

# **The 1994 HIV Knowledge, Beliefs & Behavior Surveys**

**Prepared by  
Anne M. Gurchik**

**College of Urban Affairs and Public Policy  
University of Delaware  
Newark, Delaware**

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## INTRODUCTION

In Delaware, HIV infection and deaths associated with AIDS continue to rise at alarming rates. The number of Delawareans dying from AIDS related complications increased 43.9 percent from 1992 (64 deaths) to 1993 (106 deaths ) (*Bureau of Health Planning & Resource Management, Delaware Division of Public Health*).

**Table 1**  
**Delaware AIDS-Related Mortality Rates (per 100,000 population)**

AREA	FIVE-YEAR AVERAGE			
	1980-1984	1984-1988	1988-1992	1989-1993
Delaware	0.1	2.2	5.8	7.4
New Castle County	0.1	2.1	5.9	7.9
Kent County	n/a	1.4	5.1	6.4
Sussex County	n/a	3.2	6.3	6.8

*Source: Delaware Division of Health's Vital Statistics Annual Report, 1993.*

AIDS is the third leading cause of death among Delawareans, ages 25-44 years. It is one of the top ten leading causes of death among both white males and blacks (both genders).

Although there is of yet no cure for HIV/AIDS, it is a largely preventable disease. The majority of people contract it through either unsafe sexual behaviors or risky intravenous drug use practices. As a result, it is important to educate the public -- especially the young and persons who place themselves at high risk of HIV infection.

The first step in providing adequate and appropriate HIV/AIDS prevention education is obtaining some understanding of both the level of HIV transmission knowledge and risk behaviors practiced by those at risk of getting the disease.

Because New Castle County used a different survey instrument and methodology, survey methodology and survey analysis sections will be contained in two sections: New Castle County and Kent/Sussex County.

## **NEW CASTLE COUNTY KABB SURVEY**

### **METHODOLOGY:**

In 1994, the Division of Public Health contracted with two agencies to provide them with New Castle County HIV Knowledge, Attitude, Behavior & Belief (KABB) Survey data. One of the agencies collecting data was AIDS Delaware (formerly Delaware Lesbian and Gay Health Advocates). The identity of the second agency is currently unknown.

Fortunately, of the 909 surveys collected in 1994, AIDS Delaware reports collecting 900. Thus, information is available about the methodology used to survey the vast majority of respondents.

For instance, in 1994, AIDS Delaware surveyed high risk groups at seven sites in New Castle County, as part of HIV testing and counseling services. The sites are as follows:

- AIDS Delaware
- Gander Hill Correctional Facility
- Webb Correctional Facility
- The Women's Correctional Facility
- Henrietta Johnson Medical Center
- Delawarr State Service Center
- Claymont State Service Center

At AIDS Delaware, the target population predominantly consisted of white, middle-class, heterosexual men, although a high percentage of those tested and surveyed were homosexual men. Drug users were targeted at the three prison sites, and all persons coming to the state service centers and Henrietta Johnson Medical Center for HIV screenings were asked to complete an HIV KABB Survey.

The KABB Survey was part of pre-test procedures at all seven sites. In most cases, the respondent filled-out the survey him or herself, but in instances when it was known that a respondent was unable to complete it (eg: illiteracy, did not speak English), it is believed that personal assistance was provided to aid in the completion of the survey.

Although completion of the KABB Survey is not mandatory, the majority of those tested are reported to have done so. AIDS Delaware estimates that only about five percent of those persons tested refused to take the HIV KABB Survey.

Before analyzing the data generated by AIDS Delaware, however, it is important to understand that flaws may exist which bias results. For instance, because the KABB was a "self-report" survey, there is a strong possibility that the data set is "skewed". For example, the demographic breakdown of data reveals that it is not

representative of high risk populations. Minorities -- particularly blacks -- are underrepresented.

Because survey data was collected for several years, however, it may be possible to map response trends from 1991 to 1994. Before mapping possible response trends, it is important to keep in mind that because of the way in which sample data was generated, profile changes between years may be largely attributed to shifts in the types of people solicited. Again, without knowing the everything about target populations or the methods utilized to conduct the KABB Survey, there is no way of truly assessing if changes in response data reflect any shift in public HIV/AIDS knowledge or sexual/drug practices.

### **RESPONDENT PROFILE CHANGES FROM 1991 to 1994:**

Survey data was collected for the years 1992 through 1994. In 1991, 470 people responded; in 1992, 1,810 people took the KABB Survey; in 1993, 1,508 people responded; and in 1994, 909 people responded to the KABB Survey. One reason why the number of people surveyed dropped from 1993 to 1994 may be because most public health educators and contractors stopped using the survey instrument as part of their programming. Most reported that they stopped administering the survey because they felt that many of the questions contained in the survey provided minimal useful information for planning and evaluative purposes.

The most telling change in data collected from 1991 to 1994 is the demographic profile of respondents. According to data collected, 1994 respondents are more likely to be white, college educated, male and older than they were in previous years. It is highly probable that the demographic shift may be attributed to some methodological error (eg: a non-randomized survey sample), but -- again -- without knowing who was sampled or how they were interviewed, it is impossible to determined if that is, in fact, the case.

### **Age, Race & Racial Distribution Changes**

The average age of survey respondents has risen slightly since 1991. In 1991, the mean age of respondents was 28.9 years. By 1994, it was 32.9 years.

Significantly fewer minorities responded in 1994 than did in earlier years. As shown in Table Two (below), the percentage of clients reporting their race as "white" increased to 73.6. Only 18.6 percent reported their race as "African American" or "Caribbean". Although 1994 survey response racial distributions roughly correlate with New Castle County population racial distributions, they do not correlate with the racial distributions of person both testing positive for HIV and those dying from HIV infection/AIDS related complications. Minorities, particularly blacks, have significantly higher rates of infection and mortality than white counterparts.

**Table 2**  
**Racial Distribution of New Castle County Survey Respondents**

Race	Percentage of NCC Survey Respondents			
	1991	1992	1993	1994
White	57.0	53.5	55.1	73.6
Black*	35.2	38.4	24.8	18.6
Hispanic	5.4	5.4	17.4	5.6
Other**	2.4	2.7	2.7	2.2

\* Black = African Americans & Caribbeans

\*\* Other = Asian Americans, Pacific Islanders, Native Americans & "other"

The gender of respondents also fluctuated between 1991 and 1994. In 1991, 49.4 percent of respondents were men; in 1993, 56.7 percent reported their sex as "male"; and by 1994, 58.2 percent of survey respondents in New Castle County were men.

### Education Attainment Changes

In order to provide appropriate AIDS education programs to high risk populations, it is important to have some knowledge regarding their educational attainment. For instance, health educators and counselors do not want to utilize programs designed to impact an audience with a 12th grade education to an audience with only and eighth or ninth grade education.

The mean reported educational attainment of respondents also varied from 1991 to 1994. Clients were more likely to report being college educated in 1994 than they were in previous years (see Table 3). In 1991, 42.1 percent of the respondents reported having attended college. Roughly 38.1 percent reported attending college in 1992. By 1993, only 33.0 percent of survey respondents reported having attended college. In 1994, however, 54.5 percent of the respondents reported that they had attended college.

The number of persons with less than a ninth grade education also dropped between 1991 and 1994. In 1991, 5.7 percent of respondents had a reported educational attainment of between none and eighth grade. Roughly nine percent of respondents in 1992 and 8.4 percent of 1993 respondents reported having less than a ninth grade education. Only 1.8 percent of respondents reported having an eighth grade education or less in 1994.

Educational attainment increases in 1994 may be due to a significant drop in the proportion of youths responding to the survey. In 1991, 10.7 percent of respondents reported being 17 years or younger. By 1992, the proportion of young respondents peaked at 12.7 percent of the sample population. In 1993, persons under 18 years accounted for 12.0 percent of survey responses, and in 1994 they accounted for a mere 3.3 percent of all survey respondents.

Another reason why educational attainments rose, in 1994, may be attributed to the decrease in the number of minorities who responded. Whites are more likely than minorities -- particularly blacks and hispanics -- to report having a high school or college diploma.

**Table 3**  
**Respondents' Highest Educational Attainment, from 1991 to 1994 (New Castle County)**

Education	Percentage of Respondents			
	1991	1992	1993	1994
None	0.9	0.6	0.7	0.1
K-8	4.8	8.2	7.7	1.7
9-12	52.2	53.1	58.6	43.7
College	42.1	38.1	33.0	54.5

*Source: Center for Applied Demography & Survey Research, University of Delaware*

White respondents are more likely to report being college educated than African Americans/Caribbeans and all other races. According to 1994, New Castle County survey responses, 61.5 percent of whites claimed to have attended college. Only 38.6 percent of black respondents and 34.9 percent of hispanic respondents reported attending college.

In contrast, while only 37.4 percent of white respondents reported having some high school education, 57.6 percent of blacks and 60.5 percent of hispanics reported their highest educational attainment level as "9th-12th grade".

**Table 4**  
**Respondents' Highest Educational Attainment, by Race and Gender, 1994 (New Castle Cnty)**

Educational Attainment	Whites		Blacks		Hispanics		Others	
	M	F	M	F	M	F	M	F
None	0.0%	0.0%	1.0%	1.7%	0.0%	0.0%	2.8%	2.8%
K-8	0.5%	1.7%	2.0%	3.4%	5.3%	4.2%	5.6%	5.6%
9-12	38.9%	35.0%	61.0%	50.0%	57.9%	62.5%	56.1%	55.1%
College	60.6%	63.3%	36.0%	44.8%	36.8%	33.3%	35.5%	36.4%

*Source: Center for Applied Demography & Survey Research, University of Delaware*

### **Reported Sexual Behaviors**

In general, throughout this section, only 1994 survey responses will be reported. In cases where significant response deviations from those of previous years exist, which cannot be explained by changes in demographic profiles, 1990 to 1993 survey responses will be referenced.

#### **Number of Sexual Partners in the Previous Two Years**

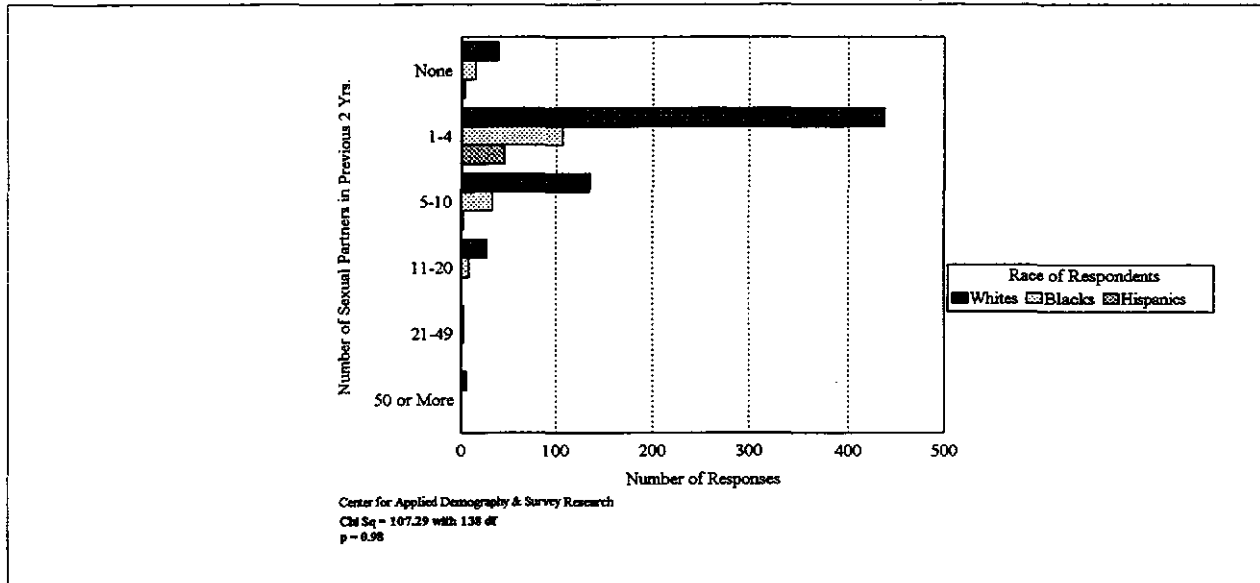
It is generally believed that the higher the number of sexual partners one has, the greater he or she is at risk of contracting HIV.

According to 1994 New Castle County survey results, 75.4 percent of respondents had four or fewer sexual relationships during the previous two years. Over 23 percent of the respondents claimed to have sexual relations with between five and 20 different people, and one percent reported having sex with 21 or more people during the previous two years. The mean number of sexual partners reported was 3.9.

Of the selected races represented in Figure One (below), hispanic respondents were least likely to report having more than four sexual partners during the previous two years. Only 4.1 percent reported having intercourse with more than four people. In contrast, 24 percent of blacks and 26.2 percent of whites reported having sexual relations with more than four people during the same period.

Although initially race did appear to correlate with numbers of sexual partners, further statistical testing indicates that the two variable are independent of one another, and that the race of a respondent does not increase the likelihood that he or she will respond in a particular manner.

**Figure 1**  
**Number of Sexual Partners, by Race, in New Castle County (1994)**



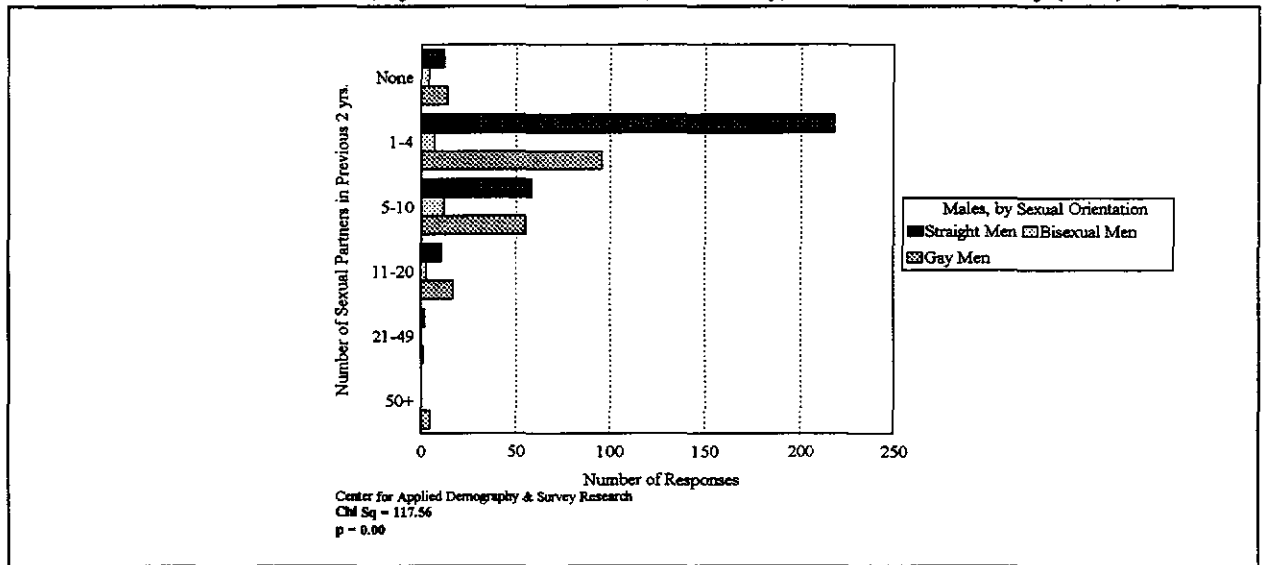
Gay men reported the highest number of sexual partners. As Figure Two (below) indicates, they were the sole male-only population group examined in which respondents reported having 50 or more sexual partners in the previous two years. In fact, over 41 percent reported having sexual relations with five or more people during the previous two years. They claimed to have had an average of 6.4 different sexual relationships.

Bisexual males also reported having a large number of sexual partners during the previous two years. Nearly 58 percent reported having sexual intercourse with five or more people. On average, bisexual male respondents reported having had sexual relations with 5.6 different partners.

In contrast, only 23.5 percent of heterosexual men said they had sex with more than four people during the previous two years. The mean number of sexual partners straight men reported having was 4.7.

Additional statistical testing provided further evidence that a man's sexual orientation is correlated with the number of partners with whom he reported having sexual encounters.

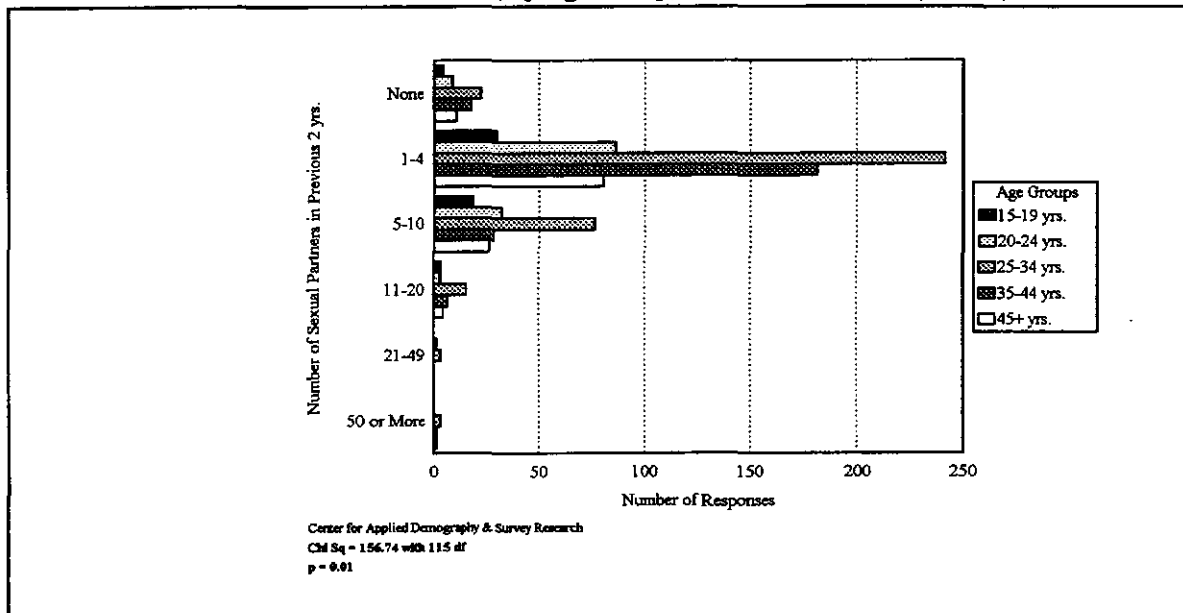
**Figure 2**  
**Number of Partners, by Sexual Orientation (Males Only), in New Castle County (1994)**



As indicated in Figure Three (below), 15-19 year-olds and 20-24 year olds were more likely than older age groups to report having had five or more sexual partners in the previous two years. Roughly 38 percent of teens and 28.1 percent of 20-24 year-olds said they had sexual relations with more than four people. In contrast, 28.0 percent of respondents 45 years or older; 26.9 percent of 25-34 year-olds; and 15.0 percent of 35-44 year-olds said they had sex with five or more partners.

Further statistical testing provides additional evidence which suggests that there is a correlation between a respondent's age and the number of partners with whom he or she had sexual contact.

**Figure 3**  
**Number of Sexual Partners, by Age Group, in New Castle County (1994)**



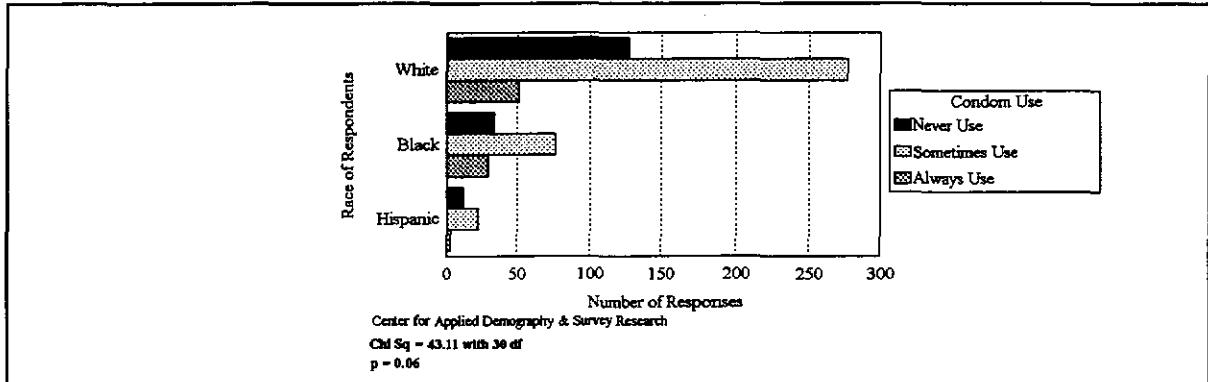
### Condom Utilization During Vaginal Intercourse

Because the HIV virus can be transmitted by either semen or vaginal secretions, it is important to know what measures are taken during vaginal, as well as anal, intercourse to reduce the risk of possible AIDS transmission. And since abstinence and proper condom utilization are the only effective methods known for reducing the risk of sexually transmitted HIV, it is critical to have some information regarding the likelihood that high risk groups are using condoms.

Twenty-seven percent of those persons who reported that they had vaginal intercourse in the previous two years did not use condoms. Almost 60 percent of 1994 survey respondents reported using condoms occasionally. Only 13.5 percent of 1994 survey respondents claimed that they had used a condom every time they had vaginal sex during the previous two years.

Although 64.9 percent of 1994 respondents reported being at little or no risk of getting HIV/AIDS, only 13.9 percent claimed to know everything about their sexual partner(s)' past(s). In contrast 43.8 percent reported knowing little or nothing about their partner(s)' sexual history. The most often reported reason for not using condoms was that the respondent was "in a safe relationship". About 46 percent of 1994 respondents made this claim. Roughly 69 percent of the New Castle County respondents reported believing that persons who had vaginal intercourse without the utilization of a condom were at high risk of contracting the HIV virus.

**Figure 4**  
**Condom Use During Vaginal Sex, by Race, in New Castle County (1994)**

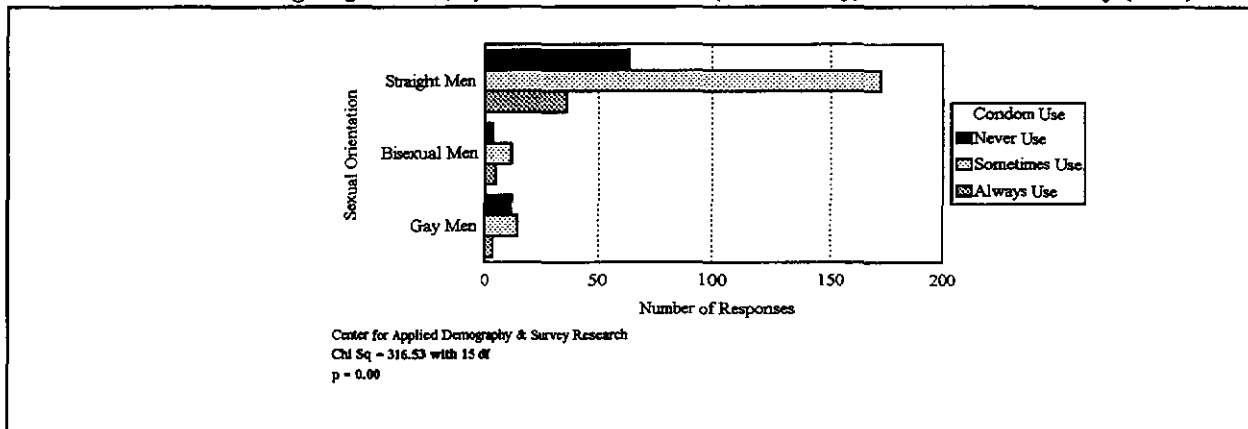


Hispanic respondents were least likely to report condom utilization during vaginal intercourse. Roughly 32 percent reported never using one during sex at any time during the previous two years. About 28 percent of white respondents reported that they had not used condoms during vaginal intercourse, and 26.4 percent of blacks claimed to have not used condoms during vaginal sex during the last two years.

In contrast, only 19.0 percent of black respondents, 11.2 percent of white respondents, and 8.1 percent of hispanic respondents reported never having “unprotected” vaginal sex.

Although it appears as though race correlates with condom utilization during vaginal intercourse, further statistical testing (See Figure 4, above) indicates that the race of a respondent does not impact the likelihood that he or she used condoms during sex.

**Figure 5**  
**Condom Use During Vaginal Sex, by Sexual Orientation (Males Only) In New Castle County (1994)**



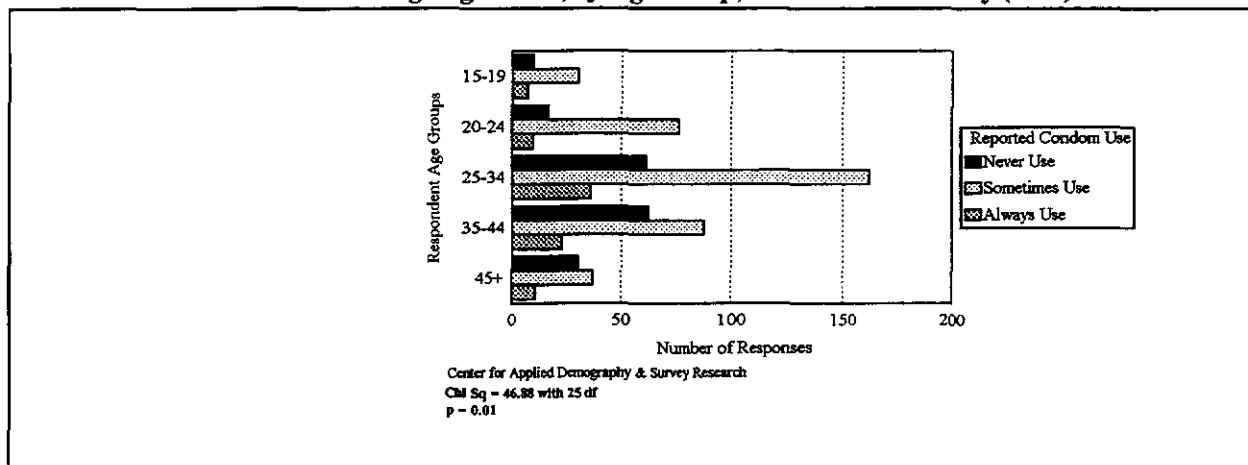
Of the some of the other selected populations who responded, bisexual males had the highest reported condom utilization during vaginal intercourse. As is indicated in Figure Five (above), slightly more bisexual men reported “always” using condoms than reported “never” using them. According to results of the 1994 survey, 23.8 percent of those who were sexually active claimed to always use condoms during vaginal sex.

Gay men -- in contrast -- had the lowest reported condom utilization, during vaginal intercourse, in the previous two years. Of the 31 male respondents who reported only having male sexual partners, but who also reported having vaginal intercourse, 38.7 percent claimed to “never” use condoms. In contrast, only 12.9 percent of them said they “always” used condoms during vaginal intercourse.

And of those men who reported being straight, 23.1 percent claimed to “never” use condoms during vaginal intercourse. Nearly 14 percent of them reported “always” using condom during vaginal sex.

Further statistical testing indicates that there is a significant correlation between a man’s sexual orientation and the probability that he reported using a condom during vaginal intercourse.

**Figure 6**  
**Condom Use During Vaginal Sex, by Age Group, in New Castle County (1994)**



According to Figure Six (above), persons 45 years or older were most likely to report “never” using condoms during vaginal intercourse, in the previous two years (38.6 percent). Respondents 35-44 years of age were also more likely than most to “never” utilize condoms (35.8 percent). Of the other age groups, 23.5 percent of 25-34 year-old respondents and 20.8 percent of 15-19 year-olds said they “never” used condoms. Twenty to 24 year-old respondents were least likely to never use condoms during vaginal intercourse (16.5 percent).

Ironically, although 20-24 year-old respondents were least likely to report “never” using condoms during vaginal sex, they were also least likely to “always” use condoms (9.7 percent). Of the other age groups, 13.8 percent of respondents 45 years or older; 13.3 percent of respondents between 35 and 44 years; and 14.2 percent of 25-34 year-old respondents reported always using condoms during vaginal intercourse. Teens, 15-19 years, were most likely to report “always” using condoms (14.6 percent).

Additional statistical tests indicate that there is a correlation between a respondent’s age and the likelihood that he or she used condoms, while having vaginal intercourse, in the previous two years.

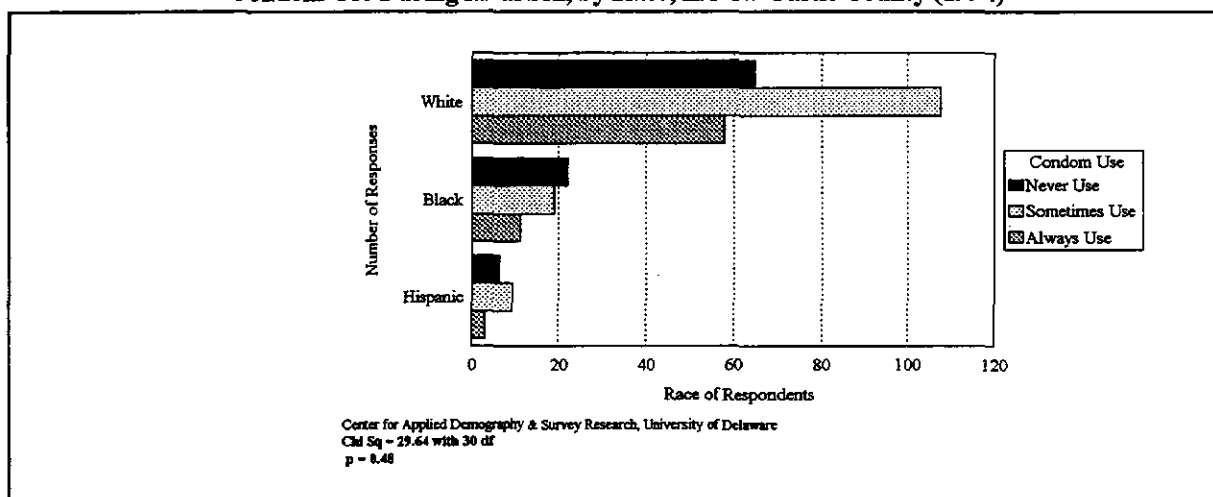
### **Condom Utilization During Anal Intercourse**

Because of the high risk of HIV transmission through anal intercourse, it is important to know whether or not respondents are using them when engaging in anal sex.

Of those New Castle County 1994 survey respondents who reported engaging in anal sex

sometime during the previous two years, 30.2 percent reported never using condoms. About 45 percent reported that they had sometimes used condoms, and only 24.4 percent of respondents stated that they had used condoms every time they had anal intercourse during the previous two years.

Figure 7  
Condom Use During Anal Sex, by Race, in New Castle County (1994)

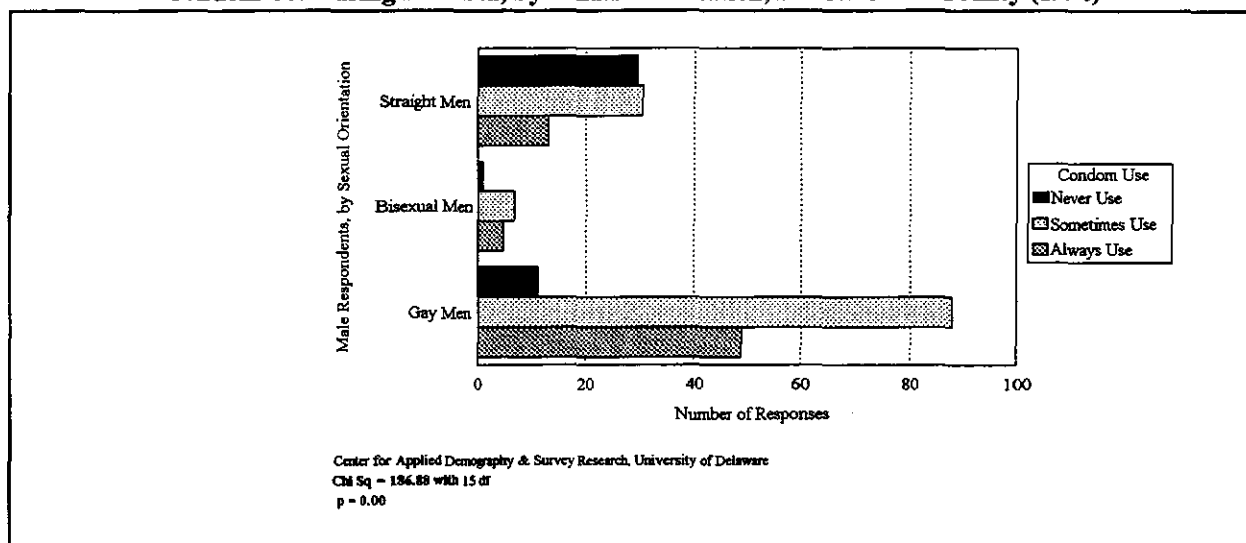


Of the selected races represented in Figure Seven (above), black respondents were the least likely to use condoms during anal sex. Roughly 43 percent of them reported never using one. In contrast, approximately 28 percent of white respondents and 33.3 percent of hispanic respondents said they had never used condoms while having anal intercourse.

Of those persons who reported "always" using condoms, 20.7 percent were black; 25.1 percent were white; and 16.7 percent were hispanic.

And although it may initially appear as though blacks are less likely than other races to use a condom while engaging in anal intercourse, further statistical tests provided no additional evidence to suggest that one's race impacted his or her decision to utilize one.

**Figure 8**  
**Condom Use During Anal Sex, by Sexual Orientation, in New Castle County (1994)**

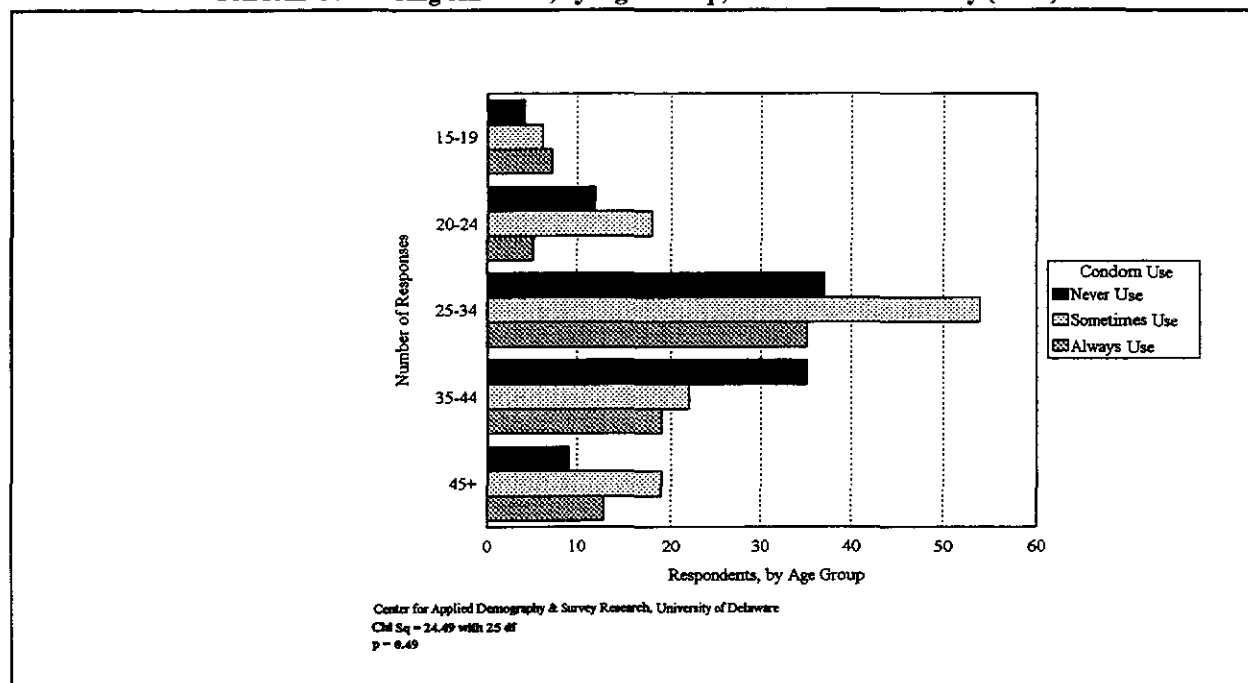


Gay and bisexual males were more likely than any other survey respondent groups to report consistent condom use during anal sex, during the previous two years (see Figure 8, above). Over 33 percent of sexually active gay males and 38.5 percent of sexually active bisexual men reported “always” using condoms during anal intercourse. Only 17.6 percent of responding straight men said that they had “always” utilized condoms.

In contrast, only 7.4 percent of gay men and 7.7 percent of bisexual men stated that they never used condoms. Nearly 41 percent of responding straight men claimed to never use condoms during anal sex.

Further statistical tests provide evidence which suggests that there is a significant correlation between a male respondent’s sexual orientation and the likelihood that he had utilized a condom.

**Figure 9**  
**Condom Use During Anal Sex, by Age Group, in New Castle County (1994)**



Although sample sizes were relatively small, teens, 15-19 years, were most likely to report using condoms while having anal intercourse, during the previous two years (41.1 percent). Of the other age groups, 31.7 percent of respondents 45 years or older; 25.9 percent of 25-34 year-olds; 22.1 percent of 35-44 year-olds; and 11.6 percent of 20-24 year-olds said they had “always” used condoms. (See Figure 9, above)

In contrast, persons ages 35-44 years were most likely to report “never” using condoms during anal intercourse (40.7 percent). Nearly 28 percent of 20-24 year-olds, 27.4 percent of 25-34 year-olds; 23.5 percent of 15-19 year-olds and 22.0 percent of persons 45 years or older said they had “never” utilized condoms.

Further statistical testing, however, provided no evidence to support the notion age did not impact condom use during anal sex.

### **Types of Protection Used**

Again, because the proper and consistent use of condoms and abstinence are the only two methods known to reduce the risk of sexually transmitted AIDS, it is important to know how many

people are using these two methods as forms of "protection".

Condoms are the most commonly reported type of protection used. About 68 percent of 1994 survey respondents reported using them for "protection". Roughly 18 percent of respondents stated that abstaining from sex was their primary form of sexual protection. The Pill was used as a form of protection by 13.4 percent of respondents, and withdrawal was a form of sexual protection utilized by 13.3 percent of respondents. Less than one percent of respondents reported using no means of protection.

**Table 5**  
**Types of Protection Used, by Race, in New Castle County (1994)**

Type of Protection	Percentage of Respondents				
	White	Black	Hisp.	p.	Chi Sq
Condoms	69.1	61.3	62.5	0.53	5.13 w/ 6df
The Pill	14.7	9.5	10.4	0.59	4.68 w/ 6df
Withdrawal	14.4	10.5	6.3	0.35	6.68 w/ 6df
Abstinence	20.4	15.7	4.2	0.03	13.69 w/ 6df
Diaphragm	1.3	2.1	2.1	0.92	1.97 w/ 6df
Nothing	1.0	3.1	0.0	0.98	1.19 w/ 6df

*Source: Center for Applied Demography & Survey Research, University of Delaware*

Of the selected races represented in Table Five (above), whites were most likely to use condoms as a form of sexual protection (69.1 percent). About 61 percent of blacks and 62.5 percent of hispanics reported using condoms as a form of protection.

Hispanic respondents were the least likely to report using abstinence as a form of protection (4.2 percent). About 20 percent of whites and 15.7 percent of blacks claimed to abstain from sex as a form of protection.

Although it may appear as though race impacts respondent utilization of several types of protection (eg: withdrawal, the "pill" and abstinence), additional statistical tests indicate that the only correlation between race and type of protection used is the category "abstinence".

Table 6  
Types of Protection Used, by Sexual Orientation (Males Only), in New Castle County (1994)

Type of Protection	Percentage of Respondents				
	Straight Men	Bisexual Men	Gay Men	p	Chi Sq
Condoms	72.7	80.0	83.4	0.00	15.67 w/ 3df
The Pill	9.2	8.0	1.6	0.02	10.10 w/ 3df
Withdrawal	16.5	16.0	14.4	0.82	0.93 w/ 3df
Abstinence	18.7	16.5	20.0	0.00	14.27 w/ 3df
Diaphragm	0.0	0.0	0.6	0.69	1.45 w/ 3df
Nothing	2.4	0.0	0.0	0.32	3.53 w/ 3df

Source: Center for Applied Demography & Survey Research, University of Delaware

As indicated in Table Six (above), straight male respondents were least likely to employ condoms as a form of "protection" (72.7 percent). Eighty percent of responding bisexual males and 83.4 percent of gay men reported using condoms.

Gay respondents, on the other hand, were most likely to abstain from sex (20.0 percent). Nearly 19 percent of straight men and 16.5 percent of bisexuals reported abstaining from sexual intercourse.

Statistical tests indicate that correlations between a respondent's sexual orientation and the type(s) of protection that he is likely to utilize exist in three of the above mentioned categories: condoms, the "pill" and abstinence.

When analyzing responses by age group (see Table 7, below), it was found that teens, 15-19 years, were most likely to utilize condoms as a form of "protection" (78.2 percent). Seventy-six percent of 20-24 year-olds, 71.9 percent of 25-34 year-olds, 60.3 percent of 35-44 year-olds and 58.2 percent of respondents 45 years or older said they used condoms.

Teens were least likely, however, to view "abstinence" as a form of "protection". Only 5.4 percent of 15-19 year old respondents said they abstained from sex. Of the other age groups, 13.9 percent of 20-24 year-olds; 16.7 percent of 25-34 year-olds; 22.7 percent of 35-44 year-olds; and 23.8 percent of respondents 45 years or older reported abstaining from sex as a means of protecting themselves from HIV.

Further statistical testing reveals that the type of "protection" reported utilized correlates to a respondent's age in four of six categories mentioned: condoms, the "pill", withdrawal and abstinence.

**Table 7**  
**Types of Protection Used, by Age Groups, in New Castle County (1994)**

Type of Protection	Percentage of Respondents					p	Chi Sq
	15-19 yrs	20-24 yrs	25-34 yrs	35-44 yrs	45+ yrs		
Condoms	78.2	76.0	71.9	60.3	58.2	0.00	20.90 w/ 5df
The Pill	23.6	29.4	13.6	8.7	0.0	0.00	57.57 w/ 5df
Withdrawal	16.4	21.7	13.4	10.9	8.2	0.02	12.96 w/ 5df
Abstinence	5.4	13.9	16.7	22.7	23.8	0.02	13.81 w/ 5df
Diaphragm	1.8	3.1	1.7	3.1	0.0	0.58	3.78 w/ 5df
Nothing	0.0	1.7	0.0	1.0	1.6	0.67	3.16 w/ 5df

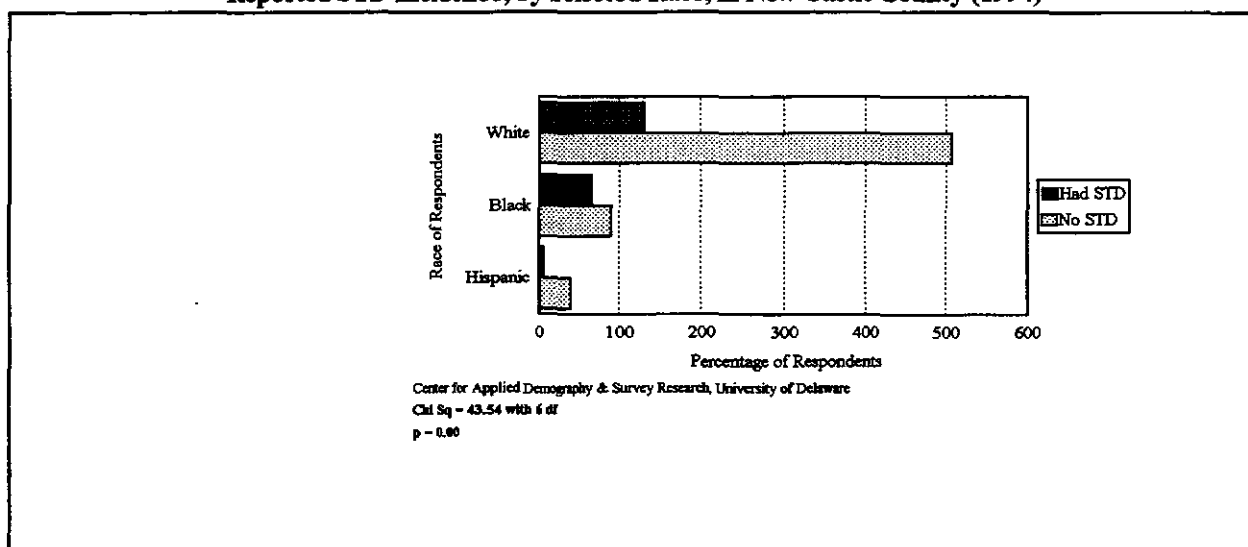
*Source: Center for Applied Demography & Survey Research, University of Delaware*

### Reported STD Incidence

Because persons who have been exposed to a sexually transmitted disease (STD) are generally considered to be at high risk of contracting HIV, it is important to have some knowledge about STD incidence.

Of those who responded to the 1994 New Castle County KABB Survey, 23.4 percent reported having had some type of STD. According to the Division of Public Health, 7,104 Delawareans tested positive for an STD, in 1994.

**Figure 10**  
**Reported STD Incidence, by Selected Race, in New Castle County (1994)**



Of the selected races represented in Figure Ten (above), hispanics were least likely to report having had an STD. According to results of the 1994 KABB Survey, 10.9 percent of the hispanic respondents reported having ever had an STD. Roughly 20 percent of white respondents claimed to have had a sexually transmitted disease. Black respondents reported the highest incidence of STDs. Over 42 percent of respondents claimed to have had a sexually transmitted disease at some point in their lives.

Further statistical tests do indicate that a correlation does exist between a respondent's race and the likelihood that he or she has had an STD.

Although responding bisexual men (23.1 percent) were slightly more likely than heterosexual (19.4 percent) or homosexual (20.3 percent) males to report having had an STD, further statistical tests reveal no correlation between a male respondent's sexual orientation and STD incidence ( $p = 0.81$ ).

Even though 35-44 year-old respondents were more likely than other age groups to report having had an STD (25.9 percent), additional statistical tests conducted provided no further evidence to suggest that no correlation exists between a respondent's age the likelihood that he or she reported having had an STD ( $p = 0.51$ ).

#### **Knowledge of Partner(s)' Sexual Past(s)**

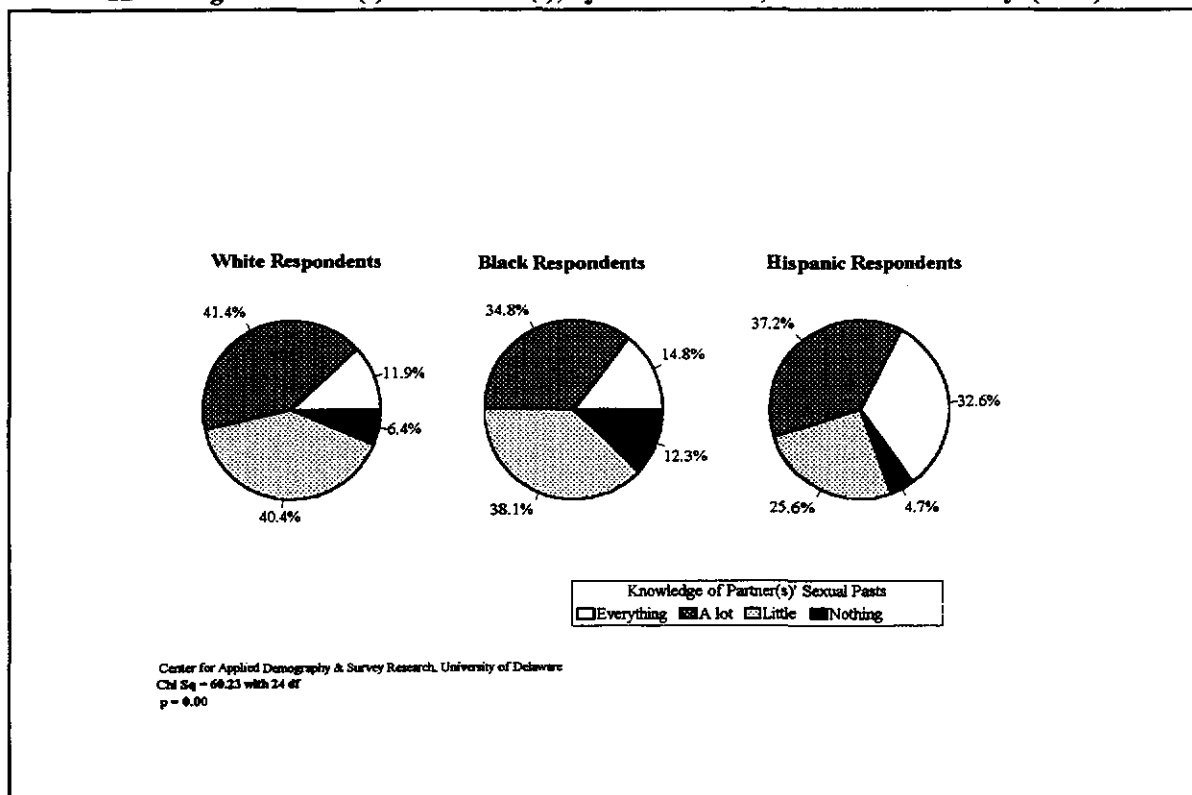
Of the 909 people surveyed in 1994, only 13.9 percent reported knowing "everything" about their partner(s)' sexual past(s). Another 39.5 percent said they knew "a lot". In contrast, 38.5 percent of the respondents said they knew "little" about their partner(s)' sexual past(s), and another 7.5 percent reported knowing "nothing".

As indicated in Graph 11 (below), hispanic respondents were most likely to report knowing "everything" or "a lot" about their partner(s)' sexual past(s) (69.7 percent). About 53 percent of white respondents said they knew either "everything" or "a lot" about their partner(s)' past(s). Only 49.6 percent of black respondents reported knowing "everything" or "a lot".

In contrast, black respondents were most likely to report knowing "little" or "nothing" about their partner(s)' sexual past(s) (50.4 percent). Of the other selected races, 46.7 percent of whites and 30.3 percent of hispanics said they knew "little" or "nothing" about their partner(s)' past(s).

Further statistical tests indicate that there is a correlation between a respondent's race and the extent of his or her knowledge about his or her partner(s)' sexual past(s).

**Figure 11**  
**Knowledge of Partner(s)' Sexual Past(s), by Selected Race, in New Castle County (1994)**



Responding bisexual men were more likely than heterosexuals or homosexuals to report knowing “everything” about their sexual partner(s)’. Whereas 20.0 percent of them said they knew “everything, only 9.4 percent of responding gays made the same claim. Nearly 18 percent of straight men reported knowing “everything” about their partner(s)’ sexual past(s).

In contrast, bisexual respondents were also more likely than heterosexual or homosexual men to report knowing “little” or “nothing” about their partner(s). Fifty-two percent said they knew “little” or “nothing”. Roughly 51 percent of gay respondents and 45.9 percent of straight respondents made the same claim.

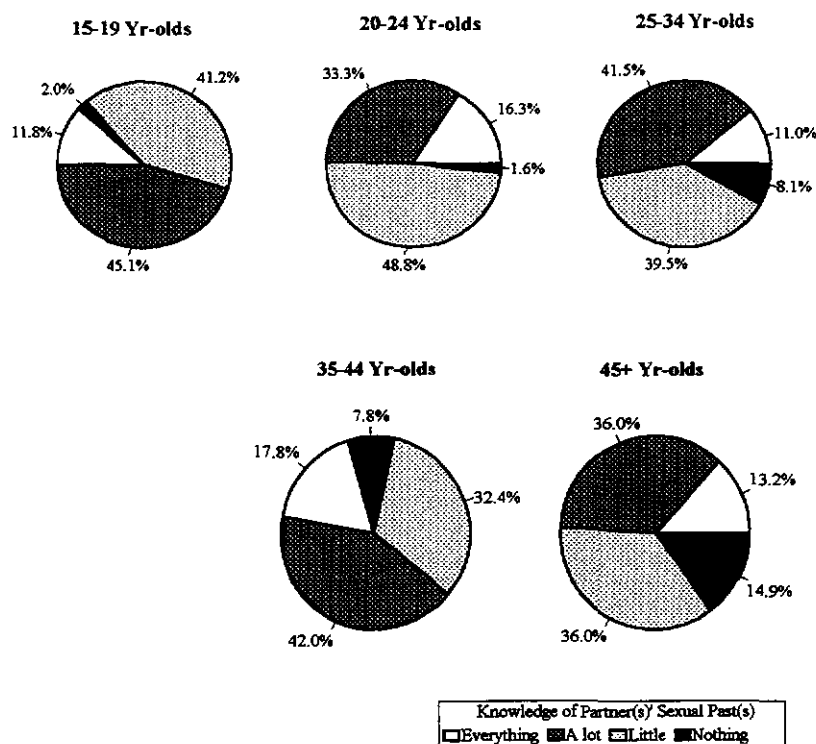
Additional statistical analysis, however, provided no evidence to suggest that a correlation between a man's reported sexual orientation and the likelihood that he would have a certain level of knowledge about his partner(s)' sexual past(s).

As Figure 12 (below) indicates, 35-44 year-old respondents were more likely than any other age group to report knowing "everything" about their partner(s)' sexual past(s). Nearly 18 percent said they knew "everything". Of the other age groups, 16.3 percent of 20-24 year-olds; 13.1 percent of respondents 45 years or older; 11.8 percent of 15-19 year-olds; and 10.9 percent of 25-34 year-olds said they knew "everything".

In contrast, respondents who were 45 years or older were most likely to report knowing "nothing" about their partner(s)' sexual past(s). Nearly 15 percent said they knew "nothing" (36.0 percent said they knew "little"). Of the other responding age groups, 8.1 percent of 25-34 year-olds; 7.8 percent of 35-44 year-olds; 1.9 percent of 15-19 year-olds; and 1.6 percent of 20-24 year-olds reported knowing "nothing" about their partner(s)' sexual past(s). An additional 48.8 percent of 20-24 year-olds; 41.2 percent of 15-19 year-olds; 39.4 percent of 25-34 year-olds; 36.0 percent of 45 years or older respondents; and 32.4 percent of 35-44 year-olds reported knowing "little" about their partner(s)' sexual past(s).

Additional statistical testing provided evidence which suggests that a correlation may exist between a respondent's age and the level of knowledge he or she has about his or her sexual partner(s)' past(s).

**Figure 12**  
**Knowledge of Partner(s)' Sexual Past(s), by Sexual Orientation (Males Only), In New Castle Cnty (1994)**



Center for Applied Demography & Survey Research, University of Delaware  
 Chi Sq = 36.87 with 29 df  
 p = 0.01

### Respondent Rationale for Not Using Condoms

Overwhelmingly, the most often cited reason given for not using condoms was that a respondents felt that he or she was “in a ‘safe’ relationship” (46.0 percent).

Other popular reasons stated for not using condoms were that respondents “hated the feel” (22.7 percent), that respondents “didn’t have any with them” when they had intercourse (16.4 percent) and that

respondents felt that condoms “messed the mood” (10.7 percent). Interestingly, 10.9 percent of respondents claimed not to know why they chose not to use condoms.

**Table 8**  
**Reported Reasons for Not Using Condoms, by Selected Race, in New Castle County (1994)**

Reason for Not Using Condoms	Percentage of Respondents				
	Whites	Blacks	Hispanics	p	Chi Sq
In a “Safe” Relationship	46.4	47.5	35.4	0.26	7.65 w/ 6df
Hate the Feel	24.1	16.2	16.7	0.12	10.09 w/ 6df
Didn’t Have Any	13.7	11.2	12.5	0.66	4.15 w/ 6df
Messes the Mood	10.1	14.4	2.1	0.12	10.05 w/ 6df
Partner Refuses	6.0	10.0	12.5	0.00	24.22 w/ 6df
Fear Bringing Up the Subject	6.0	5.6	8.3	0.91	2.08 w/ 6df
Don’t Know	12.6	11.9	10.4	0.36	6.62 w/ 6 df

*Source: Center for Applied Demography & Survey Research, University of Delaware*

As indicated in Table Eight (above), the most popular reason given, by selected race, for not using condoms was that respondents felt they were in safe relationships. Of the selected races, black respondents (47.5 percent) were slightly more likely than white respondents (46.4 percent) to make this claim. Hispanic respondents, on the other hand, were significantly less likely to say that they did not use condoms because they felt they were in safe relationships (35.4 percent). Additional statistical testing, however, provided no evidence which suggests that certain races are more or less likely than other races to report not using condoms because they were in safe relationships.

Another popular reason given for not using condoms was that respondents did not like the “feel”. Roughly 24 percent of whites, 16.2 percent of blacks and 16.7 percent of hispanics cited this as a reason for not using them. Further statistical tests did not provide enough evidence to suggest that a correlation exists between a respondent’s race and the likelihood that he or she reported not using condoms because he or she did not like their “feel”.

Nearly 14 percent of whites, 11.2 percent of blacks and 12.5 percent of hispanics claimed not to utilize condoms because they “did not have any with” them. Again, further statistical test conducted on the data provided no evidence to suggest that the race of a respondent corresponds with the likelihood that he or she would cite “not having any” as a reason for not using condoms.

Of all of the reasons cited above for not using condoms, only one was found to have a relationship with respondent race. Only the reason "partner refuses to use" was found to be linked with a respondent's race. Six percent of whites, 10.0 percent of blacks and 12.5 percent of hispanics reported not using condoms because their partner(s) refused to use them.

**Table 9**  
**Reported Reasons for Not Using Condoms, by Sexual Orientation (Males Only), In New Castle Cnty (1994)**

Reason for Not Using Condoms	Percentage of Respondents				
	Straight Men	Bisexual Men	Gay Men	p	Chi Sq
In a "Safe" Relationship	49.8	52.0	33.9	0.00	14.04 w/ 3df
Hate the Feel	30.8	32.0	18.3	0.01	10.48 w/ 3df
Didn't Have Any	16.9	12.0	10.7	0.26	4.02 w/ 3df
Messes the Mood	15.6	20.0	5.9	0.01	11.73 w/ 3df
Partner Refuses	5.8	4.0	2.7	0.46	2.61 w/ 3df
Fear Bringing Up the Subject	4.1	12.0	5.4	0.34	3.32 w/ 3df
Don't Know	10.2	8.0	14.5	0.44	2.71 w/ 3df

*Source: Center for Applied Demography & Survey Research, University of Delaware*

By sexual orientation of New Castle County respondents (men only), the most popular reason cited for not using condoms was that men felt they were in safe relationships. As indicated in Table Nine, above, 52.0 percent of bisexuals; 49.8 percent of heterosexuals; and 33.9 percent of homosexuals made this claim. Additional statistical tests conducted provided further evidence which suggests that the sexual orientation of a male respondent may be linked with his tendency to cite "being in a 'safe' relationship" as one of his reasons for not using condoms.

Hating the "feel" of condoms was another popular reason cited for not using condoms. Thirty-two percent of bisexual respondents, 30.8 percent of heterosexual respondents and 18.3 percent of homosexual respondents said they did not use condoms for this reason. Further statistical tests did produce evidence which suggests that a correlation does exist between a male respondent's sexual orientation and the likelihood that he reported not using condoms because he "did not like the feel".

Of all of the other reasons cited, a correlation between a male respondent's sexual orientation and the likelihood that he would refuse to use condoms existed in only one additional category: "messes

the mood". Twenty percent of bisexual men, 15.6 percent of heterosexual men and 5.9 percent of homosexual men said that they did not use condoms because they interfered with the "mood".

**Table 10**  
**Reported Reasons for Not Using Condoms, by Age Group, in New Castle County (1994)**

Reason for Not Using Condoms	Percentage of Respondents						Chi Sq
	15-19 yrs	20-24 yrs	25-34 yrs	35-44 yrs	45+ yrs	p	
In a "Safe" Relationship	38.2	46.1	41.6	52.6	46.7	0.14	8.22 w/ 5df
Hate the Feel	14.5	21.9	24.1	18.9	26.7	0.22	6.97 w/ 5df
Didn't Have Any	20.0	14.8	14.3	9.6	9.2	0.19	7.40 w/ 5df
Messes the Mood	16.4	12.5	10.4	9.2	7.5	0.45	4.74 w/ 5df
Partner Refuses	7.3	8.6	6.7	8.8	5.0	0.66	3.29 w/ 5df
Fear Bringing Up the Subject	12.7	7.0	5.9	5.3	4.2	0.32	5.86 w/ 5df
Don't Know	27.3	16.4	12.9	9.6	6.7	0.00	18.88 w/ 5df

*Source: Center for Applied Demography & Survey Research, University of Delaware*

As indicated in Table Ten, above, the most popular reason cited (by age group) for not using condoms was that respondents felt they were "safe". Nearly 52.6 percent of 35-44 year-olds, 46.7 percent of respondents 45 years or older, 46.1 percent of 20-24 year-olds; and 38.2 percent of 15-19 year-olds made this claim.

Another popular reason given for not using condoms was that respondents did not like the way they feel. Roughly 27 percent of respondents 45 years or older, 24.1 percent of 25-34 year-olds, 21.9 percent of 20-24 year-olds, 18.9 percent of 35-44 year-olds and 14.5 percent of 15-19 year-olds made this claim.

In neither of the above mentioned categories, however, was statistical evidence produced which suggested that a correlation existed between a respondent's age and the likelihood that he or she would cite of "being in a safe relationship" or "don't like the way they feel" as reasons for not using condoms. In fact, a correlation between age and response was found in only one of the categories listed -- "don't know". Younger respondents appeared more likely than older respondents to report not knowing why

they did not use condoms. Over 27 percent of 15-19 year-olds, 16.4 percent of 20-24 year-olds and 12.9 percent of 24-34 year-olds made this claim. Only 9.6 percent of 34-44 year-olds and 6.7 percent of respondents 45 years or older said they did not know what they did not use condoms, however.

## Perceived HIV Risk and Sexual Behavior Changes in the Last Two Years

### Perceived Risk for HIV Infection/AIDS

Overall, the majority of 1994 New Castle County survey respondents ( 62.5 percent) felt that they were at little or no risk of contracting HIV or AIDS. In 1992, 69.0 percent of the New Castle survey respondents perceived themselves to be at little or no risk of getting HIV/AIDS. In 1993, 74.6 percent of respondents reported feeling that they were at little or no risk of contracting HIV.

**Table 11**  
**1994 New Castle County Survey Respondents' Perceived HIV Infection/AIDS Risk Level**

<b>HIV/AIDS Risk Level</b>	<b>Frequency</b>	<b>Percentage</b>
At high risk	75	8.5
At some risk	252	28.4
At low risk	483	54.5
At no risk	72	8.1
Have HIV/AIDS	5	0.6

*Source: Center for Applied Demography & Survey Research, University of Delaware*

As indicated in Table 12, below, the majority of respondents, by all selected races, perceived themselves to be at low or no risk of becoming HIV positive. Roughly 65 percent of whites, 60.9 percent of hispanics and 52.9 percent of blacks said they thought they were at little or no risk of being infected with HIV.

It should be noted, however, that black respondents were significantly more likely to believe themselves to be at high risk than were white or hispanic counterparts. While 22.6 percent of blacks thought they were at high risk of getting AIDS, only 5.5 percent of whites and 4.3 percent of hispanics made the same claim.

Additional statistical tests conducted did produce to suggest that a respondent's race

impacted the likelihood that he or she would perceive him or herself at more or less HIV risk than a respondents of another racial group.

Table 12  
1994 New Castle County Survey Respondents'  
Perceived HIV Infection/AIDS Risk Level, By Selected Race

HIV/AIDS Risk Level	Percentage of Respondents		
	Whites	Blacks	Hispanics
At high risk	5.5	22.6	4.3
At some risk	29.3	23.2	34.8
At low risk	60.8	36.8	32.6
At no risk	4.1	16.1	28.3
Have HIV/AIDS	0.3	1.3	0.0

*Source: Center for Applied Demography & Survey Research, University of Delaware*  
*Chi Square = 127.28 with 24 df*  
*p = 0.00*

According to Table 13 (below), although the majority of male respondents (regardless of sexual orientation) reported that they perceived themselves to be at little or no risk of becoming HIV infected, bisexual men were slightly more likely than either homosexual or heterosexual men to make this claim. For instance, while 54.9 percent of gays and 69.5 percent of heterosexuals said they thought they were at low or no risk of becoming HIV positive, 73.1 percent of bisexual men reported believed that they were at little or no risk.

Of the men who responded, 0.3 percent of heterosexuals; 0.0 percent of bisexuals; and 0.5 percent of homosexuals claimed to already be HIV positive.

Additional statistical tests conducted on the data, however, suggest that no correlation exists between a male respondent's sexual orientation and the likelihood that he will perceive himself to be at risk of becoming HIV positive ( $p = 0.07$ ).

The majority of respondents, of any age group, perceive themselves to be at either low or no risk of becoming HIV positive. Roughly 65.5 percent of both 15-19 year-olds and respondents 45 years or older said they thought they were at little or no risk. Nearly 64 percent

of 35-44 year-olds, 61.2 percent of 20-24 year-olds and 59.9 percent of 25-34 year-olds made the same claim.

Respondents 35-44 and 25-34 years old were more likely than other age groups to report that they believed themselves to be at high risk of becoming infected with HIV (11.0 & 8.5 percent, respectively). Roughly seven percent of both 15-19 year-olds and 20-24 year-olds said they believed they were at high risk. Nearly six percent of respondents 45 years or older said they thought they were at high risk.

Statistical tests provide no evidence to suggest that a respondent's age affects the perception of his or her HIV infection risk ( $p = 0.42$ ).

### **Reported Sexual Behavior Changes in the Last Two Years**

The proportion of persons reporting making either no changes in sexual behavior or taking additional sexual health risks has changed in the last three years. In 1994, 55.9 percent of those surveyed in New Castle County claimed to have made no change or taken more sexual health risks in the last two years. For a breakdown of 1994 survey responses, please see the following table.

**Table 13**  
**Reported Changes in Sexual Behavior in the Last Two Years (1994 New Castle Cnty Survey)**

<b>Changes Made</b>	<b>Frequency of Response</b>	<b>Percentage</b>
No changes made	361	41.6
Yes, taking more risks	124	14.3
Yes, taking fewer risks	304	35.0
Yes, taking no risks	79	9.1

*Source: Center for Applied Demography & Survey Research, University of Delaware*

By in large, responses to the question "Have you made any sexual behavior changes in the past two years?" -- by selected race -- were fairly consistent.

The a majority of respondents reported either making no changes or taking more risks. About 66 percent of hispanics, 55.4 percent of whites and 54.2 percent of blacks made this claim.

In contrast, only 8.1 percent of whites; 9.1 percent of hispanics; and 12.3 percent of blacks reported that they had stopped taking risks altogether.

Further statistical tests conducted provided no evidence to suggest that a respondent's race somehow correlated to the likelihood that he or she reported taking few or more sexual health risks ( $p = 0.36$ ).

**Table 14**  
**Reported Changes in Sexual Behavior in the Last Two Years,**  
**By Sexual Orientation (Males Only), in New Castle County (1994)**

Changes Made	Percentage of Respondents		
	Straight Men	Bisexual Men	Gay Men
No changes made	42.2	16.0	41.4
Yes, taking more risks	17.8	20.0	7.7
Yes, taking fewer risks	29.3	52.0	42.0
Yes, taking no risks	10.8	12.0	8.8

*Source: Center for Applied Demography & Survey Research, University of Delaware*  
*Chi Square = 24.63 with 9 df*  
*p = 0.00*

By reported sexual orientation (see Table 14, above), bisexual men (16.0 percent) were significantly less likely than heterosexual (42.2 percent) or homosexual men (41.4 percent) to report making no sexual behavioral changes during the previous two years. They were more likely to claim to be taking "more risks" (20.0 percent) than were responding straight (17.8 percent) or gay men (7.7 percent).

Responding bisexual men were also most likely to report taking "fewer risks" or "no risks" in comparison to their earlier sexual behavior. Fifty-two percent said they were taking "fewer risks" and another 12.0 percent reported taking no sexual health risks. In contrast, 42.0 percent of gay respondents and 29.3 percent of straight respondents claimed to be taking "fewer risks". About 11 percent of heterosexual males and 8.8 percent of homosexual males said they were taking no sexual health risks.

Additional statistical tests indicate that a relationship does exist between a male respondent's sexual orientation and the likelihood that he reported taking more or fewer sexual health risks.

**Table 15**  
**Reported Changes in Sexual Behavior in the Last Two Years,**  
**By Age Group, in New Castle County (1994)**

Changes Made	Percentage of Respondents				
	15-19 yrs	20-24 yrs	25-34 yrs	35-44 yrs	45+ yrs
No changes made	40.7	32.8	41.0	48.0	41.7
Yes, taking more risks	29.6	14.4	15.0	9.4	13.0
Yes, taking fewer risks	22.2	45.6	33.8	32.7	38.3
Yes, taking no risks	7.4	7.2	10.1	9.9	7.0

*Source: Center for Applied Demography & Survey Research, University of Delaware*  
*Chi Square = 30.78 with 15 df*  
*p = 0.01*

As indicated in Table 15 (above), 35-44 year-old respondents were more likely than the other age groups to have made no changes in their sexual behavior, during the previous two years (48.0 percent). Of the other age groups, 41.7 percent of respondents 45 years or older; 41.0 percent of 25-34 year-olds; 40.7 percent of 15-19 year-olds; and 32.8 percent of 20-24 year-olds reported making "no changes".

Teens, 15-19 year-olds, were most likely to report taking additional sexual health risks (29.6 percent). Fifteen percent of 25-34 year-olds, 14.4 percent of 20-24 year-olds and 13.0 percent of respondents 45 years or older made the same claim. Only 9.4 percent of 35-44 year-olds respondents said they were taking additional sexual health risks.

In contrast, 20-24 year old respondents were most likely to report taking "fewer risks" or "no risks" (52.8 percent). Of the other age groups, 45.3 percent of respondents 45 years or older; 43.9 percent of 25-34 year-olds; and 42.6 percent of 35-44 year-olds said they were taking fewer or no sexual health risks. Only 29.6 percent of responding 15-19 year-olds made the same claim.

Additional statistical tests conducted on the data indicate that a correlation does exist between a respondent's age and the likelihood that he or she are taking additional or fewer sexual health risks.

### Responding IV Drug Users Who Report Sharing "Works"

The majority (62.4 percent) of 1994 respondents who claimed to shoot drugs reported never sharing their "works" with other drug users. Roughly 22 percent reported "seldom" sharing drug needles; 5.4 percent of intravenous drug using respondents claimed to "share works" about half of the time; 2.2 percent reported "almost always" sharing drugs needles; and 8.6 percent of IV drug using 1994 respondents claimed to always share drug paraphernalia.

It is also interesting to note that 56.9 percent of IV drug using respondents perceived themselves to be at low or no risk of getting HIV or AIDS. Roughly 87 percent correctly identified sharing drug needles as a means of contracting HIV.

Table 16  
IV Drug Using Respondents Who Report Sharing "Works",  
By Selected Race, in New Castle County (1994)

Share "Works"	Percentage of Respondents		
	Whites	Blacks	Hispanics
Always Share	5.5	5.4	28.6
Nearly Always	1.8	2.7	0.0
Share Half of Time	5.5	2.7	14.3
Seldom Share	25.4	21.6	28.6
Never Share	61.8	67.6	28.6

Source: Center for Applied Demography & Survey Research, University of Delaware

Chi Square = 28.87 with 30 df

$p = 0.52$

Before comparing IV drug utilization data by race, it is important to keep in mind that the sample sizes are extremely small -- particularly for hispanic drug users. Subsequently, results may not reflect an accurate picture of intravenous drug use behaviors for each population group.

As indicated in Table 16 (above), black IV drug users were least likely to report sharing their works. Roughly 11 percent reported sharing their works 50 percent or more of the time. About 13 percent of responding white IV drug users and 42.9 percent of hispanic intravenous drug users said that they shared their drug paraphernalia 50 percent of the or more of the time. In contrast, 67.6 percent of blacks, 61.8 percent of whites and 28.6 percent of hispanics reported never sharing drug needles with others.

In comparing IV drug use behaviors across age groups, it is -- again -- important to keep in mind that the sample sizes are extremely small -- particularly for 15-19 and 20-24 year-old drug using respondents. Subsequently, results may not reflect an accurate picture of intravenous drug use behaviors for each population group.

Older respondents were less likely than younger ones to report sharing their works. None of the respondents 45 years or older said they "always shared" drug needles. Roughly seven percent of 35-44 year-olds, 6.1 percent of 25-34 year-olds, 18.2 percent of 20-24 year-olds and 33.3 percent of 15-19 year-olds reported "always" sharing their works.

In contrast, respondents 45 years or older were also likely to report "never sharing" their "works" (73.3 percent). Of the other age groups, 66.7 percent of 15-19 year-olds; 63.6 percent of 20-24 year-olds; 60.6 percent of 25-34 year-olds; and 55.5 percent of 35-44 year-olds made the same claim.

It should be noted that additional statistical tests performed on the data provides no evidence which indicates that a relationship exists between a respondent's age and the likelihood that he or she will report sharing "works" ( $p = 0.79$ ).

### **Respondents' Knowledge of HIV/AIDS**

Overall, most 1994 KABP Survey respondents could correctly identify those fluids which can or cannot transmit HIV. Respectively, 90.6 percent of New Castle County respondents reported knowing that blood and semen are two fluids through which the HIV virus can be transmitted. In contrast, however, only 77.6 percent were able to identify vaginal secretions as a fluid which transmits HIV.

Of the selected races, white respondents were most likely to correctly identify the fluids which transmit the HIV virus (see Table 17, below). Ninety-four percent identified blood, 92.9 percent identified semen and 78.3 percent identified vaginal secretions as fluids which transmit HIV. Of black respondents, 82.6 percent identified blood, 87.4 percent identified semen and 75.3 percent identified vaginal secretions as fluids which transmit HIV. Of Hispanics who responded, 81.3 percent identified blood, 85.4 percent identified semen and 81.3 percent identified vaginal secretions as means of contracting the HIV virus.

With the exception of "blood", however, additional statistical tests conducted could provide no further evidence to suggest that a respondent's race influenced his or her ability to correctly identify fluids which do or do not transmit HIV.

**Table 17**  
**Percent of Correct Responses to Fluids that Transmit HIV,**  
**By Selected Race, In New Castle County (1994)**

Fluid Transmits HIV	Percentage of Correct Responses				
	Whites	Blacks	Hispanics	p	Chi Sq
Urine	85.2	85.3	97.9	0.11	10.27 w/ 6df
Sweat	96.4	92.1	97.9	0.19	8.72 w/ 6df
Saliva	80.5	80.0	93.8	0.18	8.96 w/ 6df
Blood	94.0	82.6	81.3	0.00	31.52 w/ 6df
Semen	92.9	87.4	85.4	0.13	9.97 w/ 6df
Vaginal Secretions	78.3	75.3	81.3	0.91	2.08 w/ 6df
Feces	77.8	81.1	85.4	0.50	5.39 w/ 6df

*Source: Center for Applied Demography & Survey Research, University of Delaware*

As indicated in Table 18 (below), male homosexual and bisexual respondents were slightly more likely than heterosexuals to correctly identify both blood and semen as fluids which transmit HIV. Whereas only 87.2 percent of straight men were able to identify blood as a fluid which transmits HIV, 92.0 percent of bisexual and 92.3 percent of gay men were able to provide to correct answer. In addition, while 95.2 percent of homosexuals and 92.0 percent of bisexuals were able to identify semen as a fluid which transmits HIV, only 86.8 percent of heterosexual male respondents provided the correct response. It is also noteworthy to say that statistical tests conducted did provide evidence to suggest that the sexual orientation of male respondents in New Castle County did influence their ability to correctly identify both blood and semen as fluids which transmit HIV.

Of those who responded, more bisexual respondents were able to identify vaginal secretions as a fluid which transmits HIV (88.0 percent) than were either heterosexuals (71.6 percent) or homosexuals (74.2 percent).

Further statistical tests conducted on the data found no evidence to suggest that a man's sexual orientation influenced his response, however.

**Table 18**  
**Percent of Correct Responses to Fluids that Transmit HIV, By Sexual Orientation (Males Only),**  
**In New Castle County (1994)**

Fluid Transmits HIV	Percentage of Correct Responses				
	Straight Men	Bisexual Men	Gay Men	p	Chi Sq
Urine	87.2	88.0	80.6	0.21	4.53 w/ 3df
Sweat	96.3	96.0	95.7	0.97	0.23 w/ 3df
Saliva	83.4	84.0	81.2	0.81	0.97 w/ 3df
Blood	87.2	92.0	92.3	0.08	6.85 w/ 3df
Semen	86.8	92.0	95.2	0.02	9.41 w/ 3df
Vaginal Secretions	71.6	88.0	74.2	0.31	3.33 w/ 3df
Feces	84.1	68.0	66.1	0.00	22.83 w/ 3df

*Source: Center for Applied Demography & Survey Research, University of Delaware*

Of the three fluids which transmit HIV, teens (15-19 yrs.) and respondents 45 years or older were less likely than other age groups to identify them (See Table 19, below).

For instance, although 93.0 percent of 20-24 year-olds; 91.1 percent of 25-34 year-olds; and 93.4 percent of 35-44 year-olds were able to identify semen as a fluid which transmits HIV, only 85.8 percent of respondents 45 years or older answered correctly. Of the 15-19 year-olds who responded, a mere 83.6 percent could identify semen as a fluid which transmits HIV.

In addition, while 93.0 percent of 20-24 year-olds; 92.2 percent of 25-34 year-olds; and 90.4 percent of 35-44 year-olds correctly reported that HIV can be transmitted via blood, only 81.8 percent of 15-19 year-olds provided the right answer. Nearly 88 percent of respondents who were 45 or older identified blood as a fluid which transmit HIV.

Of those who responded, 82.3 percent of 35-44 year-olds; 82.0 percent of 20-24 year-olds; and 78.2 percent of 25-34 year-olds identified vaginal secretions as a fluid which transmits HIV. In contrast, only 74.5 percent of 15-19 year-olds and 63.3 percent of respondents 45 or older made the correct choice.

Although further statistical testing provided no evidence to suggest that the age of a respondent had any impact on the likelihood that he or she correctly identified blood as a fluid which transmits HIV, evidence was found to suggest that respondent age impacted the likelihood that he or she identified both semen and vaginal secretions as HIV transmitting fluids.

**Table 19**  
**Percent of Correct Responses to Fluids that Transmit HIV, by Age Group, in New Castle County (1994)**

Fluid Transmits HIV	Percentage of Correct Responses						Chi Sq
	15-19 yrs	20-24 yrs	25-34 yrs	35-44 yrs	45+ yrs	p	
Urine	87.3	89.8	86.3	84.6	85.0	0.72	2.90 w/ Sdf
Sweat	94.5	95.3	97.5	93.4	95.0	0.29	6.15 w/ Sdf
Saliva	89.1	86.7	82.4	79.8	73.3	0.04	11.54 w/ Sdf
Blood	81.8	93.0	92.2	90.4	87.5	0.12	8.76 w/ Sdf
Semen	83.6	93.0	91.1	93.4	85.8	0.01	14.90 w/ Sdf
Vaginal Secretions	74.5	82.0	78.2	82.3	63.3	0.00	20.46 w/ Sdf
Feces	90.9	89.1	80.4	71.9	72.5	0.00	24.37 w/ Sdf

*Source: Center for Applied Demography & Survey Research, University of Delaware*

#### **Sources From Which Respondents Receive HIV/AIDS Information**

The majority of 1994 KABB Survey respondents received their information about AIDS from radio/TV (64.9 percent) and pamphlets (63.4 percent). About 56 percent of respondents learned about HIV/AIDS from newspapers, and 46.4 percent claimed to have gotten AIDS information from friends. Roughly 39 percent of 1994 New Castle County survey respondents reported learning about AIDS from books. Nearly 40 percent said they learned about AIDS from a doctor or a nurse. Approximately 19 percent of survey respondents reported learning about the disease from "other sources".

**Table 20**  
**Sources From Which 1994 New Castle County Survey Respondents**  
**Receive HIV/AIDS Information, by Selected Race**

Information Sources	Percentage of Respondents				
	Whites	Blacks	Hispanics	p	Chi Sq
Books	39.3	36.4	30.6	0.08	11.89 w/ 6df
Newspaper	61.3	43.1	51.0	0.00	23.57 w/ 6df
Radio or TV	68.9	54.4	57.1	0.01	17.41 w/ 6df
Doctor or Nurse	38.8	35.4	38.8	0.16	9.29 w/ 6df
Friends	47.8	35.4	57.1	0.01	16.57 w/ 6 df
Pamphlets	65.2	62.1	57.1	0.38	6.38 w/ 6df
Other Sources	19.1	21.5	18.4	0.93	1.92 w/ 6df

*Source: Center for Applied Demography & Survey Research, University of Delaware*

As indicated in Table 20 (above), while the majority of white respondents claimed to get AIDS information from radio or television (68.9 percent), the majority of blacks reported getting AIDS-related information from pamphlets (62.1 percent). Hispanics, on the other hand, were equally likely to get information from either radio/TV or pamphlets (57.1 percent). Whites were also more likely to learn about AIDS from newspaper articles (61.3 percent), than were either blacks (43.1 percent) or Hispanics (51.0 percent). In contrast, Hispanic respondents were more likely to learn about AIDS from friends (57.1 percent) than were whites (47.8 percent) or blacks (35.4 percent).

The three most popular AIDS information sources reportedly used by both white and black respondents were:

- Radio & television
- Pamphlets
- Newspaper articles

The three most popularly used AIDS information sources reported by hispanics, on the other hand, were:

- Radio & television
- Pamphlets
- Friends

Relying on either “friends” or “newspaper articles” were the only two information sources for which statistical tests found a correlation between their utilization and a respondent’s race.

**Table 21**  
**Sources From Which 1994 New Castle County Survey Respondents**  
**Receive HIV/AIDS Information, by Sexual Orientation (Males Only)**

Information Sources	Percentage of Respondents				
	Straight Men	Bisexual Men	Gay Men	p	Chi Sq
Books	28.5	30.8	55.8	0.00	38.28 w/ 3df
Newspaper	54.3	53.8	72.3	0.00	17.31 w/ 3df
Radio or TV	64.2	65.4	68.1	0.54	2.14 w/ 3df
Doctor or Nurse	32.1	23.1	46.8	0.00	13.03 w/ 3df
Friends	34.8	46.1	63.3	0.00	38.20 w/ 3df
Pamphlets	54.0	73.1	71.3	0.00	16.27 w/ 3df
Other Sources	15.9	7.7	17.1	0.55	2.09 w/ 3df

*Source: Center for Applied Demography & Survey Research, University of Delaware*

As indicated in Table 21 (above), gay respondents appear to receive their information about HIV and AIDS from a wider variety of sources than heterosexual or bisexual men. For instance, while 55.8 percent of homosexual men received information from books, only 30.8 percent of bisexuals and 28.5 percent of heterosexuals made the same claim. In addition, although 72.3 percent of gay respondents reported receiving information from newspaper articles, only 54.3 percent of straight men and 53.8 percent of bisexual men said they read about HIV or AIDS in the newspaper. Gay respondents were also most likely to be provided AIDS information from a doctor or a nurse (46.8 percent). Only 32.1 percent of straight men and 23.1 percent of bisexual men reported getting AIDS information from a doctor or a nurse.

Additional statistical tests performed on the data did provide evidence suggesting that with the exception of “radio & tv” and “other sources”, the sexual orientation of a male respondent did impact his AIDS information source responses.

Of the information sources listed above, heterosexual, bisexual and homosexual respondents were most likely to report learning about AIDS from:

- Radio and television
- Pamphlets
- Newspaper articles

**Table 22**  
**Sources From Which 1994 New Castle County Survey Respondents**  
**Receive HIV/AIDS Information, by Age Group**

Information Sources	Percentage of Responses						Chi Sq
	15-19 yrs	20-24 yrs	25-34 yrs	35-44 yrs	45+ yrs	p	
Books	34.5	43.8	34.6	41.2	40.0	0.12	8.68 w/ 5df
Newspaper	34.5	50.0	53.7	63.5	65.6	0.00	22.98 w/ 5df
Radio or TV	52.7	66.1	64.8	66.5	65.6	0.48	4.47 w/ 5df
Doctor or Nurse	38.2	43.1	36.0	48.3	31.2	0.013	14.48 w/ 5df
Friends	45.4	56.1	46.5	43.8	42.4	0.26	6.52 w/ 5df
Pamphlets	63.6	65.4	61.2	63.5	66.4	0.84	2.04 w/ 5df
Other Sources	21.8	17.7	20.2	18.9	14.5	0.17	7.84 w/ 5df

*Source: Center for Applied Demography & Survey Research, University of Delaware*

As indicated in Table 22 (above), teens (15-19 year-olds) and 20-24 year-olds are most likely to report receiving information about AIDS from:

- Pamphlets
- Radio or television
- Friends

The top three sources of AIDS information reported by 25-34 year-olds, 35-44 year-olds and respondents 45 or older are:

- Radio or television
- Pamphlets
- Newspaper articles

Further statistical tests performed on the data suggests that age of a respondent effects the response probability in the following AIDS information source categories: "newspapers" and "doctor or nurse". In all other cases, the age of the respondents appears to have little influence over the sources one utilizes to learn about HIV and AIDS.

## **KENT/SUSSEX COUNTY KABB SURVEY**

### **METHODOLOGY:**

HIV/AIDS knowledge data was not collected in Kent or Sussex counties until 1994. Therefore, it is not possible to assess respondent demographic, knowledge and/or sexual behavioral changes across time. In addition, because 1994 respondent data collected is, in many cases, not as comprehensive as information collected in New Castle County (In Kent and Sussex counties, educational attainment data is missing; number of sexual partners is unknown, vaginal and anal intercourse condom use is combined; knowledge of sexual partner(s)' sexual history data was not collected; perceived risk level of certain behaviors was not asked; sexual behavior changes made in previous two years data was not collected; and types of protection used questions were not asked).

Between March and October 1994, as part of a contract with the Division of Public Health, Planned Parenthood surveyed 275 high risk people in the Lewes, Rehoboth and Georgetown area, using the Kent/Sussex County KABB Survey. The populations they reported to have been asked to fill out the survey were gay and bisexual men, although by the data results, it is clear that they also surveyed women and heterosexual men.

Because the sample size is so small, and it is unclear how the survey was conducted, the subsequent data is insufficient for providing an accurate picture of HIV knowledge, beliefs and behaviors of high risk groups. Reliability of KABB Survey results is further reduced because the survey was only conducted in or near ocean communities, during six months of the year.

### **RESPONDENT PROFILES FOR 1994:**

#### **Age, Race & Racial Distribution Changes**

The mean age of the 275 respondents to the 1994 Kent and Sussex counties KABB Survey was 28.8 years.

The majority of respondents to the Kent/Sussex County KABB were white (62.4 percent). Another 22.4 percent of respondents said they were black, and 10.2 claimed to be Hispanic.

Because survey contractors were focusing their efforts on population groups determined to be at high risk of getting HIV (eg: blacks, hispanics, gay men and sex-for-drugs populations), survey racial distributions do not correlate with either that of the state or the region. In comparison with regional racial demographics, blacks are slightly over represented and Hispanics are significantly over represented.

Of those surveyed in Kent and Sussex counties, nearly 73 percent of them were male.

## **Education Attainment Changes**

Though Kent/Sussex County KABB Survey respondents were asked to report their highest educational attainment, the data itself is unavailable for analysis.

## **Reported Sexual Behaviors**

### **Number of Sexual Partners in the Previous Two Years**

The Kent and Sussex County KABB Survey did not ask respondents to identify the number of sexual partners they had during the previous two years.

### **During Vaginal or Anal Intercourse**

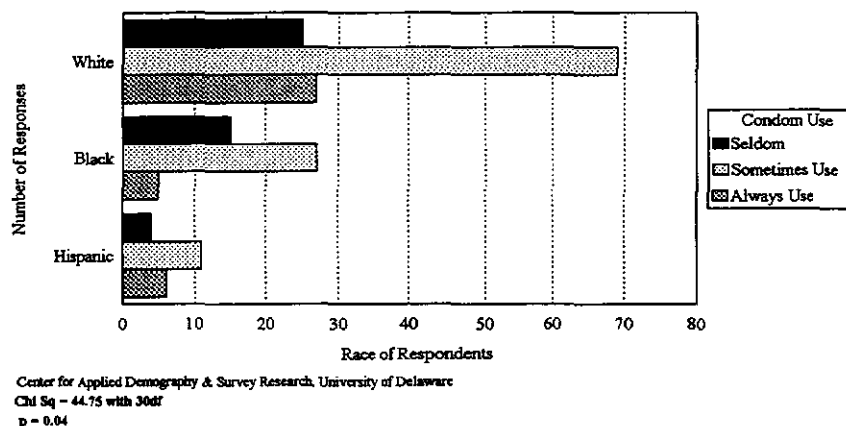
Unlike the survey instrument used in New Castle County, the Kent/Sussex County KABB did not ask for condom utilization during vaginal or anal intercourse separately. As a result, although 79.5 percent of respondents report having had both anal and vaginal sex in the previous two years, it is unclear whether they were more or less likely to employ the use of condoms during either intercourse type.

It should also be noted that because of the way that the question was asked, there is no way to identify how many Kent/Sussex County KABB Survey respondents were sexually active, but not using condoms.

According to survey results, 9.5 percent of respondents reported never having vaginal intercourse during the previous two years. Another 11.0 percent stated they had not had anal sex during the same time frame. Because of the way in which condom utilization data was recorded, their condom utilization patterns appear to have been omitted.

Of those who responded, 22.8 percent reported seldom using condoms; 22.4 percent stated they used condoms about half of the time they had sexual intercourse; 33.8 percent of Kent/Sussex County KABB Survey respondents claimed to nearly always use condoms; and 21.0 percent of those who reported a condom utilization patterns said they always used condoms during sex in the previous two years.

**Figure 13**  
**Condom Use During Vaginal and/or Anal Sex, by Selected Race, in Kent/Sussex County**

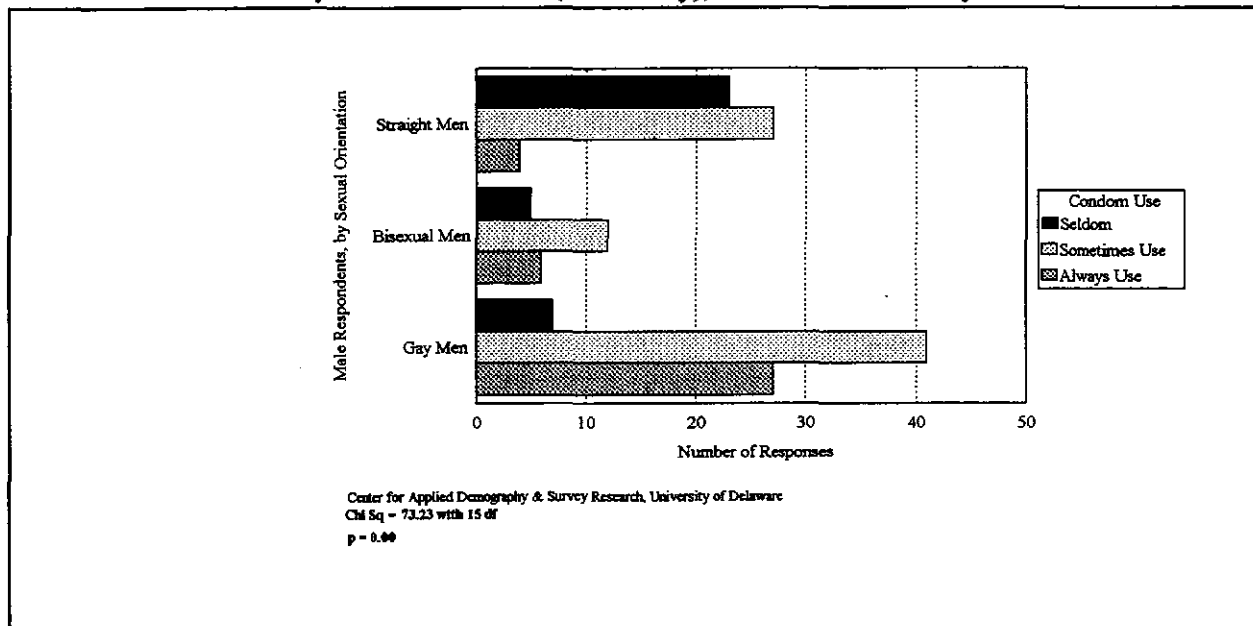


According to Figure 13 (above), of those men who said they were sexually active, black respondents were the least likely to report “always” utilizing condoms (10.6 percent). Of the other selected races, 22.3 percent of whites and 28.6 percent of Hispanics said they “always” used condoms during vaginal and/or anal intercourse.

Black respondents were also most likely to report “seldom” using condoms, during the previous two years (31.9 percent). Roughly 21 percent of white and 19.0 percent of Hispanic respondents made the same claim.

Additional statistical tests conducted on the data suggests that the race of a respondent does impact the likelihood that he or she would report using condoms during vaginal and/or anal intercourse.

**Figure 14**  
**Condom Use During Vaginal and/or Anal Intercourse,**  
**By Sexual Orientation (Males Only), in Kent/Sussex County**

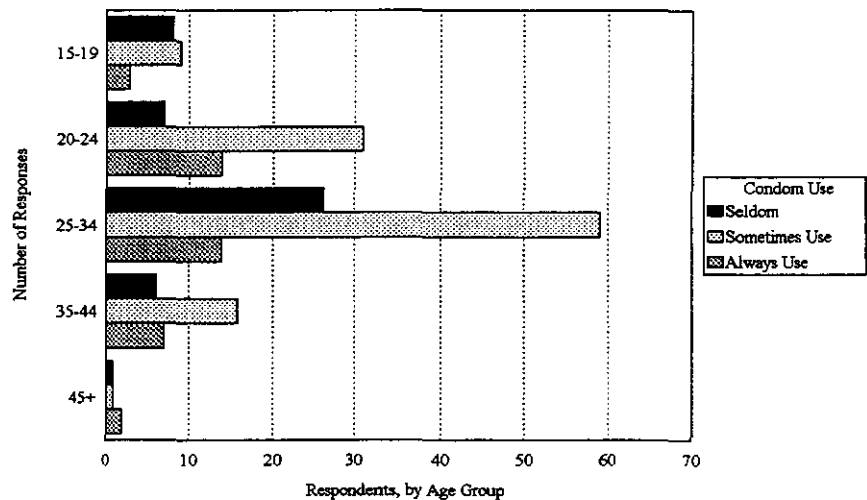


As indicated in Figure 14, above, of those who reported being sexually active, heterosexual men were significantly less likely than bisexual or homosexual men to report “always” using condoms during sex, in the previous two years. Whereas 36.0 percent of gay respondents and 26.1 percent of bisexual respondents said they “always” utilized condom during anal and/or vaginal intercourse, only 7.4 percent of straight men made the same claim.

In contrast, however, both heterosexual and bisexual men were significantly more likely than homosexual men to report “seldom” using condoms during sexual intercourse. For instance, while 42.6 percent of straight men and 21.7 percent of bisexual men said they “seldom” used condoms, only 9.3 percent of gay men reported “seldom” utilizing them.

Additional statistical tests conducted did provide evidence which suggests that a male respondent’s sexual orientation did impact the likelihood that he used condoms during vaginal and/or anal intercourse.

**Graph 15**  
**Condom Use During Vaginal and/or Anal Intercourse,**  
**By Age Group, in Kent/Sussex County (1994)**



Center for Applied Demography & Survey Research, University of Delaware  
 Chi Sq = 37.85 with 25df  
 p = 0.05

Before analyzing data, it should be taken into account that the sample sizes of some of the age groups are very small (eg: 45+ years: n = 4). Results are likely to be biased.

Teens, 15-19 years, and 25-34 year-olds were less likely than other age groups to report “always” using condoms during vaginal and/or anal intercourse. Whereas 50.0 percent of respondents 45 years or older; 26.9 percent of 20-24 year-olds; and 24.1 percent of 35-44 year-olds said they “always” utilized condoms during the previous two years, only 15.0 percent of 15-19 year-olds and 14.1 percent of 25-34 year-olds made the same claim.

Teens were also less likely than other age groups to report “seldom” using condoms during sex (40.0 percent). In contrast, 26.3 percent of 25-35 year-olds; 25.0 percent of respondents 45 years or older; 20.7 percent of 35-44 year-olds; and 13.5 percent of 20-24 year-olds said they “seldom” utilized condoms in the previous two years.

Additional tests conducted on the data suggest that there may be a link between a respondent’s age and the likelihood that he or she used condoms during vaginal and/or anal intercourse, in the previous two years.

**Types of Protection Used:**

Respondents to the Kent and Sussex County KABB Survey were not asked to report the types of "protection" they used during intercourse.

**Reported STD Incidence**

Kent and Sussex County KABB Survey respondents were not asked whether or not they had ever had a sexually transmitted disease.

**Respondent Rationale for Not Using Condoms**

The most often cited reason given for not using condoms was that a respondents felt that he or she was "in a 'safe' relationship" (29.5 percent ).

Other popular reasons stated for not using condoms were that respondents "hated the feel" (18.9 percent), that condoms "messed the mood" when they had intercourse (10.1 percent) and that respondents "feared bringing up the subject" (8.8 percent).

With the exception of blacks, the most popular reason given, by selected races, for not using condoms was that respondents felt they were in safe relationships. Of the selected races, white respondents (35.2 percent) were slightly more likely than hispanic respondents (27.8 percent) to make this claim. Almost 22 percent of black respondents said they did not use condoms because they felt they were in safe relationships.

Another popular reason given for not using condoms was that respondents did not like the "feel". Roughly 29.4 percent of blacks, 22.2 percent of hispanics and 16.0 percent of whites cited this as a reason for not using them.

Nearly 12 percent of blacks and 10.4 percent of whites claimed not to utilize condoms because they "did not have any with" them. None of the hispanic respondents made this claim.

Statistical tests conducted on the data, however, provided no evidence to suggest that the race of a respondent corresponds with the likelihood that he or she would cite not using condoms for any particular reason ( $p = 0.24$ ).

**Table 23**  
**Reported Reasons for Not Using Condoms,**  
**By Sexual Orientation (Males Only), in Kent/Sussex County**

Reason for Not Using Condoms	Percentage of Respondents		
	Straight Men	Bisexual Men	Gay Men
In a "Safe" Relationship	27.9	10.5	30.4
Hate the Feel	24.6	21.0	24.6
Didn't Have Any	6.6	10.5	2.9
Messes the Mood	6.6	21.0	10.1
Partner Refuses	0.0	10.5	2.9
Fear Bringing Up the Subject	0.0	5.3	11.6
Don't Know	0.0	0.0	4.3

*Source: Center for Applied Demography & Survey Research, University of Delaware*  
*Chi Square = 35.78 with 12 df*  
*p = 0.00*

As indicated in Table 23, above, responses for male respondents, by sexual orientation, varied significantly.

One of the most popular reason by all men, however, was that they felt they were in safe relationships. Over 30 percent of gays and 27.9 percent of straight men cited this as the reason that they did not use condoms. Only 10.5 percent of bisexual respondents made this claim, however.

Another popular reason given for not using condoms was that respondents hated the feel of them. Roughly 25 percent of heterosexuals, 24.6 percent of homosexuals and 21.0 percent of bisexuals cited this as a primary reason for not using them.

Another popular reason cited, by bisexual respondents, for not using condoms was that they "messed the mood" (21.0 percent). In contrast, 10.1 percent of homosexual men and 6.6 percent of heterosexual men cited this as a reason for not utilizing condoms.

Additional statistical tests performed on the data suggest that a correlation does exist between a male respondent's sexual orientation and the likelihood that he will cite a particular reason for not using condoms.

**Table 24**  
**Reported Reasons for Not Using Condoms, by Age Group, in Kent/Sussex County**

Reason for Not Using Condoms	Percentage of Respondents				
	15-19 yrs	20-24 yrs	25-34 yrs	35-44 yrs	45+ yrs
In a "Safe" Relationship	22.7	34.6	27.6	36.7	16.7
Hate the Feel	18.2	7.7	20.9	30.0	16.7
Didn't Have Any	13.6	1.9	6.7	3.3	0.0
Messes the Mood	4.5	11.5	10.5	10.0	16.7
Partner Refuses	9.1	2.9	3.8	0.0	0.0
Fear Bringing Up the Subject	13.6	9.6	8.6	6.7	0.0
Don't Know	9.1	3.8	2.9	6.7	16.7

*Source: Center for Applied Demography & Survey Research, University of Delaware*  
*Chi Square = 70.19 with 65 df*  
*p = 0.31*

As indicated in Table 24, above, the most popular reason cited (by age group) for not using condoms was that respondents felt they were "safe". Nearly 37 percent of 35-44 year-olds, 27.6 percent of 20-25 year-olds, 27.6 percent of 25-34 year-olds, 22.7 percent of 15-19 year-olds and 16.7 percent of respondents 45 years or older made this claim.

Another popular reason given for not using condoms was that respondents did not like the way they feel. Thirty percent of 35-44 year-olds, 20.9 percent of 25-34 year-olds, 18.2 percent of 15-19 year-olds, 16.7 percent of respondents 45 years or older and 7.7 percent of 20-24 year-olds made this claim.

In none of the above mentioned categories, however, was statistical evidence produced which suggested that a correlation existed between a respondent's age and the likelihood that he or she would cite a certain reason for not utilizing condoms during sexual intercourse.

#### **Perceived HIV Risk and Sexual Behavior Changes in the Last two Years:**

##### **Perceived Risk for HIV Infection**

Overall, the majority of Kent and Sussex County Survey respondents felt that they were at little risk of contracting HIV or AIDS. Nearly 74 percent reported that they thought of themselves to be at little or no risk of getting HIV/AIDS, even though respondents were targeted

by Planned Parenthood because they were thought to be at high risk. In contrast, in New Castle County -- where high risk groups were not targeted -- only 62.5 percent of 1994 respondents claimed to be at minimal HIV/AIDS risk.

Table 25  
1994 Kent/Sussex County Survey Respondents' Perceived HIV Infection/AIDS Risk Level

HIV/AIDS Risk Level	Frequency	Percentage
At high risk	14	5.2
At some risk	51	18.8
At low risk	101	37.3
At no risk	98	36.2
Have HIV/AIDS	7	2.6

*Source: Center for Applied Demography & Survey Research, University of Delaware*

The majority of respondents, by selected races, perceived themselves to be at low or no risk of becoming HIV positive. Sixty-four percent of hispanics, 68.5 percent of blacks and 75.6 percent of whites said they thought they were at little or no risk of being infected with HIV.

In contrast 8.0 percent of hispanic respondents, 5.8 percent of white respondents and 1.7 percent of black respondents felt they were at high risk of becoming HIV positive. Another 8.0 percent of hispanic respondents, 3.5 percent of black respondents and 1.3 percent of white respondents reported already being HIV positive.

No evidence was produced to suggest that a respondent's race impacted the likelihood that he or she would perceive him or herself at more or less HIV risk than a respondents of another racial group.

According to Table 26 (below), although the majority of all male respondents (regardless of sexual orientation) reported that they perceived themselves to be at little or no risk of becoming HIV infected, heterosexual men were significantly more likely than either homosexual or bisexual men to make this claim. For instance, while 54.2 percent of bisexuals and 58.8 percent of gays said they thought they were at low or no risk of becoming HIV positive, 86.8 percent of straight men reported believed that they were at little or no risk.

Straight respondents were also least likely to report perceiving themselves at high risk

(1.5 percent). In contrast, 10.3 percent of homosexual men and 12.5 percent of bisexual men said they thought that they were at high risk of becoming infected with HIV.

Of the men who responded, 1.5 percent of heterosexuals; 4.2 percent of bisexuals; and 5.1 percent of homosexuals claimed to already be HIV positive.

Additional statistical tests conducted on the data suggest that a correlation does exist between a male respondent's sexual orientation and the likelihood than he will perceive himself to be at risk be becoming HIV positive.

**Table 26**  
**1994 Kent/Sussex County Survey Respondents'**  
**Perceived HIV Infection/AIDS Risk Level, By Sexual Orientation (Males Only)**

HIV/AIDS Risk Level	Percentage of Respondents		
	Straight Men	Bisexual Men	Gay Men
At high risk	1.5	12.5	10.3
At some risk	10.4	29.2	25.8
At low risk	38.8	41.7	42.3
At no risk	47.8	12.5	16.5
Have HIV/AIDS	1.5	4.2	5.2

*Source: Center for Applied Demography & Survey Research, University of Delaware*  
*Chi Square = 35.78 with 12 df*  
*p = 0.00*

By age group, the majority of respondents perceived themselves to be at either low or no risk of becoming HIV positive. Roughly 72 percent of both 15-19 year-olds and 25-34 year-olds said they thought they were at little or no risk. Nearly 73 percent of 20-24 year-olds, 76.1 percent of 35-44 year-olds and 81.8 percent of respondents 45 years or older made the same claim.

Respondents 45 years or older and teens were more likely than other age groups to report that they believed themselves to be at high risk of becoming infected with HIV (9.1 & 8.0 percent, respectively). Nearly 6 percent of 25-34 year-olds, 4.8 percent of 35-44 year-olds and 3.2 percent of 20-24 year-olds said they thought they were at high risk.

Of those who responded, 4.8 percent of 35-44 year-olds; 3.2 percent of 20-24 year-

olds; and 2.4 percent of 25-34 year-olds reported already testing positive for the HIV virus. None of the 15-19 year-olds or respondents 45 years or older reported already being HIV infected.

Statistical tests provide no evidence to suggest that a respondent's age affects the perception of his or her HIV infection risk ( $p = 0.70$ ).

### **Reported Sexual Behavior Changes in the Last Two Years**

Respondents to the Kent and Sussex County KABB Survey were not asked to report sexual behavior changes made during the course of the previous two years.

### **IV Drug Users Who Report Sharing Their "Works"**

Of those persons who use intravenous drugs, the 40.0 percent report never sharing their "works", in Kent and Sussex counties. They accounted for the largest proportion of respondents who said they were IV drug users.

Roughly 22 percent reported seldom sharing drug needles; 28.0 percent of intravenous drug using respondents claimed to "share works" about half of the time; 6.0 percent reported almost always sharing drugs needles; and 2.0 percent of IV drug using Kent/Sussex County Survey respondents claimed to always share drug paraphernalia.

It is also interesting to note that 63.2 percent of IV drug using respondents perceived themselves to be at low or no risk of getting HIV or AIDS. Roughly 77 percent correctly identified sharing drug needles as a means of contracting HIV.

Before comparing IV drug utilization data, by race, it is important to keep in mind that the sample sizes are extremely small – particularly for the hispanic population. Subsequently, results may not reflect an accurate picture of intravenous drug use behaviors for each population group.

Responding black IV drug users were most likely to report sharing their "works". Roughly 42 percent reported sharing their "works" 50 percent or more of the time. About 29 percent of responding white IV drug users and 28.6 percent of hispanic IV drug users said that they shared their drug paraphernalia 50 percent of the or more of the time. In contrast, 33.3 percent of blacks, 45.8 percent of whites and 57.1 percent of hispanics reported never sharing drug needles with others.

Additional statistical tests performed on the data provided no evidence to suggest that a respondent's race influences his or her needle sharing response ( $p = 0.87$ ).

Of the men surveyed, IV drug using bisexuals were more likely than heterosexual or homosexual counterparts to report “always” sharing their “works”. None of the IV drug using straight or gay respondents said the “always” shared their “works”.

Roughly 27 percent of heterosexual, 33.3 percent of bisexual and 39.1 percent of homosexual intravenous drug users said they “never” shared their works in the previous two years.

Statistical tests conducted found no evidence to suggest that the sexual orientation of a male IV drug user impacts the likelihood that he shared his “works” ( $p = 0.65$ ).

Of the respective age groups examined, 25-34 year-old IV drug users were the only ones to report “always” sharing their “works” (4.8 percent).

Fifty percent of both IV drug using 15-19 year-olds and 35-44 year-olds report that they shared their “works” most of the time. Roughly 33 percent of 25-34 year-olds and 23.1 percent of 20-24 year-olds made this claim. None of the respondents 45 years or older reported sharing their “works” more than occasionally.

In contrast, 61.5 percent of 20-24 year-olds; 40.0 percent of 35-44 year-olds; 33.3 percent of 25-34 year-olds; and 25.0 percent of 15-19 year-olds said they “never” shared their “works”.

Additional statistical tests conducted on the data, however, provided no evidence to suggest that the age of a respondents made him or her any more or less likely to report share drug needles ( $p = 0.95$ ).

### **Respondents Who Correctly Identified the Bodily Fluids Which Transmit HIV**

Overall, most Kent/Sussex County KABB Survey respondents were able to correctly blood (84.1 percent) and semen (94.4 percent) as fluids which can transmit HIV. Most, however, were significantly less likely to correctly identify vaginal secretions (66.3 percent) as a fluid which transmits the HIV virus.

As indicated in Table 27 (below), hispanic respondents were less likely than white or black counterpart to correctly identify either blood or semen as a fluid which transmits HIV. In both cases, only 76.9 percent of Hispanic respondents made the correct identification. Of black respondents, 82.5 percent were able to identify blood and 93.0 percent were able to identify semen as fluids which transmit HIV. Of white respondents, 87.7 percent were able to identify blood and 96.1 percent were able to identify semen as fluids which transmit HIV.

In contrast, however, hispanic respondents were most likely to identify vaginal secretions as a fluid which transmits HIV (80.8 percent). Nearly 67 percent of blacks and 62.6 percent of whites made the correct identification.

Statistical tests performed on the data found no evidence to suggest that a correlation exists between a respondent’s race and the likelihood that he or she could correctly identify those fluids which transmit HIV.

**Table 27**  
**Percent of Correct Responses to Fluids That Transmit HIV, by Selected Race, in Kent/Sussex County**

Fluid Transmits HIV	Percentage of Correct Responses				
	Whites	Blacks	Hispanics	p	Chi Sq
Urine	91.6	89.5	84.6	0.78	3.21 w/ 6df
Sweat	96.8	100.0	96.2	0.88	2.41 w/ 6df
Saliva	85.8	84.2	76.9	0.81	3.03 w/ 6df
Blood	87.7	82.5	76.9	0.70	3.85 w/ 6df
Semen	96.1	93.0	92.3	0.64	4.26 w/ 6df
Vaginal Secretions	62.6	66.7	80.8	0.68	3.94 w/ 6df
Feces	87.1	89.5	80.8	0.74	3.51 w/ 6df

*Source: Center for Applied Demography & Survey Research, University of Delaware*

According to Table 28 (below), gay respondents were most likely to identify blood as a fluid which transmits HIV (91.6 percent). Roughly 82 percent of straight men and 79.2 percent of bisexual men were able to make the correct identification.

Bisexual male respondents, on the other hand, were more likely than heterosexual or homosexual counterparts to correctly identify semen as a fluid which transmits HIV. Whereas 100.0 percent of them were able to make the correct identification, only 96.8 percent of homosexuals and 90.9 percent of heterosexual could identify semen as a fluid which transmits HIV.

Heterosexual men were most likely to report knowing that HIV can be transmitted through vaginal secretions (68.2 percent). About 67 percent of bisexual men and 55.8 percent of homosexual men made the same claim.

The only correlation found between a male respondent's sexual orientation and the likelihood that he could correctly identify fluids which can or cannot transmit HIV was "semen".

**Table 28**  
**Percent of Correct Responses to Fluids That Transmit HIV,**  
**By Sexual Orientation (Males Only) , in Kent/Sussex County**

Fluid Transmits HIV	Percentage of Correct Responses				
	Straight Men	Bisexual Men	Gay Men	p	Chi Sq
Urine	95.4	83.3	89.5	0.28	3.87 w/ 3df
Sweat	98.5	100.0	96.8	0.76	1.19 w/ 3df
Saliva	90.9	79.2	83.2	0.35	3.29 w/ 3df
Blood	81.8	79.2	91.6	0.15	5.33 w/ 3df
Semen	90.9	100.0	96.8	0.00	24.14 w/ 3df
Vaginal Secretions	68.2	66.7	55.8	0.41	2.86 w/ 3df
Feces	86.4	91.7	89.5	0.80	1.01 w/ 3df

*Source: Center for Applied Demography & Survey Research, University of Delaware*

By age group, 25-34 year olds were most likely to report knowing that blood is a fluid which transmit HIV (92.0 percent). About 88 percent of 35-44 year-olds; 77.4 percent of 20-24 year-olds; 68.0 percent of 15-19 year-olds; and 37.5 percent of respondents 45 years or older also correctly identified blood as a fluid which transmits the HIV virus. Additional statistical tests performed on the data suggest that the age of a respondent does impact the likelihood that he or she could correctly identify blood as an HIV transmitting fluid.

Although the sample size was very small (n = 8), 100.0 percent of respondents 45 years or older correctly identified semen as a fluid which transmits HIV. Nearly 98 percent of 35-44 year-olds; 95.2 percent of 25-34 year-olds; 91.9 percent of 20-24 year-olds; and 88.0 percent of 15-19 year-olds made the same claim. No additional statistical evidence could be found to correlate a respondent's age and the likelihood that he or she could correctly identify semen as an HIV transmitting fluid, however.

Of those who responded, 20-24 year olds were most likely to identify vaginal secretions as an HIV transmitting fluid (75.8 percent). Seventy-five percent of respondents 45 years or older; 69.8 percent of 35-44 year-olds; and 66.4 percent of 25-34 year-olds made the correct identification. Only 36.0 percent of 15-19 year-olds could correctly identify vaginal secretions as a fluid which transmits the HIV virus. Additional statistical tests conducted did provide evidence to suggest that a respondent's age does impact the likelihood that he or she will correctly identify vaginal secretions as an HIV transmitting fluid (see Table 29, below).

**Table 29**  
**Percent of Correct Responses to Fluids That Transmit HIV, by Age Group, in Kent/Sussex County**

Fluid Transmits HIV	Percentage of Correct Responses						Chi Sq
	15-19 yrs	20-24 yrs	25-34 yrs	35-44 yrs	45+ yrs	p	
Urine	88.0	95.2	92.0	90.7	75.0	0.18	7.60 w/ 5df
Sweat	100.0	98.4	98.4	100.0	75.0	0.00	25.66 w/ 5df
Saliva	88.0	87.1	86.4	81.4	62.5	0.40	5.15 w/ 5df
Blood	68.0	77.4	92.0	88.4	37.5	0.00	26.31 w/ 5df
Semen	88.0	91.9	95.2	97.7	100.0	0.47	4.60 w/ 5df
Vaginal Secretions	36.0	75.8	66.4	69.8	75.0	0.02	13.55 w/ 5df
Feces	92.0	83.9	92.0	88.4	50.0	0.01	14.40 w/ 5df

*Source: Center for Applied Demography & Survey Research, University of Delaware*

### **Sources of HIV/AIDS Information**

The majority of Kent/Sussex County KABB Survey respondents received their information about AIDS from radio/TV (54.8 percent). Nearly as many Kent/Sussex County respondents also reported to learn about AIDS from friends (54.4 percent). Approximately 42 percent of respondents got information about AIDS from newspaper articles, 34.1 claimed to learn about AIDS from pamphlets, and 30.7 percent of the respondents reported getting AIDS-related information from a doctor or a nurse. Roughly 21 percent of Kent/Sussex County KABB Survey respondents claimed to learn about AIDS from books, and 14.8 percent of respondents reported getting AIDS information from a source not listed on the survey instrument.

Of the selected races examined, white respondents were most likely to learn about AIDS from the radio or television (56.1 percent); friends (56.1 percent); and newspaper articles (46.5 percent).

Responses by blacks were very similar. Nearly 59 percent reported getting information about AIDS from the radio or television. Roughly 58 percent said they learned about from friends, and 33.3 percent said they learned about AIDS from newspaper articles.

Hispanic respondents, on the other hand, were most likely to get information about AIDS from friends (61.5 percent), radio or television (53.8 percent) and a doctor or a nurse (38.5 percent), although additional statistical tests conducted on the data provided no evidence to suggest that a respondent's race impacted the likelihood that he or she was more or less likely to learn about AIDS from a particular source.

Gay respondents seem to learn about AIDS from a wider variety of sources than do straight or bisexual respondents. For instance, while 40.0 percent of homosexual respondents said they received AIDS information from pamphlets, only 29.2 percent of bisexuals and 21.2 percent of heterosexual made the same claim.

All men, regardless of sexual orientation, were most likely to report receiving AIDS information from the same three sources, however. They are:

- Friends
- Radio and television
- Newspaper articles

With the exception of pamphlets ( $p = 0.05$ ), additional statistical tests found no evidence to suggest that the sexual orientation of a male respondent impacts the likelihood that he will receive AIDS information from certain sources.

It should also be noted that 15-19 year-olds, 35-44 year-olds and respondents 45 years or older were most likely to report receiving AIDS information from a doctor or a nurse. In fact, respondents in all three age groups ranked doctors/nurses as one of their top three information sources. Twenty-eight percent of 15-19 year-olds, 44.2 percent of 35-44 year-olds and 62.5 percent of respondents 45 years or older said they learned about AIDS from either a doctor or a nurse. It should be noted that using a doctor or a nurse as an information source is the only instance in which a statistical correlation could be made to suggest that respondent age was an influencing factor ( $p = 0.03$ ).

Of 15-19 year-old respondents, the four sources they were most likely to report receiving information from were friends (56.0 percent); the radio or television (44.0 percent); a doctor or a nurse (28.0 percent); and newspaper articles (28.0 percent).

The top three AIDS information sources listed by 20-24 year-old and 25-34 year-old respondents were as follows:

- Radio or television
- Friends
- Newspaper articles

In addition to receiving AIDS information from a doctor or a nurse, 35-44 year-olds were most likely to report using the radio or television (60.0 percent) and friends (53.5 percent) as sources.

Besides utilizing a doctor or nurse as an information source, respondents 45 years or older were most likely to report learning about AIDS from books, newspaper articles, friends and pamphlets (all 37.5 percent, respectively).

## **FUTURE KABB SURVEY INITIATIVES**

Because of the fragmented, haphazard method used to conduct previous HIV Knowledge, Attitude, Belief & Behavior Surveys, the majority of data collected is unusable for public health program planning or evaluation purposes. Collected responses appear to reflect neither the state population nor its AIDS high risk groups. Since there was a total lack of sampling methodology, it is impossible to truly assess the current population's (either Delaware or high risk) knowledge of the causes of AIDS or the extent of "risky" behaviors practiced.

Also, because two survey instruments were used, and their "target" populations were so different (Kent/Sussex targeted only high risk groups, New Castle County targeted general population sample groups), there is no way to compare results. Even when the same questions were asked, because the respondents of each represent different segments of the population, it is to be expected that their responses would be dissimilar.

If future KABB Survey initiatives are to be proposed and implemented, the following issues will have to be addressed:

- The survey instruments in New Castle, Kent and Sussex Counties must be identical.
- To allow for KABB survey results to be compared with results of other, national survey initiatives (ie: The U.S. "HIV Counseling & Testing Report" and BRFS), the types of questions asked and the population targeted must be similar.
- Two Delaware populations should be targeted:
  - (1) Groups at high risk of being or becoming HIV positive. Some of the groups which should be included are:
    - Gay and bisexual men
    - Persons exchanging sex for drugs
    - Blacks (both men and women under 45 years of age)
    - Teens (ages 15-19)
    - Persons seeking diagnosis and/or treatment for sexually transmitted diseases
    - Persons diagnosed with TB, who are identified to be engaging in high risk behaviors
    - Persons coming to public health clinics to be tested for the HIV antibody

- Homeless
- Mentally ill
- Substance abusers (eg: heroin, crack & steroids)

(2) Random sample of people in the general population

- Do not administer the survey in a written form. Conduct it via street interviews, as part of counseling, telephone interviews, etc.
- Uniform, standardized survey administration procedures should be established documented and communicated with those individuals who are conducting it.
- Establish and document clear rationale for the future utilization of KABB survey results. In other words, what is hoped to be learned from the survey results, and why are the results important.

## **APPENDIX**

## NEW CASTLE COUNTY KABB SURVEY

Do not write your name on this form. This information will not be told to anyone and will be used for research reasons only. This survey is not an educational tool. The purpose of this survey is to learn what people think and know. Thank you.

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_

Race: (Circle One) A) White B) African-American C) Hispanic  
D) Caribbean E) Asian/Pacific Islander F) American Indian

Where do you live? (Circle One) A) Sussex Co. B) Kent Co.  
C) New Castle Co. D) Other

Highest grade completed: (Circle One) A) None B) K-8  
C) 9-12 D) College

How many people have you had sex with in the past 2 years? \_\_\_\_

Are most of your sexual contacts? (Circle only one)  
A) Men B) Women C) Both Men and Women D) None

Have you ever had VD or an STD? \_\_\_\_

1) Where do you get your facts about AIDS? (Circle all that apply)  
A) Book B) Newspaper C) Radio or TV D) Doctor or Nurse  
E) Friends F) Pamphlets G) Other

2) What is HIV? (Circle one)  
A) The hepatitis virus B) A drug C) A term for someone who shoots drugs  
D) The AIDS virus E) Don't know

3) Do you believe HIV infection is caused by:  
A) A virus B) A birth defect C) A certain sex act  
D) Other \_\_\_\_\_

4) How can you get HIV? (Circle all that apply)  
A) Mouth to genital without condoms G) Sharing food, drinks, forks  
B) Kissing H) Getting a blood transfusion  
C) Toilet Seats I) Vaginal Sex (without condoms)  
D) Anal Sex (without condoms) J) Sharing IV needles  
E) Giving Blood K) Mosquitos  
F) Hugging L) Anal sex (with condoms)

5) At what risk do you consider yourself for getting HIV?  
A) High B) Some C) Low D) None E) Already have HIV

6) How risky are the following acts (1=High Risk 2=Medium Risk 3=Low Risk 4=No risk) Put a number in the blank.

Oral sex with barrier	____	Mutual Masturbation	____
Anal sex with condom	____	Oral sex with no barrier	____
Vaginal intercourse	____	Going to a doctor who has AIDS	____
Deep Kissing	____	Anal sex without a condom	____

- 7) In the past two years has your sexual behavior changed?  
 A) No B) Yes, I am taking more risks  
 C) Yes, I am taking fewer risks D) Yes, I have stopped taking all risks
- 8) how often have you shared your 'works' in the past two years?  
 A) Don't shoot drugs B) Always share C) Nearly always share  
 D) Share half of the time E) Seldom share F) Never share
- 9) What types of 'protection' do you use? (Circle all that apply)  
 A) The 'Pill' B) Dental dams C) Withdrawl D) Douching  
 E) Diaphragm F) Foam G) Condoms H) Not having sex
- 10) In the past two years how often did you or your partner(s) use a condom when having vaginal intercourse? A) Never have vaginal sex  
 B) Never C) Seldom D) half of time E) Nearly always F) Always
- 11) In the past two years how often did you or your partner(s) use a condom when having anal intercourse? A) Never have anal sex  
 B) Never C) Seldom D) 50% of time E) Nearly always F) Always
- 12) What changes, if any, have you made since learning of AIDS?
- 
- 13) Do you think that any of the following people who have AIDS deserve to have the disease? A) Yes B) No C) Don't Know
- 13a) If you answered 'yes' to 13 then who?
- 
- 13b) If you answered 'yes' to 13 then why do they deserve to have AIDS? (circle all that apply) A) Wrong/Immoral behavior  
 B) Illegal behavior C) Other
- 
- 14) How much do you know about the past sexual practices of your partner(s)? A) Everything B) A lot C) Little D) Nothing
- 15) When you do have sex and don't use a condom, why don't you use one? (Circle all that apply) A) Religious beliefs  
 B) Don't like the way it feels  
 C) I think I am in a 'safe' relationship  
 D) Don't have any with me E) Can't afford them  
 F) Partner refuses to use them  
 G) Afraid to bring up the subject with my partner  
 H) They don't always work I) Not 'macho'  
 J) Interrupts the 'mood' K) Never tried them before  
 L) Trying to have children M) Don't know
- 16) Which body fluids transmit HIV? (circle all that apply)  
 A) Urine B) Sweat C) Saliva D) Blood E) Semen (cum)  
 F) Vaginal secretions (female love juices) G) Feces (poop/BM)

Thank you for your cooperation in completing this form. For more information about AIDS call 1-800-422-0429.

## KENT/SUSSEX COUNTY KABB

### HIV SURVEY

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_

Sex: \_\_\_\_

Race: (Circle One) A) White

B) African-American

C) Hispanic

D) Caribbean

E) Asian / Pacific Islander

F) American Indian

G) Other

Highest grade completed: \_\_\_\_\_

Are most of your sexual contacts (Circle Only One)

A) Men

B) Women

C) Both Men and Women

D) None

How can you get HIV? (Circle all that apply)

A) Mouth to genital without condom

B) Kissing

C) Toilet seats

D) Anal sex (without condom)

E) Giving blood F) Hugging

G) Sharing food, drinks, forks

H) Getting a blood transfusion

I) Vaginal sex (without

condom)

J) Sharing IV needles

K) Mosquitos

L) Anal sex (with condom)

At what risk do you consider yourself for getting HIV?

A) High

B) Some

C) Low

D) None

E) Already have HIV

OVER

How often have you shared your "works" in the past two years?

A) Don't shoot drugs

B) Always share

C) Nearly always share

D) Share half the time

E) Seldom share

F) Never share

In the past two years, how often did you and your partner(s) use a condom when having vaginal or anal sex?

A) Never have vaginal sex B) Never have anal sex

C) Seldom

D) Half the time

E) Nearly always

F) Always

When you have sex and if you don't use a condom, why not?

A) Religious beliefs

B) Don't like the way it feels

C) I think I am in a "safe" relationship

D) Don't have any with me

E) Can't afford them

F) Partner refuses to use them

G) Afraid to bring up the subject with my partner

H) They don't always work

I) Not "macho"

J) Interrupts the mood

K) Never tried them before L) Trying to have children

M) Don't know

Which body fluids transmit HIV? (Circle all that apply)

A) Urine

B) Sweat

C) Saliva

D) Blood

E) Semen (Cum)

F) Vaginal secretions (female love juices)

G) Feces (Poop)

Where do you get your facts about AIDS (Circle all that apply)

A) Books

B) Newspaper

C) Radio or TV

D) Doctor or Nurse

E) Friends

F) Pamphlets

G) Other

# HIV/AIDS SURVEY

**NOTE:** In an effort to assure that the answers provided remain anonymous and confidential, please do NOT write your name on this survey.

**TODAY'S DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **AGE:** \_\_\_\_ **GENDER (Circle one):** (M) Male (F) Female

**Race: (Circle one)**

- (A) Caucasian/White (B) African American/Caribbean (C) Hispanic (E) Asian American/Pacific Islander  
(F) Native American (G) Other (please specify) \_\_\_\_\_

**Highest Grade Completed: (Circle one)**

- (A) None (B) K-8 (C) 9-12 (no high school diploma/GED)  
(D) 9-12 (high school diploma/GED) (E) Some college (no degree) (F) College degree

**Where do you live? (Please list the zip code of the city in which you reside):** \_\_\_\_\_

**Have you ever been tested for HIV before? (Circle one):**

- (1) Yes (2) No (9) Unsure

• If YES, why were you tested? (Please specify): \_\_\_\_\_

• If YES, did you receive your results? (Circle one):

- (1) Yes (2) No (9) Unsure

• If YES, did you receive counseling? (Circle one):

- (1) Yes (2) No (9) Unsure

**Have you donated blood since March 1985? (Circle one):**

- (1) Yes (2) No (9) Unsure

**In the past two years, with how many people did you make love or have sex?** \_\_\_\_\_

**In the past two years, were the people with whom you made love or had sex mostly (Circle one):**

- (A) Men (B) Women (C) Both men & women (D) None

**To the best of your knowledge, have you ever had VD or any other sexually transmitted disease (STD)? (Circle one):**

(Examples: herpes, syphilis, gonorrhea and chlamydia)

- (A) Yes (B) No (C) Unsure

**From what sources do you get information about HIV/AIDS? (Circle all that apply):**

- (A) Books (B) Newspaper  
(C) Radio or TV (D) Doctor or nurse (E) School (F) Pamphlet (G) Public Health Clinic (H) Parents  
(I) Friends (J) Other (please specify) \_\_\_\_\_

**How can you get HIV? (Circle all that apply):**

- (A) Oral sex (without barrier) (G) Share food, drink or eating utensils (B) Deep kissing  
(H) Getting a blood transfusion (C) Toilet seat (I) Vaginal sex (without using a condom)  
(D) Anal sex (using a condom) (J) Sharing drug needles (E) Giving blood  
(K) Mosquitos (F) Hugging (L) Anal sex (without using a condom)  
(M) Vaginal sex (using a condom)

**At what risk do you consider yourself for getting HIV? (Circle one):**

- (A) High (B) Some (C) Low  
(D) None (E) Already have HIV (F) Unsure

**How much do you think you know about your sexual partners' pasts? (Circle one):**

- (A) Everything (B) A lot (C) Some  
(D) Little (E) Nothing (F) Unsure (G) Don't have past sexual partners

**On a scale of 1-4, please rate the risk level of the following acts?**

(1 = HIGH RISK, 2 = MEDIUM RISK, 3 = LOW RISK, 4 = NO RISK):

- |                           |       |                         |       |                              |       |
|---------------------------|-------|-------------------------|-------|------------------------------|-------|
| Oral sex (with barrier)   | _____ | Mutual masturbation     | _____ | Anal sex (with condom)       | _____ |
| Oral sex (no barrier)     | _____ | Deep kissing            | _____ | Anal sex (no condom)         | _____ |
| Vaginal Sex (with condom) | _____ | Vaginal sex (no condom) | _____ | Going to doctor who has AIDS | _____ |

**Have your sexual behaviors changed since learning of AIDS? (Circle one):** (A) No (B) Yes, taking more risks  
(C) Yes, taking fewer risks (D) Yes, have stopped taking all risks (E) Unsure

**If you have not changed your sexual behaviors or are taking more risks, why did you choose to do so? (Circle one):**

**If you have chosen to take fewer sexual risks or have stopped taking them altogether, why did you do so? (Circle one):**

**In the past two years, how often did you and your partner(s) use a condom during vaginal intercourse? (Circle one):**

- (A) Never have vaginal intercourse (B) Never use (C) Seldom use (D) Use half of time  
(E) Nearly always use (F) Always use (G) Unsure

**In the past two years, how often did you and you partner(s) use a condom during anal intercourse? (Circle one):**

- (A) Never have anal intercourse (B) Never use (C) Seldom use (D) Use half of time  
(E) Nearly always use (F) Always use (G) Unsure

**What types of protection do you and your partner(s) use? (Circle all that apply):**

- (A) The Pill (B) Dental dams  
(C) Withdrawl (D) Douching (E) Diaphragm (F) Foam (G) Condoms (H) Not having sex  
(I) Unsure (J) Other (please specify) \_\_\_\_\_

**When you make love or have sex and do not use a condom, what are the reasons? (Circle all that apply):**

- (A) Religious beliefs (B) Don't like the way it feels (C) In a safe relationship (D) Didn't have any  
(E) Can't afford them (F) Partner refuses to use them (G) Fear bringing up the subject (H) They don't work  
(I) They are not macho (J) Interrupts the mood (K) Don't know how to use (L) Trying to conceive  
(M) Unsure (N) Other (please specify) \_\_\_\_\_

**Do you shoot drugs or steroids? (Circle one):**

- (1) Yes (2) No

• If yes, how often have you shared "works" in the past two years? (Circle one):

- (A) Always share (B) Nearly always share  
(C) Share half of time (D) Seldom share (E) Never share (F) Unsure

**Which body fluids transmit HIV? (Circle all that apply):**

- (A) Urine (B) Sweat (C) Saliva (D) Blood  
(E) Semen (cum) (F) Vaginal secretions (female love juices) (G) Feces (BM) (H) Breast milk (I) Unsure

**Thank you for your cooperation in completing this form. For more information about AIDS, please call 1-800-422-0429.**