

Maine HIV Prevention Community Planning Group

2002-2003 Needs Assessment

**Knowledge, attitudes, beliefs and behaviors
of people at risk through sexual contact**

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Attachments

1. Introduction

An essential element of comprehensive planning is the assessment of need. In an attempt to describe the met and unmet HIV prevention needs in the state of Maine, the Maine HIV Prevention Community Planning Group (CPG) conducted a statewide survey of people at risk for HIV. The study was designed and implemented by CPG members, HIV prevention educators, and Maine Bureau of Health staff and was conducted from June to October, 2002. The desired result of the data collection was to obtain a greater understanding of the knowledge, attitudes, beliefs, and behaviors of people at risk of HIV through sexual contact. Through accurate analysis of the information gathered, statewide prevention strategies can be effectively targeted to best address the HIV prevention needs of populations at risk.

The following report describes the survey methodology, its distribution as well as the demographics of the survey participants. The results and corresponding observations and analysis are presented. It is hoped that the *2002-2003 CPG Needs Assessment* may be used as a guide to assist providers and planners in their efforts to positively impact those at risk of conducting HIV in the state of Maine.

2. Methods

2.1 Survey design

The survey instrument was designed to answer the question “What are the HIV prevention needs of the people at risk for HIV through sexual transmission?” Three subpopulations were included in the study:

- Females who have sex with males (FM)
- Males who have sex with females (MF)
- Males who have sex with males (MM)

Although injection drug users (IDUs) are at increased risk for HIV infection in Maine, this population is not included in this study as a unique subpopulation. Instead, IDUs are the subject of a separate needs assessment effort that was completed in 2003. Despite the fact that IDUs were not specifically studied, some data related to needle-sharing are included in this needs assessment. In addition, the specific HIV prevention needs of transgender individuals are being studied in a separate needs assessment process.

A Knowledge, Attitude, Belief, and Behavior-type (KABB) design was selected to gather the data for this assessment. This approach was used because of its ability to gather a broad spectrum of population-specific information. The KABB is a four-page, self-administered written questionnaire tailored to the above-mentioned populations – each subpopulation received a distinct survey (see Attachments). The KABB survey tool was pretested on 25 at-risk individuals. Input regarding the efficacy of the tool was gathered and modifications were made accordingly.

2.2 Survey distribution

Due to the large numbers that would be required and the inherent bias issues related to self-disclosure of sexual orientation, obtaining a random sample of the target population was not feasible. In an effort to target at-risk individuals, convenience sampling was utilized. Convenience sampling provides valuable information about specific portions of the population identified as priority groups. However, this means that it is not possible to make generalizations about the population as a whole.

Survey distribution occurred from June to October, 2002. Surveys were distributed by HIV prevention field educators and were directly returned upon completion, or were returned to the Bureau of Health using a postage-paid envelope. A total of 820 surveys were completed for the assessment. Two hundred eighty surveys were completed by individuals who identified themselves as females who have sex with males; 210 by males who have sex with females; and 330 by males who have sex with males. Surveys were distributed through CPG members, AIDS service organizations and related service providers, and mailing lists for the gay-male community (see Table 1). Individuals from tribal communities, college campuses, shelters, selected bars, correction institutions, and jails were among those included in the survey process.

Table 1. KABB survey distribution

Distribution source	Percent distributed
AIDS service organizations	50%
MM-specific (bars, mailing lists, pride events)	20%
STD clinics	15%
CPG members	9%
Source not identified	6%

Although this approach is effective, it is not exhaustive, and there are resulting limitations to the data. For example, because the convenience sampling was not conducted uniformly by region, some areas of the state may have a higher representation of participants than others. Consequently, it is necessary to look at each population on a non-regional basis only.

In an effort to most effectively interpret the survey data, statistical tests were performed as needed. This allows for consideration of how one variable affects another and determines whether or not the effect was likely to be “real” or the result of random error. In this document, statements that include the phrases “more likely” or “less likely” indicate that the relevant data have been tested for statistical significance and the observations are not due to coincidence.

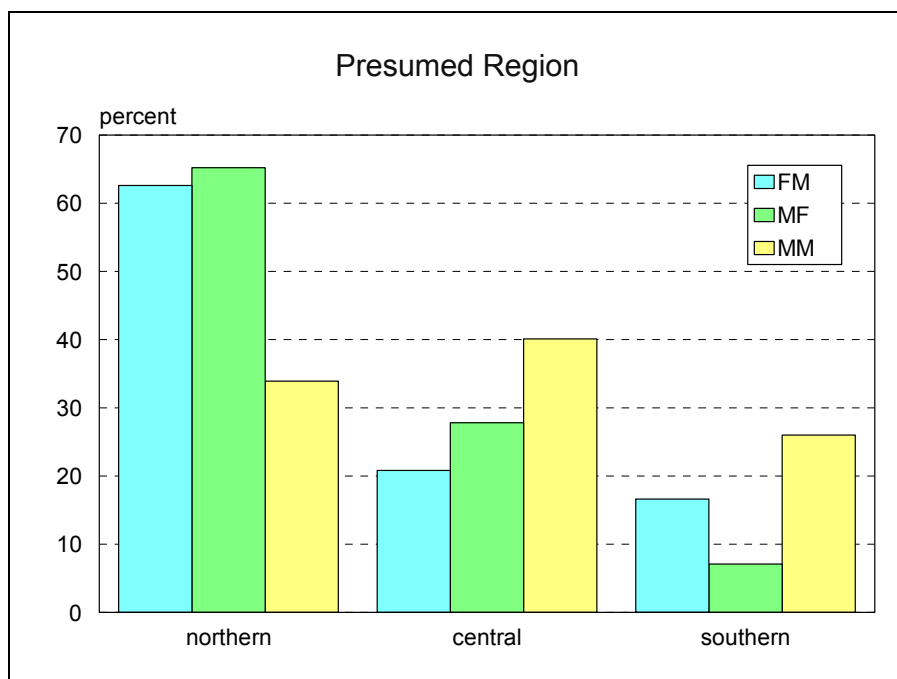
3. Profile of respondents

3.1 Residence

Respondents were asked to indicate the county in which they live. Figure 1 shows the presumed region of residence for survey participants. For the purposes of this document, counties of residence are grouped by into northern, central, and southern regions. Northern Maine represents Aroostook, Hancock, Penobscot, Piscataquis, and Washington counties; central Maine includes Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, and Waldo counties; and southern Maine represents Cumberland and York counties. Some respondents chose not to disclose their county of residence. Others misinterpreted the question, reading the word “county” as “country.” For these reasons, region of residence was compiled by examining “presumed region,” which refers to the county of residence, when indicated, or the county in which the survey was distributed if county of residence was not provided.

In terms of overall population, the central Maine region encompasses the largest population, followed by southern and then northern Maine. As seen in Figure 1, the geographic distribution of the sample does not reflect the population density of the state as a whole. Also, surveys were unevenly distributed among the three population groups.

Figure 1.



3.2 Race and ethnicity

Maine is a racially homogeneous state with only 3% of the population comprised of racial and ethnic minorities. Similarly, most respondents from all three population

groups were white. In all three populations, people from racial and ethnic minorities participated in greater proportions than are found in the general population, with MF and FM both having large proportions of Native American respondents. Table 2 shows the racial and ethnic breakdown of the survey participants.

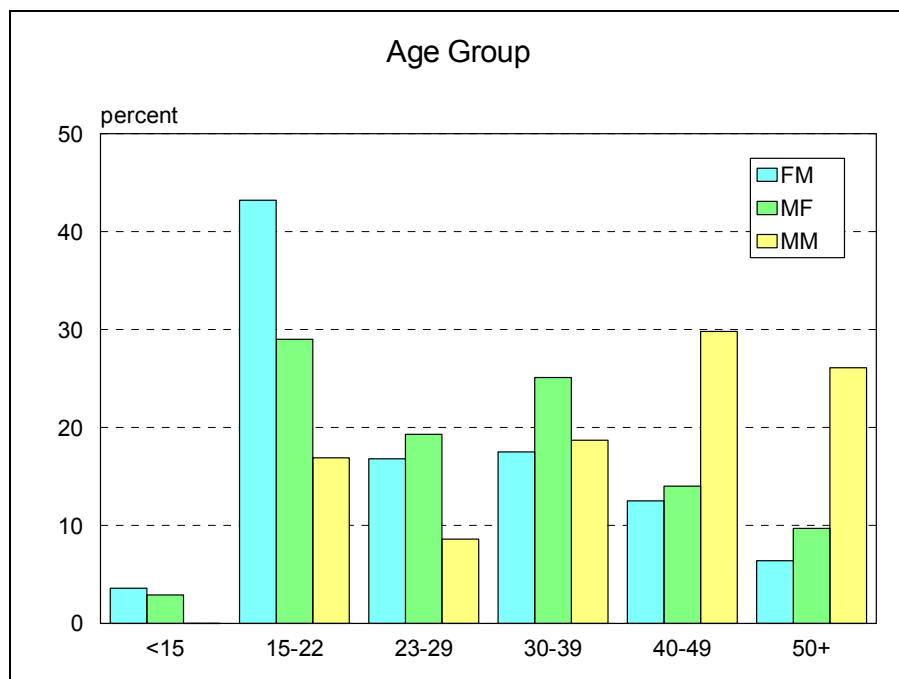
Table 2. Race and ethnicity by population group

Population group	Race and ethnicity					
	White	Native American	African American	Asian	Other	Hispanic Ethnicity
Female to male	65%	23%	7%	2%	3%	4%
Male to female	73%	21%	5%	1%	1%	3%
Male to male	92%	4%	2%	2%	<1%	2%

3.3 Age

The ages of the participants in the population groups ranged from 15 and under to 50 and over and were broadly distributed. The majority of respondents in the FM sample were 22 and under (47%), making this group the youngest population considered in the study. Forty-eight percent of the MF participants were 15 to 29 years of age, and 56% of the MM respondents were 40 to 50 years of age and older. Age range distributions are shown in Figure 2.

Figure 2.



3.4 Education

To assess educational attainment, respondents were asked how many years of education they had completed. The majority of respondents from the FM (51%) and MF (58%) population groups indicated either some high school education or a high school diploma/GED. Twenty percent of the FM population group and 14% of the MF respondents completed a four-year college degree or beyond. In comparison, 47% of the MM participants indicated a college and/or graduate level education, making them the most highly-educated sample in the needs assessment.

3.5 Income

Each respondent was asked to indicate annual earnings from the previous year. Table 3 shows the breakdown by population group for the earnings categories presented in the survey tool. The majority of FM and MF respondents earned \$19,999 or less (71% and 61% respectively) in the year prior to the survey. Forty-three percent of the MM survey respondents reported annual incomes of \$30,000 or more.

Table 3. Income by population group

Population Group	Income				
	\$0-\$9,999	\$10,000-\$19,999	\$20,000-\$29,999	\$30,000-\$39,999	\$40,000+
Female to Male	56%	15%	18%	7%	4%
Male to Female	46%	15%	21%	10%	8%
Male to Male	25%	16%	16%	15%	28%

3.6 Sexual orientation

When asked to describe their sexual orientation, respondents were provided with optional categories or “other.” Table 4 describes the self-identified sexual orientation of each population group. The majority of respondents from the FM and MF population identified themselves as straight (79% and 95% respectively). Eighty-six percent of the MM respondents identified themselves as either gay or queer. Based upon questions unique to the MM survey, this sample may be described as a very “out” population. Seventy-nine percent of the MM respondents had disclosed their sexual orientation to four or more groups identified in the questionnaire (i.e., friends, family, neighbors, etc.). Only 6% of the sample had not disclosed sexual orientation to anyone. Table 4 (next page) details perceived sexual orientation by population group.

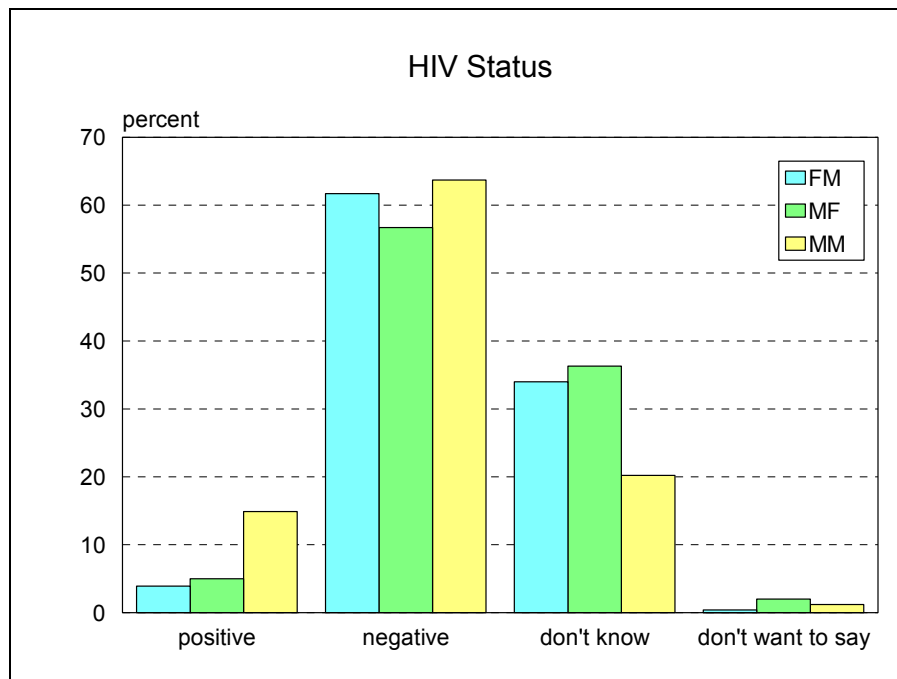
Table 4. Sexual orientation by population group

Population group	Sexual orientation					
	Straight	Bisexual	Lesbian	Gay	Queer	Other
Female to male	79%	11%	6%	-	4%	-
Male to female	95%	4%	-	-	-	1%
Male to male	2%	10%	-	81%	5%	2%

3.7 HIV status

Figure 3 illustrates the responses to the question "What is your HIV status?" There were a total of 72 participants that knew their status to be positive: 11 from the FM population, 10 from the MF population, and 51 of the MM respondents. A higher proportion of both FM and MF groups indicated that they didn't know their HIV status.

Figure 3



3.8 Summary observations of respondent demographics

Significant demographic differences exist among the three populations in the needs assessment:

- The FM and MF survey participants were less likely to be from southern Maine.
- The MM sample had higher income and education than the FM or MF samples.
- The MM respondents were older than the FM or MF respondents.

- Racial and ethnic minorities – in particular, Native Americans – are better represented in the FM and MM samples than the MM sample.

These differences are due in large part to the methodology utilized to gather the data. As a result, direct comparisons between the three samples cannot be made and observations and analysis of the survey results in this needs assessment pertain directly to the individual population groups.

4. Survey results

4.1 Knowledge

4.1.1 Prevention and transmission

The survey included questions that were designed to measure participants' basic knowledge about HIV prevention and transmission. The following table lists 10 true or false questions that provide an overall assessment of knowledge for the three population samples.

The table shows the percent of respondents who answered each question correctly. For each population, the three responses with the fewest correct answers have been highlighted in bold. Please note that the ninth question (in italics) could be answered correctly either way, although the acceptable answer is false.

Table 5. True/false HIV knowledge questions by population group

T/F question	FM	MF	MM
Most people who transmit HIV look unhealthy.	90%	81%*	97%
Anal sex without a condom is a high risk for getting HIV.	89%	90%	94%
A person can be exposed to HIV in one sexual contact.	92%	92%	98%
Condoms make sex completely safe.	87%	89%	95%
Most people who catch HIV get sick quickly.	86%	85%	96%
Pre-cum carries HIV.	88%	87%	91%
A person must have many different sex partners to be at risk for HIV.	86%	86%	96%
We don't have to worry about HIV because of the new drugs.	93%	92%	99%
<i>It is more important to be safe in big cities than in small towns.</i>	88%	81%	91%
Sharing needles and works spreads HIV.	94%	94%	98%

*For each population, the three responses with the fewest correct answers have been highlighted in bold.

Based on the responses to the true/false series, all three populations had good knowledge of HIV prevention and transmission. Fifty-five percent of the FM sample had all of the questions in the series correct. Eighty-one percent had fewer than three wrong. Of the MF participants, 52% answered all of the questions correctly and 85% had fewer than three wrong. The MM sample demonstrated a very high level of knowledge with 73% responding correctly to all 10 questions and 96% answering fewer than three wrong.

These results indicate that most participants did not need basic information regarding HIV risk.

However, although the few respondents in each population group had multiple incorrect answers, those who lacked basic HIV prevention and transmission knowledge may also have been at increased risk. As noted below, respondents from the MF and MM samples who had lower T/F scores were more likely to engage in risky behaviors.

- MF respondents with three or more T/F questions wrong (n=33) were more likely to have engaged in anal sex with females without a condom in the last six months (see Table 8 for overall sexual behavior results).
- MM respondents with two or more T/F questions wrong (n=33) were more likely to have engaged in receptive anal sex without a condom in the last six months *and* were more likely to have shared injection drugs in the last six months. (See Table 9 and Figure 8 respectively for overall survey results.)

4.2 Attitudes and beliefs

4.2.1 Risk and perception of risk

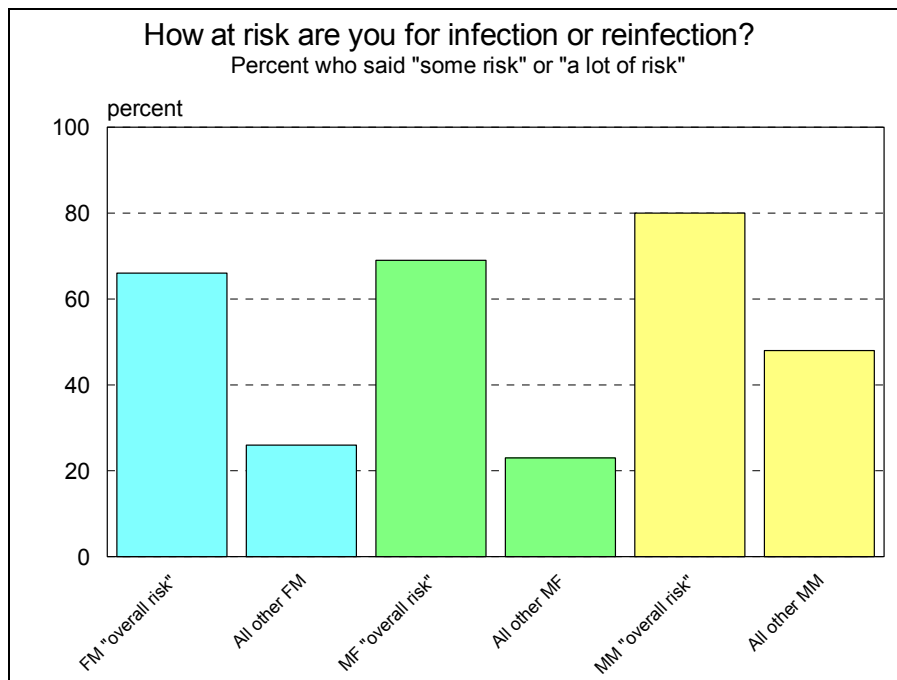
Respondents were asked a series of questions about their sexual behaviors during the past six months, as well as their perception of risk based on these behaviors. For the purposes of this assessment, risk perception in relation to “overall risk” was studied. “Overall risk” is defined as those individuals whose responses indicated they had engaged in one or more risky behaviors in the past six months. That is, respondents were considered to have overall risk *if* :

- 1) they engaged in one or more of the following activities: receptive anal sex without a condom, insertive anal sex without a condom (males), receptive vaginal sex without a condom (females), sharing needles; *and*
- 2) they were not in a monogamous relationship, were in a monogamous relationship for less than three months, or characterized themselves as being in a monogamous relationship for more than three months, but had multiple sexual partners.

Utilizing this definition of overall risk, 31% of the FM sample, 42% of the MF sample, and 29% of the MM sample were categorized as having “overall risk.”

Perception of risk was measured by a survey question that asked respondents if they were at “no risk,” “some risk,” or “a lot of risk” for getting the AIDS virus (or being reinfected if already HIV positive) based on their sexual activity over the past six months. Figure 4 (next page) compares the respondents’ perception of risk to their overall risk as defined above.

Figure 4.



For all three subpopulations, people categorized as having “overall risk” were more likely to indicate they were at risk for infection or reinfection. They were also more likely to agree with the statement “I’ve already taken chances by having risky sex” (see Table 6 for overall survey results related to perception of risk).

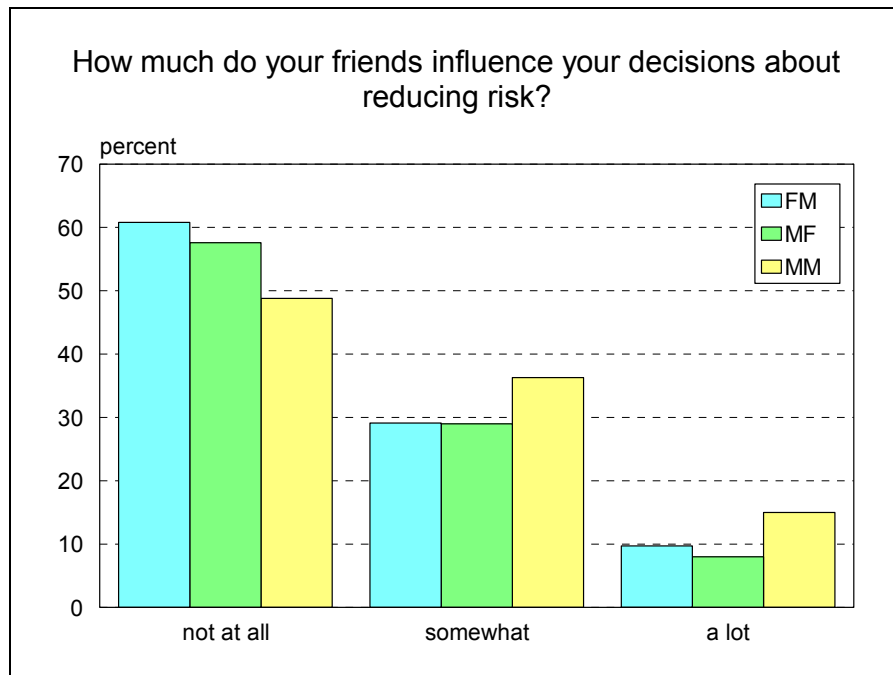
Many who engaged in unprotected sex or needle-sharing correctly perceived themselves to be at risk for HIV. However, in each population, some people who had engaged in risky behaviors did not perceive themselves to be at risk: 44% of the FM sample with overall risk, 31% of the MF sample, and 20% of the MM sample.

This appears to indicate that some individuals at increased risk for HIV infection continue to have needs associated with risk perception.

4.2.2 Influence of Friends

To further evaluate the attitudes and beliefs of the participants, the survey tools included a question that considers the influence that friends may have on decisions related to risk reduction. Figure 5 shows the percent of individuals in each population group who answered “not at all,” “somewhat,” and “a lot.”

Figure 5.



Respondents who indicated that their friends influenced them “somewhat” or “a lot” ranged from 38% and 40% of the FM and MF groups respectively to 50% of the MM sample. Social influences are very subtle and difficult to measure. Although this question does not thoroughly address the influence that community norms and families may have, it does give some indication of the weight that one’s personal environment may have on behavioral choices.

These findings highlight the need for increased community norms that influence HIV risk reduction.

4.2.3 Perception of Friends’ Risk and Personal Risk

The respondents were presented with a series of statements that required them to give their opinion about how they and their friends behave. A range of responses from “strongly disagree” to “strongly agree” was presented. The results provide some insight into the cultural perception of risk for each population and further describe the respondents’ personal assessment of risk for HIV infection.

Table 6. Response to “friends” questions by population group

	disagree or strongly disagree			neutral			agree or strongly agree		
	FM	MF	MM	FM	MF	MM	FM	MF	MM
My friends always use condoms when they have an AI or vaginal sex.	41%	35%	38%	33%	38%	26%	26%	27%	36%
My friends say they have safer sex much more than they actually do.	33%	28%	23%	27%	32%	35%	41%	40%	42%
My friends believe it's okay for a woman to ask her partner to use a condom. (MF only)		9%			18%			72%	
My friends think that if they ask their partner to use a condom, their partner will think they're cheating on them. (FM only)	57%			24%			19%		
My friends believe the chance of getting HIV/AIDS is quite small. (MF and FM only)	48%	47%		20%	21%		33%	32%	
My friends are likely to have unsafe sex after drinking or drugging.	16%	13%	19%	20%	14%	27%	64%	73%	55%
My friends are likely to have unsafe sex if their partner is really good looking.	32%	20%	28%	27%	25%	30%	40%	55%	42%
My friends are likely to have unsafe sex when they are feeling down or depressed.	41%	32%	31%	34%	44%	37%	25%	24%	32%
I'm not very concerned about becoming HIV-positive.	58%	52%	57%	14%	21%	14%	29%	28%	29%
I'm willing to take chances by having risky sex.	76%	63%	68%	14%	22%	17%	9%	15%	16%
I've already taken chances by having risky sex.	42%	33%	40%	14%	18%	14%	44%	50%	46%
I'm less likely to get infected from someone who's on HIV drugs than from someone who's not on them.	68%	62%	73%	23%	24%	18%	9%	14%	9%

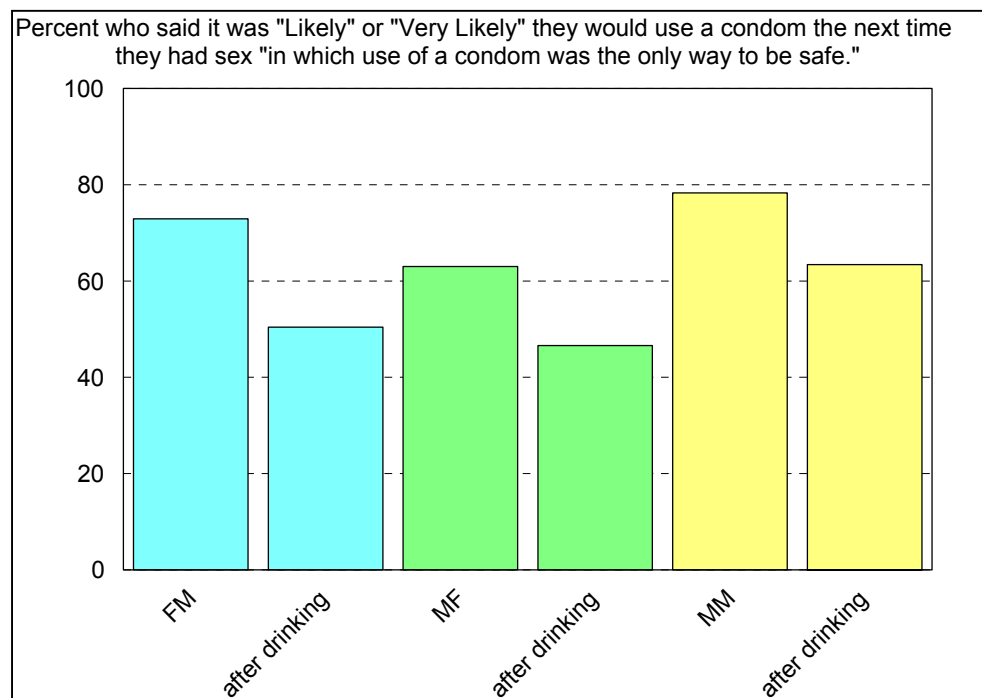
Seventy-two percent of the MF respondents agreed or strongly agreed that their friends believe it is okay for a woman to ask her partner to use a condom and 57% of the FM population disagree that their friends think asking their partner to use a condom will make their partner feel they are cheating on them. This seems to indicate a general acceptance of condom use among the MF and FM samples.

In terms of personal risk, the majority of respondents from all three population groups (58% FM, 52% MF, 57% MM) disagree or strongly disagree with the statement “I’m not very concerned about becoming HIV-positive,” indicating an awareness of personal risk for HIV infection. In addition, most respondents from each group (76% FM, 63% MF, and 68% MM) disagreed or strongly disagreed that they would be willing to take

chances by having risky sex. The majority of survey participants for each subpopulation, demonstrated an awareness of continued risk of infection from an HIV-infected individual who is on drugs, disagreeing or strongly disagreeing with the statement that they would be less likely to be infected from someone on HIV drugs.

A majority of respondents in all three subpopulations (64% FM, 73% MF, and 55% MM) agreed or strongly agreed that their friends were more likely to have unsafe sex after drinking or drugging, highlighting a general knowledge of the increased behavioral risks associated with substance use. A subsequent two-part question on the survey regarding drinking and condom use further emphasizes this point. As Figure 6 demonstrates, respondents in all three samples believed they would be less likely to practice safe sex after drinking.

Figure 6.



4.3 Behaviors

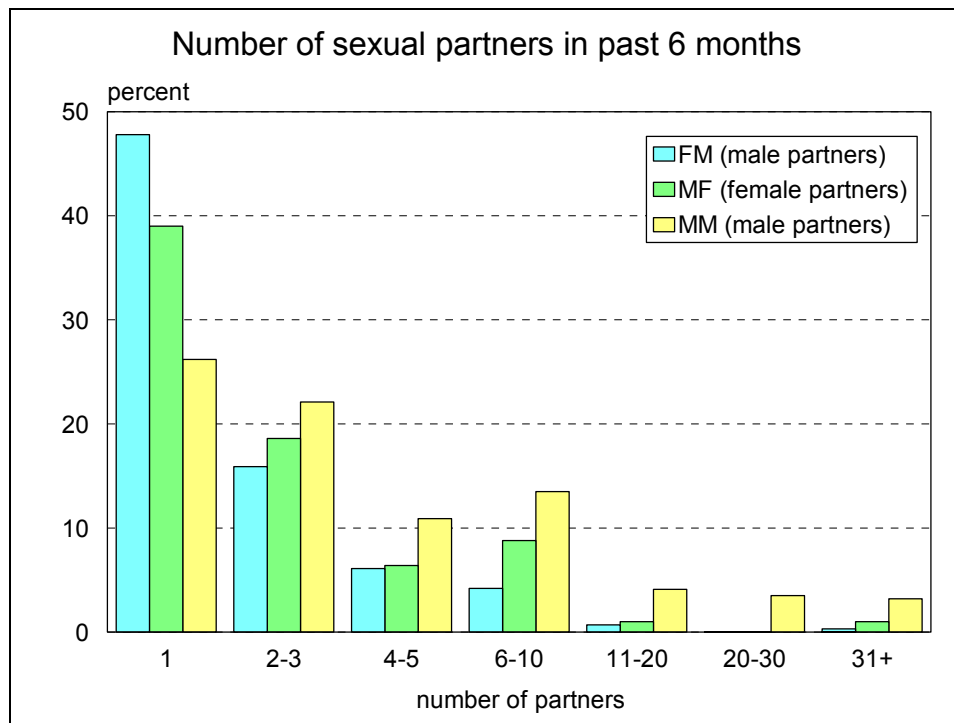
The KABB tool attempted to assess the sexual behaviors of the respondents during the six months prior to completing the survey. The questions relate to specific sexual activities as well as to the number of partners a respondent may have had during this time frame.

4.3.1 Monogamous relationships, partners, and sex for payment

Survey respondents were asked to describe themselves as monogamous or not monogamous. Fifty-five percent of the FM sample indicated that they were not

monogamous or had been with their current partner for less than three months. Sixty-four percent of the MF respondents and 70% of the MM respondents described themselves in the same way. Figure 7 shows the number of sexual partners during the described time frame for each subpopulation, for those respondents who were sexually active during the past six months.

Figure 7.



The FM population had the highest proportion of single partners and monogamous relationships, while the MM population had the highest proportion of multiple partners and lowest proportion of monogamous relationships. Although methodology excludes comparisons among the populations, these observations may be due more to population characteristics than survey bias.

Respondents were also queried regarding the exchange of sex for payment. Small numbers of people in all three populations had exchanged sex for money, drugs, or a place to stay during the preceding six months: 5% FM, 6% MF, and 3% MM.

4.3.2 Sexual behavior

To learn more about the sexual behavior of respondents, questions relating to specific sexual practices over the last six months were presented to each population sample. Tables 7, 8, and 9 summarize the responses by subpopulation and, for further examination, by relationship status. *Note:* The groups of people who used condoms and those who did not are not mutually exclusive.

Table 7. Sexual Behaviors of FM Sample

Behavior	Population characteristics of FM sample		
	All FM	Monogamous	Non-Monogamous
Vaginal sex in previous 6 months (someone's penis in their vagina)	72%	-	-
• Vaginal w/condom	49%	46%	52%
• Vaginal w/o condom	58%	66%	51%
• Vaginal sex both w/ and w/o condom	49%	-	-
Oral sex in previous 6 months (someone's mouth on someone's penis)	59%	-	-
• Oral w/condom	17%	20%	15%
• Oral w/o condom	45%	66%	46%
Anal sex in previous 6 months (someone's penis in their anus)	17%	-	-
• Anal w/condom	9%	13%	7%
• Anal w/o condom	14%	19%	10%
• Anal sex both w/ and w/o condom	40%	-	-

Table 8. Sexual Behaviors of MF Sample

Behavior	Population characteristics of MF sample		
	All MF	Monogamous	Non-Monogamous
Vaginal sex in previous 6 months (their penis in someone's vagina)	76%	-	-
• Vaginal w/condom	48%	47%	50%
• Vaginal w/o condom	62%	74%	56%
• Vaginal sex both w/ and w/o condom	47%	-	-
Oral sex in previous 6 months (their mouth on someone's vagina)	52%	-	-
• Oral w/condom	15%	14%	15%
• Oral w/o condom	51%	59%	48%
Anal sex in previous 6 months (their penis in someone's anus)	24%	-	-
• Anal w/condom	9%	10%	8%
• Anal w/o condom	21%	24%	20%
• Anal sex both w/ and w/o condom	24%	-	-

Table 9. Sexual Behaviors of MM Sample

Behavior	Population characteristics of MM sample		
	All MM	Monogamous	Non-Monogamous
Oral sex in previous 6 months (their mouth on someone's penis)	78%	-	-
• Oral w/condom	18%	15%	18%
• Oral w/o condom	74%	80%	73%
Insertive anal sex in previous 6 months (their penis in someone's anus)	58%	-	-
• Insertive anal w/condom	46%	43%	47%
• Insertive anal w/o condom	37%	45%	34%
• Insertive anal sex both w/ and w/o condom	42%	-	-
Receptive anal sex in previous 6 months (someone's penis in their anus)	53%	-	-
• Receptive anal w/condom	40%	34%	43%
• Receptive anal w/o condom	32%	45%	27%
• Receptive anal sex both w/ and w/o condom	34%	-	-

The following summary observations can be made from the preceding tables:

- Risk behavior, including unprotected anal and vaginal sex, occurred in varying proportions within each population.
- In all populations, people in non-monogamous relationships had anal sex without condoms, the highest sexual risk behavior.

FM -10%

MF - 20%

MM - 27% receptive and 34% insertive

- For the FM and MF populations, anal and vaginal sex occurred at higher levels without condoms than with condoms. For all populations, oral sex occurred at higher proportions without condoms.
- In most cases, people not in monogamous relationships engaged in risky sex in lower proportions – and used condoms in higher proportions – than those in monogamous relationships.
- For all populations, very small proportions of respondents used condoms or barriers for oral sex.

- For all populations, significant proportions of people who engaged in anal or vaginal sex did so both with and without a condom during the past six months.
- Males who have sex with males, the population most susceptible to HIV infection, continue to engage in high rates of at-risk sexual behavior. Many MM respondents also indicated that they had high numbers of sexual partners during the preceding six months.

These data indicate that some people are inconsistent with condom use and many choose to use or not use condoms depending on the situation.

Despite some evidence of risk/harm reduction, needs concerning behavior change continue to be extremely important for people at risk.

4.3.3 HIV status and testing

Table 10 presents the participants’ responses to questions regarding their HIV status and whether or not they had been tested within the last year. To most effectively analyze the data related to HIV testing and knowledge of HIV status, the “overall risk” of the respondent was considered in conjunction with these variables (see section 4.2.1 for a definition of overall risk). Table 10 also shows the proportion of respondents in each category that have not been tested or were tested more than a year ago.

Table 10. HIV status and testing as they relate to overall risk

Respondent HIV Status and Testing History	Subpopulations		
	FM	MF	MM
Respondents that did not know their HIV status	33%	36%	20%
• % of these respondents with “overall risk”	46%	40%	24%
Respondents tested within the last year	40%	41%	50%
• % of these respondents with “overall risk”	49%	48%	65%
Respondents that have not been tested	36%	36%	17%
Respondents tested more than a year ago	24%	23%	33%

The data indicate that large proportions (close to half of each subpopulation) were tested for HIV within the past year. However, sizable numbers of respondents have never been tested, including 17% of the MM sample. Although high proportions of respondents with overall risk had been tested in the past year, there were also high numbers (46%, 40%, and 24% respectively) of individuals categorized as having overall risk who were not aware of their HIV status.

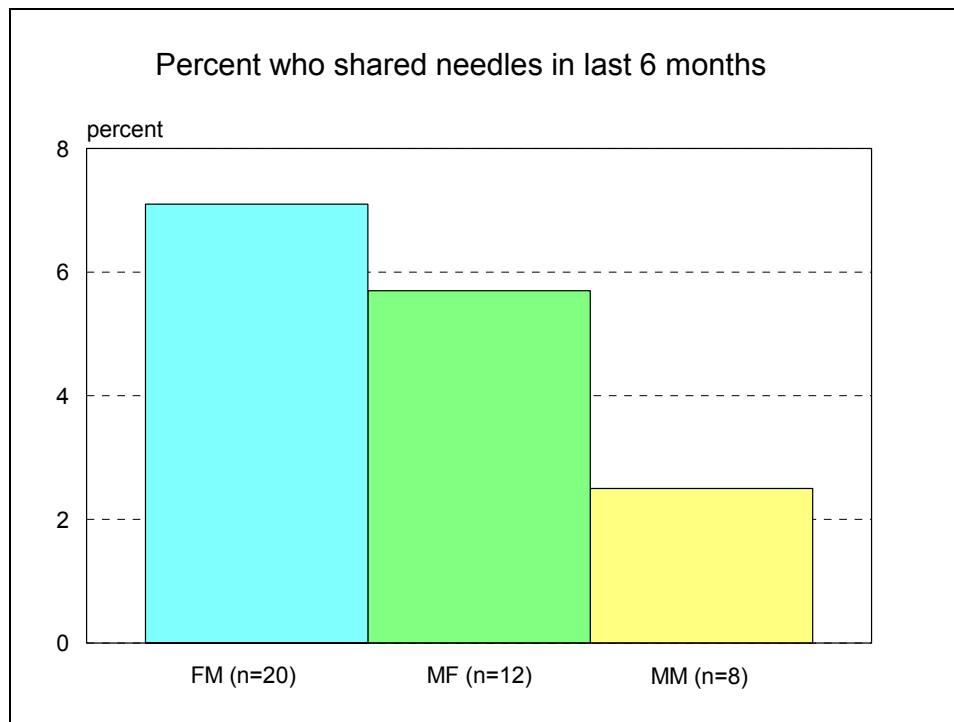
In addition, respondents from the MM sample who had disclosed their sexual orientation to two or fewer groups (friends, family, coworkers, etc.) were much more likely to NOT know their HIV status: 39% vs. 17% (see Figure 3 for overall HIV status results). No

other differences were noted between more out and less out men in relation to behavior, status, attitudes, and knowledge. **These data indicate a continued need for promotion of, and access to, HIV testing among populations at risk for HIV.**

4.3.4 Needle-sharing

A total of 40 respondents indicated that they had shared needles in the last 6 months. Although the numbers are small, needle-sharing is a high-risk behavior associated with HIV infection. For the purposes of this needs assessment, a few general observations can be made regarding this population. Since the numbers are small, the data should be considered with caution. Further research regarding the knowledge, attitudes, beliefs, and behaviors of needle-sharers is suggested.

Figure 8



Although the numbers are small, it is informative to consider some of the above-mentioned risk behaviors when considering the overall risk of needle-sharers. Some brief observations regarding this at-risk population are presented below:

- Eighty-five percent of the respondents in this survey who indicated needle-sharing in the past six months also engaged in unprotected anal or vaginal sex during that time period.
- Half of the 40 respondents didn't know their HIV status, and 33% had never been tested.

- Of the 24 MM and FM respondents who sold sex during the past six months, 10 were needle-sharers.
- Finally, overall knowledge (based on their responses to the T/F questions) was relatively low (48% had two or more wrong and 30% had three or more wrong).

These data underscore the importance of considering strategies that encompass risk reduction both in terms of sexual behavior and needle sharing when working with injection drug users.

4.3.5 Venues for meeting partners

An understanding of social norms and interpersonal behaviors provides insight into the culture of any population group. The survey tool utilized in this study included a question regarding venues for meeting potential partners. This information may be valuable when designing intervention strategies.

Table 11 lists the top 10 venues for meeting partners as noted by respondents from each population group in the study. Parties, bars, schools, and night clubs/discos/raves were the top four venues for both the FM and MM, with 47% and 44% selecting these locations respectively. The MM sample listed parties, bars, gay organizations, and the Internet as the four most common venues accounting for 41% of total responses.

Table 11.

Top 10 venues for meeting partners

FM Choices	MF Choices	MM Choices
parties (17%)	parties (14%)	parties (12%)
school (12%)	bar (12%)	bar (11%)
night club, disco, rave (10%)	school (9%)	gay orgs (10%)
bar (8%)	night club, disco, rave (9%)	Internet (8%)
workplace (7%)	workplace (8%)	community events (7%)
community events (7%)	beach or pool (8%)	night club, disco, rave (7%)
beach or pool (5%)	sporting activities (6%)	personals (4%)
Internet (5%)	community events (6%)	club meetings (4%)
club meetings (4%)	public park (5%)	public park (4%)
public park (4%)	gym (4%)	adult book store (4%)

4.3.6 Resources for HIV information

The survey tool also attempted to obtain information regarding the participants' sources of HIV prevention and transmission information. This information is also useful when considering intervention strategies. Table 12 lists the most frequently utilized sources for HIV information by population group.

Table 12.

Top 10 places where respondents obtained info about HIV

FM Choices	MF Choices	MM Choices
TV (11%)	TV (12%)	ASO (9%)
health clinic (9%)	ASO (8%)	TV (8%)
doctor's office (8%)	health clinic (8%)	friends (8%)
school programs (8%)	doctor's office (8%)	gay newspaper (7%)
friends (8%)	friends (7%)	gay social groups (7%)
ASO (7%)	newspaper (7%)	doctor's office (6%)
radio (6%)	school program (7%)	general newspaper (6%)
newspapers (5%)	radio (7%)	books (5%)
books (5%)	books (5%)	Internet (5%)
teacher (5%)	teacher (5%)	radio (5%)

Television is the most often noted source of information for both FM (11%) and MF (12%) respondents and the second most utilized resource for the MM sample (tied with friends at 8%). Doctors' offices, health clinics, school programs, and friends are all recognized by the FM and MF participants as sources for HIV information. The MM survey respondents list gay social groups and newspapers above doctors' offices, but list AIDS services organizations as their number one source for HIV-related information.

5. Conclusion

5.1 HIV intervention and prevention needs

The KABB-type survey utilized for this assessment provides a large amount of data about the HIV risk of three related population groups with a number of shared risk factors and some common prevention needs. Based upon the above descriptive information and analysis of the appropriate variables that affect risk for HIV, the following general and more specific subpopulation needs may be identified:

5.1.1 Needs associated with knowledge

- Increase knowledge of HIV status.
- Increase knowledge of HIV transmission, prevention, services, resources and support.
- De-emphasize knowledge when prioritizing needs.

5.1.2 Needs associated with attitudes and beliefs

- Increase perception of personal risk.
- Increase identification of high-risk behaviors and ability to assess one's own risk of infection.
- Increase awareness of social influence and social norms that impact HIV transmission.
- Increase community norms and peer support of behaviors that reduce the risk of HIV transmission.
- Consider men who are not "out" as being at a potentially higher level of risk than those who have disclosed their sexual orientation to family and friends.

5.1.3 Needs associated with behaviors

- Increase use of risk-reduction practices.
- Increase use of communication skills that reduce HIV transmission.
- Increase use of problem-solving and decision-making skills that reduce HIV transmission.
- Increase skills to maintain behavior change.
- Increase access to counseling, testing, and referral (CTR) and partner counseling and referral services (PCRS).
- Continue to prioritize interventions that increase risk reduction among males who have sex with males.
- Consider the sexual risks of needle-sharers in addition to their needle-sharing behavior.

Attachment 1
FM Survey

CPG Survey

Here's your chance to contribute to the health and well-being of people living in Maine. The information in this survey is being collected to better understand how to decrease HIV and AIDS. The group collecting and using this information is the Maine HIV Prevention Community Planning Group (CPG), a community group that plans statewide HIV prevention efforts.

This is not a test! There are no right or wrong answers. The only "right" answer is the one that is honest for you. Your answers to these questions are very important and are strictly confidential—no one will know what you said. For that reason, please don't write your name anywhere on this survey.

Please be aware that this survey contains some explicit language. This is to help make sure that everyone understands the questions.

If you'd like to know more about this survey or the work of the CPG, call Christine Agronick at 1-800-427-7566, extension 233 or visit our website at <http://www.mehivcpq.org/>.

Do yourself and your friends a favor—complete this form!

1. How old are you? _____ years
2. How many years of education have you completed?
 - 1 8th grade or below
 - 2 Some high school
 - 3 Completed high school / GED
 - 4 Some college
 - 5 2-year college degree
 - 6 4-year college degree
 - 7 Graduate school
3. What is your race? (check all that apply)
 - 1 African-American
 - 2 Native American
 - 3 Asian
 - 4 Pacific Islander
 - 5 White
 - 6 Other _____
4. Are you Hispanic?
 - 1 Yes
 - 2 No
5. In what county do you live?
_____ County
6. How much money did you earn last year?
 - 1 \$0 to \$9,999
 - 2 \$10,000 to \$19,999
 - 3 \$20,000 to \$29,999
 - 4 \$30,000 to \$39,999
 - 5 \$40,000 or more
7. Do you consider yourself exclusively partnered (involved in sexual relationship with only one other person)?
 - 1 No
 - 2 Yes. If yes, how long?
 - 1 3 months or less
 - 2 4 to 6 months
 - 3 7 to 12 months
 - 4 more than 12 months
8. How would you describe your sexual orientation?
 - 1 Straight
 - 2 Bisexual
 - 3 Lesbian
 - 4 Queer
 - 5 Other _____

The next set of statements involves your opinion about how you and your friends behave. Even if you are not completely sure, please answer each question with your best guess or “hunch”.

	strongly disagree	disagree	neutral	agree	strongly agree
9. My friends always use condoms when they have anal or vaginal sex (penis in butt or vagina)	1	2	3	4	5
10. My friends say they have safer sex much more than they actually do.	1	2	3	4	5
11. My friends think that if they ask their partner to use a condom their partner will think they’re cheating on them.	1	2	3	4	5
12. My friends believe the chance of getting HIV/AIDS is quite small.	1	2	3	4	5
13. My friends are likely to have unsafe sex after drinking alcohol or taking drugs.	1	2	3	4	5
14. My friends are likely to have unsafe sex if they think their sexual partner is really good looking.	1	2	3	4	5
15. My friends are likely to have unsafe sex when they are feeling down or stressed out.	1	2	3	4	5
16. I’m not very concerned about becoming HIV positive	1	2	3	4	5
17. I’m willing to take chances by having risky sex.	1	2	3	4	5
18. I’ve already taken chances by having risky sex.	1	2	3	4	5
19. I’m less likely to get infected from someone who’s on HIV drugs than from someone who’s not on them.	1	2	3	4	5

The next set of questions asks about your sexual activities during the past six months. Please be honest and accurate. Remember, your name does not appear anywhere on this form!

20. First, how many people have you had sex with over the past six months?

_____ Female partner(s) _____ Male partner(s)

Please think of activities that took place with any sexual partners over the past six months and fill in the blanks in the next section. If your answer is “none” please put a “0” in the blanks. **If you did not have any sexual partners in the past six months, skip down to question 27.**

21. Vaginal sex (penis in vagina) **with** a condom. In the past six months, I did this with: _____ partners.
(How many?)

22. Vaginal sex (penis in vagina) **without** a condom. In the past six months, I did this with: _____ partners.
(How many?)

23. Anal sex (someone’s penis in your butt) **with** a condom. In the past six months, I did this with:
_____ partners.
(How many?)

24. Anal sex (someone’s penis in your butt) **without** a condom. In the past six months, I did this with:
_____ partners.
(How many?)

35. Where do you go to meet sexual partners? (check all that apply):

- | | | |
|--|---|--|
| 1 <input type="checkbox"/> The workplace | 2 <input type="checkbox"/> School | 3 <input type="checkbox"/> Parties and social gatherings |
| 4 <input type="checkbox"/> Community events | 5 <input type="checkbox"/> Club meetings | 6 <input type="checkbox"/> The gym |
| 7 <input type="checkbox"/> Sporting activities | 8 <input type="checkbox"/> Beach or pool | 9 <input type="checkbox"/> Dating/escort service |
| 10 <input type="checkbox"/> Movie theaters | 11 <input type="checkbox"/> Community organizations | 12 <input type="checkbox"/> Adult book store/theater |
| 13 <input type="checkbox"/> Public park | 14 <input type="checkbox"/> Public bath/sauna | 15 <input type="checkbox"/> Rest areas |
| 16 <input type="checkbox"/> Bars | 17 <input type="checkbox"/> Personal ads | 18 <input type="checkbox"/> Night clubs/discos/raves |
| 19 <input type="checkbox"/> Church | 20 <input type="checkbox"/> Camping/hunting trips | 21 <input type="checkbox"/> The Internet |
| 22 <input type="checkbox"/> Other places (please name) _____ | | |

36. I have received information about HIV from the following sources (check all that apply):

- | | | |
|--|---|--|
| 1 <input type="checkbox"/> Television | 2 <input type="checkbox"/> AIDS service organization | 3 <input type="checkbox"/> Health club |
| 4 <input type="checkbox"/> Radio | 5 <input type="checkbox"/> Health clinic | 6 <input type="checkbox"/> Sex partners |
| 7 <input type="checkbox"/> General newspaper | 8 <input type="checkbox"/> Health department | 9 <input type="checkbox"/> Books |
| 10 <input type="checkbox"/> Tribal services | 11 <input type="checkbox"/> Doctor's office | 12 <input type="checkbox"/> Workshops |
| 13 <input type="checkbox"/> Therapist | 14 <input type="checkbox"/> Government agencies | 15 <input type="checkbox"/> Family |
| 16 <input type="checkbox"/> School programs | 17 <input type="checkbox"/> Teachers | 18 <input type="checkbox"/> National organizations |
| 19 <input type="checkbox"/> Friends | 20 <input type="checkbox"/> Church groups | 21 <input type="checkbox"/> The Internet |
| 22 <input type="checkbox"/> Bar | 23 <input type="checkbox"/> Other (please name) _____ | |

True False Questions: Some of the following statements are true and accurate, while others are false and inaccurate. For each statement, please circle "T" if you think the statement is true or "F" if you think it's false.

- | | | | |
|-----|---|---|--|
| 37. | T | F | Most people who transmit HIV/AIDS look unhealthy. |
| 38. | T | F | Anal sex (penis in butt) without a condom is high risk for getting HIV/AIDS virus. |
| 39. | T | F | A person can be exposed to the HIV/AIDS in one sexual contact. |
| 40. | T | F | Condoms make sex completely safe. |
| 41. | T | F | Most people who catch HIV/AIDS get sick quickly. |
| 42. | T | F | Pre-ejaculatory fluid (pre-cum) carries HIV. |
| 43. | T | F | A person must have many different sex partners to be at risk for HIV/AIDS. |
| 44. | T | F | We don't have to worry about HIV/AIDS because of the new HIV/AIDS drugs. |
| 45. | T | F | It is more important to take precautions against AIDS in large cities than in small towns. |
| 46. | T | F | Sharing needles and works (spoon, cotton, etc) spreads HIV. |

Thank you very much for completing this survey!

Distributed by: _____

Attachment 2
MF Survey

CPG Survey

Here's your chance to contribute to the health and well-being of people living in Maine. The information in this survey is being collected to better understand how to decrease HIV and AIDS. The group collecting and using this information is the Maine HIV Prevention Community Planning Group (CPG), a community group that plans statewide HIV prevention efforts.

This is not a test! There are no right or wrong answers. The only "right" answer is the one that is honest for you. Your answers to these questions are very important and are strictly confidential—no one will know what you said. For that reason, please don't write your name anywhere on this survey.

Please be aware that this survey contains some explicit language. This is to help make sure that everyone understands the questions.

If you'd like to know more about this survey or the work of the CPG, call Christine Agronick at 1-800-427-7566, extension 233 or visit our website at <http://www.mehivcpg.org/>.

Do yourself and your friends a favor—complete this form!

1. How old are you? _____ years
2. How many years of education have you completed?
 - 1 8th grade or below
 - 2 Some high school
 - 3 Completed high school / GED
 - 4 Some college
 - 5 2-year college degree
 - 6 4-year college degree
 - 7 Graduate school
3. What is your race? (check all that apply)
 - 1 African-American
 - 2 Native American
 - 3 Asian
 - 4 Pacific Islander
 - 5 White
 - 6 Other _____
4. Are you Hispanic?
 - 1 Yes
 - 2 No
5. In what county do you live?
_____ County
6. How much money did you earn last year?
 - 1 \$0 to \$9,999
 - 2 \$10,000 to \$19,999
 - 3 \$20,000 to \$29,999
 - 4 \$30,000 to \$39,999
 - 5 \$40,000 or more
7. Do you consider yourself exclusively partnered (involved in sexual relationship with only one other person)?
 - 1 No
 - 2 Yes. If yes, how long?
 - 1 3 months or less
 - 2 4 to 6 months
 - 3 7 to 12 months
 - 4 more than 12 months
8. How would you describe your sexual orientation?
 - 1 Straight
 - 2 Bisexual
 - 3 Gay
 - 4 Queer
 - 5 Other _____

The next set of statements involves your opinion about how you and your friends behave. Even if you are not completely sure, please answer each question with your best guess or “hunch”.

	strongly disagree	disagree	neutral	agree	strongly agree
9. My friends always use condoms when they have anal or vaginal sex (penis in butt or vagina)	1	2	3	4	5
10. My friends say they have safer sex much more than they actually do.	1	2	3	4	5
11. My friends believe it's okay for a woman to ask her partner to use a condom.	1	2	3	4	5
12. My friends believe the chance of getting HIV/AIDS is quite small.	1	2	3	4	5
13. My friends are likely to have unsafe sex after drinking alcohol or taking drugs.	1	2	3	4	5
14. My friends are likely to have unsafe sex if they think their sexual partner is really good looking.	1	2	3	4	5
15. My friends are likely to have unsafe sex when they are feeling down or stressed out.	1	2	3	4	5
16. I'm not very concerned about becoming HIV positive	1	2	3	4	5
17. I'm willing to take chances by having risky sex.	1	2	3	4	5
18. I've already taken chances by having risky sex.	1	2	3	4	5
19. I'm less likely to get infected from someone who's on HIV drugs than from someone who's not on them.	1	2	3	4	5

The next set of questions asks about your sexual activities during the past six months. Please be honest and accurate. Remember, your name does not appear anywhere on this form!

20. First, how many people have you had sex with over the past six months?

_____ Female partner(s) _____ Male partner(s)

Please think of activities that took place with any sexual partners over the past six months and fill in the blanks in the next section. If your answer is “none” please put a “0” in the blanks. **If you did not have any sexual partners in the past six months, skip down to question 29.**

21. Vaginal sex (penis in vagina) **with** a condom. In the past six months, I did this with _____ partners
(How many?)

22. Vaginal sex (penis in vagina) **without** a condom. In the past six months, I did this with _____ partners
(How many?)

23. Insertive anal sex (your penis in someone's butt) **with** a condom. In the past six months, I did this with:

_____ males and/or _____ females
(How many?) (How many?)

24. Insertive anal sex (your penis in someone's butt) **without** a condom. In the past six months, I did this with:

_____ males and/or _____ females
(How many?) (How many?)

36. How long has it been since your most recent HIV test?

- 1 I haven't been tested 4 Within the last 7 to 12 months
2 Within the last 0 to 3 months 5 It has been longer than 12 months
3 Within the last 4 to 6 months

37. Where do you go to meet sexual partners? (check all that apply):

- 1 The workplace 2 School 3 Parties and social gatherings
4 Community events 5 Club meetings 6 The gym
7 Sporting activities 8 Beach or pool 9 Dating/escort service
10 Movie theaters 11 Community organizations 12 Adult book store/theater
13 Public park 14 Public bath/sauna 15 Rest areas
16 Bars 17 Personal ads 18 Night clubs/discos/raves
19 Church 20 Camping/hunting trips 21 The Internet
22 Other places (please name) _____

38. I have received information about HIV from the following sources (check all that apply):

- 1 Television 2 AIDS service organization 3 Health club
4 Radio 5 Health clinic 6 Sex partners
7 General newspaper 8 Health department 9 Books
10 Tribal services 11 Doctor's office 12 Workshops
13 Therapist 14 Government agencies 15 Family
16 School programs 17 Teachers 18 National organizations
19 Friends 20 Church groups 21 The Internet
22 Bar 23 Other (please name) _____

True False Questions: Some of the following statements are true and accurate, while others are false and inaccurate. For each statement, please circle "T" if you think the statement is true or "F" if you think it's false.

39. T F Most people who transmit HIV/AIDS look unhealthy.
40. T F Anal sex (penis in butt) without a condom is high risk for getting HIV/AIDS virus.
41. T F A person can be exposed to the HIV/AIDS in one sexual contact.
42. T F Condoms make sex completely safe.
43. T F Most people who catch HIV/AIDS get sick quickly.
44. T F Pre-ejaculatory fluid (pre-cum) carries HIV.
45. T F A person must have many different sex partners to be at risk for HIV/AIDS.
46. T F We don't have to worry about HIV/AIDS because of the new HIV/AIDS drugs.
47. T F It is more important to take precautions against AIDS in large cities than in small towns.
48. T F Sharing needles and works (spoon, cotton, etc) spreads HIV.

Thank you very much for completing this survey!

Distributed by: _____

Attachment 3
MM Survey

CPG Survey

Here's your chance to contribute to the health and well-being of guys like yourself living in Maine. The information in this survey is being collected to better understand how to decrease HIV and AIDS among men who have sex with other men. The group collecting and using this information is the Maine HIV Prevention Community Planning Group (CPG), a community group that plans HIV prevention for Maine.

This is not a test! There are no right or wrong answers. The only "right" answer is the one that is honest for you. Your answers to these questions are very important and are strictly confidential—no one will know what you said. For that reason, please don't write your name anywhere on this survey.

Please be aware that this survey contains some explicit language. This is to help make sure that everyone understands the questions.

If you'd like to know more about this survey or the work of the CPG, call Christine Agronick at 1-800-427-7566, extension 233 or visit our website at <http://www.mehivcpg.org/>.

Do yourself and your friends a favor—complete this form!

1. How old are you? _____ years
2. How many years of education have you completed?
 - 1 8th grade or below
 - 2 Some high school
 - 3 Completed high school / GED
 - 4 Some college
 - 5 2-year college degree
 - 6 4-year college degree
 - 7 Graduate school
3. What is your race? (check all that apply)
 - 1 African-American
 - 2 Native American
 - 3 Asian
 - 4 Pacific Islander
 - 5 White
 - 6 Other _____
4. Are you Hispanic?
 - 1 Yes
 - 2 No
5. In what county do you live?
_____ County
6. How much money did you earn last year?
 - 1 \$0 to \$9,999
 - 2 \$10,000 to \$19,999
 - 3 \$20,000 to \$29,999
 - 4 \$30,000 to \$39,999
 - 5 \$40,000 or more
7. Do you consider yourself exclusively partnered (involved in sexual relationship with only one other person)?
 - 1 No
 - 2 Yes. If yes, how long?
 - 1 3 months or less
 - 2 4 to 6 months
 - 3 7 to 12 months
 - 4 more than 12 months
8. How would you describe your sexual orientation?
 - 1 Straight
 - 2 Bisexual
 - 3 Gay
 - 4 Queer
 - 5 Other _____

The next set of statements asks your opinion about how you and your friends behave. Even if you are not completely sure, please answer each question with your best guess or “hunch”.

	strongly disagree	disagree	neutral	agree	strongly agree
9. My friends always use condoms when they have anal or vaginal sex (penis in butt or vagina)	1	2	3	4	5
10. My friends say they have safer sex much more than they actually do.	1	2	3	4	5
11. My friends are likely to have unsafe sex after drinking alcohol or taking drugs.	1	2	3	4	5
12. My friends are likely to have unsafe sex if they think their sexual partner is really good looking.	1	2	3	4	5
13. My friends are likely to have unsafe sex when they are feeling down or stressed out.	1	2	3	4	5
14. I'm not very concerned about becoming HIV positive	1	2	3	4	5
15. I'm willing to take chances by having risky sex.	1	2	3	4	5
16. I've already taken chances by having risky sex.	1	2	3	4	5
17. I'm less likely to get infected from a guy who's on HIV drugs than from a guy who is not on them.	1	2	3	4	5

The next set of questions asks about your sexual activities during the past six months. Please be honest and accurate. Remember, your name does not appear anywhere on this form!

18. First, how many people have you had sex with over the past six months?

_____ Male partner (s) _____ Female partner (s)

Please think of activities that took place with any sexual partners over the past six months and fill in the blanks in the next section. If your answer is “none” please put a “0” in the blanks. **If you did not have any sexual partners in the past six months, skip down to question 27.**

19. Vaginal sex (penis in vagina) **with** a condom. In the past six months, I did this with _____ partners
(How many?)

20. Vaginal sex (penis in vagina) **without** a condom. In the past six months, I did this with: _____ partners
(How many?)

21. Insertive anal sex (your penis in someone's butt) **with** a condom. In the past six months, I did this with:

_____ males and/or _____ females
(How many?) (How many?)

22. Insertive anal sex (your penis in someone's butt) **without** a condom. In the past six months, I did this with:

_____ males and/or _____ females
(How many?) (How many?)

23. Receptive anal sex (someone's penis in your butt) **with** a condom. In the past six months, I did this with:
_____ partners

(How many?)

35. The following people know you are attracted to men (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Father/stepfather | <input type="checkbox"/> 2 Mother/stepmother | <input type="checkbox"/> 3 Children |
| <input type="checkbox"/> 4 Sister | <input type="checkbox"/> 5 Brother | <input type="checkbox"/> 6 Other relatives |
| <input type="checkbox"/> 7 Close friends | <input type="checkbox"/> 8 Neighbors | <input type="checkbox"/> 9 Coworkers |
| <input type="checkbox"/> 10 Pastor/rabbi/priest | <input type="checkbox"/> 11 My doctor | <input type="checkbox"/> 12 Life partner |

36. Where do you go to meet sexual partners? (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 The workplace | <input type="checkbox"/> 2 School | <input type="checkbox"/> 3 Parties and social gatherings |
| <input type="checkbox"/> 4 Community events | <input type="checkbox"/> 5 Club meetings | <input type="checkbox"/> 6 The gym |
| <input type="checkbox"/> 7 Sporting activities | <input type="checkbox"/> 8 Beach or pool | <input type="checkbox"/> 9 Museum or gallery |
| <input type="checkbox"/> 10 Movie theaters | <input type="checkbox"/> 11 Gay organizations | <input type="checkbox"/> 12 Adult book store/theater |
| <input type="checkbox"/> 13 Public park | <input type="checkbox"/> 14 Public bath/sauna | <input type="checkbox"/> 15 Rest areas |
| <input type="checkbox"/> 16 Bars | <input type="checkbox"/> 17 Personal ads | <input type="checkbox"/> 18 Night clubs/discos/raves |
| <input type="checkbox"/> 19 Hiking trails | <input type="checkbox"/> 20 Camping/hunting trips | <input type="checkbox"/> 21 The Internet |
| <input type="checkbox"/> 22 Dating/escort service | <input type="checkbox"/> 23 Other places (please name) _____ | |

37. I have received information about HIV from the following sources (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 Television | <input type="checkbox"/> 2 Gay newspaper | <input type="checkbox"/> 3 Health club |
| <input type="checkbox"/> 4 Radio | <input type="checkbox"/> 5 Gay social groups | <input type="checkbox"/> 6 Sex partners |
| <input type="checkbox"/> 7 General newspaper | <input type="checkbox"/> 8 Health department | <input type="checkbox"/> 9 Books |
| <input type="checkbox"/> 10 Tribal services | <input type="checkbox"/> 11 Doctor's office | <input type="checkbox"/> 12 Workshops |
| <input type="checkbox"/> 13 Therapist | <input type="checkbox"/> 14 Government agencies | <input type="checkbox"/> 15 Family |
| <input type="checkbox"/> 16 School programs | <input type="checkbox"/> 17 Teachers | <input type="checkbox"/> 18 National organizations |
| <input type="checkbox"/> 19 Friends | <input type="checkbox"/> 20 Church groups | <input type="checkbox"/> 21 The Internet |
| <input type="checkbox"/> 22 Bar | <input type="checkbox"/> 23 AIDS service organization | <input type="checkbox"/> 24 Health clinic |
| <input type="checkbox"/> 25 Other places (please name) _____ | | |

True False Questions: Some of the following statements are true and accurate, while others are false and inaccurate. For each statement, please circle "T" if you think the statement is true or "F" if you think it's false.

- | | | | |
|-----|---|---|--|
| 38. | T | F | Most people who transmit HIV/AIDS look unhealthy. |
| 39. | T | F | Anal sex (penis in butt) without a condom is high risk for getting HIV/AIDS virus. |
| 40. | T | F | A person can be exposed to the HIV/AIDS in one sexual contact. |
| 41. | T | F | Condoms make sex completely safe. |
| 42. | T | F | Most people who catch HIV/AIDS get sick quickly. |
| 43. | T | F | Pre-ejaculatory fluid (pre-cum) carries HIV. |
| 44. | T | F | A person must have many different sex partners to be at risk for HIV/AIDS. |
| 45. | T | F | We don't have to worry about HIV/AIDS because of the new HIV/AIDS drugs. |
| 46. | T | F | It is more important to take precautions against AIDS in large cities than in small towns. |
| 47. | T | F | Sharing needles and works (spoon, cotton, etc) spreads HIV. |

Thank you very much for completing this survey!

Distributed by: _____