



African American Women and HIV/AIDS in South Carolina:

**Analysis and results of the data from a statewide survey of
HIV/AIDS knowledge, attitudes, behaviors and beliefs among
African American Women Who Have Sex with Men (AAWSM)**

**Report commissioned
by the
South Carolina HIV Planning Council (HPC)**

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I. Introduction

The following report provides a description of the results of a statewide survey of the HIV and AIDS-related knowledge, attitudes, behaviors and beliefs among African American women in South Carolina. African American women are disproportionately affected by HIV/AIDS when compared to other populations of women, and comprise approximately 25% of all new cases of HIV in the United States (SC Department of Health and Environmental Control, 2010). In direct response to a specific recommendation from the 2010-2014 SC HIV Prevention Plan, the Needs Assessment Committee of the South Carolina HIV Planning Council began the design of specific plans in February 2010 to survey African American/Black women in South Carolina who identify as heterosexual as to their knowledge, attitudes, behaviors and beliefs related to HIV/AIDS. Between the months of August and December of 2010, 324 surveys were administered to AAWSM across the state. The survey was provided to groups of no less than four African American women over the age of 18 that attended and participated in community presentations and other targeted outreach of the SC DHEC STD/HIV Division's prevention contractors and community partners.

The report begins with a description of the survey construction and implementation, followed by an explanation of the expressed need for research in this population. A brief report on the results of the 41 surveys that were collected for analysis during the pilot study is then given. Next, data analysis from the full, statewide survey of 322 AAWSM is provided. A discussion of those results follows, and suggestions for further research are given.

Project Overview

The HPC's Needs Assessment Committee began the design of the AAWSM survey instrument in February 2010 in direct response to a specific recommendation from the 2010-2014 SC HIV Prevention Plan to survey African American/Black women in South Carolina who identify as heterosexual as to their knowledge, attitudes, beliefs and behaviors related to HIV. Over several months, the Needs Assessment Committee provided direction and input into the design of the survey instrument, reviewing questions from other existing surveys of AAWSM and drafting other questions as needed. The instrument, finalized in mid-August 2010, was designed to be administered to groups of no less than four African American women over the age of 18 that attended and participated in community presentations and other targeted outreach of the STD/HIV Division's prevention contractors and community partners. Great care was taken in the design of the survey administration to ensure that a woman's survey responses would not be connected specifically to her. The pilot of the survey was administered to 50 African American women via two prevention contractors, Lowcountry AIDS Services and AID Upstate, between mid-July and the end of August 2010.

The distribution of the full, statewide survey of AAWSM began in September 2010. A total of 493 surveys were mailed in bulk to twelve different community partner organizations, for distribution to groups of women by the contractors'/partners' staff, referred to as "coordinators" or "administrators." Each organization agreed to take responsibility for surveys as their capacity allowed. These twelve organizations are: A Family Affair, a support group for persons infected with HIV/AIDS and their families in Orangeburg; ACCESS (AIDS Counseling Community Education Supported Services) Network in Beaufort; AID Upstate, a support services non-profit

organization that serves Anderson, Oconee, Pickens, Laurens, Greenwood, and Spartanburg counties; Careteam, a non-profit that provides support, resources, and advocacy for PLWHA in Horry, Georgetown and Williamsburg counties; the STD/HIV Division of DHEC, which provides a multitude of state-wide educational, prevention, and care services; HopeHealth, a community health organization that serves the Pee Dee, Edisto, and Lower Savannah regions of SC; OCAB, the Orangeburg-Calhoun-Allendale-Bamberg Community Action Agency; PALSS, (Palmetto AIDS Life Support Services) an organization that provides support and educational training for people with AIDS and their families; LRADAC, the Lexington/Richland Alcohol and Drug Abuse Council, which provides HIV/STD prevention programs as part of its alcohol and other drug rehabilitation and outreach services; Lowcountry AIDS Services, a community-based organization that provides HIV/AIDS prevention resources and programs to the Tri-County area (Charleston, Berkeley, Dorchester counties); Wateree AIDS Task Force, which provides community services and promotes AIDS awareness in Clarendon, Kershaw, Lee, and Sumter Counties; and Catawba Care Coalition, an AIDS service organization that offers health care for PLWHA and free HIV testing in the Rock Hill and SC portion of the greater Charlotte metropolitan statistical area. One community-based organization, the SC HIV/AIDS Council, declined to participate in the administration of the survey.

According to the Kaiser Family Foundation, South Carolina ranks tenth in the nation in terms of the rate of new AIDS cases reported annually (2010); for a relatively small state, we have a significant problem. Throughout South Carolina, there are a number of dedicated organizations that have a vested interest in stemming the tide of the HIV/AIDS epidemic. These organizations provide and serve as resources to the community and state to help combat the epidemic, and are thus an integral part of the membership of the HIV Planning Council. Not only is it important to have these organizations' help, but including them in the survey project's entire process, as the HIV Planning Council has, is essential to producing meaningful, useful research which can then be used to help promote and achieve their life-saving goals and in planning for future services and programs.

HIV/AIDS in South Carolina: How AAWSM Are Affected

In the twenty-first century, an increasingly common route of HIV transmission is through unsafe heterosexual contact; all sexually active people are at risk of contracting AIDS if safer, protected sex is not practiced (CDC, 2010). Unfortunately, the overwhelming majority of those infected via unsafe sex are women. Further, the women most affected are increasingly poor Black women in inner-city neighborhoods in metropolitan areas across the Southeastern United States (Southern AIDS Coalition, 2008).

In the United States, minorities are disproportionately affected by HIV/AIDS, but especially so in the African-American population. Blacks account for 55% of reported HIV cases in the United States, while Latinos account for approximately 15% of all the reported HIV cases (CDC, 2010). Statistics that describe the disproportionate effects of HIV/AIDS on African Americans are stunning. Currently, Blacks become infected with and die from HIV/AIDS more than any other ethnic group in the U.S. (Southern AIDS Coalition, 2008). Even though Blacks make up only 13% of the population, they represent approximately 50% of all new HIV cases in the U.S. (CDC, 2007). In South Carolina, more African-Americans (73%) were newly diagnosed compared to Caucasians (20%) and Hispanics (6%) (SC DHEC, 2009). Further, 66% of women diagnosed with AIDS in the U.S. are Black, and HIV/AIDS was the leading cause of death for Black women aged 25-44 in 2004 (Southern AIDS Coalition, 2008).

African American Women who have Sex with Men (AAWSM) has been designated by the South Carolina Department of Health and Environmental Control's (SC DHEC) SC HIV Planning Council as the third highest priority population for HIV/AIDS prevention efforts in South Carolina. [The number one priority population is Persons Living with HIV/AIDS, and the second priority population is African American Men Who Have Sex with Men (AAMSM).] The estimated size of the AAWSM population in SC is 284,437 women (SC HIV Prevention Plan, 2009). African American Women who have Sex with Men comprise 21% of the people living with HIV/AIDS (PLWHA) in South Carolina. Among recently reported cases during 2006-2007, African American heterosexual women accounted for 20% of the total cases. This trend is similar across Southern states where joblessness, substance abuse, teenage pregnancy, STDs, inadequate schools, minimal access to healthcare, and low incomes contribute to the increasing rates of HIV among this population (Southern AIDS Coalition, 2008). To be clear, being African American itself is NOT a risk factor for HIV transmission; HIV risk depends on an individual's specific sexual and/or substance-using behaviors, as well as whether that individual has access to "health care, health education, and other prevention services" (SCDHEC, 2010).

II. Methods

Survey Instrument

The AAWSM survey instrument was divided into three sections: Section I: Demographic Information, Section II: HIV/AIDS Education and Awareness, and Section III: HIV/AIDS Program and Services. A copy of the final survey instrument is included as **Appendix A**. The questions on the survey were concerned with this population's knowledge of HIV as a disease and HIV-related risk behaviors, but the women were also asked about their attitudes and beliefs towards HIV education and awareness. To assess HIV disease knowledge, women were asked whether they agreed or disagreed (on a 5-point Likert scale from "Strongly Agree"=1 to "Strongly Disagree"=5) with 28 statements (some true, some false) about HIV, AIDS, and HIV-related risk behaviors. The survey also determined the participants' levels of knowledge about HIV care and testing services, and where they obtained that information. If the participants had used an HIV-related health care service, they were asked to rate the quality and provider sensitivity of the services received. Questions were also asked that determined the women's attitudes and beliefs about HIV/AIDS education for children, perceived self-efficacy for preventing HIV/AIDS, African-Americans' risk for contracting HIV, and social norms surrounding communication about the disease.

Knowledge of HIV and, most importantly, knowledge about how HIV is *transmitted*, is necessary for an individual to determine which behaviors lead to HIV and assess their own *personal* susceptibility to HIV. A survey to measure HIV-related knowledge, beliefs, attitudes and behaviors was thus necessary in order to increase understanding of the prevention needs of AAWSM in South Carolina. Previously, no statewide survey to assess HIV knowledge had ever been conducted in this population.

Description of the Pilot of the Survey

The survey was piloted to 50 women attending community presentations and targeted outreach by staff of two prevention contractors (Lowcountry AIDS Services and AID Upstate). A total of 50 surveys were distributed to small groups of AAWSM, with 42 completed surveys returned. Additional qualitative

information was requested from the women in the pilot of the survey with open-ended questions seeking input on the survey itself. After the pilot surveys were returned, one additional question was added to the survey, which did not change the results of the pilot since the answer to the qualifying question was not the specific answer given by any of the participating women. As a result, the surveys from the pilot were included in the final, statewide survey results, as all of the women participating in the pilot survey identified themselves as heterosexual.

A validation analysis of the survey was conducted by a graduate epidemiology student to determine internal validity. Survey instrument validity was conducted using pilot data and was determined by Saroochi Agarwal of the University of South Carolina's Arnold School of Public Health using SAS statistical software. The survey contained four eligibility questions and 33 questions. There were 42 participants in the pilot study, but only 41 surveys were used as one participant was not 18 years of age, not meeting one of the eligibility questions. Two of the questions (# 22 and #24) were scale questions that had 28 and five sub-questions respectively. Of the 31 non-scale questions, 12 were answered by all participants. Another seven were answered by 97.6% (40 of 41) of participants. Of the remaining questions, five were answered by 95.1% (39 of 41) of participants and three were answered by 92.7% (38 of 41) of participants. The remaining four questions were answered by less than 90.2% of the population. Section III of the survey contained the most number of skipped questions. A copy of the Quantitative Results from the Pilot Survey is included as **Appendix B**.

Distribution and Administration of the Statewide Survey

It was planned that a convenience sample of 500 women across the state of South Carolina would be reached with the survey by the prevention contractors and community partners. A protocol was developed to guide the implementation of the survey. This protocol is included as **Appendix C**. Due to increased interest from some contractors/partners to reach more women, additional surveys were made available. Each woman surveyed received a printed survey and a plain white business envelope. The women were reminded to NOT put their name on the survey instrument or envelope. When each woman completed her survey, she placed her survey in her envelope, sealed the envelope, and returned the sealed envelope to the survey administrator at that location/site. When the survey administrator received each survey, he/she gave each woman a two-part ticket for the prize drawings and the "African American Women and HIV Fact Sheet," a copy of which is included as **Appendix D**. Each woman then provided her contact information on one portion of the two-part ticket and returned it to the survey coordinator for the prize drawings. The survey coordinator for each specific implementation of the survey completed a form which was returned with the agency's/organization's surveys from that administration of the survey. The survey coordinator's form (included as **Appendix E**) collected information on the number of surveys administered at that specific site, the date and location where the survey was administered, the number of survey envelopes returned, and the number of women who refused the survey.

Each woman's survey was NOT connected to her ticket to ensure confidentiality of the participants and their information. All of the completed ticket halves and the sealed envelopes, with the accompanying survey coordinator's form, were returned to the SC HIV Planning Council's administrator, Capitol Consultants. Once the surveys were returned to Capitol Consultants, they were delivered (still in their sealed envelopes) to the person coordinating the data entry. The tickets with the respondents' contact information were retained by

Capitol Consultants for the prize drawings. The women's contact information was not used for any purpose other than the prize drawings and the completed tickets were destroyed after the drawings occurred. A Survey Administration Table, with information on the numbers of surveys distributed and returned by each coordinator/administrator, is included as **Appendix F**.

Excluded Surveys

Survey numbers **172** and **262** were excluded from data analysis because the subjects responded they were not African American. Survey number **038** was excluded from data analysis because the subject did not fill out any questions beyond the eligibility variables. Survey number **278** was excluded from data analysis because the subject was not 18 years or older. Additionally, surveys numbered **323** and **324** were excluded because the subjects were residents of Georgia, not South Carolina.

III. Quantitative Results from the Statewide Survey

Results from the quantitative analysis of the statewide survey data is presented in three sections. Section I, Section II, and Section III correlates to Sections I, II, and III of the final survey instrument.

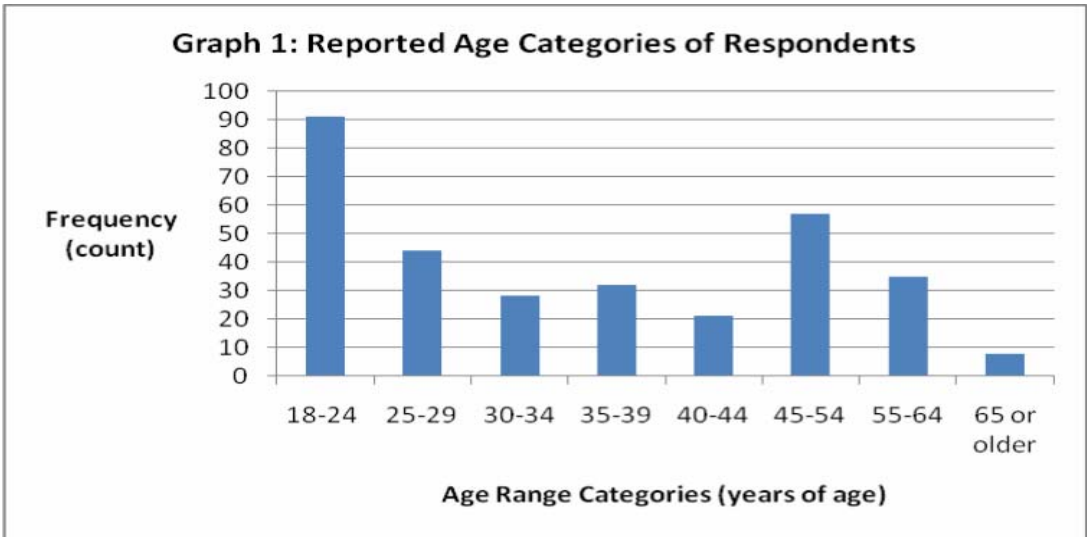
Section I: Demographic Information

Descriptive statistics included the following categorizations: County of Residence, Age, Education Level, Marital Status, Relationship Status, Housing Status/Living Arrangement, Employment Status, Total Annual Income, Health Insurance Status, Sexual Orientation, and Race/Ethnicity. Selected frequency graphs are provided below. A graphical description of the respondents' county of residence is included as **Appendix G**. Of the 46 counties in South Carolina, a total of 32 counties were represented. The four counties with the highest numbers of respondents were Charleston, Greenville, Orangeburg and Richland, each with 35 or more completed surveys. The category of "other" denotes counties that had less than three respondents. There were 19 total respondents from those counties, which include Allendale, Marion, York, Bamberg, Newberry, Barnwell, Colleton, Calhoun, Chesterfield, Dillon, Fairfield, Aiken, and Williamsburg.

Age

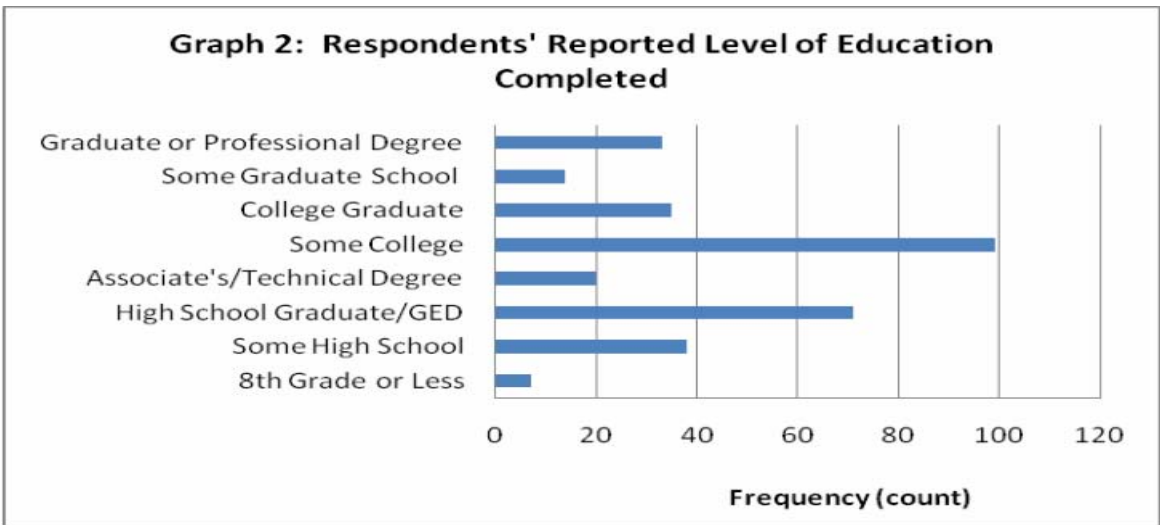
All but two respondents answered this question (n=316). The 316 women who did respond to this question are included in Chart 1 below. The age of participants ranged from the 18 to 24 year old age group to the 65 or older age group, with the average reported age falling between 30-39 years old. The age group with the

highest percent of respondents was the 18-24 year old group, at 28.6%. The next highest reported age category was 45-54 years old, at 17.9%. The lowest reported age group was the 65 and older category, at 2.5%. Overall, the age range of participants was fairly equally distributed.



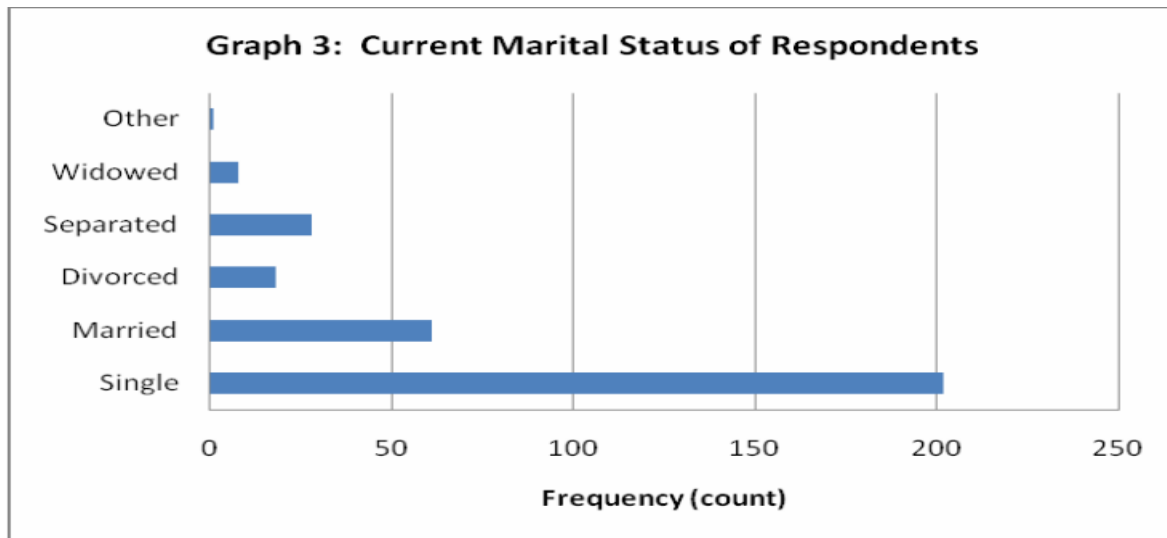
Education Level

All respondents (n=318) answered this question, which asked the women to indicate the level of education that they had completed. The results from the responses are included in Graph 2. Every category of education level was represented in the surveys. Nearly one third (31.1%) of the respondents reported having completed “Some college (no degree),” which was the most frequently reported education level. The second most frequently-reported education level was “High school graduate/GED” at 22.3%. The lowest-reported education completion category was “8th grade or less” at 2.2% of respondents. The majority of the women in the survey, 63.5%, reported that they had completed some education past high school. (Includes the categories: “Attained an associate’s or technical degree,” “Some college (no degree),” “College graduate,” “Some graduate school,” and “Graduate or professional degree.”)



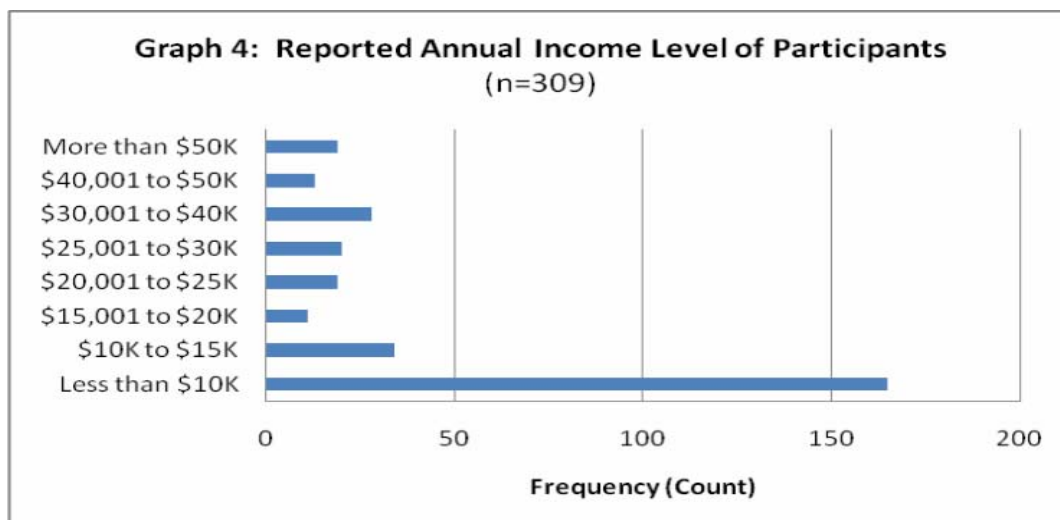
Marital Status

All 318 women responded to this question (n=318), which asked them to indicate their current marital status. The majority of the women, 63.5%, reported that they were currently “Single.” The next-highest response was “Married,” at 19.2%. The one woman who chose “Other” as her response did not fill in the blank to provide additional information. The next-lowest reported response was “Widowed” at 2.5%. A total of 14.5% of women reported being either “Separated” or “Divorced.”



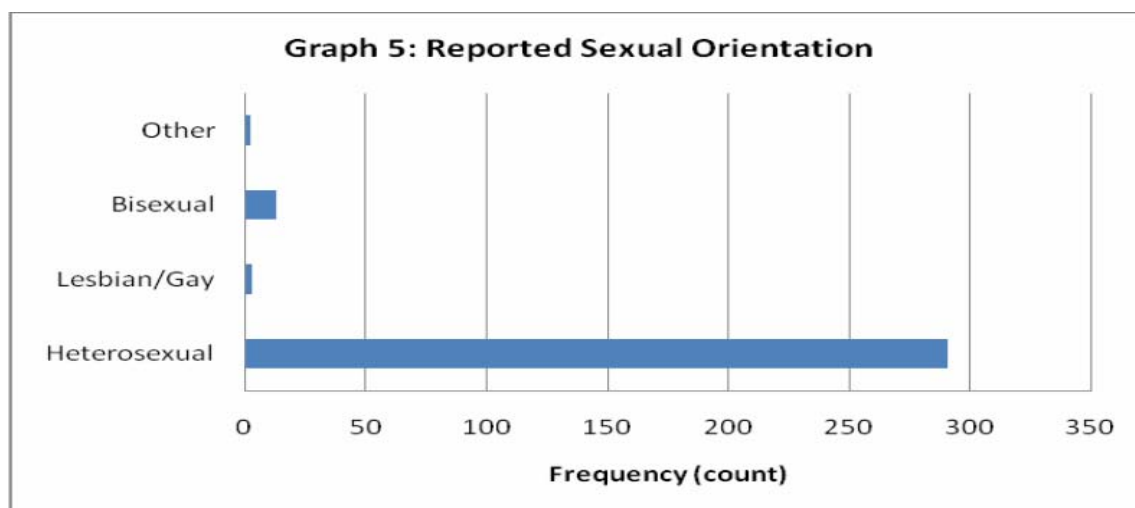
Total Annual Income

Nine respondents (2.8%) did not provide an answer to this question, which asked them to indicate the category that contained their total annual income (n=309). These 309 responses are shown in Graph 4 below. Of the 309 women who answered, the most frequently reported response was “Less than \$10,000 per year,” at 51.9%, or 165 women out of the 309. The other 144 women reported total annual incomes ranging between \$10,000 to \$50,000 per year.



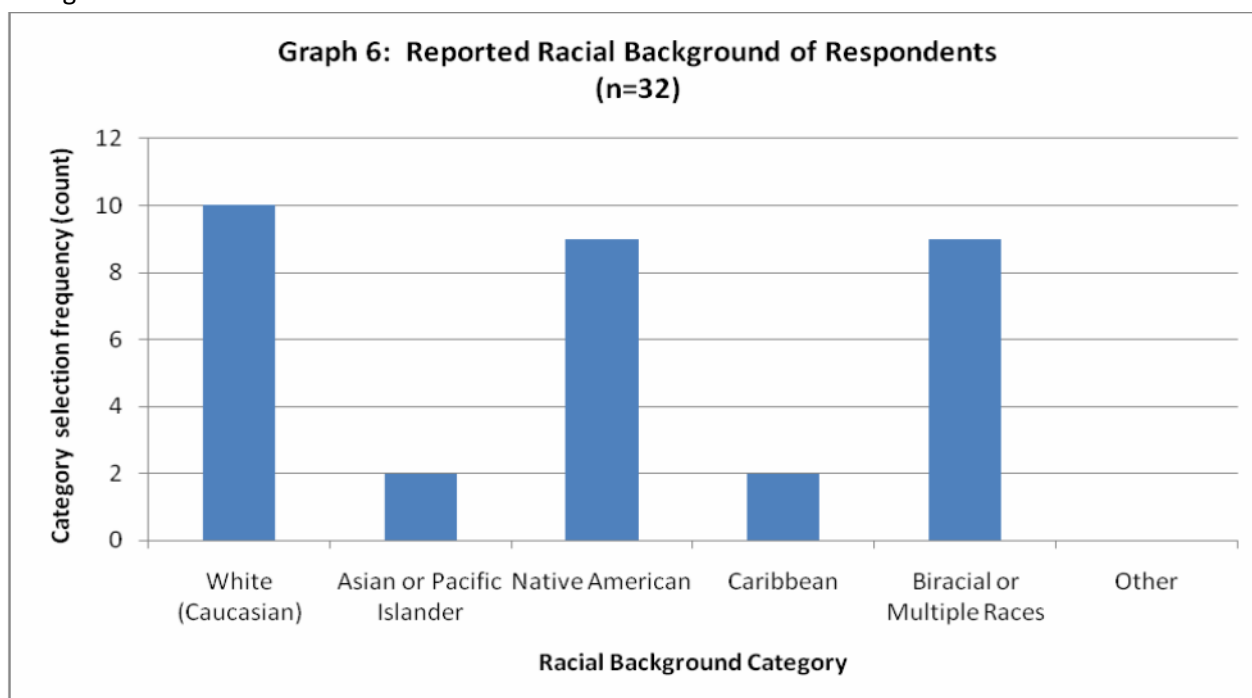
Sexual Orientation

Sexual orientation of the majority of women surveyed was largely “Heterosexual/Straight” at 91.5%. Slightly less than 3% (2.8%) of the participants did not answer the question. Almost 5% (4.9%) of the respondents identified as either “Bisexual” or “Lesbian/Gay.” Three women out of the 318 surveyed were “Lesbian/Gay”, and 13 out of 318 were “Bisexual.” Two women checked the “Other” option; one person wrote “none” in the specification line, and the other did not provide further specification.



Racial Background

All of the women who participated in the survey that were included in the data analysis indicated on the eligibility questions that they considered themselves to be African-American or Black. However, question 12 on the survey asked about the respondents’ racial background. The vast majority of women did not report any other racial background but African-American/Black. However, 32 women did report having a mixed racial background.



Section II: HIV/AIDS Education and Awareness

The bulk of the analysis of respondents' HIV/AIDS Education and awareness focused on data from Question 22, which contained 28 statements about HIV/AIDS and condom use. Respondents were asked to indicate their agreement with each statement on a scale from 1 to 5, where 1 is "Strongly Agree" and 5 is "Strongly Disagree." In SPSS, the respondents' answers to these 28 statements were re-coded so that the answers to these questions could be graded like a test. Nineteen of the 28 statements were determined to be knowledge-based, and the other 9 were skill-, attitude-, or behavior-related questions. Only the 19 knowledge statements within Question 22 were scored by manipulating the dataset in SPSS.

For the HIV/AIDS knowledge questions, a score of 70% or higher was defined as a high score. A low score was defined as less than 70%. Of the 318 surveys, 232, or 73% of the surveyed women, received high scores, indicating a high level of HIV/AIDS knowledge. *Please see Table 7 in the Section IV: Selected Analysis for a description of these results.*

When asked whether they were concerned about HIV/AIDS as a public health issue, the majority of women, 51.6%, said that they were "extremely concerned." Women that responded that they were either "not concerned at all" or "somewhat concerned" comprised 3.1% and 2.8% of respondents, respectively. Almost a quarter (24.8%) of the women indicated that they were "very concerned", and 15.4% indicated that they were "concerned."

When asked about their knowledge about ways to prevent HIV, 2.2% said that they were "not at all informed," 7.5% said that they were "somewhat informed," 22.6% said that they were "informed," 28% said that they were "very informed," and 37.4% said that they were "completely informed."

When asked: "Do you think that HIV prevention education should be provided in public schools?", the overwhelming majority (96.2%) of respondents said "Yes." Less than two percent said "No" or responded that they "Didn't Know/Unsure."

In response to the question: "When do you think children should begin receiving education in school about HIV and AIDS?", the highest frequency of women said that it should be provided in middle school (50.3%). Almost eight percent (7.9%) said that HIV education should begin in kindergarten, and 35.8% said it should begin in elementary school. Less than four (3.5%) percent said it should begin in high school. Only 0.3% of the respondents said that HIV education "should not be provided in school."

Question 18 asked, "Do you think that HIV prevention education in public schools should contain '**ABC**' information: Abstinence, Be faithful, use Condoms (also known as comprehensive sex education)?" A majority, 93.1%, of the women indicated that "ABC" education should be provided in public schools. Only 2.8% said "no" and 3.1% said that they either didn't know or were unsure.

When asked whether they thought that African Americans are at higher risk of becoming infected with HIV than other populations, 79.6% said "yes," 11.6% said "no," and 7.5% said "Don't know/Unsure."

When asked if they thought that most African Americans believe HIV/AIDS is a critical public health issue that requires immediate attention, 56% said "yes," 11.6% said "no," and 7.5% indicated "don't know/unsure."

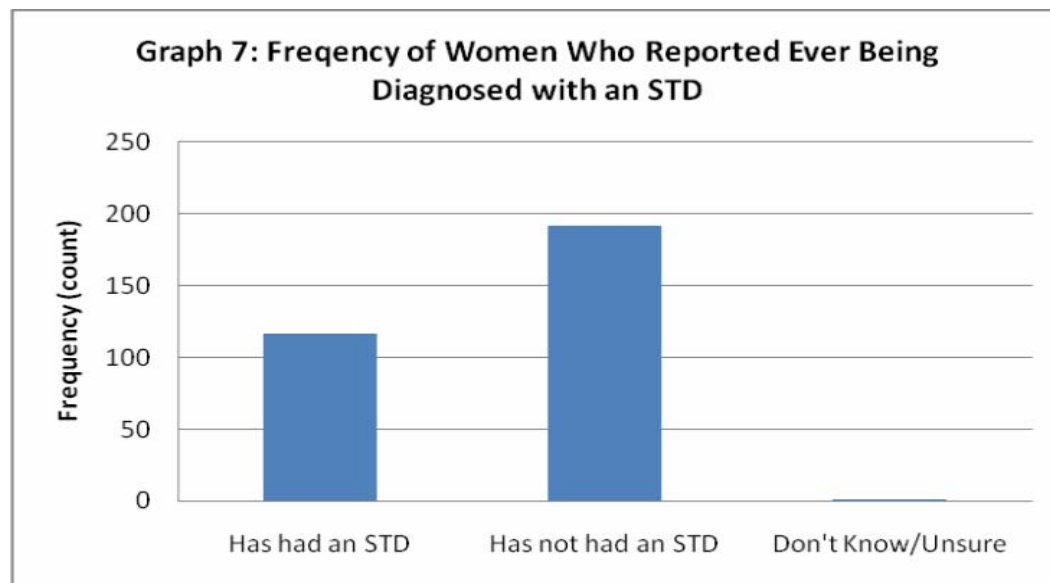
Question 21 asked, “Do your friends and family members talk about the importance of HIV/AIDS prevention?” Almost half of respondents (48.4%) answered that “Yes, both my friends and family members talk about it,” 11% said that “Yes, my friends talk about it,” and 7.5% said “Yes, my family members talk about it.” A little over a quarter of respondents (26.4%) answered “No, they do not talk about it,” and 3.5% answered “Don’t know/Unsure.”

Section III: HIV/AIDS Programs and Services

Section III of the survey measured knowledge about HIV/AIDS programs and services available in South Carolina. Respondents were asked about their utilization of HIV/AIDS services, their HIV/AIDS status, their knowledge of where to get HIV/AIDS services, where they have received information about HIV/AIDS, and whether they had ever been diagnosed with a sexually transmitted disease (STD). Those women who reported being diagnosed were asked to indicate which STD(s) they had contracted.

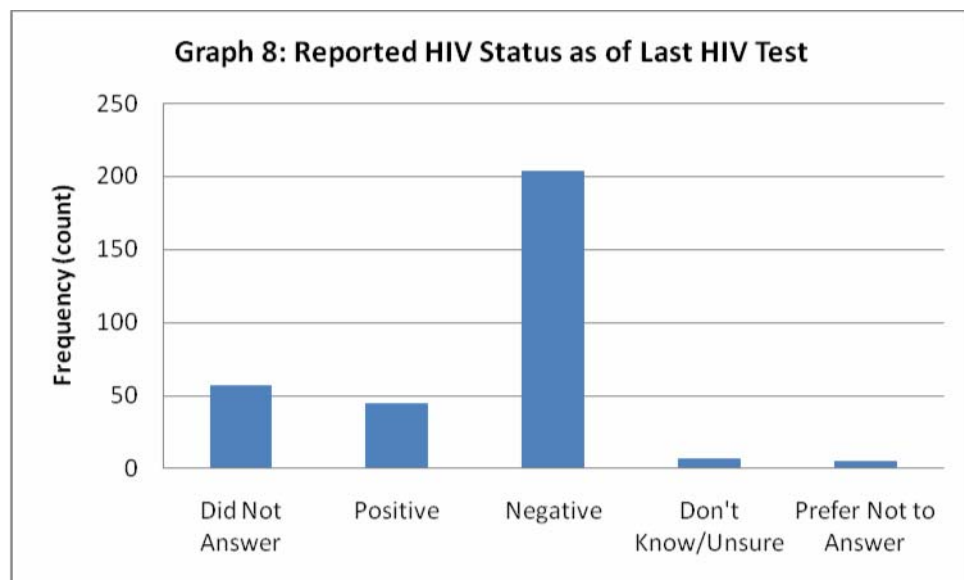
Reported STD Diagnosis

Graph 7 below shows the respondents’ reported STD diagnosis history.



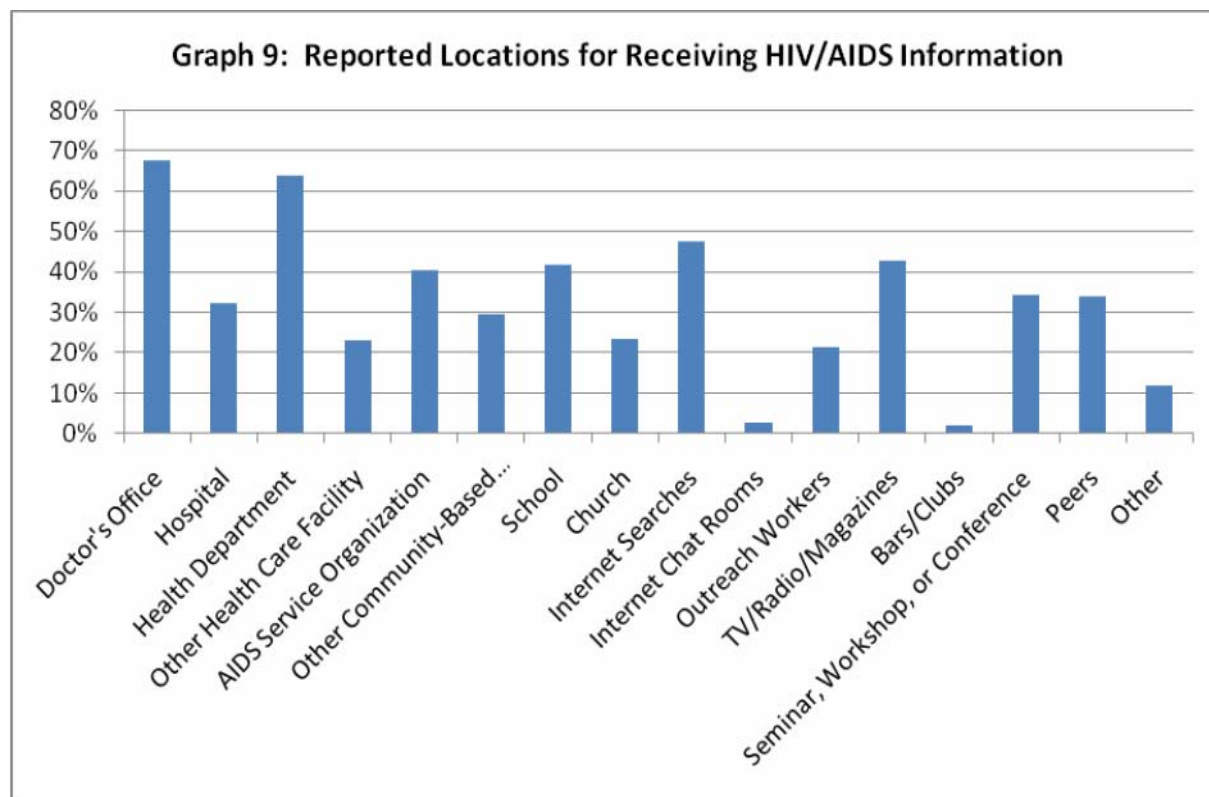
HIV Status as of Last Test

Graph 8 below shows the latest HIV test results reported by the women who completed the survey.



HIV/AIDS Information

Graph 9 below illustrates where the women reported receiving their HIV/AIDS information. Respondents were asked to “check all that apply,” so percentage totals do not add up to 100%.



HIV/AIDS-Related Services

The tables below show the reported utilization of the five HIV-Related Services by the surveyed AAWSM. The most-used service was Service 1, “Printed HIV-related prevention and education materials.” The majority (77.7%) of the survey respondents said that they had received this service at some point. The next highest utilized service was Service 4, “HIV prevention workshop or group session”, at 55.7%. The service that was reported to be used least was Service 3, the “HIV hotline or crisis intervention line”; only 13.5% of respondents said that they’d accessed that service. Service 5, “HIV care and support services,” were reported to have been used by 31.4% of the women, and 46.2% said that they had accessed Service 2, “HIV-related outreach services.

Table 1: Printed HIV-Related Prevention and Education Materials (1)

	Frequency	Percent	Valid Percent	Cumulative Percent
Did not answer	10	3.1	3.1	3.1
Response Yes	247	76.7	77.7	80.8
No	61	18.9	19.2	100.0
Total	318	98.8	100.0	
Missing	4	1.2		
Total	322	100.0		

Table 2: HIV-Related Outreach Services (2)

	Frequency	Percent	Valid Percent	Cumulative Percent
Did not answer	13	4.0	4.1	4.1
Response Yes	147	45.7	46.2	50.3
No	158	49.1	49.7	100.0
Total	318	98.8	100.0	
Missing	4	1.2		
Total	322	100.0		

Table 3: HIV Hotline or Crisis Intervention Line (3)

	Frequency	Percent	Valid Percent	Cumulative Percent
Did not answer	15	4.7	4.7	4.7
Response Yes	43	13.4	13.5	18.2
No	260	80.7	81.8	100.0
Total	318	98.8	100.0	
Missing	4	1.2		
Total	322	100.0		

Table 4: HIV Prevention Workshop or Group Session (4)

		Frequency	Percent	Valid Percent	Cumulative Percent
Response	Did not answer	11	3.4	3.5	3.5
	Yes	177	55.0	55.7	59.1
	No	130	40.4	40.9	100.0
	Total	318	98.8	100.0	
Missing		4	1.2		
Total		322	100.0		

Table 5: HIV Care and Support Services (5)

		Frequency	Percent	Valid Percent	Cumulative Percent
Response	Did not answer	12	3.7	3.8	3.8
	Yes	100	31.1	31.4	35.2
	No	206	64.0	64.8	100.0
	Total	318	98.8	100.0	
Missing		4	1.2		
Total		322	100.0		

IV. Selected Analysis: Comparisons of the Quantitative Data

Comparative analysis of selected relevant data points was performed using SPSS statistical software. Below are two tables that provide more in-depth information about the collected data. The first table describes the relationship between reported sexual orientation and the response to the follow-up question for non-heterosexual women that asks whether they had “ever had sex with a man.” The second table compares respondents’ reported HIV prevention knowledge level to their score on the HIV/AIDS knowledge questions from question 28 in Section II of the survey.

Table 6: Sexual Orientation vs. Had Sex with a Man

Frequency Cross-Tabulation Table (n=14)				
		Response to “Ever Had Sex with a Man”		
		Yes	No	Total
Orientation	Lesbian/Gay	3	0	3
	Bisexual	9	1	10
	Other	0	1	1

As described in the quantitative data analysis from Section I earlier, sexual orientation of the majority of women surveyed was largely “Heterosexual/Straight” at 91.5%. Slightly less than 3% (2.8%) of the participants did not answer the question. Almost 5% (4.9%) of the respondents identified as either “Bisexual” or “Lesbian/Gay.” Three women out of the 318 surveyed reported being “Lesbian/Gay”, and 13 out of 318 reported they were “Bisexual.” Two women checked the “Other” option; one person wrote “none” in the specification line, and the other did not provide further specification.

Of the 14 women who did not identify themselves as Heterosexual/Straight and answered the follow-up question (question 11) about whether they had “ever had sex with a man”, 100% of the women who identified as Lesbian/Gay answered “Yes”, as did 9 out of the 10 Bisexual women. One Bisexual woman and one of the women who answered “Other” responded that they had never slept with a man. Of the 14 respondents that answered question 11, 83.3% answered affirmatively, two people answered no, and one person answered “Don’t know/Unsure.”

Table 7: Reported HIV Prevention Knowledge Level Compared with Score on HIV/AIDS Knowledge Test

HIV Prevention Knowledge Level	HIV/AIDS Knowledge Test Score (Frequency Count)										Total
	0-21%	32%-42%	47%-58%	63%-68%	74%	79%	84%	90%	95%	100%	
No answer	1	0	1	1	0	0	0	1	0	0	4
Not at all informed	0	2	1	1	2	0	0	1	0	0	7
Somewhat informed	0	0	4	4	5	2	5	1	3	0	24
Informed	1	0	6	11	14	11	11	6	10	2	72
Very informed	0	3	9	9	14	16	8	17	8	5	89
Completely informed	1	2	10	16	11	10	20	14	21	14	119
Unsure	0	2	0	0	0	0	0	0	0	0	3
Total	3	9	31	42	46	39	44	40	42	21	318

Table 7 above compares the respondents' reported level of knowledge of ways to prevent getting HIV to their score on the HIV/AIDS knowledge test. Respondents' reported level of knowledge was determined by their answer to question 15, which asks: "Generally speaking, how much do you feel that you know ways to prevent getting HIV-the virus that causes AIDS?". The red line separating the columns represents the cut-off point for low and high scores. Twenty-seven percent of the 318 women had scores below 70%, which indicates a low level of HIV/AIDS knowledge, and 73% had a score above 70%, which indicates a high level of HIV/AIDS knowledge. All women who said that they were "Unsure" to question 15 had a low test score. Women who reported that they were "not at all informed about ways to prevent getting HIV" had more low scores than high scores, with 43% of these women scoring above 70%. Of the women who indicated that they were either "informed," "very informed," or "completely informed," the majority (76%) had high scores, and 24% had low scores. Unfortunately, of the 90 people who responded that they were "completely informed," 32% still scored below 70% on the HIV/AIDS knowledge test.

V. Discussion and Recommendations for Future Research

Limitations of the Data

- Section III, question 24 asked respondents about HIV/AIDS-related services they had accessed, and, if they had received those services, were then asked to rank the quality and sensitivity of those services. Unfortunately, this section of the survey seemed to be confusing to a majority of respondents. A number of women who reported NOT accessing a service provided a quality and/or sensitivity ranking for that (unused) service. Or, even more often, if a respondent reported that they DID access the service, they chose not to rank the sensitivity of the service and would only rank the quality, or would not provide a ranking for quality OR sensitivity.
- Reading level and length of the survey seemed to be a problem for some of the women taking the survey. A couple of survey administrators mentioned that the respondents felt that the reading level was challenging; one administrator even took the time to read the survey aloud to the women participating in her groups.
- Women who reported that they were "not at all informed about ways to prevent getting HIV" had more low scores than high scores, but 43% of these women still scored above 70%. This statistic from the data in Table 7 may indicate that the HIV Knowledge test created from Question 22 is not an optimal indicator of HIV/AIDS knowledge or that the selected scoring point (70% "passing") is not the best indicator of being informed about HIV/AIDS. Having a limited number of questions (19) with which to assess knowledge, combined with scoring the test in a true/false fashion does not allow for a complete picture of the individuals' HIV/AIDS knowledge levels; there is a significant possibility that their answers were only correct due to chance.
- Although the number of women reached constituted a substantial sample size, and surveys were administered throughout multiple geographic areas across the state, there were some aspects of the distribution and administration processes that were not scientifically optimal. Due to cost and available resources, distribution of the surveys did not incorporate a randomized sampling process, so a representative population sample of African American heterosexual women could not be achieved. Non-random sampling procedures limit the external validity, or generalizability, of survey

results. Further, although administrators were given a protocol/instructions as to how to manage the survey process, the surveys were administered at very different locations (churches, recreation centers, AIDS service organization buildings, and detention centers, for example) and at varying hours of the day.

Future Research

Taking into consideration the limitations of this project due to the cost and resources at hand, there are still a number of important improvements that can be made to future studies of African American women in South Carolina that intend to help reduce morbidity and mortality from HIV/AIDS. First, future studies could ensure that survey distribution is conducted in a way that minimizes threats to external validity. For example, extra measures could have been put in place to ensure consistency of survey administration across testing environments. It was beyond the scope of this project to ensure that the environment that the survey was taken in remained consistent from site to site. Testing environment affects test results, especially with sensitive subjects such as HIV/AIDS. These inconsistencies could have introduced bias that would skew the results of the survey's data. Second, further analysis of the data from this survey could be conducted; more correlative, bi-variate analyses could be performed, which will give an even clearer picture of the relationships between HIV-related knowledge and HIV related behaviors measured by the survey.

Third, the inclusion of qualitative data measures such as focus groups and in-depth interviews of the targeted population in addition to quantitative survey measures could be extremely useful for teasing out deeper meanings in terms of perceptions of risk and other psychosocial factors that may lead to HIV-related health behaviors. Lastly, qualitative data from focus groups of African American women should be used to inform the objectives and processes of future research, as female African Americans are not a homogenous population. Planning for interventions and prevention methods that target this high-need community should consider the culturally-specific factors that impact disease transmission and contraction. Identifying the various cultural influences and the interaction of those influences may provide insight into different modes of infection and provide more appropriate and useful solutions.

Using only quantitative data collection methods to describe complex social issues, such as the spread of HIV/AIDS within the Southern African American female population, cannot give us a complete, in-depth picture of the problem. Mixed methods allow us to gain insight into how to produce long-lasting, positive change in communities. Although the results of the survey cannot be generalized to the African American population of SC, the information gleaned from this snapshot of HIV/AIDS knowledge in AAWSM is extremely valuable, and will hopefully be used to inform future HIV/AIDS prevention programs for this population.

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SC HIV Planning Council

2010 Survey of African American/Black Women

The SC HIV Planning Council is working to understand the HIV/AIDS awareness and prevention needs of African American/Black Women in South Carolina. If you are willing to complete this survey, you will receive a ticket to enter a drawing for several nice prizes (1st place: An iPod (music player), valued at \$200; 2nd place: \$100 Wal-Mart gift card; 3rd and 4th place: \$50 Wal-Mart gift card; 5th and 6th place: \$25 Wal-Mart gift card).

Your name will not be connected with your survey in any way. Do not put your name on the survey. When you are finished completing the survey, put it in the envelope, seal it, and return the envelope to the survey coordinator. She will give you a ticket for the prize drawings. Fill in your information on the ticket and give it back to the survey coordinator. If you win a prize, you will be notified by mail.

ELIGIBILITY: Please answer each of the following questions.

- Do you consider yourself to be African American or Black? Yes ____ No ____
- Do you identify as female? Yes ____ No ____
- Are you 18 years old or older? Yes ____ No ____
- Do you live in (or attend school in) South Carolina? Yes ____ No ____

If you answered **YES** to **all four of the questions above**, please continue.

If you answered **NO** to one or more of the questions above, please return the unanswered survey.

SECTION I: Demographic Information

1. In what county do you live? _____

2. Please check the box that represents your age category:

- ☐ 1 18-24
- ☐ 2 25-29
- ☐ 3 30-34
- ☐ 4 35-39
- ☐ 5 40-44
- ☐ 6 45-54
- ☐ 7 55-64
- ☐ 8 65 or older

3. How much education have you completed? [Check **ONE** only]

- ☐ 1 8th grade or less
- ☐ 2 Some high school (no diploma)
- ☐ 3 High school graduate/ GED
- ☐ 4 Associate's degree/Technical certificate (including cosmetology)
- ☐ 5 Some college (no degree)
- ☐ 6 College graduate
- ☐ 7 Some graduate school (no degree)
- ☐ 8 Graduate or professional degree

4. Are you currently...? [Check **ONE** only]

- ☐ 1 Single
- ☐ 2 Married
- ☐ 3 Separated
- ☐ 4 Divorced
- ☐ 5 Widowed
- ☐ 6 Other (please specify): _____

5. Are you in a relationship now?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't Know/Unsure

6. What is your current living arrangement? Check **ONE** only:

- ☐ 1 I own or rent my house/apartment.
- ☐ 2 I share a house/apartment with a roommate/friend.
- ☐ 3 I am living in my partner's house/apartment.
- ☐ 4 I am living in my parent's or other relative's house/apartment.
- ☐ 5 I live in assisted housing through a religious group, private agency or state/county agency.
- ☐ 6 I live in temporary/transitional housing or a halfway house.
- ☐ 7 I am homeless and live in a shelter.
- ☐ 8 I am homeless and live on the street.
- ☐ 9 Other (please specify) _____

7. What is your current employment status? Check **ONE** only:

- ☐ 1 I work full time (35 hours or more per week).
- ☐ 2 I work part time (fewer than 35 hours per week).
- ☐ 3 I am a student.
- ☐ 4 I am retired.
- ☐ 5 I am on disability.
- ☐ 6 I am currently unemployed (not a student, retired, or disabled).
- ☐ 7 Other (please specify): _____

8. What is your total annual income? Check **ONE** only:

- ☐ 1 Less than \$10,000 per year
- ☐ 2 \$10,000 to \$15,000 per year
- ☐ 3 \$15,001 to \$20,000 per year
- ☐ 4 \$20,001 to \$25,000 per year
- ☐ 5 \$25,001 to \$30,000 per year
- ☐ 6 \$30,001 to \$40,000 per year
- ☐ 7 \$40,001 to \$50,000 per year
- ☐ 8 More than \$50,000 per year

9. Do you currently have health insurance? (i.e., private insurance, Medicaid, Medicare)

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know/Unsure

10. What is your sexual orientation? Check **ONE** only:

- ☐ 1 Heterosexual/Straight
- ☐ 2 Lesbian/Gay
- ☐ 3 Bisexual
- ☐ 4 Other (please specify): _____

11. If you answered that you are Lesbian/Gay, have you ever had sex with a man?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know/Unsure

12. What is your racial background? Check **ALL** that apply:

- ☐ 1 African American/Black
- ☐ 2 White (Caucasian)
- ☐ 3 Asian or Pacific Islander
- ☐ 4 Native American/American Indian
- ☐ 5 Caribbean
- ☐ 6 Biracial or multiple races
- ☐ 7 Other (please specify): _____

13. Are you of Hispanic or Latino origin?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't Know/Unsure

SECTION II: HIV/AIDS Education and Awareness

14. How concerned are you about HIV/AIDS as a public health issue? [Check **ONE** only]

- ☐ 1 I am not concerned at all.
- ☐ 2 I am somewhat concerned.
- ☐ 3 I am concerned.
- ☐ 4 I am very concerned.
- ☐ 5 I am extremely concerned.
- ☐ 6 Don't know/Unsure

15. Generally speaking, how much do you feel that you know ways to prevent getting HIV – the virus that causes AIDS? [Check **ONE** only]

- ☐ 1 I am not at all informed about ways to prevent getting HIV.
- ☐ 2 I am somewhat informed about ways to prevent getting HIV.
- ☐ 3 I am informed about ways to prevent getting HIV.
- ☐ 4 I am very informed about ways to prevent getting HIV.
- ☐ 5 I am completely informed about ways to prevent getting HIV.
- ☐ 6 Don't know/Unsure

16. Do you think that HIV prevention education should be provided in public schools?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't Know/Unsure

17. When do you think children should begin receiving education in school about HIV and AIDS?

[Check **ONE** only]

- ☐ 1 Kindergarten
- ☐ 2 Elementary School
- ☐ 3 Middle School
- ☐ 4 High School
- ☐ 5 It should not be provided in school.
- ☐ 6 Don't Know/Unsure

18. Do you think that HIV prevention education in public schools should contain “**ABC**” information: Abstinence, Be faithful, use Condoms (also known as comprehensive sex education)?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't Know/Unsure

19. Do you think that African Americans are at higher risk of becoming infected with HIV than other populations?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't Know/Unsure

20. Generally speaking, do you think that most African Americans believe HIV/AIDS is a critical public health issue that requires immediate attention?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't Know/Unsure

21. Do your friends and family members talk about the importance of HIV/AIDS prevention? [Check **ONE** only]

- ☐ 1 Yes, my friends talk about it.
- ☐ 2 Yes, my family members talk about it.
- ☐ 3 Yes, both my friends and my family members talk about it.
- ☐ 4 No, they do not talk about it.
- ☐ 5 Don't Know/Unsure

22. Indicate how much you agree with each of the following statements by checking the appropriate box.

	Strongly Agree (1)	Agree (2)	Neither Agree nor Disagree (3)	Disagree (4)	Strongly Disagree (5)
1. Whether I get HIV or not is mostly a matter of luck.					
2. You have to have sex with a lot of different people to get HIV.					
3. You can get HIV from using public toilets.					
4. You can get HIV from a mosquito bite.					
5. You can get HIV from sharing eating utensils or drinking glasses with someone who has HIV.					
6. You can get HIV from kissing someone who has HIV.					
7. The only people who should be concerned about					

getting HIV are gay people and drug addicts.					
8. If someone looks really healthy, they probably don't have HIV.					
9. Every time I get sick I am afraid I might have HIV/AIDS.					
10. HIV/AIDS is no longer such a big deal because of the medicines that are available to treat it.					
11. An HIV-infected pregnant woman can pass HIV to her unborn child.					
12. There is medicine that an HIV-infected woman can take to help prevent her baby from getting HIV.					
13. All pregnant women should be required to get an HIV test.					
14. Having a sexually transmitted disease (STD) increases a person's risk of getting HIV from unprotected sex.					
15. Some people who have HIV don't know they are infected.					
16. Some people with HIV may never develop AIDS.					
17. The only risky sex is anal sex.					
18. Using a condom correctly can greatly reduce a person's chance of getting HIV.					
19. Cleaning syringes that are shared to inject drugs can greatly reduce a person's chance of getting HIV.					
20. Providing clean needles to people who inject illegal drugs would help reduce the spread of HIV.					
21. I am confident that I can protect myself against HIV.					
22. I would feel better about using condoms if someone would teach me how to use them correctly.					
23. I know how to use a condom correctly.					
24. I would feel comfortable talking with my partner about using condoms.					

25. I allow my partner to make the final decisions about whether we use condoms or not use them.					
26. I would feel comfortable talking with my child about HIV/AIDS.					
27. It is important to talk about HIV/AIDS.					
28. The church should take an active role in HIV/AIDS education.					

SECTION III: HIV/AIDS Programs and Services

23. Where have you gotten your information about HIV and AIDS? Check **ALL** that apply,

- ☐ 1 My Doctor's Office
 - ☐ 2 Hospital
 - ☐ 3 Health Department
 - ☐ 4 Other Health Care Facility
 - ☐ 5 AIDS Service Organization
 - ☐ 6 Other Community-Based Organization
 - ☐ 7 School
 - ☐ 8 Church
 - ☐ 9 Internet searches
 - ☐ 10 Internet chat rooms
 - ☐ 11 Outreach workers
 - ☐ 12 TV/radio/magazines
 - ☐ 13 Bars or clubs
 - ☐ 14 Seminar, workshop, conference
 - ☐ 15 From my peers
 - ☐ 16 Other (please specify):
-

24. For each HIV-related service, please indicate if you have ever received the service. If you have received it, please rate the **Quality** of the service that you most recently received in column 3 and the **Sensitivity of the provider** to you in column 4 by circling the appropriate number.

Column 1	Column 2	Column 3	Column 4
HIV-Related Service	Have you ever received this service?	Quality of the service and/or care that you received most recently	Sensitivity of the service provider
		1=Extremely Poor 2=Poor 3=Fair 4=Good 5=Excellent	

1. Printed HIV-related prevention and education materials	² No ¹ Yes ⇒	1 2 3 4 5	1 2 3 4 5
2. HIV-related outreach services	² No ¹ Yes ⇒	1 2 3 4 5	1 2 3 4 5
3. HIV hotline or crisis intervention line	² No ¹ Yes ⇒	1 2 3 4 5	1 2 3 4 5
4. HIV prevention workshop or group Session	² No ¹ Yes ⇒	1 2 3 4 5	1 2 3 4 5
5. HIV care and support services	² No ¹ Yes ⇒	1 2 3 4 5	1 2 3 4 5

25. Do you know where to go to be tested for HIV?

- ☐ ¹ Yes
- ☐ ² No
- ☐ ³ Don't Know/Unsure

26. Have you ever been tested for HIV? [Check **ONE** only]

- ☐ ¹ Yes
- ☐ ² No
- ☐ ³ Don't Know/Unsure

27. If you answered **Yes** on Question 25, how many times have you been tested? _____

28. If you answered **Yes** on Question 25, what were the results of your last HIV test? [Check **ONE** only]

- ☐ ¹ Positive
- ☐ ² Negative
- ☐ ³ Don't Know/Unsure
- ☐ ⁴ Prefer not to answer

29. If you answered **Yes** on Question 25, where did you go for your last HIV test?

- ☐ ¹ My Doctor's Office
- ☐ ² Hospital
- ☐ ³ Health Department

- ☐ 4 Community Health Center
 - ☐ 5 AIDS Service Organization
 - ☐ 6 Other Community-Based Organization
 - ☐ 7 HIV Testing Outreach Event
 - ☐ 8 Other: (please specify):
-

30. Have you ever been diagnosed with an STD (sexually transmitted disease, not including HIV)?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't Know/Unsure

31. If you answered Yes on Question 29, which STD(s) have you been diagnosed with? (check all that apply)

- ☐ 1 Syphilis
- ☐ 2 Gonorrhea
- ☐ 3 Chlamydia
- ☐ 4 Herpes
- ☐ 5 Human Papilloma Virus (HPV) and/or Genital Warts
- ☐ 6 Trichomoniasis
- ☐ 7 Other: _____

32. Do you know where to go to for HIV/AIDS-related medical care if you or someone you know had HIV/AIDS?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't Know/Unsure

33. Do you know anyone who is living with HIV/AIDS?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't Know/Unsure

Thank you for your help in completing this survey.

The information you have provided will help in planning HIV prevention programs and services.

Do not put your name on your survey.

Please fold your completed survey and put it in the envelope that was also provided to you.

Do not write anything on the envelope.

Seal the envelope and return it to the survey coordinator.

When you return the sealed envelope, you will receive a ticket for the door prize drawings.

Fill in your name/address/phone number on your ticket and return it to the survey coordinator.

The drawings for the door prizes will occur when all the surveys have been collected,

but will be held no later than December 1, 2010.

Quantitative Results from the Pilot Survey

Information from Section I, the descriptive statistics, demographic and socioeconomic information, from the pilot survey are provided below. All of the women who participated were at least 18 years of age and live or attend school in South Carolina. The majority of the women sampled live in Greenville (42.1%) or Charleston (36.8%) county. The women ranged in age from 18 to 64, and 56.1% of the women sampled were between the ages of 18 and 29. The majority of the respondents (85.3%) had a high school education/GED or greater, and 29.3% had a college education or greater. Sixty-eight (68.3%) percent of the respondents indicated they were single, with fifty-five (55%) percent reporting they were not in a relationship. The majority (56.1%) of the women reported owning or renting their own house or apartment. Surprisingly, twenty-two (22%) percent reported they were homeless. Full time employment was reported at 43.9%, with 12.2% of the participants reporting they were students. Slightly over seventeen (17.1%) percent reported they were disabled. The majority of the women (43.9%) reported earning \$10,000 or less per year, while another 19.5% reported earning between \$10,000-15,000 per year. Most respondents reported they had health insurance (80.5%). The majority of the women (92.5%) reported they were heterosexual. None of the participants reported being Hispanic.

In Section II of the survey, which asked about the participants' attitudes and beliefs concerning HIV/AIDS education and awareness, 48.7% of the participants reported being extremely concerned about HIV. When asked about previous knowledge of HIV, 42.5% of participants reported being completely informed about ways to prevent HIV. The majority of the participants (95%) felt that HIV prevention education should be provided in public schools. Concerning the inclusion of "ABC" information, [described in the survey as comprehensive sex education, with "ABC" standing for "Abstinence, Be faithful, use Condoms"] in HIV prevention education programs in public schools, 90% of the participants felt that it should be taught. Sixty (60%) percent felt education should start in middle school, while 30% felt it should begin in elementary school. When asked if African Americans are at higher risk of HIV than other populations, 77.5% of respondents answered yes. When asked if they think African Americans generally believe HIV/AIDS is a critical public health issue that requires immediate attention, 57.5% of the respondents answered yes. Approximately sixty (60%) percent of the respondents reported talking about HIV (61.5%) with family and/or friends.

Section III of the survey measured knowledge about HIV/AIDS programs and services available in South Carolina. Doctor's offices, health departments, Internet searches, and TV/radio/magazines were the most common sources of information about HIV and AIDS. Most of the women knew where to go to get an HIV test (92.7%), and 78.1% of the women had been tested for HIV. The number of tests ranged from 0 to 21 tests, and 19.5% of the women had been tested once. Another 9.8% were tested twice, and 14.6% had been tested three times. The remaining 29.2% reported being tested four or more times. The majority of the women (85.7%) tested negative for HIV. The two most common locations to be tested for HIV were a doctor's office or the health department. Most of the women (64.1%) had not tested positive for another STD. Of those who had another STD, Chlamydia, Trichomoniasis and herpes were the most reported. Most of the respondents (68.4%) knew where to go for HIV/AIDS medical care. Half of the women (50%) reporting knowing someone living with HIV/AIDS.

Appendix C: Survey Administration Protocol

SC African American Women who have Sex with Men (AAWSM) Survey:

Survey Administration Protocol

The Needs Assessment Committee of the SC HIV Planning Council (HPC) began the design of the AAWSM survey instrument in February 2010 in direct response to a specific recommendation from the 2010-2014 SC HIV Prevention Plan. The survey instrument, finalized in mid-August 2010, is designed to be administered to groups of no less than four African American women over the age of 18 that attend and participate in community presentations and other targeted outreach of the STD/HIV Division's prevention contractors and community partners. All prevention contractors will be contacted regarding their interest in participating, as well as community partners with a close working relationship with the SC HIV Planning Council. The agencies or organizations shall indicate approximately how many AAWSM will be reached in groups of at least four women during the time period of the survey.

Packets of survey instruments, plain white business envelopes, postage paid business reply envelopes (for return bulk mailing of completed surveys), and two-part tickets for drawings will be provided to each agency/organization based on the numbers that the agency or organization hopes to reach with the surveys. Each agency or organization contact will select a survey coordinator for each implementation of the survey. The survey coordinator will be provided with all the necessary supplies and the survey coordinator's form.

Each survey coordinator will distribute the survey at a location of a pre-arranged HIV presentation or outreach event to African American women. The women in attendance will be asked to participate in the survey in an effort to obtain information on the women's knowledge, attitudes, behaviors and beliefs related to HIV/AIDS and that the resulting information will help to guide planning for HIV-related prevention programs and services for African American women.

Each woman in attendance at the specified event is to receive a printed copy of the survey and a plain white business envelope, which is also provided. The women will be reminded to NOT put their name on the survey. When each woman has completed her survey, she will place her survey in her envelope, seal it, and return the envelope at that time to the survey administrator. When the survey administrator receives each sealed envelope, he/she will give each woman the two-part ticket for the drawing and the **African American Women and HIV Fact Sheet**. Each woman then completes her ticket and returns the contact information half to the survey coordinator for use in the single statewide prize drawings. The survey

coordinator then completes the survey coordinator's form, which will be returned to Capitol Consultants with the sealed envelopes from that particular administration of the survey.

Each woman's survey is NOT connected to her prize drawing ticket. All of the tickets and sealed envelopes will be returned to Donald Wood at Capitol Consultants, the HPC administrator. Once the surveys are returned to Donald Wood, he will deliver the surveys (still in their sealed envelopes) to the graduate student coordinating the data entry. The tickets with the contact information will be retained by Capitol Consultants for the prize drawings. The women's contact information will not be used for any purpose other than the prize drawings and will be destroyed after the drawing has occurred. Follow-up will be made by Capitol Consultants to ensure that the completed surveys are returned by the stated deadline. At the completion of the survey project, each survey coordinator will be sent a gift card for use for HIV prevention project or outreach purposes.

HIV/AIDS among African-American women in South Carolina

In the United States as well as in South Carolina, the HIV/AIDS epidemic disproportionately affects African-Americans compared with persons of other races and ethnicities.

In 2008, there were over 14,600 people reported to be living with HIV infection (including AIDS) in South Carolina. According to recent data, South Carolina ranked fourth in the country for the proportion of people living with AIDS who are African-American (73 percent). There has been over a 65 percent increase in the number of women living with HIV/AIDS at the end of 2008 compared with the number living in 1998.

The Centers for Disease Control and Prevention reports that in 2004, the most recent year for which data is available, HIV infection was the leading cause of death among African-American women in the United States between the ages of 25-34 years and the third leading cause of death among African-American women between the ages of 35-44 years.

African-American Women living with HIV/AIDS

- In South Carolina, over 4,500 women are estimated to be living with HIV/AIDS.
- More than eight out of 10 S.C. women with HIV are African-American (Figure 1).
- African-American women have a HIV/AIDS case rate 12 times greater than that of white women in South Carolina.
- In 2007, African-American women comprised 30 percent of persons who died from AIDS in S.C.

Impact of HIV on African-American women

- African-American women account for an increasing proportion of **new** HIV/AIDS infection.
- African-American women represent 23 percent of new cases diagnosed in 2008 (Figure 2).
- This impacts our children. More than eight of every 10 babies or children who are infected with HIV from their mothers are African-American.

Figure 1: Proportion of women living with HIV/AIDS in S.C. by race, 2008 (N=4,539)

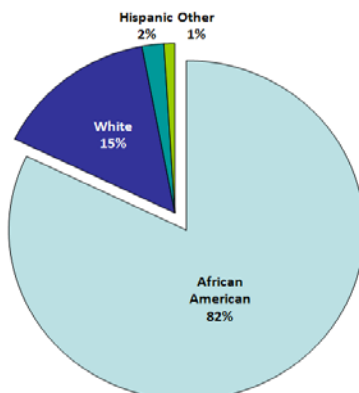
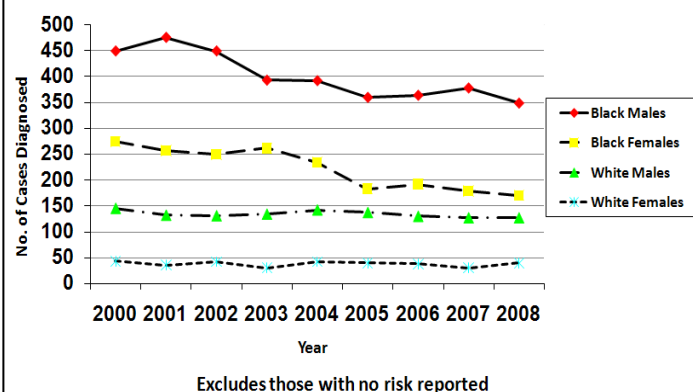


Figure 2: Number of HIV/AIDS cases diagnosed in S.C. by race/gender, 2000-2008



Who are the women at greatest risk for HIV?

Among women of all races, those who are sex workers or who use drugs are among the women at highest risk for HIV. Women crack cocaine users appear to be at especially high risk for HIV and other STDs. Also at risk are women whose sex partners are injection drug users, bisexual men or whose partners have a history of incarceration.

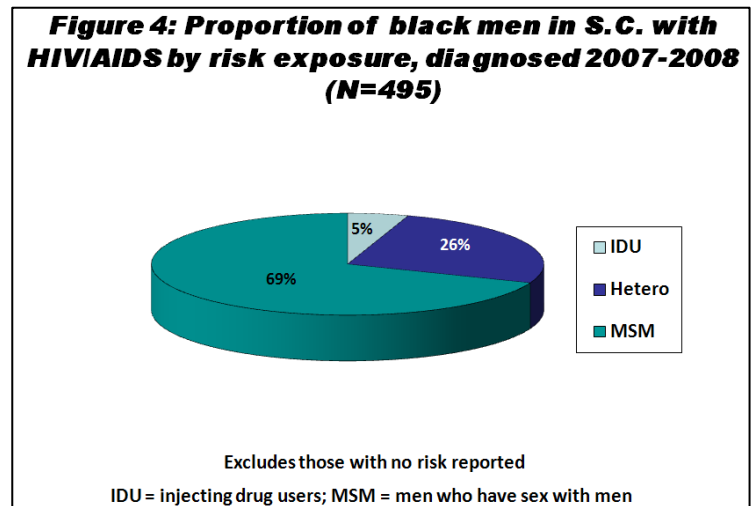
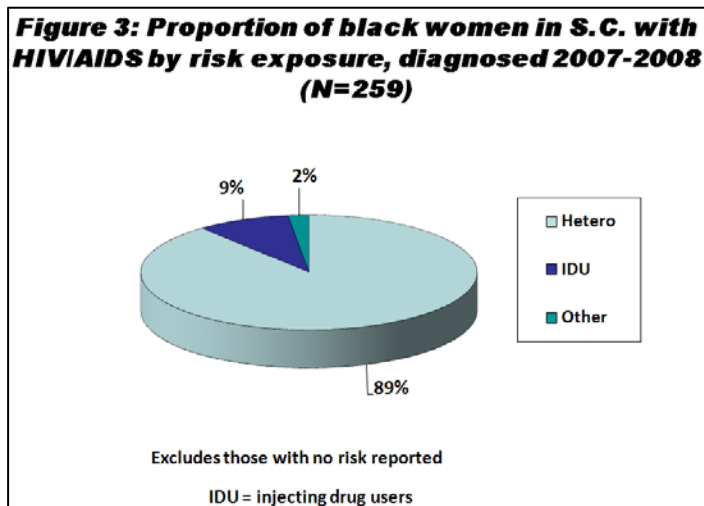
Women who face drug and alcohol dependence, poverty or near-poverty, unstable or substandard housing and/or domestic abuse, often lack access to health care. Many are mothers and may face difficulties providing and caring for their children. All these struggles for daily survival make it unlikely that HIV prevention will be on the “front burner” of concern. The impact is particularly significant in rural areas of the state where there are fewer prevention and care providers, longer distances to travel for services, and fears of stigma and discrimination.

What puts African-American women at risk?

As with any other risk population, HIV risk depends not on who you are, but on your specific sexual and/or substance using behaviors and whether you have access to health care, health education and other prevention services.

With over 6,900 African-American men living with HIV in S.C., African-American women may be more likely than white, non-Latina women to have a sex partner who is living with HIV.

More than eight out of 10 African-American women (89 percent) with HIV/AIDS had heterosexual exposure, and about nine percent had injecting drug use (Figure 3). Among African-American men with reported risk, almost 26 percent reported heterosexual exposure versus 69 percent who reported male-to-male sexual contact (Figure 4).



Know Your HIV/STD Status - Get Tested

- Knowing your HIV status is important for your health and others. Get tested for HIV.
- Get tested for other Sexually Transmitted Diseases if you are having unprotected sex. Having an STD can increase your risk for contracting HIV.
- Reduce your sexual risk behaviors. Talk openly with your partner about not having sex until you both get tested for HIV and other STDs. Use a condom correctly every time you have sex.

Get Involved, Fight Stigma

- Break the silence about HIV and STDs in our communities by talking openly with your families, neighbors, and church members. This can help create a non-judgmental and supportive environment.

For more information, call the S.C. AIDS/STD Hotline toll free at 1-800-322-AIDS

SC HIV Planning Council

AAWSM Survey Coordination

Thank you for assisting with the administration of the 2010 statewide survey of African American Women Who Have Sex with Men (AAWSM)! Without your assistance, this survey would not be possible.

We remind you that the surveys need to be distributed to groups of African American women (no less than four participants per setting; there is no maximum for the size of the group). Each woman is to receive a printed survey and a plain white business envelope. The women should be reminded to NOT put their name on the survey. When the survey is completed, each woman should place her survey in her envelope, seal it, and return the envelope to you. When you receive each survey, please give the woman the two-part ticket for the drawing and the **African American Women and HIV Fact Sheet**. Each woman is to put her name, address, and phone on the ticket form and return that ticket to you, retaining the other half of the ticket.

Put all completed tickets in a separate envelope and return all the completed surveys (still in their sealed envelopes), the bottom of this page (filled in) and the envelope of tickets in the business reply envelope(s) to Donald Wood at Capitol Consultants. All completed surveys, tickets, and survey coordination forms must be returned by November 1st so the data can be entered, analyzed, and the final report prepared by early December. Please make additional copies of this form as needed for the number of groups you survey.

When your surveys are returned, you will be sent a Wal-Mart gift card which you can use to purchase program supplies or as an incentive for a program-related activity. The drawing for the women's prizes will be held on or before December 1st and the women will be mailed their prizes.

____ Complete, Separate Here, and Return ____

Survey Coordinator: _____

Agency/Organization: _____

Type of Site Where Survey Was Administered: _____

(i.e., college/university, church, activity center, agency, private or group home, etc.)

Date Administered: _____

Location (City or Town): _____

of Surveys Distributed: _____ # of Completed Surveys Returned: _____

Did anyone refuse to take the survey? Yes No # Refusing survey _____

Additional Comments? _____

Appendix F: Survey Administration Table

Agency/Organization	Surveys Administered	Surveys Completed/Returned	Surveys Received by Agency/Organization
A Family Affair	8	8	
A Family Affair	25	22	
A Family Affair	5	5	
A Family Affair	10	10	
A Family Affair	12	12	
Total	60	57	90
ACCESS Network	3	3	
ACCESS Network	10	10	
ACCESS Network	10	10	
Total	23	23	50
AID Upstate	8	8	
AID Upstate	21	21	
Total	29	29	30
Careteam	15	15	
Total	15	15	50
DHEC - STD/HIV Outreach	6	6	
DHEC - STD/HIV Outreach	4	4	
DHEC - STD/HIV Outreach	6	6	
Total	16	16	20
HopeHealth	31	31	
HopeHealth	31	31	
HopeHealth	4	4	
Total	66	66	70
OCAB	13	13	
OCAB	11	10	
Total	24	23	30
PALSS	15	15	
PALSS	15	14	
PALSS	9	8	
Total	39	37	50
Wateree AIDS Task Force	12	12	
Wateree AIDS Task Force	6	6	
Wateree AIDS Task Force	5	5	
Wateree AIDS Task Force	7	7	
Wateree AIDS Task Force	5	5	
Total	35	35	50
Lowcountry AIDS Services	24	24	
Total	24	24	30
LRADAC	0	0	25
Catawba Care Coalition	0	0	40
Grand Total	331	325	535

Appendix G: Respondents' County of Residence

