

Columbia Daily Spectator, 29 October 1990 — Five peer educator groups teach campus of sexual risks [ARTICLE+ILLUSTRATION]

[Back](#)

Five peer educator groups teach campus of sexual risks

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You turned in that 10-page opus at your last class. You took a nap. You went to UFM to buy a TV dinner to celebrate, and, to top off your private fete, you head for your floor lounge, where -- you think -- an episode of "The Simpsons" awaits you.

But there's no vintage residence-halls-comfort-style chair for you to settle into; in fact, your grungy, normally deserted lounge is positively packed with people.

And they're talking about condoms.

Don't panic. It's probably one of this campus' peer educator groups, giving a floor discussion.

There are quite a few of those peer educator-types around, enough to form three Columbia groups and two Barnard groups -- and that's just to deal with AIDS, sex, contraceptives, and similar touchy subjects.

"Everybody approaches sex differently," said Director of University Health Services Richard Carlson. "But I think it's one thing for there to be doctors and nurses, but when

for there to be doctors and nurses, but when they hear it from students, they listen.”

Carlson’s assessment seems fair: residence counselors who have held floor meetings with peer educator groups said students were receptive. The problem lies in the range of students these seemingly ubiquitous bands reach. For while the Columbia/Barnard undergraduate is nearly guaranteed one or two presentations, usually in their first year, graduate students and other University affiliates might not come in contact with these groups--and may miss out on information.

The Columbia Gay Health Advocacy Project (CGHAP) and Students Providing Education and Counseling on HIV (SPEACH), the latter at Barnard College, disseminate AIDS information. Columbia’s Peer Sexuality Educators and Barnard’s Sexuality Self-care Contraceptive Options Peer Educators (SCOPE) focus on informing students about other sexually transmitted diseases, contraceptive methods, pelvic exams, pregnancy--the rest of the gamut of sexual issues.

Some Peer Sexuality Educators serve as members of Dr. Whoopee’s team, who make floor presentations, while more experienced Peer Sexuality Educators can elect to work as one on one counselors and hold office hours. CGHAP is similarly divided, with the old-timers handling counseling and beginning volunteers working in the residence halls.

Volunteers for SCOPE and SPEACH do not hold formal counseling sessions;

SPEACH workers distribute their phone numbers if students want to talk on a one-to-one basis. SCOPE has hot-line services and drop in hours.

Ask any CGHAP or Dr. Whoopee's team member and they'll tell you they focus on first-year Columbia dormitories: John Jay, McBain, Carman, and Schapiro Halls. Graduate students are difficult to reach because they don't fit in with the dormitory-oriented counseling, according to volunteers.

"Graduate students live dispersed," said Lara Tabac, CC '91, a Dr. Whoopee volunteer. "It's very hard to reach them."

Leslie Kantor, health education coordinator at University Health Services, agreed that the graduate students' off-campus lifestyle hinders outreach.

"It's not a residential group," she said. "It's been very hard for all of our groups to access graduate students."

"There's no place for us really to go talk to graduate students," she added.

Many of CGHAP's volunteers are graduate students, according to Kantor. But CGHAP cannot leave the task of AIDS education for undergraduates to the Peer Sexuality Educators, Columbia's general sex information group that produces Dr. Whoopees' presentations, because the two groups have different messages to relay, according to volunteers.

"We deal with [AIDS] if people ask questions about it," said Wendy Staton, CC '91, a

tions about it," said Wendy Staton, CC '91, a peer sexuality educator. "We don't really go out of our way."

CGHAP and the peer sexuality educators, who are all undergraduates, rarely pool their volunteers because of the age difference, Kantor said.

"They sort of travel in different circles," Kantor said. "There's some sort of separation just by schedules."

And with one of Columbia's three groups -- the AIDS Peer Educators (APE)-- out of commission for this and perhaps the coming semester, the pickings for non-undergraduates are slim.

"CGHAP got a whole lot of interest this year," said Sam Helfrich, CC'91, an APE coordinator. "We sort of waited too long."

"The group is almost nonexistent," he added, saying, "It's indefinitely on hold."

Kantor, however, said lack of interest among APE coordinators, not volunteers, was the root of the group's decline.

"It really has to do with the coordinators of APE having a lot of commitments," she said.

CGHAP and APE have coexisted in the past without conflicting pools of volunteers, she added.

"I don't think there's been much of a sense of overlap," Kantor said. "There can always be more services."

APE was part of the Barnard peer educator system until October of 1988, when Kathryn Rodgers, general counsel and vice president of

Barnard College, ordered the group to cease activity until it agreed to supervision by Barnard Health Services. At the time, Rodgers said she imposed the moratorium because doctors, not students, should have the last word on medical information relayed to students. Kantor, BC '89, said health services administrators were pushing for the group to tell students to change sexual habits rather than practice safer sex, and asked the students not to discuss the use of dental dams, which were at the time unproven. The group moved to Columbia the following spring.

Program Coordinator of Barnard Health Services Giselle Harrington would not comment on APE's move.

"They're affiliated in that people on the health services staff act as advisers," Kantor said of APE's current status.

Both SPEACH and (SCOPE) at Barnard College tour all Barnard dormitories, according to Harrington, but are dependent on contact with residence assistants when scheduling their discussion sessions.

"Often the residence assistants for the first-year students often do more," Harrington said. "It all depends on whether the RAs want them."

But this reported efficiency is not linked to integration or cooperation within the two groups.

"We leave a lot of the HIV programs to them," said Sonja Olson, BC '92, a SCOPE coordinator. "We kind of compliment

coordinator. "We kind of compliment
SPEACH."

"We always tell them about SPEACH," Olson said. "We decided that SPEACH would complement us and we would complement them."

Whether or not volunteers work specifically with AIDS, and however they view campus awareness of AIDS prevention, they all agree that the need for education programs is strong.

SPEACH co-coordinator Naomi Stotland, BC '91, said that although public awareness of AIDS has risen, the circulation of some facts has caused a reluctance to delve deeper for more information.

"Now that more and more people know the information, we want to focus on how to use the information in your life," Stotland said. "But they think, oh well, not me. People are starting to feel apathetic about it."

"I think people think they know all the information," said SPEACH co-coordinator Holli Berman, BC '91.

People also neglect to update their knowledge about AIDS, said SPEACH co-coordinator Marci Levi, BC '93.

"Usually when you learn something you learn the main points of it, and they think that doesn't change," Levi said.

Olson said some students lack basic information.

"I find myself being surprised," she said. "There will be seniors who have never had a"

gynecological exam before and who have a problem saying 'condom.'" "There's a definite need for this, for SPEACH and for SCOPE," she added. "There's a great amount of unawareness out there. You get this huge abyss of misconceptions."

Tabac said awareness varies among the undergraduate student populace.

"It's pretty split between people who have information and people who are needing...as much as they can get," she said.

Anxiousness with the subject material, especially among first-year students, can make gauging awareness difficult, Tabac added.

"It's hard to judge what they know because they may be shy," she said.

More students have approached Peer Sexuality Educators with questions, a sign that the undergraduate population may be ready to educate itself, said Staton.

"I notice a lot more people coming in," she said. "In floor raps I get a lot of AIDS questions."

In addition, Staton said, students seem more willing to consider safe sex using condoms than previously, when the birth control pill was the contraception of choice, because concerns about disease are greater.

"When they ask about birth control, they ask...about preventing sexually transmitted disease," she said.

"There's a fairly good level of awareness," said Paul Newport, a first-year student in

ness," said Paul Nauert, a first-year student in the Graduate School of Arts and Sciences and a CGHAP volunteer.

While awareness of AIDS on Columbia's campus is growing, misinformation still circulates, said Director of CGHAP Laura Pinsky.

"There's a cleaner conception of transmission," she said. "But there are a lot of misconceptions still around."

In addition, most secondary schools do not offer practical AIDS education.

"Many people in high school seem to have been taught information...without explicit sexual guidelines," she said.

Also, many students perceive AIDS educators as gay activists, and therefore may discount what they say, said Shawn Nacol, CC '91, a member of the Lesbian Bisexual Gay Coalition.

"If they're fighting for everybody's lives, why should their sexual orientation come into it?" he said.

Kantor said that although students may be more aware, their sexual practices may not reflect it.

"There's a big leap between knowledge and behavior change," she said.

"I don't think that Columbia people change their habits very radically or very quickly," Berman said.

Nauert said that although student peer education groups could do more to spread awareness on AIDS and sexually transmitted

disease, students with individual problems need one on one counseling, not informational sessions.

“Beyond a certain point it makes sense to let people come to us,” Nauert said. “Different people have different concerns.”

“The programs as they stand are pretty effective,” he added.

The groups seem to work well within the population they reach. Residence assistants said they thought the students who showed up for the floor meetings were receptive.

“Everyone was pretty much into the program all the way,” said Stephen Anwi, a residence counselor in McBain Hall, of the CGHAP presentation. “From what I was told by them they thought it was pretty informational.”

Another residence counselor, who asked not to be identified, said students on the floor were put off by the length of peer educator presentations.

“People got up and left,” the counselor said. “It was academic night. People didn’t have an hour and a half to sit.”

But out of the undergraduate population that is most intensely targeted by these groups, residence counselors said one third to one half of the students on their respective floors showed up for the meetings. Residence counselors said they did not require that the students on their floor attend the meetings, but they strongly recommended it for their first-year students, they said.

students, they said.

"I kind of went around room by room asking people to come," the anonymous counselor said.

And peer educators said CGHAP could not be the primary informational body for the University.

Tabac said that although CGHAP is effective, their role as the University's only functioning AIDS education group was too expansive.

"The CGHAP is doing a very good job," Tabac said. "But it's not possible for one organization that's not huge to meet and reach everyone, no matter how hard they try."

Health service administrators should work on outreach programs for employees and faculty members, she said.

"The [Columbia] community isn't just students," she said. "It's everybody."

Kantor said she agreed that more outreach was needed, adding that the sexuality peer educators have recently begun working through graduate and professional school student groups to reach those populations.

The five groups approach their floor discussions in similar ways: most begin with an informational lecture, segue into an audience participation session -- usually role playing games -- and conclude with a question and answer session. Additionally, all five groups seem to be most concerned with spreading information about safer sex.

"We're both working towards a common

goal of heightening awareness," Olson said of the Barnard groups.

While Columbia's peer educators have much in common, and while graduate student volunteers are involved in the program, the University's entire population needs accurate information about the prevention of AIDS and other diseases, as volunteers will agree. The groups' success at reaching affiliates other than undergraduates is dependent on students' and faculty members' willingness to find meetings or approach individual counseling on their own initiative--one that may be repressed by a sometimes prejudiced and critical society; that success may, therefore, be limited.

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"There's a big leap between knowledge and behavior change. I don't think that Columbia people change their habits very radically or very quickly."





SPECTATOR FILE PHOTO

WHAT DO STUDENTS REALLY TALK ABOUT?: Though peer educators conduct floor raps, many students do not discuss the risks of AIDS among themselves.

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