? A major finding of this study has been that the social relational risk posed by inhibited sexual experiences is perceived to be a more immediate and likely threat than biological risk in the form of STD/AIDS. Fear of rejection and a perceived inability to express their desires, despite their intentions, interfered with informants' best judgement concerning prophylactic usage. A related finding of the study was that many women deemed condom provision a male responsibility, although it was a female responsibility to be protected against pregnancy. One informant, when asked why she didn't carry condoms with her, she replied, 'if the guy doesn't have one [a condom], then they probably won't be used'. Even when young women "know better", safer sex measures are not always insisted upon if it means fragile relations or self identity are at risk. (8)

Informants tended to separate their knowledge of AIDS from their sexual practice. Because STD/AIDS occurred "out there", informants did not feel personally vulnerable despite their perceptions of the Greek system as an unsafe social domain. They thought that the college environment was conducive to the spread of STD/AIDS and that college students
were at risk because of a high degree of sexual irresponsibility. However, they felt personally safe because they perceived themselves as in control of their actions. They were protected from STD/AIDS because they were educated, chose good partners and didn't engage in risky behavior defined as deviant and drug related.

Yet, their sexual experiences were not always "safe" as posited by safer sex standards. Some informants wanted to "lose control" and used alcohol or other drugs to help them reach an altered state of responsibility. Other women felt that in certain sexual situations, practicing safer sex did not make sense to them. Thus, even though these women understood the transmission routes of STD/AIDS, and they described personal situations as "risky", the majority felt exempt from exposure to STD/AIDS. They contradicted themselves without exhibiting personal conflict because they compartmentalized knowledge of AIDS and their own sexual behavior.

A more profound contradiction was apparent. Many women perceived themselves as having both a private self (self as companion) and a public image (self as temptress). Through participation in socially constructed performances, they kept those roles apart to shield themselves from social and emotional vulnerability. In a very real sense, they
internalized the control\release character of advanced capitalism (Crawford, 1984) by embodying the value of control expressed in terms of body shape and of sexual excess. Simultaneously, their body image and expected party behavior was oriented around release. Advertising exacerbates this dichotomy by glamorizing sexy models as in control yet the object of passion and release. The women interviewed attempted to emulate the beauty ideal of the fashion industry and confidently, without emotion, allure a man.

The Greek system reproduces the value of dominant American society. It encourages sorority women to produce a public sexy image to achieve social success. Female sorority behavior is a response in part to male domination promoted by the Greek system. While working on their bodies as an object of exchange, these women yearn for potential male lovers to become their best friends embracing their personal selves. They seek the ideal of romantic love where they can engage in a nurturing and enduring partnership with a male. During TGs, informants attempted to attract a suitable male with a sexual image hoping to move past performance so that the private self could emerge. The sexual decision-making behavior of young women entails a negotiation process including not only physical boundaries and sexual and emotional exchange, but self presentation.
In conclusion, STD/AIDS education has resulted in minimal behavior change among sorority college women. I have argued that the individual, when targeted as an isolated entity, is an inadequate measure of human behavior. The social relations of sexual exchange must be examined concurrently with knowledge of risk. Social risk needs to be considered. This involves complex and conflicting emotions associated with coexisting cultural values. Risks to one's social identity may take priority over physical risks by young people. Physical risks may be denied because the individual's immediate concerns concentrate on their reputation and their feelings of acceptance in a sexual context. To understand the persistence of established sexual behavior with freshmen women demands insight into what actions are perceived as necessary for social approval in a college population.
FOOTNOTES

1. STD is an acronym for sexually transmitted diseases; AIDS is an acronym for acquired immune deficiency syndrome.

2. Perhaps the best known AIDS survey was conducted in 1986 by DiClemente, Zorn and Temoshok, Adolescents and AIDS: A Survey of Knowledge, Attitudes and Beliefs about AIDS in San Francisco, and has served as a model for ensuing surveys. DiClemente et al. surveyed 1,326 adolescents by requesting them to answer "True", "False" or "Don't Know" to 41 statements (30 of which were knowledge-based questions and the 11 remaining were attitude and belief-based questions). The result of the survey was to suggest that adolescent's knowledge about AIDS is uneven although they live in an AIDS epicenter.

3. TG parties can only be held at fraternity houses because sororities are not allowed to host parties which have alcohol. The sorority girls bring food and the fraternity guys supply the beer, the punch and the house in which to hold the party.

4. When asked how a woman reflects on her promiscuous public behavior at a TG the following day, one informant replied, 'it's better to keep on drinking and then just not be able to remember it at all.'

5. Previously (the pre-pill generations), integral portions of the sexual ideal involved love and procreation. Today these ideals are no longer is considered necessary.

6. Cross-cultural studies in anthropology have found that men are perceived to be responsible for protecting individuals from (spiritual) danger while females are responsible for fertility and procreation. This study concurs with these findings in that males are perceived by informants to be responsible for protecting against (or transmitting) STDs. Informants perceived themselves as responsible for avoiding pregnancy.
7. To send AIDS pamphlets to every American household cost $17 million. I am unaware of any follow up studies conducted on the effectiveness of this approach.

8. From this study, generalizations can be made for future STD/AIDS educational programs. Concepts such as the "other" as dangerous while the known is deemed pure, and education within the peer group as being more influential than superimposed from the outside are crucial factors to consider in developing an educational strategy for adolescents.
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