An exploratory study on the relationship between knowledge of human immunodeficiency virus and condom use among substance addicted African-American patients

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ABSTRACT

SOCIAL WORK

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AN EXPLORATORY STUDY ON THE RELATIONSHIP BETWEEN KNOWLEDGE OF HUMAN IMMUNODEFIENCY VIRUS AND CONDOM USE AMONG SUBSTANCE ADDICTED AFRICAN-AMERICAN PATIENTS

Advisor: Dr. Gale Horton

Thesis dated May, 1997

The overall objective of this study is to clarify and expound on the relationship between HIV knowledge and condom use of substance addicted African American patients. To achieve this objective the following determinants were addressed by the researcher: 1) Effects of HIV, (2) Knowledge of HIV, (3) Condom use, and (4) Drug use. The study involved thirty adults (males and females), ranging between the ages of 27 to 59. These participants attended the day treatment program at a local treatment facility in Atlanta, Georgia. The Historical Black Colleges and University Campuses Evaluation Manual questionnaire was administered to the participants.

The study was an attempt to look at the knowledge that substance addicted African American patients have about HIV and condom use in order to assess their attitudinal changes regarding risky sexual behaviors. The results indicated no significant statistical relationship between knowledge of HIV and condom use among African American substance addicted patients.
AN EXPLORATORY STUDY ON THE RELATIONSHIP BETWEEN
KNOWLEDGE OF HUMAN IMMUNODEFIENCY VIRUS AND CONDOM USE
AMONG SUBSTANCE ADDICTED AFRICAN-AMERICAN PATIENTS

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
WANDA DENISE WILSON

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
MAY 1997
ACKNOWLEDGMENTS

I would like to give thanks to my Lord and Savior, Jesus Christ, who has allowed me to see this day. I also want to give praises and unconditional love to my mother, Delores A. Wilson, who wanted me to achieve all I could in life. Thank-you “Momie” for your love and support. Special thanks to my Aunt Helen and Aunt Carolyn for all the encouraging words and care packages while I completed my studies. To my mentor Majorie Hammock, thank-you for staying on me and encouraging me to face the challenges. Much appreciation to Dr. Gale Horton for the good and bad times throughout my thesis, but most importantly thank-you for your patience as my thesis advisor. Finally, I want to express love to my best friend and confidant, Jermaine Smith, you are one in a million.

For my church family and friends thank you for your prayers and patience throughout the course of my studies.

THIS THESIS IS DEDICATED TO THE LOVING MEMORY OF MY GRANDMOTHER, MINNIE MORRIS.
TABLE OF CONTENTS

ACKNOWLEDGMENTS ........................................................................................................... ii
LIST OF TABLES .................................................................................................................. iv

CHAPTER

I. INTRODUCTION ............................................................................................................. 1
   Statement of the Problem ................................................................................................. 5
   Significance/Purpose of the Study ..................................................................................... 6

II. REVIEW OF THE LITERATURE .................................................................................. 8
   Human Immunodeficiency Virus .................................................................................... 8
   Condom Use ................................................................................................................... 10
   Drug Use ........................................................................................................................ 14
   Treatment Options ......................................................................................................... 18
   Theoretical Framework ................................................................................................... 20
   Statement of the Hypothesis ......................................................................................... 21
   Terms and Definitions .................................................................................................... 22

III. METHODOLOGY .......................................................................................................... 23
   Research Design ............................................................................................................. 23
   Sampling .......................................................................................................................... 23
   Data Collection .............................................................................................................. 24
   Data Analysis ............................................................................................................... 24

IV. FINDINGS .................................................................................................................... 37

V. DISCUSSION AND SUMMARY .................................................................................. 42
   Limitations of the Study ................................................................................................. 43
   Suggested Research Directions ..................................................................................... 43
   Implications for Social Work Practice ........................................................................... 44

APPENDIX ........................................................................................................................ 45

BIBLIOGRAPHY ................................................................................................................. 54
# LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLES</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>25</td>
</tr>
<tr>
<td>II</td>
<td>27</td>
</tr>
<tr>
<td>III</td>
<td>30</td>
</tr>
<tr>
<td>IV</td>
<td>40</td>
</tr>
</tbody>
</table>

I   Demographics Frequency Distribution
II  Knowledge of HIV Frequency Distribution
III Condom Use Frequency Distribution
IV  Bivariate Analysis of the Dependent and Independent Variables HIV Knowledge and Condom Use
CHAPTER ONE

INTRODUCTION

Despite the fact that much is being done to increase the awareness of human immunodeficiency virus, individuals are still engaging in risky sexual behaviors. The majority of HIV infection is increasing in men and women and contributing to their health problems. Of those problems drug abuse and addiction are two issues that create public health problems for men and women. More than 4.4 million women currently use illicit drugs and women make up more than 37 percent of the illicit-drug using population.¹

Acquired Immunodeficiency Syndrome (AIDS) is caused by the virus known as the human immunodeficiency virus (HIV). In the early 1980's, it was first perceived as a white gay man's disease but research has proven otherwise. AIDS does not discriminate regardless of age, sex, or creed. There were 253,448 reported cases of AIDS according to the Center for Disease Control and Prevention.² Today, 1 million Americans or 1 in every 250 are infected with this virus.³ About 1 in 100 men and 1 in 800 women are infected with HIV. Acquired immunodeficiency syndrome (AIDS) is now the third leading cause of death among women ages 25 to 44, in the United States.⁴ Among men...


²Center for Disease Control and Prevention (CDC), Surgeon General’s Report to the American Public on HIV Infection and AIDS (Atlanta: Centers for Disease Control, 1992), 23-25.

³Ibid., 23.
aged 25 to 44 AIDS is the leading cause of death. Although Black and Hispanic women are 16% of all U.S. women, they comprise 78 percent of all women with AIDS in the United States since 1981. Studies indicate that women are at increased risk when they share needles and have unprotected sexual exposure.

The social work profession needs to recognize the relationship regarding HIV and sexual behaviors among substance-addicted African-American patients. Epidemiologically, the disease is not changing but is spreading quickly in the African-American community. Men are at risk through homosexual contact or injecting drug use. Women are at risk for infection through bisexual or drug-addicted partners as well as through personal injecting of drugs. It is anticipated that by the end of 1995, maternal deaths caused by HIV/AIDS will have orphaned 24,600 children and 21,000 adolescents. By the year 2000, it is estimated that there will be more than 80,000 youths orphaned by HIV.

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Since AIDS is transmitted sexually, from a social work standpoint there is a need to develop more policies and services for individuals. This study seeks to explore, identify, and provide further clarification to the social work perspective in regards to condom use and HIV knowledge among substance addicted African-American patients.

Currently, there is an estimated 12 million cases of sexually transmitted diseases occurring each year influencing the mortality and morbidity for many adults. Inconsistent use of condoms and HIV knowledge are factors that need to be addressed when working with substance addicted African-American patients. Over recent years, the number of condoms sold have rose although sexually transmitted diseases continue to rise. What could be influencing this rise? Inconsistent use of condoms. When used consistently condoms are 100 percent effective. Consistent condom use could prevent nearly half of sexually transmitted diseases. In order to protect people from HIV infection while decreasing the spread of HIV and other sexually transmitted diseases, promotion of condom efficacy and advocating consistent use is vital in educating those who choose to be sexually active.

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During 1992, 2.8 million people needed substance abuse treatment, but there were fewer than 600,000 treatment slots at any given point in time. We need to begin to implement more education into treatment programs and provide treatment services to those individuals with a willingness and commitment to change addictive behaviors. If more treatment programs began to educate those about how to adequately clean needles, put on condoms, and inform them of the effects of HIV, then perhaps we are beginning to build a foundation in which substance users will use preventive measures.

Since there is no cure for AIDS, the role of social workers is vital in the area. It is critical that social workers increase their knowledge about the relationship between condom use and HIV. Research has stated that women are more at risk of being infected whether through sexual contact with bisexual or drug-addicted partners or through personal injection of drugs. Men are more at risk of being infected whether through homosexual contact or by the use of personal injection of drugs. There is no cure for AIDS so educational services need to be provided to those affected. Education about prevention can help to save or preserve the family system by presenting factual information on how HIV/AIDS is contracted.

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Statement of the Problem

HIV is becoming a great concern for society as more individuals are becoming infected with this life threatening disease. More families are losing loved ones and mates are losing lovers. Many individuals are beginning to talk about the devastating effects of HIV. African-Americans are having major conversations about HIV within the community but few steps are being taken to alter to their behaviors. The increased rate of HIV is a reality that is scary and alarming.

Men and women who engage in risky behaviors such as drug abuse or intercourse without condoms are more likely to contract HIV. This phenomenon is significant and produces little hope that in the future we will be living in a community free of AIDS. If the problem of substance addicted African-American patients are not addressed the survival of the race is at risk since more African-American women are more likely to die than White women from HIV. African-American women make up the highest population with the disease and the numbers are increasing instead of decreasing. A lot of this is due to increased risky behaviors, as well as minorities being the last to seek HIV testing when the disease first came into being. Many held on to the myth of only white gay males had the disease and when the 10 year incubation period came around many were startled to find they were indeed infected.

With more children being born to substance addicted parents new challenges are arising for the social work profession. More and more social workers will begin to see more "crack babies", or HIV infected children. Consequently, more knowledge must be
obtained in working with African-American substance addicted men and women. Education in regard to HIV and condom use is essential to inform and educate men and women in order to diminish high-risk behaviors and the spread of HIV/AIDS. When individuals are under the influence of alcohol, heroin, or any other drug their thinking is impaired which increases the likelihood of risky sexual behaviors. If the problem of condom usage and substance-addiction is not combated we are headed towards a world filled with drug dependency and diseases. Teaching African-Americans to practice safe sexual behaviors and treatment of addictive behaviors are great steps to reducing sexually transmitted diseases and HIV.

**Significance and Purpose of the Study**

In recent years, researchers have produced more information on condom use and drug abuse. The history of drug abuse has focused primarily on men. Few studies have been done on women, especially, African-American women. The last few years has brought about extensive research in the area of condom use, drug abuse, and substance abuse since the rise of sexually transmitted diseases, and HIV, yet little has been done about African-American substance addicted patients.

The purpose of this study is to examine the relationship between HIV knowledge and condom use among substance addicted African-American patients. This study seeks to expand the knowledge base of existing research on HIV knowledge and condom use in
substance addicted African-American patients. Research has shown that risky sexual behaviors increases the likelihood of HIV transmission. There are several perspectives as to why individuals do not use condoms or the knowledge obtained by HIV education, but there is a lack of research on the relationship between clean needle use and HIV knowledge among substance addicted African-American patients. It is hoped that this study will provide insight in this area.
CHAPTER TWO

REVIEW OF THE LITERATURE

This literature review will summarize the findings of research in relation to knowledge of human Immunodeficiency virus and condom use among African-American substance addicted patients. Greater understanding of these topics are necessary to provide greater education and prevention to this population. The review of the literature will cover the areas of HIV knowledge and condom use among treatment patients.

**Human Immunodeficiency Virus**

Despite the many advances of modern technology man faces an epidemic greater than those of past generations. Human immunodeficiency virus is touching the lives of the young and the old. Communities and families are struggling to cope with this disease while scientists are struggling to find a cure. Those in the African-American community are greatly affected since they comprise only 12 percent of the population in the United States, but account for more than 29 percent of all diagnosed cases of AIDS.¹

Blacks and Hispanics have the highest AIDS rates.² The AIDS incident rate per 100,000 among blacks (92.6) was 6 times greater than among whites (15.4) and two times greater than among Hispanics.³ Every three weeks 1,000 persons contracts the disease

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² Ibid., 24.

³
While the median incubation period of the virus is 10 years before a person gets sick with AIDS.\textsuperscript{4}

When the AIDS epidemic began on June 5, 1981, most physicians reported the occurrence in gay white males.\textsuperscript{5} Ironically, this belief is no longer true. The proportion of heterosexual transmission is increasing as demographics continue to change. The number of AIDS cases among women, especially, racial/ethnic minorities has grown, while the rate of AIDS among homosexual men has remained level. African-American women are at greater risk since they are likely to contract the disease due to an increase in heterosexual contact (almost 38%), injecting drug use (37%), and cocaine use.\textsuperscript{6} African-American men are more likely to transmit this disease by homosexual activities (36%) and injecting drug use (almost 34%).\textsuperscript{7} Regardless of the mode of transmission much needs to be explored in the area of HIV in the African-American community.


\textsuperscript{4} Center for Disease Control and Prevention (CDC), \textit{Surgeon General’s Report to the American Public on HIV Infection and AIDS}, (Atlanta: Center for Disease Control, 1992), 23.


\textsuperscript{7} Ibid., 10.
Condom Use

The first mode of eliminating risky behaviors is by the use of condoms. The FDA regulates condoms which are classified as medical devices. According to several studies, condom breakage in this country is less than 2%.8 Most of the breakage is due to incorrect usage versus poor condom quality. Abstinence is essentially the key to preventing HIV. However, more individuals are becoming sexually active which makes the use of condoms vital in HIV prevention. Unfortunately, many individuals have not adopted this behavior and continue to be at risk for HIV and other STDs.

Consequently, latex condoms have been shown to be effective when used consistently and correctly when engaging in sexual intercourse. In fact, recent studies provide compelling evidence that latex condoms are highly effective in protecting against HIV infection when used for every act of intercourse.9 As the world is being faced with an increased number of sexually transmitted diseases, prevention is necessary in preventing early deaths.

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8Center for Disease Control and Prevention (CDC), HIV/AIDS Prevention (Atlanta: Centers for Disease Control, 1993), 3.

9Centers for Disease Control and Prevention (CDC), U.S. HIV and AIDS Cases Reported through December, (Atlanta: Center for Disease Control and Prevention, 1995), 12.
Recent studies indicate that heterosexual transmission accounts for 71% of all human immunodeficiency virus (HIV) infections worldwide.\(^\text{10}\) As more individuals are becoming sexually active in the U.S., 7% of all AIDS cases are contracted through heterosexual contact.\(^\text{11}\) Despite these startling numbers and the growing number of deaths individuals still do not use condoms or they do not use them consistently.

According to a recent study consistent condom use provides a 70% to 100% reduction in risk of transmitting HIV infection.\(^\text{12}\) The benefits of consistent and inconsistent condom use was observed. The European Study Group on Heterosexual Transmission of HIV evaluated 563 couples from 9 European Community Countries. Their findings indicated that 12% of the male partners and 20% of the female partners of HIV infected persons became infected.\(^\text{13}\) Furthermore, of those 24 couples who consistently used condoms none of the partners became infected. Overall, of the 44 couples who did not report consistent condom usage, 6 female partners became infected. Based on their findings, condoms provided a high degree of protection against HIV infection and when used correctly and consistently.


\(^{11}\) Centers for Disease Control and Prevention (CDC), *U.S. HIV and AIDS Cases Reported through December*, (Atlanta: Center for Disease Control and Prevention, 1995), 24.


\(^{13}\) Ibid.,3.
In relation to HIV, more and more studies are focusing on one key element—prevention. Prevention needs to be broad in order to encompass an eclectic approach. According to Hee-Choi and Catania there is an increased trend in consistent condom use especially among women 15 to 44 years of age (from 9% to 11%), and heterosexual women 18 to 49 years of age (from 11% to 21%). This study focused on the changes in multiple sex partners and condom use. The results indicated that overall, HIV risk levels have remained unchanged for heterosexual women 18-49 years of age.

Telephone interviews were conducted with adults aged 18 to 75 in a nationally representative sample of 2673 adults. The study revealed the significance of education and ethnicity in relation to condom use. When compared to African-American women, White women with a college education who may have been married made little changes in condom use. On the other hand those white women with anything less than a high school degree sought alternative measures against HIV infection.

The problem is African-Americans, especially women are engaging in risky sexual behavior. Society is attempting to make others aware of the rate of sexual intercourse in the United States and HIV by promoting more education. Recently, the media as well as the government has been publicizing safe sex measure. The Clinton Administration launched the first ever federal government advertising campaign in 1994 to target 18 to 25

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year olds. Yet, these works go unnoticed for many people still engage in risky sexual behaviors.

Gender and cultural differences play an important role in sexual behaviors. HIV prevention efforts should increasingly target men, who in most instances are responsible for HIV transmission to women by introducing them to needle use and sharing, by virtue of their power advantage in sexual relationships, and because of the relatively more efficient transmission of male to female HIV transmission.\textsuperscript{15} African-Americans and other minorities have lower perceived risk of HIV infection when looking at the rate of condom use.\textsuperscript{16}

In Jadack et. al, they noted that men and women had accurate knowledge of HIV but still engaged in risky sexual behavior.\textsuperscript{17} Men were more likely to engage in sexual intercourse without a condom when intercourse was unplanned, or while under the influence of alcohol or drugs. Many times this occurred with individuals they did not know well. Women were more likely to engage in sexual intercourse without a condom when they were in a long-term relationship. Women were significantly more comfortable


abstaining from sexual intercourse and asking partners about their sexual history while men were significantly more comfortable buying condoms. Overall, men and women had a great comfort level buying condoms. This study helps to understand why men are willing to take more risks, and in what situations risk taking is more likely to occur.

Empirical research indicates that factors such as lack of HIV knowledge and discomfort with condom use are inhibitors to condom use. Nyamathi et. al, study implies that the inability to get condoms, discomfort and lack of skills in discussing condoms with partners, not thinking about condoms when high, and a belief that their partner did not have AIDS were perceived barriers to condom use.

Drug Use

The literature supports a strong link between drug use and risky sexual behaviors. In a study done by Chitwood et. al, they found that addicts reduced their use of contaminated needles. Intravenous drug users who share contaminated needles have an

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19Ibid.,320.


increased number of sexual partners while engaging in unprotected sex. Many times they have partners which are drug users. There appears to be a parallel relationship between intravenous drug users and non-injecting use of crack cocaine.\textsuperscript{22} Both are at risk for engaging in risky behaviors. Non-injecting users of crack-cocaine sometimes trade sex for drugs along with having a large number of sexual partners.

While intravenous drug use remains the primary mode of transmission of HIV/AIDS among African-Americans, the relationship between non-intravenous drug users and the spread of AIDS is a growing concern. This phenomenon is of particular significance due to the overall increase in drug use, particularly of alcohol and crack cocaine, and the increase of the prevalence of AIDS among African-American women.\textsuperscript{23}

Some studies suggest that high risk behaviors such as the sharing of needles play a vital role in HIV transmission. Feucht et al., found that the greatest risk of HIV infection is associated with drug use; sharing injection paraphernalia and failing to clean needles and syringes properly. These factors have resulted in increased rates of AIDS among intravenous drug users. The results indicated that the risk that intravenous drug users incur through unsafe sex practices and an increase in HIV transmission will increase among sexual partners unless dramatic changes in sexual behavior occur. Women were


five times more likely to contract HIV through heterosexual contact with an intravenous drug user.²⁴

The primary focus of the study was to assess the sexual behaviors of intravenous drug user's. The subjects were asked to identify the number of sex partners, the frequency of sex, the occurrence of anal sex and the use of condoms by intravenous drug users and their sexual partners. As part of an AIDS education and intervention project, 662 intravenous drug users were interviewed over a 12 month period. Each client participated in sessions which included information about cleaning syringes and needles with bleach, using a condom, and other information designed to reduce the intravenous drug user's risk of contracting HIV.

HIV infection and AIDS progression can be prevented by promoting healthy behaviors among drug users and their sexual partners. In order to address this issue, populations drug-using behavior and sexual behavior must be altered or changed. McCoy developed a project to provide education on HIV transmission, motivation, and training in risk-reduction behaviors in culturally sensitive settings. The specific objectives of the intervention were to decrease HIV transmission risky behaviors, specifically, the frequency of needle use, the frequency of sharing needles, the frequency of risky sexual practices, the number of sexual partners; and an increase in safer sex practices and safer injection

behavior.\textsuperscript{25} These factors were considered more realistic than the cessation of drugs or entering drug treatment, although these were objectives. Cleaning needles rather than quitting needles was viewed as a more realistic way of addressing the issue.

In addition, drug treatment was viewed as not being available to all participants due to financial or personal considerations. The mechanisms used to increase skills were individual counseling, group counseling, audio and visual media, and persuasion which was found to increase the probability as clients skills increased. The design focused on HIV risk reduction behaviors which included not sharing needles and syringes, adequate sterilization of needles and syringes, and safer sex practices. The study concluded that knowledge, attitudes, and skills of HIV risk-reduction strategies could effectively be improved using the appropriate mechanisms.\textsuperscript{26}

Drug use is not an isolated matter. The magnitude of the drug problem can be seen in pregnant mothers. African-American women have a higher rate of drug use in terms of actual users, but most women who took drugs while they were pregnant were white. African-American's have the highest rate of cocaine “crack” during pregnancy. \textsuperscript{27} It is


important that society, social workers and treatment facilities recognize the importance of cultural issues when dealing with drug abuse prevention and treatment.

**Treatment Options**

Education about HIV, counseling, and testing efforts are needed to target specific groups who are at a higher risk of HIV infection. A number of recent reports have demonstrated that women who are at greatest risk for HIV appear to understand how AIDS is contracted and how transmission may be decreased. Consistently low proportions of them modify their behavior to decrease their own risks.\(^{28}\)

Intervention should start now for injecting drug users since HIV is spreading rapidly in this population. More and more groups such as the Center for Disease Control and the U.S. General Accounting Office feel that needle exchange programs need to be implemented to be effective in preventing the spread of HIV.\(^{29}\) By promoting the use of clean needles or offering free syringes it is believed that the likelihood of HIV can be reduced or eliminated.


It is evident from the increased prevalence of HIV that current AIDS prevention efforts in African-American communities are not working. Effective strategies are needed to reduce HIV infection especially among women. As women become more dependent on alcohol or other drugs, their risk taking behaviors increase and impairs their ability to determine their actions.

As more pregnant mother's take risks, social workers need to be prepared to face the challenges of children who may be orphaned as a result of HIV/AIDS. Experts predict that by the year 2000, between 80,000 and 100,000 uninfected children will have been born to mothers who will die from HIV. Additionally, these women will have given birth to between 32,000 and 38,000 HIV infected children. Fifty-seven percent of the children with AIDS in the U.S. are African-American although they comprise 14% of the population of children in the nation.

More support groups need to be formed. Women need to be empowered to have safe sex with partners in order to aid the sexual aspects of the decision making process. Family members need support handling the shock of the disease. The effects of family members being confronted with the possible loss of a member or providing care for a surviving child who's lost a parent to AIDS are areas in which social worker's need to become sensitive.

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Theoretical Framework

The theoretical framework for this study is the social learning theory developed by Bandura et al., as well as Eagley's social role theory. According to the social learning theory, behavior changes produced by different methods are mediated by a common cognitive mechanism. Social learning theory predicts that mastery based treatment produce higher and more generalized expectations of personal efficacy than did treatment relying solely upon vicarious experiences. It appears that there is a significant relationship between self-efficacy and behavior change.

Eagley's social role theory explains and predicts gender differences in risky sexual behavior and safer sex practices. By looking at the psychosocial differences in men and women we can begin to understand the levels of motivation between them. Eagley's articulation of social role theory as applied to gender roles provides a useful theoretical framework for understanding how gender roles may influence attitudes and behavior related to HIV infection. By looking at these two theories perhaps a better understanding can be found in seeking a correlation between condom use and knowledge of HIV in substance addicted African-American patients.


33 Jadack, Hyde, and Keller, Research in Nursing, 315.
Statement of the Hypothesis

Hypothesis 1: There will be a significant relationship between knowledge of HIV and frequency of condom use among African-American substance addicted patients.

Variables: Independent- Substance Abusers

Dependent- Knowledge of HIV and Condom Use
Terms and Definitions

AIDS (Acquired Immune Deficiency Syndrome): “A viral disease that impairs the body’s ability to fight disease. People with AIDS are susceptible to a wide range of unusual and life-threatening diseases. These diseases can often be treated, but there is no known treatment for the underlying immune deficiency caused by the virus.”34

Center for Disease Control (CDC): “A federal health agency that monitors diseases, including AIDS.”35

Human Immunodeficiency Virus (HIV): The virus that causes AIDS.

Knowledge about HIV: The ability to articulate an awareness of HIV transmissions.

Risky Sexual Behaviors: “Those behaviors such as use of injection drugs, sharing needles with injection drug users, vaginal intercourse with someone who might be infected with HIV, anal intercourse with someone who might be infected with HIV, multiple sexual partners, same gender sex, and sexual intercourse with someone who uses injection drugs.”36

Substance Addicted: The dependence of alcohol and other drugs.

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35 Ibid., 93.

CHAPTER THREE

METHODOLOGY

Research Design

The goal of this study is to explore the attitude changes in African-American substance addicted patients. This study is an exploratory design. It is an exploratory design because little is known about the attitude changes of African-American substance addicted patients. Rubin and Babbie describes an exploratory study as a process by which the researcher is examining a new interest, when the subjects of study is relatively new and unstudied.\(^1\) It is also described as involving a researcher who seeks to test the feasibility of undertaking a more careful study or wants to develop the methods to be used in a more careful study.

Sampling

A purposive sample was used for this study. A purposive sample involves the researcher selecting the units to be observed on the basis of your own judgment about which one will be the most useful or representative.

A sample of thirty African-American male and female substance addicted patients between the age of 27 and under the age of 59 were administered a questionnaire. The African-American males and females are from a local day treatment facility in Atlanta, Georgia.

Data Collection

The data for this study was obtained through a thirty-one item questionnaire focusing on knowledge of HIV and condom use. Six items related to demographics, ten items related to HIV knowledge, and sixteen items related to condom use. The questionnaire consisted of questions adapted from the Evaluating HIV/AIDS/STD Prevention Programs on HBCU Campuses Evaluation Manual.

Before administering the questionnaire individuals were informed that this was a voluntary study, the purpose and goals were given, and confidentiality was ensured. The males completed the questionnaire in the conference room on their lunch break and the females completed the questionnaires in the day-room during their break.

Permission to administer the questionnaire was given by the Clinical Director of the men and women programs. The Director of this treatment facility was also notified that this study was being conducted in this facility.

Data Analysis

The data analysis was conducted using the Statistical Package for Social Sciences (SPSSC+)\(^2\) in order to see if there was a correlation between HIV knowledge and condom use among substance abusers. The Pearson's Product Moment Correlation Coefficient was utilized to determine the correlation between the dependent variable and independent variable's.

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<th>Question</th>
<th>Distribution</th>
<th>Frequency</th>
<th>Mean</th>
<th>Std. dev.</th>
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<td>1A. What is your age?</td>
<td>23.3%:27-30</td>
<td>36.7%:31-35</td>
<td>13.1%:36-45</td>
<td>10.0%:45-59</td>
</tr>
<tr>
<td>1B. What is your gender?</td>
<td>50% Female</td>
<td>50% Male</td>
<td></td>
<td></td>
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<tr>
<td>2. What is your marital status?</td>
<td>73.3% Single</td>
<td>10.0% Married</td>
<td>10.0% Divorced</td>
<td>6.7% Living with someone</td>
</tr>
<tr>
<td>3. What is the highest grade you completed?</td>
<td>3.3%: 7.00</td>
<td>3.3%: 8.00</td>
<td>3.3%:10.00</td>
<td>6.7%:11.00</td>
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<td><strong>4. Where were you living at the time you entered treatment?</strong></td>
<td><strong>5. How long have you been in recovery?</strong></td>
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<tr>
<td>36.7% With family or other</td>
<td>33.3% &lt; 1 month</td>
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<tr>
<td>10.0% With a group of friend</td>
<td>50.0% 1-5 months</td>
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<tr>
<td>23.3% Alone in own dwelling</td>
<td>6.7% 6-12 months</td>
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<tr>
<td>10.0% Homeless</td>
<td>10.0% &gt; 1 year</td>
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<tr>
<td>10.0% Hospital</td>
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<tr>
<td>10.0% Other</td>
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<td>Mean: 2.867</td>
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<tr>
<td>Std dev.: 1.943</td>
<td>Std dev.: .907</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **6. How many children do you have?** |   |
| 20.0% 1.00 |   |
| 23.3% 2.00 |   |
| 6.7% 3.00 |   |
| 13.3% 4.00 |   |
| 3.3% 6.00 |   |
| 3.3% 9.00 |   |
| Mean: 1.900 | Mean: 1.900 |
| Std dev.: 2.074 | Std dev.: 2.074 |
### TABLE II

**KNOWLEDGE OF HIV FREQUENCY DISTRIBUTION**

(N= 30)

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. You can get AIDS if you have sex only once without a condom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>76.7% I am sure it’s true</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.0 % I think it’s true</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3% I am sure it’s false</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3% Missing value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean: 1.533</td>
<td>Std dev.: 2.145</td>
<td></td>
</tr>
<tr>
<td>8. A person can pass an HIV-antibody test and still be infected?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90.0% I am sure it’s true</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 I think it’s true</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.7 I am sure it’s false</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean: 1.300</td>
<td>Std dev.: 1.022</td>
<td></td>
</tr>
<tr>
<td>9. Condoms are 100% effective in preventing HIV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.0 I am sure it’s true</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 I think it’s true</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.7 I don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.3 I think it’s false</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56.7 I am sure it’s false</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean: 3.833</td>
<td>Std dev.: 1.621</td>
<td></td>
</tr>
<tr>
<td>10. Males can pass HIV on to others through semen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96.7 I am sure it’s true</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 I am sure it’s false</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean: 1.13</td>
<td>Std dev.: .73</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Agree</td>
<td>Neutral</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------</td>
<td>---------</td>
</tr>
<tr>
<td>11. You can get HIV by sitting on the seat of a toilet?</td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td>12. A person can get HIV by sharing drug needles?</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>13. Abstaining from sex and drugs is the best way to avoid HIV?</td>
<td>90%</td>
<td>3%</td>
</tr>
<tr>
<td>14. You can get HIV from drinking from the same glass as an HIV-positive person?</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>15. HIV can be found in vaginal fluids and semen?</td>
<td>93%</td>
<td>3%</td>
</tr>
</tbody>
</table>
### TABLE II CONTINUED

16. You can get HIV from a mosquito bite.
   - 13.3 I think it’s true
   - 13.3 I don’t know
   - 26.7 I think it’s false
   - 46.7 I am sure it’s false

Mean: 4.067

Std dev.: 1.081
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. The last time you had sexual intercourse with your main partner did you use a condom?</td>
<td>33.3% Yes, 63.3% No</td>
</tr>
<tr>
<td>Mean: 1.600</td>
<td>Std dev.: 0.563</td>
</tr>
<tr>
<td>18. In general when you have sex with your main partner, how often do you use a condom?</td>
<td>43.3% Never, 23.3% Sometimes, 16.7% Almost every time, 10.0% Everytime</td>
</tr>
<tr>
<td>Mean: 2.300</td>
<td>Std dev.: 1.579</td>
</tr>
<tr>
<td>19. How long have you been using condoms when you have sex with your main partner?</td>
<td>43.3% 1 month or less, 23.3% More than 1 month, 23.3% 3 months or more, 3.3% Missing Value</td>
</tr>
<tr>
<td>Mean: 1.767</td>
<td>Std dev.: 1.104</td>
</tr>
<tr>
<td>20. In the past month how often did you use a condom?</td>
<td>33.3% Never, 20.0% Almost never, 20.0% Sometimes, 10.0% Almost every time, 10.0% Everytime</td>
</tr>
<tr>
<td>Mean: 2.233</td>
<td>Std dev.: 1.234</td>
</tr>
</tbody>
</table>
TABLE III CONTINUED

21. How sure are you that you could use a condom every time with your main partner?
   - 53.3% Extremely sure I will
   - 20.0% Somewhat sure I will
   - 13.3% Undecided
   - 3.3% Somewhat sure I could
   - 6.7% Extremely sure I could

   Mean: 1.800                       Std dev.: 1.243

23A. The last time you had sexual intercourse with someone who’s not your main partner, did you use a condom?
   - 46.7% Yes
   - 43.3% No

   Mean: 1.333                       Std dev.: .661

23B. How many times do you have sex with someone who’s not your main partner?
   - 6.7% 1.00
   - 20.0% 2.00
   - 3.3% 3.00
   - 3.3% 4.00
   - 3.3% 5.00

   Mean: .867                        Std dev.: 1.358
24. When you have sex with someone who’s not your main partner how often do you use a condom?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>10.0%</td>
</tr>
<tr>
<td>Almost never</td>
<td>3.3%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>13.3%</td>
</tr>
<tr>
<td>Almost every time</td>
<td>23.3%</td>
</tr>
<tr>
<td>Everytime</td>
<td>40.0%</td>
</tr>
</tbody>
</table>

Mean: 3.367  Std dev.: 1.847

25. In the past month when you had sex with someone who’s not your main partner, did you use a condom?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>16.7%</td>
</tr>
<tr>
<td>Almost never</td>
<td>3.3%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>13.3%</td>
</tr>
<tr>
<td>Almost every time</td>
<td>23.3%</td>
</tr>
<tr>
<td>Everytime</td>
<td>26.7%</td>
</tr>
</tbody>
</table>

Mean: 2.900  Std dev.: 1.900

26. How long have you been using condoms when you have sex with someone who’s not your main partner?

<table>
<thead>
<tr>
<th>Duration</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month or less</td>
<td>43.3%</td>
</tr>
<tr>
<td>More than 1 month</td>
<td>10.0%</td>
</tr>
<tr>
<td>3 months or more</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

Mean: 1.633  Std dev. 1.098
27. How likely do you think you will start using condoms?

- 83.3% Extremely sure I will
- 3.3% Undecided
- 3.3% Somewhat sure I won’t
- 3.3% Missing value

Mean: 1.103
Std dev.: .724

28. How sure are you that you could use a condom?

- 76.7% Extremely sure I could
- 3.3% Somewhat sure I could
- 3.3% Undecided
- 6.7% Somewhat sure I couldn’t
- 10.0% Extremely sure I couldn’t

Mean: 1.700
Std dev.: 1.393

29A. Condoms are a good conversation starter.

- 56.7% Agree
- 43.3% Disagree

Mean: 1.433
Std dev.: 1.393

29B. Condoms are hard to put on.

- 20.0% Agree
- 80.0% Disagree

Mean: 1.800
Std dev.: .504
TABLE III CONTINUED

<table>
<thead>
<tr>
<th>29C. Condoms smell bad.</th>
<th>20.0% Agree</th>
<th>80.0% Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean: 1.800</td>
<td>Std dev.: 0.407</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>29D. Condoms are no big deal.</th>
<th>40.0% Agree</th>
<th>60.0% Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean: 1.600</td>
<td>Std dev.: 0.498</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>29E. Condoms prevent pregnancy.</th>
<th>83.3% Agree</th>
<th>16.7% Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean: 1.467</td>
<td>Std dev.: 0.379</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>29F. Condoms are not 100% safe.</th>
<th>53.3% Agree</th>
<th>46.7% Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean: 1.467</td>
<td>Std dev.: 0.507</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>29G. Condoms come off easily.</th>
<th>60.0% Agree</th>
<th>40.0% Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean: 1.400</td>
<td>Std dev.: 0.498</td>
</tr>
</tbody>
</table>
TABLE III CONTINUED

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>Agree (%)</th>
<th>Disagree (%)</th>
<th>Mean</th>
<th>Std dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>29H.</td>
<td>Condoms break easily.</td>
<td>33.3%</td>
<td>66.7%</td>
<td>1.667</td>
<td>.479</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29I.</td>
<td>Condoms are easy to use.</td>
<td>80.0%</td>
<td>20.0%</td>
<td>1.200</td>
<td>.407</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29J.</td>
<td>Condoms are funny.</td>
<td>30.0%</td>
<td>70.0%</td>
<td>1.700</td>
<td>.466</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29K.</td>
<td>Condoms prevent sexually transmitted diseases.</td>
<td>73.3%</td>
<td>26.7%</td>
<td>1.267</td>
<td>.450</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29L.</td>
<td>Condoms don't feel right.</td>
<td>60.0%</td>
<td>40.0%</td>
<td>1.400</td>
<td>.498</td>
</tr>
</tbody>
</table>
### TABLE III CONTINUED

30. Have you talked to anyone about condoms in the past month?
- 40.0% Yes
- 60.0% No

Mean: 1.600  
Std dev.: 0.498

31. Are you currently engaging in any drug injection?
- 6.7% Yes
- 90.0% No

Mean: 1.867  
Std dev.: 0.434
CHAPTER FOUR

FINDINGS

Frequency Distribution Findings

The findings from the frequency distribution indicated that 76.7% of the subjects are sure you can get AIDS if you have sex without a condom one time. Only 10% think its true while 3.3% think it is false. The majority of the subjects were sure its true that a person can “pass” an HIV antibody test but still be infected with HIV.

The frequency distribution indicated that 56.7% persons reported they were sure its false concerning the item that condoms are 100% effective in preventing HIV. Only 20% were sure its true that condoms are 100% effective. Concerning the item males can pass HIV on to others through their semen 96.7% responded they were sure its true, while 3.3% were sure its false.

When looking at drug as a form of HIV transmission, the frequency distribution findings indicated that 100% of the subjects were sure its true that a person can get HIV by sharing drug needles not to mention 90% indicated they were sure it is the best way to avoid HIV. Three point three percent of the subjects indicated they think its true abstaining from sex and drugs is the best way to avoid HIV.

Fifty-three point three percent of the subjects indicated they were sure its false you can get HIV from drinking from the same glass a person with AIDS has drank from. 20% think its false. Thirteen point three percent reported I am sure its true you can get HIV from drinking from the same glass.
The frequency distribution findings indicated that 93.3% subjects reported that HIV can be found in vaginal fluids. The frequency distribution findings also indicated that 46.7% of the subjects reported they were sure it was false you can get HIV from a mosquito bite and 26.7% think it is false.

Concerning the item the last time a person had sex with a main partner did they use a condom 63.3% said no and 33.3% said yes. There were 43.3% of the subjects who never used a condom with their main partner while 23.3% person sometimes use a condom. Also 43.3% of the subjects have been using a condom for one month or less when they have sex with their main partner. Concerning the item in the past month when you had sex your main partner 33.3% never used a condom while 20% almost never used condoms. Of the thirty subjects, 53.3% indicated they were extremely sure they will start using condoms with their partners and 23.3% were undecided. When responding to whether they would use a condom every time with their main partner, how sure are they that they could, 53.3% were extremely sure they could.

Forty-six point seven percent reported they did use a condom when they had sex with someone other than their main partner. Another 63.3% did not respond to how many times they had sex with someone who is not their main partner. Twenty percent indicated they had sex two times with someone other than their main partner.

Frequency distribution findings indicated that forty percent of subjects use a condom every time when they have sex with someone other than their main partner. Twenty-six point seven percent reported in the past month when they had sex with someone other
than their main partner they used a condom every time. Forty-three point three percent of the subjects have only been using condoms for one month or less when they have sex with someone who’s not their partner.

Eighty-three point three percent of the subjects were extremely sure they will use condoms every time they have sex with someone who is not their main partner. Seventy-six point seven percent are extremely sure they could start using a condom every time with someone who’s not their main partner.

Concerning the time condoms are a good conversation starter fifty-six point seven percent agreed that condoms are a good conversation starter. Eighty percent of subjects also reported that condoms are not hard to put on and do not smell bad. The frequency distribution findings indicated that sixty percent of the subjects felt condoms are no big deal which could be an indication why some rarely use condoms. Eighty three percent felt condoms could prevent pregnancy.

Fifty-three percent indicated that condoms are not safe while sixty percent indicated condoms come off easily. Subjects also reported that sixty-six point seven percent felt condoms break easily. Eighty percent felt condoms are easy to use. The frequency distribution findings indicated that seventy percent disagreed that condoms are funny. Seventy-three point three percent reported condoms prevent sexually transmitted diseases. Sixty percent agree condoms don’t feel good and that in the past month they have not talked to anyone about condoms. Ninety percent of the subjects state they are not engaging in any drug injection.
TABLE IV

Bivariate Analysis of the Dependent and Independent Variables
HIV Knowledge and Condom Use
(N=30)

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Pearson’s ‘r’ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom Use</td>
<td></td>
</tr>
<tr>
<td>7. You can get AIDS if you have sex one time without a condom.</td>
<td>.20</td>
</tr>
<tr>
<td>8. A person can “pass” an HIV-antibody test but still be infected.</td>
<td>.04</td>
</tr>
<tr>
<td>9. Condoms are 100% effective in preventing HIV.</td>
<td>.15</td>
</tr>
<tr>
<td>10. Males can pass HIV on to others through their semen.</td>
<td>.13</td>
</tr>
<tr>
<td>11. You can get HIV by sitting on the seat of a toilet that a person with AIDS has.</td>
<td>-.04</td>
</tr>
<tr>
<td>12. A person can get HIV by sharing drug needles.</td>
<td>“.”</td>
</tr>
<tr>
<td>13. Abstaining from sex and drugs is the best way for teenagers to avoid getting HIV.</td>
<td>.24</td>
</tr>
<tr>
<td>14. You can get HIV from drinking from the same glass that a person with AIDS drank from</td>
<td>.21</td>
</tr>
<tr>
<td>15. HIV can be found in vaginal fluids, semen, and blood.</td>
<td>.24</td>
</tr>
<tr>
<td>16. You can get HIV from a mosquito bite.</td>
<td>.28</td>
</tr>
</tbody>
</table>

(p=.05)

“.” indicates a coefficient cannot be computed
Discussion of the Bivariate Analysis of the Dependent and Independent Variables

The hypothesis stated there will be a significant relationship between the knowledge of HIV and condom use among substance abusers. The analysis of this relationship revealed no statistical significance existed between the variables. Therefore, the null hypothesis is accepted.
CHAPTER V
DISCUSSION AND SUMMARY

Clinical social workers are going to be faced with new challenges as we head into the next millennium. The human immunodeficiency virus is on the rise and many individuals will lose loved ones to this disease. The attitudes of substance addicted patients need to be changed or they increase their chances of contracting this virus.

Based on the literature reviewed for this research the findings of the bivariate analysis indicated that there were no correlation's between the knowledge of HIV and condom use. The literature states that there is a relationship between the knowledge of HIV and condom use. Studies indicated that although individuals understand how AIDS is contracted and how transmission may be decreased, consistently low proportions of them modify their behavior to decrease their risks. The majority of substance abusers have an understanding of how HIV is transmitted yet they do not alter their behaviors. Also, a drug users thinking is impaired when using drugs, therefore, the likelihood of transmitting the disease is greater. Men tend to take more risks than women when it comes to sexual intercourse. Men report having intercourse more frequently, and more sexual partners than women.

One of the possible reasons the hypothesis did not show a relationship could be due to the sample size of only thirty. An individual's views and their perceptions that they can not contract the virus may be another reason. In the informal focus group conducted,
many individuals reported that they knew how the virus was contracted but still had unprotected sex. Two subjects reported that they still have unprotected sex even though their mates have given them sexually transmitted diseases more than one time. In essence, many people can articulate a knowledge of the disease yet they do not alter their risky behaviors. We must begin to try to understand how to alter individuals' risky behaviors in order to gain a greater understanding of how to change risky behaviors.

**Limitations of the Study**

The sample of this study was limited to thirty respondents which could have influenced the finding of no statistically significant relationship between the variables. This is an inadequate number of respondents to generalize the findings to the entire population. The findings of this study was limited to a geographical location in Atlanta, Georgia. Also the time given to conduct this study was limited.

**Suggested Research Directions**

While the literature states there is a relationship between knowledge of HIV and condom use, there are still additional items needing to be researched: 1) How can we begin to alter risky behavior, 2) Does the fear of HIV have an impact on an individual's risky behavior. By doing more research on this area more insight can be gained on how to alter individuals' risky sexual behaviors. A larger population needs to be utilized to adequately assess the statistical relationship between these variables.
Implications for Social Work Practice

More and more individuals are being diagnosed with the virus that causes AIDS. More and more adults continue to engage in risky sexual behaviors. The results are scary and deadly. Pregnant mothers are having children being born with this disease. Numerous children will be orphaned by the year 2000 due to their mothers dying as a result of HIV. As social workers we must begin to advocate for better disease prevention measures. We must begin to educate the young and the old for this disease does not discriminate.

Social workers should continue to act based on their humanistic values and reach out to those who need services because there are many individuals who do not know where to begin to get services for this disease. By establishing more support groups, focus groups, and education groups, social workers can begin to meet the new challenges of this disease that has no cure.
APPENDIX A

A SURVEY ON KNOWLEDGE ABOUT HIV/AIDS AND CONDOM USE AMONG AFRICAN-AMERICAN SUBSTANCE ADDICTED PATIENTS

Directions: This questionnaire is designed to study knowledge and condom use among African-American substance addicted women. Please respond to the questions below as truthfully as you can by checking the appropriate answers.

Demographics

1. What is your current age? _____

2. What is your marital Status?
   a. ____ Single
   b. ____ Married
   c. ____ Divorced
   d. ____ Living with someone as if married/ separated/ divorced
   e. ____ Widowed

3. What is the highest grade you completed? _____

4. Where were you living at the time you entered this treatment program
   a. ____ With family or other relatives
   b. ____ With group of friend(s) or non-family members (non-institutional)
   c. ____ Alone in own dwelling
   d. ____ Homeless
   e. ____ Hospital, rehabilitation facility, nursing home
   f. ____ Jail, prison, or other correctional facility
   g. ____ Other (Specify)__________

5. How long have you been in recovery?
   a. ____ <1 month
   b. ____ 1-5 months
   c. ____ 6-12 months
   d. ____ >1 year
6. How many children do you have? ______

* IF “1” or more:

   a. How many have their primary residence with you? ______
   b. How many receive financial support from you? ______
   c. How many are—between the ages of ___ to ___
      between the ages of 0 to 6 ______
      between the ages of 7 to 12 ______
      between the ages of 13 to 17 ______

   HIV/AIDS KNOWLEDGE

Please check one of the following answers.

7. You can get AIDS if you have sex only once without a condom
   a. _____ I am sure it’s true
   b. _____ I think it’s true
   c. _____ I don’t know
   d. _____ I think it’s false
   e. _____ I am sure it’s false

8. A person can “pass” an HIV-antibody test (pass negative) but still be infected with HIV.
   a. _____ I am sure it’s true
   b. _____ I think it’s true
   c. _____ I don’t know
   d. _____ I think it’s false
   e. _____ I am sure it’s false
9. Condoms are 100% effective in preventing HIV.
   a. _____ I am sure it’s true
   b. _____ I think it’s true
   c. _____ I don’t know
   d. _____ I think it’s false
   e. _____ I am sure it’s false

10. Males can pass HIV on to others through their semen.
   a. _____ I am sure it’s true
   b. _____ I think it’s true
   c. _____ I don’t know
   d. _____ I think it’s false
   e. _____ I am sure it’s false

11. You can get HIV by sitting on the seat of a toilet that a person with AIDS has
   a. _____ I am sure it’s true
   b. _____ I think it’s true
   c. _____ I don’t know
   d. _____ I think it’s false
   e. _____ I am sure it’s false

12. A person can get HIV by sharing drug needles.
   a. _____ I am sure it’s true
   b. _____ I think it’s true
   c. _____ I don’t know
   d. _____ I think it’s false
   e. _____ I am sure it’s false
13. Abstaining from sex and drugs is the best way for teenagers to avoid getting HIV.
   a. ___ I am sure it’s true
   b. ___ I think it’s true
   c. ___ I don’t know
   d. ___ I think it’s false
   e. ___ I am sure it’s false

14. You can get HIV from drinking from the same glass or water fountain that a person with AIDS drank from.
   a. ___ I am sure it’s true
   b. ___ I think it’s true
   c. ___ I don’t know
   d. ___ I think it’s false
   e. ___ I am sure it’s false

15. HIV can be found in vaginal fluids, semen, and blood.
   a. ___ I am sure it’s true
   b. ___ I think it’s true
   c. ___ I don’t know
   d. ___ I think it’s false
   e. ___ I am sure it’s false

16. You can get HIV from a mosquito bite.
   a. ___ I am sure it’s true
   b. ___ I think it’s true
   c. ___ I don’t know
   d. ___ I think it’s false
   e. ___ I am sure it’s false
CONDOM USE

17. The last time you had sexual intercourse with your main partner, did you use a condom (rubber)?
   a. _____ Yes
   b. _____ No

18. In general when you have sex with your main partner, how often do you use a condom?
   a. _____ Never
   b. _____ Almost never
   c. _____ Sometimes
   d. _____ Almost every time
   e. _____ Every time

19. How long have you been using condoms (almost every time/every time) you have sex with your main partner?
   a. _____ 1 month or less
   b. _____ More than 1 month, but less than 3 months
   c. _____ 3 months or more

20. In the past month when you had sex with your main partner, how often did you use condoms?
   a. _____ Never
   b. _____ Almost never
   c. _____ Sometimes
   d. _____ Almost every time
   e. _____ Every time
21. In the next three months, how likely do you think it is that you will start using condoms every time you have sex with your partner?
   a. _____ Extremely sure I will
   b. _____ Somewhat sure I will
   c. _____ Undecided-- not sure if I could or couldn’t
   d. _____ Somewhat sure I couldn’t
   e. _____ Extremely sure I couldn’t

22. This is just a “what if” question, but if you wanted to use a condom every time you have sex with your main partner, how sure are you that you could?
   a. _____ Extremely sure I will
   b. _____ Somewhat sure I will
   c. _____ Undecided-- not sure if I could or couldn’t
   d. _____ Somewhat sure I couldn’t
   e. _____ Extremely sure I couldn’t

The following are questions about the use of condoms (rubbers) when you have sex with someone who is not necessarily a (spouse/main partner), such as someone you just met or someone you haven’t bee with for a while.

23. The last time you had sexual intercourse with someone like this, who’s not your main partner, did you use a condom?
   a. _____ Yes
   b. _____ No
24. In general when you have sex with someone who's not your main partner, how often do you use a condom?
   a. _____ Never
   b. _____ Almost never
   c. _____ Sometimes
   d. _____ Almost every time
   e. _____ Every time

25. In the past month when you had sex with someone who’s not your main partner how often did you use condoms?
   a. _____ Never
   b. _____ Almost never
   c. _____ Sometimes
   d. _____ Almost every time
   e. _____ Every time

26. How long have you been using condoms (almost every time/every time) you have sex with someone who’s not your partner?
   a. _____ 1 month or less
   b. _____ More than 1 month, but less than 3 months
   c. _____ 3 months or more

27. In the next three months, how likely do you think it is that you will start using a condom every time you have sex with someone who is not your main partner?
   a. _____ Extremely sure I will
   b. _____ Somewhat sure I will
   c. _____ Undecided-- not sure if I will or won’t
   d. _____ Somewhat sure I won’t
   e. _____ Extremely sure I won’t
28. This is just a “what if” question, but if you wanted to use a condom every time you have sex with someone who’s not your main partner, how sure are you that you could?
   a. _____ Extremely sure I could
   b. _____ Somewhat sure I could
   c. _____ Undecided--not sure if I will or won’t
   d. _____ Somewhat sure I couldn’t
   e. _____ Extremely sure I couldn’t

29. The following are some things people said about condoms. As you read each statement, indicate if you agree or disagree.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
</table>
   a. Condoms are a good conversation starter. | ___ | ___ |
   b. Condoms are hard to put on | ___ | ___ |
   c. Condoms smell bad. | ___ | ___ |
   d. Condoms are no big deal | ___ | ___ |
   e. Condoms prevent pregnancy. | ___ | ___ |
   f. Condoms are not 100% safe. | ___ | ___ |
   g. Condoms come off easily. | ___ | ___ |
   h. Condoms break easily | ___ | ___ |
   i. Condoms are easy to use. | ___ | ___ |
   j. Condoms are funny. | ___ | ___ |
   k. Condoms prevent STD (Sexually Transmitted Diseases). | ___ | ___ |
   l. Condoms don’t feel right. | ___ | ___ |

30. In the past month, have you talked to or asked anyone about condoms-- for example, where to get them, how to use, advantages and disadvantages, and so on?
   a. _____ Yes
   b. _____ No
31. Are you currently engaging in any drug injections?
   a. _____ Yes  
   b. _____ No
BIBLIOGRAPHY


