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The relationship between the level of knowledge about HIV/AIDS and the practicing of preventive behaviors among African American college students

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ABSTRACT
SOCIAL WORK

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THE RELATIONSHIP BETWEEN THE LEVEL OF KNOWLEDGE ABOUT HIV/AIDS AND THE PRACTICING OF PREVENTIVE BEHAVIORS AMONG AFRICAN AMERICAN COLLEGE STUDENTS.

Advisor: Dr. Gale Horton
Thesis dated: March, 1994

The objective of this exploratory descriptive research was designed to investigate the "Relationship Between the level of knowledge about HIV/AIDS and the Practicing of Preventive Behaviors Among African American College Students." The population was comprised of 40 African American male and female college students ranging from ages 18-25 who attend one of the three African American colleges within the Atlanta University Center.

The results revealed that there is a statistical relationship between the level of knowledge this population has about HIV/AIDS and their engaging in preventive behavior. However this relationship is a very weak one. Students know about the various components of HIV/AIDS yet they continue to engage in "risky behaviors."

A THESIS

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

BY

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SCHOOL OF SOCIAL WORK

ATLANTA GEROGLIA

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CHAPTER I
INTRODUCTION

Acquired Immune Deficiency (AIDS) is a major health problem in America today, especially among the African population. According to The Center of Disease Control: Blacks comprise only 12% of the population in the United States and 25% of all persons with HIV/AIDS are Black.\(^1\) Therefore, one out of every two women and six out of every ten children who have HIV/AIDS in the United States is Black.\(^2\) If current trends continue, more than a quarter of a million people in the United States will have full blown AIDS by 1995. This means, that by 1995 70,000 Blacks could have full blown AIDS.\(^3\) The only way that this trend can be prevented will require a change in their sexual behavior and drug habits.

According to David: HIV/AIDS is affecting the Black community by 72% more than the White community. David further indicated that in 1989, the death rate for HIV/AIDS infection were nine times higher for African American than Anglo Americans.\(^4\)


\(^2\) Ibid, p.9.

\(^3\) Veron Gong. *AIDS Fact And Issues*, (Belmont, CA: Rutger University Press, 1985), pp.1-4

Other researchers have theorized that the high statistics of HIV/AIDS cases among the Black population are related to homosexual and bisexual behavior activities.\textsuperscript{5}

Sexual behavior has been shown to be central to the epidemic spread of HIV and Acquired Immune Deficiency Syndrome (AIDS) in the Black community or population. As of January 1992, an estimated 71% of HIV/AIDS infection around the world was due to heterosexual behavior and 15% was due to homosexual behavior, while only a relatively small proportion was due to blood donors. Such behaviors as intravenous drug use and sexual intercourse are two vehicles of major transmission for the HIV/AIDS virus that have the biggest impact on the African American community. Approximately 65% of Black men with HIV/AIDS abuse intravenous drugs.\textsuperscript{6} It has been demonstrated that Black women with HIV/AIDS who abuse intravenous drugs or have multiple sex partners, the percentage for infection is ten times higher than that of white women with HIV/AIDS that was transmitted through abuse of intravenous drugs usage or multiple sex partners.\textsuperscript{7}


The HIV/AIDS epidemic poses tremendous challenges to health and social work professionals as they work to identify and meet the complications of medical and psychosocial needs of clients with HIV/AIDS. Public health authorities have identified HIV/AIDS as today’s major public health problem. At the Coolfront Conference, which was conducted by the U.S. Public Health Service in June 1992, it was estimated that by the end of 1995, more than 270,000 persons will have contracted HIV/AIDS and 54,000 persons will die of it each year. As the number of HIV/AIDS cases in the United States approaches 30,000, the threat of HIV/AIDS to the public becomes more ominous. A study that focuses on the relationship between the level of knowledge about HIV/AIDS and the practicing of preventive behaviors among African American college students is important when understanding the sexual attitudes and behaviors related to this deadly disease.

AIDS is caused by a virus known as Human Immuno Deficiency Syndrome which attacks the body’s immune system. It is characterized by the presence of life threatening opportunistic infection and rare forms of cancer such as Kaposi’s Sarcoma and Lymphomas which are caused by the progressive collapse of cellular immunity associated with HIV infection of T4 helper lymphocytes, a type of white blood cell required for healthy immune systems.

The proportion of the population that has been infected with the HIV virus that will be diagnosed with a full blown case of AIDS is unknown, because the virus when once hosted in the body may be activated by numerous co-factors. HIV/AIDS infections is also related to AIDS conditions or AIDS Related Complex (ARC). These conditions are identified as AIDS related health problems occurring before a person develops the AIDS infection.9

The term AIDS, is the abbreviation for Acquired Immune Deficiency Syndrome. This disease is a progressive weakening of the immune system, making a person vulnerable to life threatening infections. Although a number of factors may contribute to the progression of AIDS, it’s primary identifiable cause is previous infection with the HIV virus, the Human Immunodeficiency Virus.

Statement of the Problem

In recent years, the impact of AIDS is a continuing personal and social tragedy that is becoming more evident among the African American population. In the past, African Americans greatest risk of contracting the AIDS Virus was through intravenous drug use by both heterosexual and male bisexuals. However, the high percentage of sexual and behavioral attitudes and disproportionate number of African

Americans impacted by this deadly disease has had a profound effect on social workers.

When considering the HIV/AIDS epidemic, the challenge for social workers is clearly obvious. For example, the lack of immunological and medical intervention emphasizes the need for psychosocial and behavioral intervention, which is the traditional focus of social workers. At this point, people infected with HIV/AIDS are overwhelmed with stressful events and fears for which they and their loved ones require specific information and help with developing strategies to cope and to reduce the stress that they are experiencing. Thus, the challenge for social workers is to provide services in an accepting, responsive, and nonthreatening manner to this population.

The problems faced by the African American community is enormous. Young, African Americans' are in need of a clear understanding, along with precise information, about techniques and methods to safeguard themselves against this disease. It is of great importance for social workers to plan and implement HIV/AIDS education programs within African American communities regarding the transmission and high risk behaviors associated with AIDS. There exists a need for social workers to develop a strategy to influence the social and environmental processes within the African American community in order to encourage promoting behaviors that will reduce the incidence of transmitting AIDS.
Significance/Purpose of the Study

Although teenagers are not currently among the high risk groups for contracting Acquired Immunodeficiency Syndrome (AIDS) or for exposure to Human Immunodeficiency Virus (HIV), their sexual behaviors and possible experimentation with drug use, places them at risk. As of March 1989, 21% of the HIV/AIDS cases were among teenagers ages 14-19 as reported by the Center of Disease Control. However, given the relatively long incubation period, many young adults with AIDS may have been infected during their teens. The purpose of this research effort is to suggest recommendations in the areas of HIV/AIDS prevention by proposing preventive solutions through strategies and techniques that social workers could implement with African American college students.

CHAPTER TWO

REVIEW OF THE LITERATURE

This literature review will address HIV/AIDS, the symptoms involved, risk factors for HIV Infection, the psychosocial aspects of this infection and it's effect on the African American community. HIV is the abbreviation for "Human Immunodeficiency Virus", a virus that causes a deficiency in the human immune system. Infection with HIV can lead to the condition that we know of as AIDS. Researchers have studied the HIV Virus, but they are still unable to determine where it came from, exactly how it works, or how to eliminate it. However, some drugs can slow the reproduction of HIV, while others can prevent or treat infections that result from the HIV virus.

Acquired Immune Deficiency Syndrome (AIDS) is the most severe form of an HIV infection. It leaves the body unable to fight off certain infections and concerns that healthy immune systems destroy with ease. Because these infections only occur when the opportunity is right they are called opportunistic infections. These infections are caused by organisms that most of us already have in our bodies and that are commonly found in our environment.

According to Quackenbush: Cancer, parasitic infections, fungal infections, and bacterial infections are opportunistic
diseases that cause death in HIV/AIDS patients. However, Pneumocystic Carini Pneumonia, Toxoplasmosis, Disseminated Tuberculosis, Rare Lymphomas and Kaposes Sarcoma are among the major causes of death in people with HIV/AIDS. In the United States, more than 35,000 AIDS cases and more than 20,000 AIDS deaths have been recorded. More than half of the total death cases were related to Pneumocystic Carini Pneumonia and Kaposes Sarcoma Cancer.

HIV Transmission

The HIV virus is transmitted by blood and by direct contact of genital or rectal mucosa with infected semen or vaginal secretions. Although HIV may be found in virtually any fluid of the body, only blood, semen, vaginal and cervical secretions are thought to be important in viral transmission. HIV has been detected in saliva and tears, but there is no evidence that the virus is transmitted through these fluids.

Sexual transmission of the virus can occur through vaginal, anal and possibly oral intercourse. Infected males can transmit the virus sexually to females and perinatally to their unborn infant. Although it is theoretically possible for females to transmit the virus to their sexual partners,

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lesbians who are not bisexual and do not use intravenous drugs are considered to be at low risk for HIV Infections.

In the United States, viral transmission through blood transfusion is less problematic now that blood is being tested for HIV antibodies. However, among intravenous drug users, blood borne transmission takes place through sharing hypodermic syringes contaminated with infected blood. Because infected intravenous drugs users can also transmit the virus sexually, this group may constitute the vehicle for viral transmission into the heterosexual population.

However, the risk of HIV/AIDS transmission varies considerably among different populations. Homosexual men and intravenous drug users who share needles are at very high risk of HIV/AIDS infections. Heterosexuals who have long term monogamous sexual relationships and who do not use intravenous drugs or share needles still have a very low risk of HIV/AIDS infection in most of the world.

Within eight weeks following infection with HIV/AIDS, 50% of infected people show a positive result on the "ELISA" (Enzyme Linked Immunosorbent Assay) antibody test. Almost all individuals seroconvert within six months following infection. First developed to screen donated blood, the HIV-AIDS antibody test has also been used to detect the presence of the virus in the population and monitor the rate of viral transmission in

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large cohorts of people at risk for infection. The ELISA test, is most commonly used, although sensitive and accurate immunofluorescence assays are also available. Regardless of the technique, when properly used in populations with a high prevalence of the virus, the "ELISA" antibody test is highly accurate.

**Symptoms Of HIV Infection**

AIDS symptoms are like those of many common illnesses, but there is an important difference. With AIDS, the symptoms take a long time to clear up, or they keep coming back.\(^5\)

Symptoms may include:

"Recurring fever, including "night sweats".  
* Rapid weight loss not due to exercise or dieting.  
* Swollen glands in the neck, or groin.  
* Feeling tired all the time.  
* Dementia (mental confusion).  
* Flu like illness.  
* White spots or unusual blemishes in the mouth.  
* Dry cough and shortness of breath.  
* Diarrhea that lasts longer than 3-4 weeks.  
* Easy bruising or unexplained bleeding.\(^6\)

There is no present cure for AIDS. Zidovudine, an approved generic name for Azedothymidine or AZT for instance has been demonstrated to have benefit in prolonging life in certain patients with AIDS or advanced ARC when given to the patient for six months or less. However, it has significant bone-marrow toxicity which could limit it's efficacy when it


is taken for longer periods of time. Other drugs now being tested in the United States for HIV/AIDS include A1721, DCC, DTC/Imuthiol, Alpha and Beta Interferon, HPA-23 Isoprinosine, Maltrexone, Ribavirin, DNCB, Lonerg-1, AME Ampligen, and GM-CFS.7

Risk Factors For HIV Infection

During the past ten years, scientists have learned an enormous amount about the human immunodeficiency virus and the means by which it is transmitted. Contrary to popular belief, researchers have found that it is not an easy virus to contact. We now understand that HIV is a blood-borne microbe that exists in specific body fluids and is spread through penetrative sexual acts like anal or vaginal intercourse, intravenous drug use and from mother to children during pregnancy. We also understand that such behaviors are voluntary and a person may choose to participate in them or may modify or discontinue them. Thus, infection is largely preventable. In addition, because research has yielded an index of infectious activities, anyone can determine the probability of his or her prior contact with the AIDS virus.

Sexual Behavior And The AIDS Virus.

The Human Immunodeficiency Virus can be found in enormous numbers of body substances, but in very low qualities. The virus as an infectious agent does exist in much higher amounts

in three other types of fluids such as high concentrations of blood, semen and vaginal secretion. Since these substances may be present in significant amounts during sexual activity, physical intimacy may be hazardous if either partner is infected.

According to the Center for Disease Control, 65 percent of Americans infected with HIV contracted it through sexual activity. Thus, specific sexual practices may be harmful regardless of whether they occur between members of the same sex or the opposite sex, since it is the nature of the act itself rather than the gender of the participants that creates the conditions for infection.

Artificial Insemination And The AIDS Virus

The medical procedure of artificial insemination involves the nonsexual introduction of a male donor’s sperm into a women’s body. This technique has found widespread acceptance in the treatment of infertility and has become a relatively common practice in the United States. Unfortunately, artificial insemination has also been found to lead to HIV infection in some cases. According to Vargo: In a study of 134 women who inadvertently received sperm donations from HIV-infected men, subsequent antibody testing revealed that one of the women had become infected with the virus. 

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study found a much higher rate of infection, possibly because the women in this investigation had received a large number of sperm samples.  

Transfusions And Transplants And The AIDS Virus

A few years ago, it became apparent that HIV infection could be contracted through the receipt of a contaminated blood transfusion, a source of infection to which our population was vulnerable during the early years of the epidemic. At one point, approximately 4 percent of all AIDS cases in the United States were the result of contaminated blood products. Today, all potential donors are tested for HIV infection, and certain concentrated blood products are even heat treated to insure their purity. As a result, our national blood supply is much more secure.

In tissue transplant procedures, several cases of HIV infection have been documented. The transplantation of internal organs, including kidney, heart, and liver, have been reported by the Center for Disease Control as the cause of infection in the recipient. Fortunately, with the routine antibody testing of organ donors that began in the 1980's, such risks have been reduced to the recipients.

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The Sharing of Hypodermic Needles And The AIDS Virus

Within certain populations, the primary means by which Human Immunodeficiency Virus is transmitted is through sharing hypodermic needles during drug use. The virus can be injected directly into one's bloodstream through the use of a contaminated needle, whether the route of entry is intravenous or intramuscular.

The sharing of contaminated needles accounts for 27 percent of all AIDS cases in the United States, a figure currently on the rise.13 Furthermore, this means of transmission is most prevalent within the Hispanic and African American communities, a fact that concerns health educators because these groups are among the most difficult to reach. The values and customs of minority communities are different from those of the mainstream population.14 As a result, public health campaigns designed for the general population are not always effective. It has also been proven that drug users may pass the virus to their sexual partners and eventually through pregnancy and childbirth, to their children. Entire families may thus become infected.

Psychosocial Issues And It's Effect On People With HIV/AIDS

People with the HIV virus face a complex of psychosocial


needs and issues as they confront the impact of the diagnosis on their lives.\textsuperscript{15} Many of the psychological responses for dealing with HIV/AIDS are similar to those of other life threatening illness, such as Cancer and Heart Disease. However, the social and political nature of AIDS, as well as the way in which it is transmitted, set it apart from other diseases. Therefore, the major psychosocial stressors on patients with HIV/AIDS is the knowledge and awareness that they have a disease that is treatable, but not curable. HIV/AIDS is medically accepted as a fatal disease with an unpredictable course that can result in one crisis after another without adequate time for persons with AIDS to regain a sense of equilibrium.\textsuperscript{16}

The initial crisis for the patient is at time of diagnosis. The same existential issues that accompany a diagnosis of Cancer occurs with AIDS. The patients normal response is characterized by disbelief, numbness, and denial followed by anger, acute turmoil and disruptive death anxiety, suicidal ideation and depressive systems.\textsuperscript{17}

The treatment phase is often accompanied by weakness, depression, alienation, and dysphoria. Patients fear

\textsuperscript{15}Ibid, p. 1-2.


disfigurement, debilitation, and pain. Treatment may be accompanied by isolation procedures which make them feel alienated and socially abandoned. The termination of treatment often brings on feelings of increased anxiety and fears of renewed disease progression. Hypervigilance with bodily function and the appearance of new symptoms can result in hypochondriacal concerns, demanding behaviors toward medical personal and excessive dependence on health care givers.

Recurrence of disease and relapse is often accompanied by feelings of hopelessness, helplessness, sadness, low self-esteem, discouragement, loss of control, dependence, isolation, and suicidal ideation. Patients fear being abandoned by health care givers who might decide that continued treatment is futile. This stage may also be accompanied by cognitive impairment because of central nervous system disease. The terminal phase of illness is marked by deterioration and decline and can be accompanied by ambivalence, dependence, disinterest and resolution.

During the crisis point in the disease and illness course, patients have need of a full range of psychosocial intervention. These include immediate crisis intervention and or individual therapy to deal with feelings of anxiety, impulsive behavior, suicidal thoughts and behaviors. Patients

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should be encouraged to express their anxiety, fear, sadness, and anger and to grieve with the understanding that grief is a healing process.

In addition, patients need education regarding the disease and its treatment, liaison with community resources to help them resolve practical problems, instructions in stress and anxiety reduction techniques. This network should include family, friends, health professionals, volunteers, and clergy in the forms of encouragement, comfort, concern, compassion, affection, and spiritual assistance.

All of these interventions play a role in the treatment of patients during stages of crisis. Which one of these interventions that will take priority at any given time depends on individual patient response and can be determined by completing a psychosocial assessment of the patient at varying crisis points.¹⁹

**HIV/AIDS In The African American Community**

Once thought to be a pestilence of Gay, White males, AIDS is now labeled as an equal opportunity disease and it is taking a devastating toll on many ethnic minority communities. As with all health problems, the African American community is afflicted in disproportionate numbers. September 1990 statistics from the U.S. Center for Disease Control, reveal that of the 152,126 people that have been diagnosed with AIDS,

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42,761 are Black.\(^{20}\) The U.S. Public Health Service estimates that one million Americans are infected with the AIDS virus, of which a large percentage are undiagnosed. It projects that by the end of 1995, the total number of diagnosed cases will be between 390,000 and 490,000 with the number of deaths from AIDS between 285,000 and 340,000.

While the rate of infection among Gay, White males is declining, the percentage of newly diagnosed cases among African Americans continues to rise, particularly among women. Between 1980 and 1988, the AIDS death rate for African American women rose from 4.4 to 10.3 per 100,000, making it nine times more likely that an African American women will die from AIDS than White women.\(^{21}\) If the current mortality rate continues in 1994, AIDS will become one of the five leading causes of death among women of reproductive age.

AIDS is frequently referred to as a behaviorally transmitted disease because certain behavior patterns sharply increased the risks of contracting the virus. Risky behaviors are prevalent among the majority of those that are infected. While the spread of AIDS among African American Gay or bisexual males is the result of risky sexual practices, most African American women that are HIV positive or have AIDS are either IV drug users or sex partners of IV drug users. The


latter group is comprised of scores of women who are at high risk of being infected and are not even aware of it.\textsuperscript{22}

Whether they are homosexual, or emotionally fragile individuals, almost all African Americans that contract AIDS or HIV are already victims of the health care systems.\textsuperscript{23} According to African American health practitioners, we were just beginning to address the issue of what to do to make a healthy community, and then along comes HIV, and all the gains are wiped out. If this epidemic is going to be controlled, raising awareness and changing behavior are key issues. In addition, medical experts agree that more health provisions be made available in the African American community.

Oftentimes, women feel the need to practice safe sex, but are not prepared to deal with reprisals from male partners that don’t wish to use condoms. As part of its education outreach campaign to promote safe sex, the District of Columbia Office of AIDS Activity developed a successful radio show to help women become more assertive when it comes to protecting themselves against AIDS.\textsuperscript{24}

The responsibility of safe sex should not rest with the

\textsuperscript{22}David Dawson and Andrew Hardy, "AIDS Knowledge And Attitudes Of Black Americans, \textit{Advance Data,} 2:11 (March 1989): 165.

\textsuperscript{23}Ibid, p. 165-166.

\textsuperscript{24}Marian Hassan, "AIDS Knowledge And Attitudes", \textit{Advance Data,} 176 (November 1992): 5-6.
female, According to Hassan. The issue of using condoms is falling on the women, yet they don’t have penises. The education of our male population on sexual behavior and responsibility is significantly lacking.\(^{25}\)

One major barrier to fighting the insidious spread of AIDS in the Black community is the unwavering taboo of homosexuality. Increasing awareness as to the methods that AIDS can be prevented is essential to changing behavior that causes it to spread, yet the stigma attached to homosexuality stands in the way. According to Dalton: the double life syndrome of Black homosexuals is widespread because Black homosexuals are more connected to the Black community. They help their families and stay close to their families; they don’t want to destroy family ties.\(^{26}\)

Denial and moral judgement can be so strong among family members and friends that homosexual men will often marry and continue to have sex with men. These secretive sex lives contribute to the unknowing spread of AIDS that ultimately affects women and children. Eighty percent of the children born with AIDS or HIV infection are children of color whose mother does not even realize they are infected until the child

\(^{25}\)Ibid, p. 6-11.

\(^{26}\)Harry Dalton, "AIDS In Blackface", *Milbank Quarterly* 65 (March 1987): 205.
has some identifiable symptoms, according to Hassan.  

Intravenous drug users, the hardest group to educate about AIDS, and one that is less likely to receive any kind of treatment once diagnosed, also happens to be the group most at risk among the African American heterosexual population. AIDS activists say this is the group that must be educated within the framework of their troubled lives. According to Macy: The way to target the heterosexual population is to do it in the context of reaching people about a drug problem or other sexually transmitted disease.  

AIDS awareness and education in the African American community has come a long way since 1981, when health officials first began to address the treatment of the virus.  

In the early 1980’s, AIDS education campaigns did not effectively reach Blacks and other ethnic groups because the message was developed by people who lived outside the communities that they were attempting to reach. It was a case of White people talking to Black people, using words and languages that weren’t culturally appropriate, and it had little to no impact on the targeted population.

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Today, African American churches, many of which were reluctant to do so early on, have accepted their roles in educating the community about AIDS. Some churches offer information during Sunday services or insert AIDS information in the weekly bulletin, while others have AIDS Outreach Ministries and support services for church members with AIDS. The important fact, is that AIDS is now out of the closest in the oldest of the African American community organizations. As the permission granting body in the community, it is the church that tells the community that it’s okay to learn this information.

With AIDS being a chronic disease in the African American community, additional funds for research and services will ease some of the pain, but it will take more than money. People with HIV live longer based on the services they receive and the attitude of those persons with whom they come into contact. The problem calls for a continued commitment from all government, religious, community, health, and medical organizations. However, we cannot overlook the important commitment from each individual. According to Saxxon: When it comes to safe sex, we must each practice the message that we bring, and make certain these messages are practiced in our families.30

THEORETICAL FRAMEWORK

Hartman, 1979 describes the Ecological Perspective and relevance as:

"An Ecological Perspective directs us to understand events and behaviors in the context of the many influences and variables that impact upon and have a part in the production of those events and behaviors. It encourages us to focus on the adaptive balance that may exit between living things and their environments. It leads us to understand and evaluate events and human responses in terms of their contribution to adaptation, integration and differentiation."

By understanding the ecological framework one may be able to incorporate these concepts into social work practice. For the underlining assumption is that a minimal degree of integration is necessary between the person and the environment in order to maintain and enhance the problem solving capacities in one's own habitat.

The exchange and sharing of drug injecting equipment is a cultural norm in the drug using population. A niche has been formed and position status within the community results in structural adaptation. There is a particular understanding in the African American culture that has promoted and has been necessary to survive in the larger society. Since slavery, African Americans have had to adapt to environments foreign to them and at the same time hold on to their customs and values as a group. Remaining within their group or culture has allowed them to express themselves in ways that the larger society would deem inappropriate. Their self expression within their environment exemplifies the diversity within the community which results from the structural adaptation.
In order to fully understand the HIV/AIDS issue, one must consider all of the factors involved, such as education, drug abuse, and casual sex. The Ecological Perspective is effective in demonstrating how the interaction of environment, family, and friends determine one's practice of preventive behaviors.

**Definition Of Terms**

**Acquired Immune Deficiency Syndrome (AIDS):** An impairment of the body's ability to fight disease. It leaves the affected individual vulnerable to illness that a healthy immune system might overcome. The name defines the conditions. It is acquired, not inherited but as associated with the environment. Immune refers to the body's natural system is not functioning normally. Syndrome means a group of particular signs.

**Antibody:** A body substance that specifically counteracts the efforts of a foreign substance or organism introduced into the body.

**AIDS Related Complex (ARC):** Any of several conditions caused by HIV.

**Bisexual:** Possessing characters of, or sexually oriented toward both sexes.

**Body Fluid:** Includes blood, semen, urine, feces, saliva and vaginal secretion.

**Depression:** A mental illness characterized by a dejected mood, insomnia, and weight loss. Patients express a general loss of interest in usually satisfying activity.

**Epidemic:** A disease or condition that affect many persons within a population at the same time.

**Immune:** The state of being highly resistant to a particular disease because of the formation on antibodies to disease.

**Immune System:** The whole system made up of cells and proteins in the body which fights infectious disease that invades the body.
Intravenous Drugs: Drugs that are ingested into the body by the veins.

Kaposi’s Sarcoma: A rare form of skin cancer. It is recognized by raised and tender skin lesions. These lesions may occur on any part of the body.

Minority: A racial, religious or political group that differs from larger controlling groups.

Opportunistic Disease: Those diseases that are caused by agents that are caused by agents that are frequently in our bodies or environment but which cause disease only when there is an alteration from normal healthy conditions, such as when the immune system become depressed.

Opportunistic Infection: Any number of infections that are caused by micro organisms ordinarily found in the environment, but which do not cause disease except in persons with damaged immune systems.

Risk groups: A group of people at higher risk of getting some disease than the general population.

Safe sex: Using condoms when engaging in sexual intercourse.

Vaccine: A weakened or dead virus or bacteria that is introduced into the body to cause it to make antibodies and increase immunity against that particular disease.

Statement of the Hypothesis

There is no significant relationship between the level of knowledge one has about HIV/AIDS and his/her practice of preventive sexual behaviors.
CHAPTER III

METHODOLOGY

The research design employed in this study is known as the Descriptive or Explanatory research design. This research design is utilized for the development of social technology or in the information, selection, evaluation and assembly of relevant basic information for purposes of technological innovation.¹

The population for this study were African American students who enrolled in one of the four institutions within the Atlanta University Center. These four institutions are Clark Atlanta University, Spelman College, Morehouse College and Morris Brown College. The sampling design utilized was the Purposive or Judgmental sampling. This sampling design is a nonprobability sampling design predicated on the assumption that the researcher has sufficient knowledge related to the research problem to allow the selection of "typical" persons for inclusion in the sample.²

The Purposive sampling design is a sampling design based on availability, appropriate sampling units. The sample was selected by handing questionnaires to students of the four institutions that fit the characteristics of the population.


²Ibid, p. 87
based on the judgment of the researcher.

Instrument Design

The questionnaire utilized in the study is an original questionnaire developed by the author. The questionnaire contained eight questions pertaining to demographic data, eighteen of the items pertained to the individuals' knowledge about HIV/AIDS, and nine items which pertained to high-risk sexual behaviors.

The first eight questions of the instrument related to demographic data, such as the age of the respondent, the sex of the respondent, the race of the respondent, the religious background of the respondent, the marital status of the respondent, how many children the respondent has, their highest level of education and the college or university that they attend.

Concerning the respondents' level of knowledge about AIDS, the instrument had fifteen items relating to the level of knowledge about AIDS scale. These questions required the respondent to respond to information about AIDS, whether the respondents are aware of how AIDS is transmitted, whether a person can tell if they have the AIDS virus and whether the respondent believes that certain populations have a tendency to get AIDS.

The questionnaire also has eight items related to the high-risk sexual behavior scale. This scale asks the respondent whether they have ever engaged in behavior that is
considered as being at high risk of catching the AIDS virus. These behaviors, as identified in the literature are the number of sexual partners, the use of needles or syringes to inject drugs, the use of illegal drugs, the use of condoms, and the frequency of sexual intercourse.

The Sample

The sample consisted of 40 students within the Atlanta University Center. These students represented Clark Atlanta University, Morehouse College, Morris Brown College, and Spelman College, which are four predominately African American Institutions. The sample was selected by the Purposive Sampling technique by handing the questionnaire to the respondents. The respondents self-administered the questionnaire and returned the questionnaire to the researcher the same day it was handed to them.

Method Of Analysis

The methods of analysis that comprised this study consisted of Descriptive and Inferential statistics. The Descriptive statistics in this study included frequency distributions, and percentages. The inferential statistics in this study utilized Correlation Analysis. Correlation Analysis employing Pearson's "r" was used to determine the strength of the relationship between the dependent and independent variables measured at the interval level. The data obtained in this study was coded into a computer and analyzed by the use of the statistical computer program
Statistical Package For The Social Sciences.  

CHAPTER IV

FINDINGS

FREQUENCY DISTRIBUTIONS

Frequency Distributions were utilized to demonstrate percentages of responses. See Table I, II, and III.

TABLE I

DEMOGRAPHIC DATA

1. What is Your Age?
   37.5% 17-19
   60.0% 20-24
   2.5% 25-30
   0% Over 30

2. What Sex Are You?
   47.5% Female
   40.0% Male

3. What Is Your Race?
   95.0% White
   2.5% African-American
   2.5% Hispanic
   0% Asian
   1% Other:

4. What Is Your Religious Background?
   17.5% Methodist
   15.0% Catholic
   42.5% Baptist
   22.5% Muslim
   2.5% Jehovah’s Witness
   0.0% Pentecostal
   0.0% Other:

5. What Is Your Marital Status?
   97.5% Single
   2.5% Divorced
   0.0% Married
   0.0% Separated
   0.0% Widowed
"Table I-Continued".

6. How Many Children Do You Have?
   - 72.5% None
   - 22.5% One
   - 5.0% Two
   - 0.0% Three
   - 0.0% Four
   - 0.0% Five or More

7. What Is Your Highest Level of Education?
   - 20.0% Freshman
   - 22.5% Sophomore
   - 22.5% Junior
   - 25.0% Senior
   - 10.0% Graduate
   - 0.0% Post Graduate

8. What College or University Do you Attend?
   - 35.0% Clark Atlanta University
   - 22.5% Morehouse College
   - 17.5% Morris Brown College
   - 25.0% Spelman College
TABLE II

THE RESPONDENTS LEVEL OF KNOWLEDGE ABOUT AIDS

9. How much would you say you know about AIDS?
   - 12.5% A lot
   - 45.0% Some
   - 42.5% A Little
   - 0.0% None
   - 0.0% Don't Know

10. To the best of your knowledge is there a difference between having AIDS and having the AIDS disease.
    - 42.5% Yes
    - 12.5% No
    - 45.0% Don't Know

11. AIDS is an infectious disease caused by a virus?
    - 30.0% Definitely True
    - 60.0% Probably True
    - 5.0% Probably False
    - 5.0% Definitely False

12. College students cannot get AIDS?
    - 15.0% Definitely True
    - 17.5% Probably True
    - 27.5% Probably False
    - 40.0% Definitely False

13. AIDS lead to death?
    - 72.5% Definitely True
    - 15.0% Probably True
    - 27.5% Probably False
    - 7.5% Definitely False

14. A person can be infected with the AIDS virus and not have the AIDS disease?
    - 10.0% Definitely True
    - 20.0% Probably True
    - 5.0% Probably False
    - 5.0% Definitely False
    - 60.0% Don't Know

15. Looking at a person is enough to tell if he or she has the AIDS virus?
    - 5.0% Definitely True
    - 7.5% Probably True
    - 17.5% Probably False
    - 37.5% Definitely False
    - 32.5% Don't Know
"Table II-Continued".

16. Any person with the AIDS virus can pass it on to someone else during sexual intercourse?
   62.5% Definitely True
   27.5% Probably True
   2.5% Definitely False
   10.0% Probably False
   10.0% Don’t Know

17. A pregnant women who has the AIDS virus can give the virus to her baby?
   62.5% Definitely True
   27.5% Probably True
   2.5% Probably False
   7.5% Definitely False
   0.0% Don’t Know

18. How likely do you think it is that a person will get AIDS or the virus infection form sharing needles for drug use with someone who has the AIDS virus?
   22.5% Very Likely
   22.5% Somewhat Likely
   55.0% Don’t Know
   0.0% Definitely Not Possible

19. Do you know where to get tested for AIDS virus?
   25.0% Yes
   37.5% No
   37.5% Unsure

20. All gay people have AIDS?
   2.5% True
   45.0% False
   52.5% Don’t False

21. AIDS can be cured if treated early?
   2.5% True
   77.5% False
   20.0% Don’t Know

22. Have you had any instruction about AIDS in your school curriculum?
   30.0% Yes
   35.0% No
   35.0% No Response
TABLE III

HIGH-RISK SEXUAL BEHAVIORS:

23. Have you ever used cocaine, or other illegal drug?
   - 27.5% Yes
   - 55.0% No
   - 17.5% No Response

24. Have you shared needles or syringes used to inject drugs?
   - 22.5% Yes
   - 60.0% No
   - 17.5% No Response

25. Because of AIDS, have you stopped injecting illegal drugs?
   - 7.5% Yes
   - 17.5% No
   - 72.5% No Response

26. Because of AIDS have you stopped sexual intercourse?
   - 17.5% Yes
   - 50.0% No
   - 27.5% No Response

27. Because of AIDS, have you started using condoms during sexual intercourse?
   - 45.0% Yes
   - 22.5% No
   - 30.0% No Response

28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?
   - 40.0% Yes
   - 30.0% No
   - 30.0% No Response

29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?
   - 47.5% Yes
   - 12.5% No
   - 40.0% No Response

30. What are your chances of having the AIDS virus?
   - 47.5% High
   - 12.5% Medium
   - 40.0% Low
   - 0.0% None
   - 0.0% Don’t Know
FREQUENCY DISTRIBUTION FINDINGS

There were forty respondents who answered the thirty item questionnaire. Of the forty respondents, thirty-seven percent were between the ages of seventeen and nineteen, sixty percent were between the ages of twenty and twenty-four, two percent were between the ages of twenty-five and thirty.

Of the forty respondents, forty-seven percent were females, forty percent were males and twelve percent were unreported. Concerning the respondents, race ninety-five percent were Black, two percent were African and two percent were missing.

Of the forty respondents, seventeen percent were Methodist, fifteen percent were Catholic, forty percent were Baptist, twenty-two percent Muslims, and two percent Jehovah’s Witness. Concerning the respondents marital status, ninety-seven percent were single and two percent were missing.

Concerning the forty respondents, seventy-two percent had no children, twenty-two percent had one, and five percent had two children. Concerning the educational level of the respondents, twenty percent were freshman, twenty-two percent were sophomores, twenty-five percent were juniors, twenty-five percent seniors and ten percent were graduates.

Concerning the forty respondents, thirty-five percent attend Clark Atlanta University, twenty-two percent attend Morehouse College, seventeen percent attend Morris Brown, and twenty-five percent attend Spelman College.
Out of the forty respondents, twelve percent indicated they knew a lot about AIDS, forty-five percent indicated they knew some about AIDS, and forty-two percent indicated they knew a little about AIDS.

Concerning the forty respondents, forty-two percent indicated there is a difference between having AIDS and having the AIDS virus, twelve percent indicated there is no difference between having AIDS and having the AIDS virus, and forty-five percent indicated they don’t know if there is a difference between having AIDS and having the AIDS virus.

Out of the forty respondents, thirty percent indicated definitely that AIDS is an infectious disease caused by a virus, sixty percent indicated probably false and five percent indicated missing.

Concerning the item whether college students cannot get AIDS, fifteen percent responded definitely true, seventeen percent responded probably true, twenty-seven percent responded probably false and forty percent responded definitely false.

Related to the question AIDS lead to death, seventy-two percent indicated definitely true, fifteen percent indicated probably false, five percent indicated probably true and seven percent indicated definitely true.

Of the forty respondents, ten percent indicated that a person can be infected with the AIDS virus and not have the AIDS disease, twenty percent indicated probably true, five
percent indicated probably false, five percent indicated don’t
know.

The respondents were asked when looking at a person is it
enough to tell if he or she has the AIDS virus. Five percent
indicated definitely true, seven percent indicated probably
true, seventeen percent indicated definitely false, five
percent indicated probably false and two percent indicated
they don’t know.

Related to the question whether a person with the AIDS
virus can pass it on to someone else during sexual
intercourse, sixty-two percent indicated definitely true, twent-five percent indicated probably true, two percent
indicated definitely false and ten percent indicated don’t
know.

Concerning the item whether a pregnant women who has the
AIDS virus can give the virus to her baby, sixty-two percent
indicated definitely true, twenty-seven percent indicated
probably true, two percent indicated definitely false, seven
percent indicated probably false, and five percent indicated
they don’t know.

The respondents were asked how likely do you think it is
that a person will get AIDS or the virus, twenty-two percent
indicated very likely, twenty-two percent indicated somewhat
likely, and fifty-five percent indicated don’t know.

Concerning the item whether or not the respondent knows
where to get tested for the AIDS virus, twenty-five percent
indicated yes, thirty-seven percent indicated no, and thirty-seven indicated don’t know. Of the forty respondents, two percent indicated that all Gay people have AIDS, forty-five percent indicated no, and fifty-two percent indicated don’t know.

Related to the question whether AIDS can be cured if treated early, two percent indicated true, seventy-seven percent indicated false, and twenty percent indicated they don’t know. The respondents were asked have they had any instruction about AIDS in their school curriculum, thirty percent indicated yes, thirty-five percent indicated no, and thirty-five percent indicated no response.

Out of forty respondents, twenty-seven percent indicated having used cocaine, or other illegal drugs, fifty-five percent indicated no, and seventeen percent indicated no response. Concerning the item, if you have ever shared needles or syringes used to inject drug, twenty-two percent indicated no, sixty percent indicated no, and seventeen percent indicated no response.

Related to the question have you stopped injecting illegal drugs, seven percent indicated yes, seventeen percent indicated no, and seventy-two percent indicated no response. Related to the question have you stopped sexual intercourse because of AIDS, seventeen percent indicated yes, fifty percent indicated no, and twenty-seven percent indicated no response.
Concerning the forty respondents indicated that because of AIDS, forty-five percent started using condoms during sexual intercourse, twenty-two percent indicated no, thirty percent indicated no response and one percent indicated missing. The respondents were asked, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse, forty-five percent indicated yes, twenty-two percent indicated no, thirty percent indicated no response and one percent indicated missing.

Out of the forty respondents, forty-seven percent have decreased the number of people they have sexual intercourse with, twelve percent indicated no, and forty percent indicated no response. The respondents were asked what were their chances of having the AIDS virus, five percent indicated high, seven percent indicated medium, twenty-five percent indicated none and twenty-two percent indicated they don’t know.

Reliability Of The Questionnaire

In order to test the internal consistency and reliability of the questionnaire, a reliability analysis was conducted utilizing the Chronbach’s Alpha test for reliability. The items on the questionnaire were coded into a computer and analyzed by the computer application program Statistical Package For The Social Science.¹ The Chronbach’s Alpha test for reliability for the items on the questionnaire

resulted in an alpha score of .9480. This score demonstrates a high degree of reliability for the test items on the questionnaire.

**Bivariate Analysis Of The Dependent And Independent Variables**

The independent variables of the respondents' knowledge about AIDS and the dependent variables of the respondents' sexual behavior were correlated to determine the strength of the relationship between the variables. See Tables IV through XVII.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.472</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drugs?</td>
<td>.782*</td>
</tr>
<tr>
<td>25. Because of AIDS, have you stopped injecting drugs?</td>
<td>.926*</td>
</tr>
<tr>
<td>26. Because of AIDS, have you stopped having sexual intercourse?</td>
<td>.044</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.042</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.561*</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.042</td>
</tr>
<tr>
<td>30. What are your chances of having the AIDS virus?</td>
<td>.066</td>
</tr>
</tbody>
</table>

*p < .05
TABLE V

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Question</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>To the best of your knowledge is there a difference between having AIDS and having the AIDS disease?</td>
<td></td>
</tr>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.192</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drugs?</td>
<td>.769*</td>
</tr>
<tr>
<td>25. Because of AIDS have you stopped injecting illegal drugs?</td>
<td>.861*</td>
</tr>
<tr>
<td>26. Because of AIDS have you stopped having sexual intercourse?</td>
<td>.423</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.566*</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.697*</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.988*</td>
</tr>
<tr>
<td>30. What are your chances of having the AIDS virus?</td>
<td>.484</td>
</tr>
</tbody>
</table>

*p < .05
TABLE VI

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>AIDS is an infectious disease caused by a virus?</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.228</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drugs?</td>
<td>.055</td>
</tr>
<tr>
<td>25. Because of AIDS, have you stopped injecting illegal drugs?</td>
<td>.013</td>
</tr>
<tr>
<td>26. Because of AIDS have you stopped having sexual intercourse?</td>
<td>.386</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.627*</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.023</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.281</td>
</tr>
<tr>
<td>30. What are your chances of having the AIDS virus?</td>
<td>.192</td>
</tr>
</tbody>
</table>

*p< .05
### Table VII

**Bivariate Analysis of the Dependent and Independent Variables**

<table>
<thead>
<tr>
<th>College students cannot get AIDS?</th>
<th>Pearson’s r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.346</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drugs?</td>
<td>.031</td>
</tr>
<tr>
<td>25. Because of AIDS, have you stopped injecting illegal drugs?</td>
<td>.067</td>
</tr>
<tr>
<td>26. Because of AIDS have you stopped having sexual intercourse?</td>
<td>.391</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.591*</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.631*</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.254</td>
</tr>
<tr>
<td>30. What are your chances of you having the AIDS virus?</td>
<td>.525*</td>
</tr>
</tbody>
</table>

*p < .05
### TABLE VIII
Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>AIDS lead to death?</th>
<th>Pearson’s r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.618*</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drugs?</td>
<td>.328</td>
</tr>
<tr>
<td>25. Because of AIDS, have you stopped injecting illegal drugs?</td>
<td>.429</td>
</tr>
<tr>
<td>26. Because of AIDS have you stopped having sexual intercourse?</td>
<td>.805*</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.439</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.098</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.045</td>
</tr>
<tr>
<td>30. What are you chances of having the AIDS virus?</td>
<td>.003</td>
</tr>
</tbody>
</table>

*p < .05
### TABLE XIV

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>A person can be infected with the AIDS virus and not have the AIDS virus?</th>
<th>Pearson’s r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.187</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drugs?</td>
<td>.056</td>
</tr>
<tr>
<td>25. Because of AIDS have you stopped injecting illegal drugs?</td>
<td>.110</td>
</tr>
<tr>
<td>26. Because of AIDS, have you stopped having sexual intercourse?</td>
<td>.872*</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.614*</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked with you boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.690*</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.771*</td>
</tr>
<tr>
<td>30. What are your chances of having you having the AIDS virus?</td>
<td>.359</td>
</tr>
</tbody>
</table>

*p< .05
TABLE X

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Question</th>
<th>Pearson’s r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looking at a person is enough to tell if he or she has the AIDS virus?</td>
<td></td>
</tr>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.775*</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drugs?</td>
<td>.221</td>
</tr>
<tr>
<td>25. Because of AIDS, have you stopped injecting illegal drugs?</td>
<td>.349</td>
</tr>
<tr>
<td>26. Because of AIDS have you stopped sexual intercourse?</td>
<td>.254</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.174</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.158</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.492</td>
</tr>
<tr>
<td>30. What are your chances of having the AIDS virus?</td>
<td>.372</td>
</tr>
</tbody>
</table>

*p< .05
### TABLE XI

_Bivariate Analysis of the Dependent and Independent Variables_

<table>
<thead>
<tr>
<th>Question</th>
<th>Pearson’s r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any person with the AIDS virus can pass it on to someone else during sexual intercourse?</td>
<td></td>
</tr>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.261</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drugs?</td>
<td>.267</td>
</tr>
<tr>
<td>25. Because of AIDS, have you stopped injecting illegal drugs?</td>
<td>.241</td>
</tr>
<tr>
<td>26. Because of AIDS have you stopped having sexual intercourse?</td>
<td>.647*</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.383</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.646*</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.372</td>
</tr>
<tr>
<td>30. What are your chances of having the AIDS virus?</td>
<td>.412</td>
</tr>
</tbody>
</table>

* p < .05
TABLE XII

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Question</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A pregnant woman who has the AIDS virus can give the virus to her baby?</td>
<td>.469</td>
</tr>
<tr>
<td>23. Have you ever used cocaine, or other illegal drug?</td>
<td>.177</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drug?</td>
<td>.406</td>
</tr>
<tr>
<td>25. Because of AIDS, have you stopped injecting illegal drugs?</td>
<td>.430</td>
</tr>
<tr>
<td>26. Because of AIDS have you stopped having sexual intercourse?</td>
<td>.778*</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.277</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.914*</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.023</td>
</tr>
</tbody>
</table>

*p < .05
TABLE XIII

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Question</th>
<th>Pearson’s r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>How likely do you think it is that a person will get AIDS or the virus infection from sharing needles for drug use with someone who has the AIDS virus?</td>
<td></td>
</tr>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.233</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drugs?</td>
<td>.192</td>
</tr>
<tr>
<td>25. Because of AIDS, have you stopped injecting illegal drugs?</td>
<td>.817*</td>
</tr>
<tr>
<td>26. Because of AIDS have you stopped sexual intercourse?</td>
<td>.303</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condom during sexual intercourse?</td>
<td>.011</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.001</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.150</td>
</tr>
<tr>
<td>30. What are your chances of having the AIDS virus?</td>
<td>.038</td>
</tr>
</tbody>
</table>

*p<.05
TABLE XIV

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Do you know where to get tested for the AIDS virus?</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.074</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drugs?</td>
<td>.127</td>
</tr>
<tr>
<td>25. Because of AIDS, have you stopped injecting illegal drugs?</td>
<td>.108</td>
</tr>
<tr>
<td>26. Because of AIDS have you stopped sexual intercourse?</td>
<td>.960*</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.025</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.873*</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse?</td>
<td>.475</td>
</tr>
<tr>
<td>30. What are your chances of having the AIDS virus?</td>
<td>.988*</td>
</tr>
</tbody>
</table>

*p < .05
### TABLE XV

**Bivariate Analysis of the Dependent and Independent Variables**

<table>
<thead>
<tr>
<th>All Gay people have AIDS?</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.195</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject illegal drugs?</td>
<td>.297</td>
</tr>
<tr>
<td>25. Because of AIDS have you stopped injecting illegal drugs?</td>
<td>.141</td>
</tr>
<tr>
<td>26. Because of AIDS have you stopped sexual intercourse?</td>
<td>.191</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.711*</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.314</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.142</td>
</tr>
<tr>
<td>30. What are your chances of having the AIDS virus?</td>
<td>.108</td>
</tr>
</tbody>
</table>

*p < .05
### TABLE XVI

**Bivariate Analysis of the Dependent and Independent Variables**

<table>
<thead>
<tr>
<th>AIDS can be cured if treated early?</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.515*</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drugs?</td>
<td>.804*</td>
</tr>
<tr>
<td>25. Because of AIDS, have you stopped injecting illegal drugs?</td>
<td>.413</td>
</tr>
<tr>
<td>26. Because of AIDS have stopped having sexual intercourse?</td>
<td>.395</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.263</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.612*</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.549*</td>
</tr>
<tr>
<td>30. What are your chances of having the AIDS virus?</td>
<td>.248</td>
</tr>
</tbody>
</table>

*p < .05*
<table>
<thead>
<tr>
<th>Question</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had any instruction about AIDS in your school curriculum?</td>
<td></td>
</tr>
<tr>
<td>23. Have you ever used cocaine, or other illegal drugs?</td>
<td>.713*</td>
</tr>
<tr>
<td>24. Have you shared needles or syringes used to inject drugs?</td>
<td>.325</td>
</tr>
<tr>
<td>25. Because of AIDS, have you stopped injecting illegal drugs?</td>
<td>.239</td>
</tr>
<tr>
<td>26. Because of AIDS have you stopped having sexual intercourse?</td>
<td>.388</td>
</tr>
<tr>
<td>27. Because of AIDS, have you started using condoms during sexual intercourse?</td>
<td>.254</td>
</tr>
<tr>
<td>28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?</td>
<td>.448</td>
</tr>
<tr>
<td>29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?</td>
<td>.074</td>
</tr>
<tr>
<td>30. What are your chances of having the AIDS virus?</td>
<td>.248</td>
</tr>
</tbody>
</table>

*p < .05
BIVARIATE ANALYSIS FINDINGS

The findings of the bivariate analysis indicated that correlations existed between the dependent variables of the respondents behavior and the independent variables of the level of the respondents knowledge about AIDS in what the respondents know about AIDS and the respondents sharing syringes to inject drugs, whether the respondents have stopped injecting drugs and whether they have discussed AIDS with their boyfriend and girlfriend.

The analysis also revealed correlations between the respondent understanding the difference between having AIDS and having the AIDS disease and using needles to inject drugs, stopping the injection of drugs, using condoms during sexual intercourse, talking to their boyfriend or girlfriend about AIDS and decreasing the number of people with whom they have sexual intercourse.

The findings of the bivariate analysis indicated correlations between the item that AIDS is an infectious disease caused by a virus, and whether the respondents have started using condoms during sexual intercourse. The analysis also revealed correlations between the items college students cannot get AIDS and because of AIDS have they started using condoms during sexual intercourse, whether they’ve ever talked to their boyfriend or girlfriend about AIDS before having sexual intercourse and estimating their chances of them having the AIDS virus.
The bivariate analysis also indicated correlations between AIDS lead to death, have you ever used cocaine, or other illegal drugs, and the item because of AIDS have you stopped having sexual intercourse. The bivariate analysis indicated correlation between the items of whether a person can be infected with the AIDS virus and not have the AIDS disease, and the item because of AIDS have you stopped having sexual intercourse. Another correlation existed between whether the person can be infected with the AIDS virus and the item because of AIDS have you started using condoms during sexual intercourse. Another correlation existed between the items have you ever talked with your boyfriend or girlfriend about AIDS before having sexual intercourse and have you decreased the number of people you have sexual intercourse with because of AIDS.

The finding of the bivariate analysis indicated that there was a strong correlation between the items of can you look at a person and tell if he or she has the AIDS virus and have you ever used cocaine or other illegal drugs. The analysis also indicated a strong correlation between the items of whether any person with the AIDS virus can pass it on to someone else during sexual intercourse, and the item have you stopped having sexual intercourse because of AIDS, and have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse.

The finding of the bivariate analysis indicated a strong
correlation between whether pregnant women who have the AIDS virus give the virus to her baby, and because of AIDS have you started using condoms during sexual intercourse and have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse.

The finding of the bivariate analysis indicated strong correlation between is it likely that a person will get AIDS or the virus infection from sharing needles for drug use with someone who has the AIDS virus, and have you stopped injecting illegal drugs. The bivariate analysis also indicated a correlation between do you know where to get tested for the AIDS virus, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse and what are your chances of having the AIDS virus.

The finding of the bivariate analysis indicated strong correlation between the item of whether all Gay people have AIDS, and have you started using condoms during sexual intercourse. The bivariate analysis also indicated correlation between the items of whether AIDS can be treated early, have you ever used cocaine, or illegal drugs, have you shared needles or syringes used to inject drugs, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse and have you decreased the number of people with whom you have sexual intercourse.

The finding of the bivariate analysis also indicated correlations between have you had any instruction about AIDS
in your school curriculum and have you ever used cocaine or other illegal drugs. The findings of the bivariate analysis indicated that there was weak correlation between how much would you say about AIDS, have you ever used cocaine, or illegal drugs, have you stopped having sexual intercourse because of AIDS, because of AIDS, have you started using condoms during sexual intercourse, have you decreased the number of people you have sexual intercourse with and what are your chances of having the AIDS virus.

The finding of the bivariate analysis indicated that there was weak correlation between is there a difference between having AIDS virus and having the AIDS disease, have you ever used cocaine, or other illegal drugs, have you stopped having sexual intercourse because of AIDS, and what are your chances of having the AIDS virus.

The findings of the bivariate analysis indicated there was a weak correlation between AIDS is an infectious disease caused by a virus, have you ever used cocaine, or other illegal drugs, have you shared needles or syringes used to inject drugs, have you stopped injecting illegal drugs, have you stopped having sexual intercourse because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse, have you decreased the number of people you have sexual intercourse with and what are your chances of having the AIDS virus.

The finding of the bivariate analysis also indicated weak
correlation between can college students get AIDS, have you ever used cocaine or illegal drugs, have you shared needles or syringes used to inject drugs, have you stopped having sexual intercourse and have you decreased the number of people with whom you have sexual intercourse.

The finding of the bivariate analysis indicated that there was weak correlation between AIDS can lead to death, have you shared needles or syringes used to inject drugs, have you stopped injecting illegal drugs, because of AIDS, have you started using condoms during sexual intercourse, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse, have you decreased the number of people you have sexual intercourse with, and what are your chances of having the AIDS virus.

The finding of the bivariate analysis indicated that there was no correlation between can a person be infected with the AIDS virus, have you ever used cocaine, or other illegal drugs, have you shared needles or syringes used to inject drugs, have you stopped injecting illegal drugs and what are your chances of having the AIDS virus.

The finding of the bivariate analysis indicated that there was weak correlation between looking at a person is enough to tell if he or she has the AIDS virus, have you shared needles or syringes used to inject illegal drugs, have you stopped injecting illegal drugs, have you stopped having sexual intercourse because of AIDS, because of AIDS, have you
started using condoms during sexual intercourse, have you decreased the number of people you have sexual intercourse with, and what are your chances of having the AIDS virus.

The finding of the bivariate analysis indicated that there was weak correlation between whether a person with the AIDS virus can pass it on to someone else during sexual intercourse, and the item of have you ever used cocaine, or other illegal drugs, have you shared needles or syringes used to inject drugs, have you stopped injecting illegal drugs because of AIDS, because of AIDS have you stopped having sexual intercourse, have you decreased the number of people you have sexual intercourse with and what are your chances of having the AIDS virus.

The finding of the bivariate analysis indicated that there was weak correlation between whether a pregnant woman with the AIDS virus can give the virus to her baby, and the item have you ever used cocaine, or other illegal drugs, have you stopped having sexual intercourse, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse, and what are you chances of having the AIDS virus.

The finding of the bivariate analysis indicated that there was weak correlation between do you think a person will get AIDS or the virus infection from sharing needles with someone who has the AIDS virus, have you ever used cocaine, or other illegal drugs, have you shared needles or syringes used
to inject drugs, because of AIDS have you started using condoms during sexual intercourse, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse, have you decreased the number of people you have sexual intercourse with, and what are you chances of having the AIDS virus.

The finding of the bivariate analysis indicated that there was weak correlation between do you know where to get tested for the AIDS virus, have you ever used cocaine, or other illegal drugs, have you shared needles or syringes used to inject drugs, have you stopped injecting illegal drugs, because of AIDS have you started using condoms during sexual intercourse, and have you decreased the number of people you have sexual intercourse with.

The findings of the bivariate analysis indicated that there was no correlation between the item all Gay people have AIDS, have you ever used cocaine, or other illegal drugs, have you shared needles or syringes used to inject illegal drugs, because of AIDS have you stopped injecting illegal, because of AIDS have you stopped sexual intercourse, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse with them and what are your chances of having the AIDS virus.

The finding of the bivariate analysis indicated that there was no correlation between AIDS can be cured if treated early, because of AIDS have you stopped injecting illegal
drugs, because of AIDS have you stopped having sexual intercourse, because of AIDS have you stopped having sexual intercourse, and what are your chances of having the AIDS virus.

The finding of the bivariate analysis also indicated that there was weak correlation between have you had any instruction about AIDS in your school curriculum, have you shared needles or syringes used to inject drugs, because of AIDS have you stopped injecting illegal drugs, because of AIDS, have you stopped having sexual intercourse, because of AIDS have you started using condoms during sexual intercourse, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse, have you decreased the number of people you have sexual intercourse with, and what are your chances of having the AIDS virus.
CHAPTER VI
DISCUSSION OF THE FINDINGS

There is a relationship between the level of knowledge one has about HIV/AIDS and his/her practice of preventive behaviors. However, according to the results of this study, this relationship is not a very strong one. That is, participants knew of the detrimental effects of HIV/AIDS on it's victims yet they continued to engage in "risky sexual behaviors". For example, unprotected sex, intravenous drug abuse and sex with numerous partners. The null hypotheses in this study indicated that there were no significant differences between the level of knowledge a person has about HIV/AIDS and the practice of preventive behaviors.

This behavior is defined by Elking as: "Adolescent egocentrism." According to Elkind, adolescents go through a phase when they think they are unique and physically indestructible. This type of thinking impairs judgement and can be critical in situations because it provides a false sense of power.

The findings of this study demonstrated that twelve percent of the respondents indicated that they knew a lot about HIV/AIDS, forty-five percent responded that they knew a little about HIV/AIDS, and one percent responded that they did not know anything about HIV/AIDS at all. When assessing the respondents "high risk sexual behaviors", the findings demonstrated that twenty-seven percent continued to abuse
intravenous drugs and forty-five percent continued to engage in unprotected sex.

For the majority of the sample, the level of knowledge about HIV/AIDS had no bearing on their behavior. General information about HIV/AIDS and statistics are obviously not enough to encourage adolescents and young adults to change their behavior. Because of "adolescent egocentrism", a more focused and sensitive approach, directed at and designed for youths, should be implemented by social workers.

Limitations Of The Study

The findings of this study is limited to the population studied. The sample for this study was limited to forty respondents, this is an inadequate number of respondents to generalize the findings to the entire population. However, this study lays the groundwork for future research on African American college students in relation to their level of knowledge about Human Deficiency Syndrome and Acquired Immunity Deficiency Syndrome and the practicing of preventive sexual behaviors.

Another limitation of this study related to a lack of determining through a longitudinal analysis of whether the respondents sexual behaviors have changed as a result of their level of knowledge about HIV/AIDS and the causal factors related to this change of behavior.
Suggested Research Direction

For future research directions, this author suggests that a more comprehensive instrument be formulated to include and address the differences in male and female sexual practices that are considered risky for transmitting and contracting the HIV/AIDS virus.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

It is essential for social workers to become more knowledgeable about AIDS and the problems related to this serious epidemic. There is a plethora of problems that AIDS brings to the profession of social work such as homelessness, mental illness, child abandonment, suicide/homicide and lack of medical assistance. The social worker can be an advocate for the substance abuser that is in need of more affordable treatment facilities for narcotic and cocaine abuse, and serve as an advocate for AIDS clients that are in need of treatment as well. With social workers advocating for a better definition and quicker medical classification of individuals with AIDS, it will assist in helping this population in receiving medical assistance before they perish. By assuming the role of an educator, the social worker can formulate programs appropriate and applicable to the African American community in order to address schools, churches, civic groups, senior citizens and the general public about HIV/AIDS.

An understanding of the cultural differences in
approaching these groups is imperative. The educational process proposed above should entail transmission of the AIDS disease, the signs and symptoms associated with AIDS, the forms of prevention and sex education and drug education. Included in this educational proposal should be an explanation of the psychological effects of AIDS on the person, the family and the community. The manner in which all are affected should be discussed during this educational process.

Finally, it is important that the educational process be directed at the level of community acceptance and social assistance of those people with AIDS and other related problems such as substance abuse. It should be a major promotion of social work that society should no longer turn their backs upon or overlook those populations that are afflicted with socially unacceptable diseases.

Summary

To date, the literature has been scarce in identifying the most appropriate skills that a social worker may use to increase the effectiveness of the referral process. This study demonstrated that during the referral process a social worker should assume the roles of Educator, Mediator and Consultant and utilize the skills of confrontation, a demand for work, the utilization of contracts, to be firm in dealing with authority issues, to employ focused listening
This study demonstrated that the social workers utilization of these skills will decrease the frequency of the clients' substance abuse and increase the clients' visits to a referral agency. These findings will permit social workers to select the appropriate social work skills and techniques for use in their practice which will increase the effectiveness of the referral process.
APPENDIX A
QUESTIONNAIRE

Background Information: Please Check Only One One Answer.

1. What is Your Age?
   1. ___ 17 - 19
   2. ___ 20 - 24
   3. ___ 25 - 30
   4. ___ Over 30

2. What Sex Are You?
   1. ___ Female
   2. ___ Male

3. What Is Your Race?
   1. ___ White
   2. ___ African – American
   3. ___ Hispanic
   4. ___ Asian
   5. ___ Other: Please Specify __________

4. What Is Your Religious Background?
   1. ___ Methodist
   2. ___ Catholic
   3. ___ Baptist
   4. ___ Muslim
   5. ___ Jehovah’s Witness
   6. ___ Pentecostal
   7. ___ Other: Please Specify __________

5. What Is Your Marital Status?
   1. ___ Single
   2. ___ Divorced
   3. ___ Married
   4. ___ Separated
   5. ___ Widowed

6. How Many Children Do You Have?
   1. ___ None
   2. ___ One
   3. ___ Two
   4. ___ Three
   5. ___ Four
   6. ___ Five or More

7. What Is Your Highest Level Of Education?
   1. ___ Freshman
   2. ___ Sophomore
   3. ___ Junior
   4. ___ Senior
   5. ___ Graduate
8. What College or University Do you Attend?
1. ___ Clark Atlanta University
2. ___ Morehouse College
3. ___ Morris Brown College
4. ___ Spelman College

Level Of Knowledge About AIDS:

9. How much would you say you know about AIDS?
1. ___ A lot
2. ___ Some
3. ___ A Little
4. ___ None
5. ___ Don’t Know

10. To the best of your knowledge is there a difference between having AIDS and having the AIDS disease.
1. ___ Yes
2. ___ No
3. ___ Don’t Know

11. AIDS is an infectious disease caused by a virus?
1. ___ Definitely True
2. ___ Probably True
3. ___ Probably False
4. ___ Definitely False

12. College students cannot get AIDS?
1. ___ Definitely True
2. ___ Probably True
3. ___ Probably False
4. ___ Definitely False

13. AIDS lead to death?
1. ___ Definitely True
2. ___ Probably False
3. ___ Probably False
4. ___ Definitely True

14. A person can be infected with the AIDS virus and not have the AIDS disease?
1. ___ Definitely True
2. ___ Probably true
3. ___ Probably False
4. ___ Definitely False
5. ___ Don’t Know
15. Looking at a person is enough to tell if he or she has the AIDS virus?
   1. ___ Definitely True
   2. ___ Probably True
   3. ___ Probably False
   4. ___ Definitely False
   5. ___ Don't Know

16. Any person with the AIDS virus can pass it on to someone else during sexual intercourse?
   1. ___ Definitely True
   2. ___ Probably True
   3. ___ Definitely False
   4. ___ Probably False
   5. ___ Don't Know

17. A pregnant women who has the AIDS virus can give the virus to her baby?
   1. ___ Definitely True
   2. ___ Probably True
   3. ___ Probably False
   4. ___ Definitely False
   5. ___ Don't Know

18. How likely do you think it is that a person will get AIDS or the virus infection from sharing needles for drug use with someone who has the AIDS virus?
   1. ___ Very Likely
   2. ___ Somewhat Likely
   3. ___ Don't Know
   4. ___ Definitely Not Possible

19. Do you know where to get tested for the AIDS virus?
   1. ___ Yes
   2. ___ No
   3. ___ Unsure

20. All gay people have AIDS?
   1. ___ True
   2. ___ False
   3. ___ Don't Know

21. AIDS can be cured if treated early?
   1. ___ True
   2. ___ False
   3. ___ Don't Know

22. Have you had any instruction about AIDS in your school curriculum?
   1. ___ Yes
   2. ___ No
   3. ___ No Response
Risk Behaviors:

23. Have you ever used cocaine, or other illegal drugs?
   1. ___ Yes
   2. ___ No
   3. ___ No Response

24. Have you shared needles or syringes used to inject drugs?
   1. ___ Yes
   2. ___ No
   3. ___ No Response

25. Because of AIDS, have you stopped injecting illegal drugs?
   1. ___ Yes
   2. ___ No
   3. ___ No Response

26. Because of AIDS have you stopped sexual intercourse?
   1. ___ Yes
   2. ___ No
   3. ___ No Response

27. Because of AIDS, have you started using condoms during sexual intercourse?
   1. ___ Yes
   2. ___ No
   3. ___ No Response

28. Because of AIDS, have you ever talked to your boyfriend or girlfriend about AIDS before having sexual intercourse?
   1. ___ Yes
   2. ___ No
   3. ___ No Response

29. Because of AIDS, have you decreased the number of people you have sexual intercourse with?
   1. ___ Yes
   2. ___ No
   3. ___ No Response

30. What are your chances of having the AIDS virus?
   1. ___ High
   2. ___ Medium
   3. ___ Low
   4. ___ None
   5. ___ Don’t Know

End Of Questionnaire

Thank You For Your Cooperation
BIBLIOGRAPHY


