



Wanted: Filipino
gays, bisexuals ,
transvestites, and
transsexuals to
participate in an
anonymous AIDS
information survey
conducted by
Filipino Task Force
on AIDS and San
Francisco Dept. of
Health AIDS Office.
call 285-8639 for
more information.
We need your help.
Call now.

**AIDS Knowledge, Attitudes, Beliefs and Behaviors
in a Household Survey of Filipinos in San Francisco**

Volume I

FINDINGS, SUMMARY AND CONCLUSIONS

April 20, 1990

**A Joint Project of
The San Francisco Department of Public Health
AIDS Surveillance Office,
The Asian American Health Forum,
Filipino Task Force on AIDS - Northern California**

Conducted by

**Lydia Gorrez, Ph.D., and Maria Rosario G. Araneta, M.P.H.
Co-Principal Investigators**

Jaime Geaga, PA-C, Project Manager

EXECUTIVE SUMMARY

A population-based household survey to measure AIDS knowledge, attitudes, beliefs and behaviors in San Francisco's Filipino community was conducted between October 1989 through January 1990. Four hundred randomly selected self-identified Filipinos were interviewed in person by trained interviewers using standardized questionnaires translated into three Filipino languages. Sampling was limited to 15 census tracts with high densities of Filipino residents, (defined as census tracts where at least 8% of the residents are Filipinos, according to the 1980 Census) to maximize the probability of recruiting Filipino respondents through door-to-door canvass. The selected census tracts included the following neighborhoods: Excelsior, Bernal Heights, Visitacion Valley, Ingleside, South of Market, Glen Park, Portola and Mission.

A standardized questionnaire was developed to solicit 271 responses about demographic information, health care concerns, knowledge about HIV-1 transmission and prevention, attitudes and beliefs about AIDS, self-identified high risk behaviors and access to AIDS education. Four hundred and twenty five (425) self-identified Filipinos were identified through either a reverse telephone directory or door to door canvass and invited to be interviewed. Of these, 25 refused, resulting in a non-compliance rate of 5.8%. Of the 400 who agreed to participate, none refused to complete the survey, resulting in a non-response rate of (0%).

Characteristics of the sampled 400 respondents were compared to available 1980 census information on demographic characteristics of Filipinos. Age distribution and marital status were similar among the 400 respondents and the 38,365 Filipinos accounted for in the 1980 census, but males and Filipinos born in the United States were

underrepresented in the sampled cohort. The underrepresentation of U.S. born Filipinos (6% compared to 30% in 1980 census) is probably attributable to the fact that census tracts with high densities of Filipinos tend to be comprised of recent immigrants. Longer term immigrants and subsequent generations of Filipinos tend to live away from such census tracts.

Knowledge about HIV-1 transmission was measured through 24 true/false questions about established and casual modes of transmission. AIDS knowledge scores were calculated as the percentage of correct answers. Overall knowledge scores were low (mean:58.2%, 13.98/24). AIDS knowledge scores were significantly higher among individuals who were never married (63.9%), born in the United States (75.0%), and with reported behavioral risk factors for AIDS (69.8%). AIDS knowledge scores varied by education and household income, however the relationship did not follow a linear trend. AIDS knowledge scores did not vary by gender.

Common errors about modes of HIV-1 transmission included the belief that AIDS is caused by sharing toothbrushes or razors with HIV-infected persons (66%), by needles used for vaccinations or laboratory tests (57%), by receiving a blood transfusion after 1985 (54%), by donating blood (42%) and via mosquito bites (35%).

Twenty four (6.0%) individuals reported a risk factor for AIDS acquisition including having unprotected sex with homosexuals, bisexuals, HIV-1 infected persons, female prostitutes, transfusion recipients (prior to 1985), multiple sex partners and persons with venereal diseases and unknown sex histories. None of the 400 respondents reported intravenous drug abuse nor having an IVDU sex partner.

These 24 individuals were more likely to be male, young (median age: 26 years),

never married and born in the United States. While their AIDS knowledge scores were significantly higher compared to individuals with no reported behavioral risk factor for AIDS, AIDS knowledge among these individuals did not correlate with sexual behavior modification or practice of risk reduction. Persons with risk factors for AIDS were significantly more likely to have multiple sex partners and to use drugs, including cocaine, crack, marijuana, pcp, speed and qualudes and were more likely to use drugs or alcohol during sex.

This survey has identified that in a sampled population of low to middle income Filipinos, only 24 (6%) have reported risk behaviors, 9 of whom are U.S. born. These 9 individuals comprise 37.5% of the (coincidentally) 24 U.S. born Filipinos or 6% of the 400 respondents. Of the 24 with reported high risk behavior, only 2 (0.5%) of the entire cohort were men who had sex with men. While the low proportion of individuals at risk in these specific neighborhoods are encouraging, the data do not represent behavioral risk factors for all Filipinos in San Francisco. Filipinos in San Francisco, New York, and Los Angeles continue to have the highest AIDS incidence among the Asian AIDS cases. Of these, over 75% occur among men having sex with men, who do not generally reside in neighborhoods with high densities of Filipinos. The fiscal and logistic constraints in limiting sampling to high density Filipino areas also resulted in an underestimation of U.S. born Filipinos, whose sexual and drug practices may differ from those sampled. Thus, to apply a risk for AIDS acquisition rate of 6% to all Filipinos in San Francisco would be inappropriate and underestimate the true risk for AIDS acquisition.

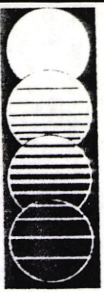
It is significant that of the 24 high-risk individuals, 9 or 37.5% are U.S. born, especially considering that of the sample, U.S. born Filipinos constitute only 6%, even

granted (a final and strong caveat) that the finding may not be generalizable. The implications are far-reaching.

Assuming that the 1990 Census will yield a similar finding reported in the 1980 Census that 30% of Filipinos would also be U.S. born, then a closer estimate of U.S. born Filipinos with high risk behavior for AIDS could be 37.5% of that 30%.

However, reliable estimates of the rate of risk of AIDS acquisition that are generalizable to all of San Francisco's Filipinos can only be obtained through population-based sampling in San Francisco's 154 census tracts, based on 1990 censal data to correct for demographic changes in the population, and to accomodate the other half (53%) of San Francisco's Filipinos who do not reside in census tracts densely populated with Filipinos. Understandably, this methodologic alternative is costly and laborious.

The underrepresentation of homosexual men (0.5%) in the sampled cohort and the disproportionate increase in AIDS incidence among Filipino homosexual/bisexual men in San Francisco, point to the need for methodologically appropriate KABB studies among Filipino gay men, in census tracts where Filipino gay males are likely to reside, but more urgently, public health efforts should be directed towards aggressive prevention strategies. The belief that HIV-1 can be transmitted through casual modes this late into the San Francisco AIDS epidemic, suggests a need for AIDS education specific and comprehensible to the Filipino community. Finally, the engagement of young, U.S. born Filipinos in unprotected sex with multiple partners, coupled with their significantly increased likelihood for drug (non-intravenous) utilization requires immediate intervention for the prevention of AIDS, other sexually transmitted diseases and drug addiction.



ASIAN
AMERICAN
RECOVERY
SERVICES
INC.

REPORT ON A SURVEY OF AIDS KNOWLEDGE,
ATTITUDES AND BEHAVIORS
IN SAN FRANCISCO'S CHINESE COMMUNITIES
EXECUTIVE SUMMARY

Conducted for the
San Francisco City and County
Department of Public Health
Office of AIDS

BY

Davis Y. Ja, Ph.D.
Principal Investigator

Kerrily J. Kitano, M.S.W.

Aaron Ebata, Ph.D.

May 23, 1990

AARRS
ASIAN AIDS PROJECT
AYSAP
PEIP

415 896 5215
300 FOURTH STREET
SAN FRANCISCO, CA 94107

CHINESE BASELINE SURVEY

EXECUTIVE SUMMARY

This report represents the findings of the Chinese portion of the Asian AIDS Project "Baseline Survey: AIDS Knowledge, Attitudes and Behaviors Among San Francisco's Japanese and Chinese Communities" conducted for the San Francisco Department of Public Health Office of AIDS. A total of 192 Chinese residents of San Francisco were interviewed between March 1989 - January 1990.

Face to face interviews were conducted with 192 Chinese adult residents of San Francisco. Respondents were selected using a randomized block and household sampling procedure from 78 blocks randomly selected from census tracts with the highest density of Chinese residents.

This survey is funded by the Centers for Disease Control (CDC) and San Francisco Department of Public Health the City and County of San Francisco. It represents the first Chinese baseline survey on AIDS and its related risk factors in the United States.

As the first survey, careful consideration was given to the process of contacting and interviewing the Chinese community particularly given the strong cultural barriers towards the open discussion of sexuality, terminal illness, homosexuality and AIDS. However, it is these essential cultural parameters that the survey attempted to assess in order to provide an understanding of how AIDS has impacted the Chinese community.

Awareness of AIDS

The community is generally aware of the existence of AIDS. Over 77% of the respondents have received AIDS information. At the same time, over half of the people reported that they know little or nothing about AIDS. In fact, 23.9% (nearly one out of every four persons) reported that they have not received or heard of any information regarding AIDS. Sixteen respondents (8.3%) reported that they personally know someone with AIDS.

Almost everyone (91%) felt AIDS was important to America with about two-thirds finding it equally as important to the Chinese community. However, this importance seems heightened by some misconceptions and fears. Over half of the respondents felt people with AIDS should be quarantined. Over three-fourths felt Chinese can get AIDS and that as a group they are not well educated regarding AIDS. Yet a majority of the respondents felt they had some control over the spread of AIDS (51%).

Almost three fourths (74%) of the respondents felt they could protect themselves from AIDS and that it probably would not affect their lives. Nearly everyone (93%) felt that people with

AIDS should receive assistance from public services, and in contradiction to their attitudes regarding the quarantine of people with AIDS, 74% also felt that these people should not be identified publicly.

Although only a little more than one-third (37%) indicated they were "very worried" or "somewhat worried" that someone in the family would get AIDS in the next year, over half would take action to either keep their children at home or protest to the school if a child with AIDS was in attendance. Among those particularly worried were respondents interviewed in Chinese, those with low incomes, those with children, and less education.

Almost all respondents (84.4%) feel AIDS education should be taught. Eighty-eight percent feel either both parents and teachers or just teachers at school should do the teaching. Although only two percent felt just parents should do the teaching, ten percent did not respond or did not know.

Knowledge of AIDS

Although nearly everyone correctly identified all known ways of AIDS transmission, over half reported knowing little or nothing of AIDS. However, despite correctly identifying ways of transmission, most also incorrectly identified or were uncertain regarding other more casual activities. On almost every remaining item listed, respondents were misinformed or uncertain whether it was a method of transmission. Over three-fourths of the people believed kissing could transmit AIDS. Slightly less than three-fourths believed or were uncertain about whether drinking from the same glass as an AIDS infected person, or being bitten by mosquitos, were methods of AIDS transmission. Over half of the persons interviewed believed or were uncertain that hospital needles, donating blood, and being close to gay men were methods of transmission.

This level of knowledge regarding AIDS by the Chinese respondents seems to indicate a substantial number of people are misinformed and also possibly holding some unreasonable fears towards it and a heightened and unrealistic sense of its dangers. There seems to be a tendency to identify almost anything remotely related to actual transmission as a source of AIDS transmission.

People who were best informed regarding AIDS transmission tended to have a higher annual incomes and were interviewed in English. Those who were more knowledgeable were single, college graduates and know someone with AIDS. Those ages 30 or under and respondents claiming to know about AIDS did indeed have a better knowledge of AIDS than those who did not.

People who were least informed regarding AIDS transmission were those with low income, those respondents with a high school education or less, those interviewed in Chinese and people reporting no or little knowledge about AIDS. People who were

married and also those not knowing someone with AIDS were also fairly misinformed regarding AIDS transmission.

Risk Levels and Risk Factors

In risk behavior, a small portion (3.6%) of the sample report unsafe sexual and/or drug use behavior. Almost one-fourth (23.8%) of the respondents reported having no sexual partners in the past year. Almost half (49.5%) reported one partner and over one-fourth (26.7%) reported two or more partners. Respondents reporting two or more partners were male (35.2%), ages 40-60 years (34.6%) and single (31.6%). Sexual relations with men were reported most frequently by those who are married (84.6%) and by 82.9% of the females. Sexual relations with women were reported most frequently by males (65.9%), by college graduates (51.4%) and by those with household sizes of 1-2 (50%).

Ten persons (5.2%) reported having sexual relations with prostitutes. Two (1.0%) respondents report sexual relations with male prostitutes. Three (1.6%) reported sexual relations with intravenous drug users. Two males (1.0%) reported having sexual intercourse with other males.

Almost two-thirds (65.4%) of the respondents indicated they "never" or "sometimes" used condoms. Only eleven percent reported "always" using condoms. Ever having vaginal sex without a condom was reported by over forty percent (41.1%) of the respondents. This was reported most frequently by those who are divorced, widowed or separated (83.3%), by college graduates (67.6%), those with high incomes (67.9%), those interviewed in English (63.3%) and by males (64.1%). Vaginal sex with a condom was reported most frequently by respondents who changed their sexual behavior (65.4%), those interviewed in English (55.1%) and by males (47.8%).

Oral sex with a women was reported by 15.6% and oral sex with a man by 8.9% of the respondents. Anal sexual intercourse with a condom was reported by three (1.6%) respondents and without a condom by four respondents (2.1%). Four male respondents (2.1%) each reported anal sexual intercourse with a condom and without a condom.

Drug use was small with seven respondents (3.6%) reporting marijuana use, four (2.1%) reporting use of downers, three (1.6%) reporting cocaine and amphetamine use. Eleven (5.8%) respondents reported use of tranquilizers. Only one person (0.5%) reported use of drugs intravenously.

Daily alcohol use was reported by eight respondents (4.2%). Eighteen (9.5%) reported drinking "3-4 times per week." Almost forty percent reported that they "never drink." Over half the respondents reported drinking only 1 or 2 drinks on each occasion. Twelve (6.1%) reported consuming 3 or 4 drinks while five (2.7%) drink 5 or more on each occasion.

Risk Reduction

Fifteen percent of the respondents reported changes in their sexual behavior since becoming aware of AIDS. Changes were particularly noted among those ages 30-40 and among those residing in households of 1 or 2.

Antibody Testing

Although almost half (48.9%) have heard of the AIDS antibody test, only five (2.7%) respondents have actually taken the test. Almost all (86.3%) indicated that it was "very or somewhat unlikely" that they would take the test in the next 12 months. Eleven percent responded with "somewhat or very likely" to taking the test in the next 12 months.

Effectiveness of Prevention and Education

The population tends to hear little about AIDS. Even though three fourths reported they have heard or received information regarding AIDS, almost two-thirds were not satisfied with the information. Those dissatisfied with information received on AIDS included respondents ages 30 to 60, those who are married (75%), those with low income (73%), those with income over \$50,000 (54.2%), and respondents interviewed in Chinese (77.2%). Respondents who express satisfaction with their information were those who knew someone with AIDS (75%) and college graduates (62.2%).

Twenty-one percent have not received or heard of information on AIDS. Ninety percent of those not receiving or hearing of information on AIDS were respondents interviewed in Chinese.

Three-fourths of the respondents preferred to have their information in either Chinese or in both English and Chinese. Most of their sources of information have come from newspapers and television. Over half of the sample received their information from these sources in English while one-third received it in Chinese. Only one in five (20.4%) preferred information in English. Those preferring information particularly in Chinese included those ages 30-40 (66%), those who are married (66.7%), respondents who are less educated (76.3%), respondents with low incomes and those interviewed in Chinese (71.9%). Those preferring information in English included those who know someone with AIDS (56.3%) and those interviewed in English (64%).

In addition to receiving information from newspapers and television, billboards (42%) and pamphlets (38%) were also cited as sources by respondents. Community agencies and radio was additionally used by over one-fourth of the respondents for information and resources on AIDS.

Almost one-fourth (24%) of all respondents have seen the surgeon-general's "America responds to AIDS." Almost eighteen percent of the respondents have seen the Korean poster "Any Race Can Get AIDS."

Conclusions

The Chinese community is generally aware of the existence of AIDS. However, despite being able to identify most of the major methods of AIDS transmission correctly, many are misinformed in regards to other activities such as kissing or being bitten by mosquitos. Perhaps more accurately, there seems to be a high level of ignorance regarding some of the more salient features of AIDS and HIV transmission. This ignorance may serve to fuel a heightened sense of the threat and dangers of AIDS leading to the identification of most casual activities related to actual methods of transmission as a source of AIDS transmission.

It is precisely this fear that may lead a majority of the respondents to endorse the quarantining of persons with AIDS. However, underlying and in contradiction to this opinion, seems to exist some understanding and empathy regarding the issue. People feel they are relatively uninformed but that they can protect themselves from AIDS and that people with AIDS should receive public care and not be identified publicly.

Information is principally acquired through newspapers and television in English and seems quite limited. A substantial number of people have not received any information and most of the respondents clearly feel dissatisfied with the information received so far.

Risk behavior is fairly low but exist for a small number of the population sampled. Use of condoms and other safe sex practices seems extremely limited to most of the people and continues to be a consideration in future prevention and education strategies.

Substantial cultural and linguistic barriers seem to exist for this community. Given the formidable cultural difficulties of discussing sensitive and taboo topics of sex, homosexuality, and death, it is not surprising that among those least informed regarding AIDS are persons with low income, less education and are principally Chinese-speaking.

Much of the results point to a need for a major and comprehensive campaign on almost all aspects of AIDS and HIV transmission to the Chinese community. Media messages must differentiate the real dangers of AIDS transmission from those that are fueled by fear and misinformation. Television and newspapers in both English and particularly in Chinese would help serve much of the needs found in this report. Billboards and posters also seem appropriate for this community, particularly if they clearly list the facts from the fallacies of AIDS.

In addition, health education presentations must also be increased to captive groups of workers, organizations, youth parents, and providers. Perhaps each social and human service organization could designate a staff member as an AIDS resource person to provide presentations, posters, and leaflets to the consumers they serve.

Although the small number of respondents (192) provides some limitations to the interpretation of the results, clear trends and patterns have emerged from this study which can provide the initial basis for the development and planning of a comprehensive strategy and program to educate the Chinese community. Current statistics from the San Francisco Office of AIDS on Chinese AIDS cases have clearly identified Chinese gay and bisexuals as the subgroups most clearly at risk for AIDS and HIV infection in San Francisco. In combination with this report, specific programs must be developed for those that do not clearly self-identify as gay/bisexual but continue to maintain their lives within the parameters of the general Chinese community. As the results have indicated, the program must aim at those most at risk and particular those who are Chinese speaking, less educated and have lower incomes.

To date current efforts on prevention and education have been hampered by extremely limited resources and funds. The Asian AIDS Project is one of the few programs that has attempted to bridge this gap and need. It is vital and necessary that resources be increased in order to substantially impact the widespread level of ignorance and the possible dangers that confront the Chinese community in San Francisco.

Community Meeting Agenda

Tuesday, July 17, 1990
25 Van Ness Avenue, Suite 500
1:00--3:00 p.m.

1989/90 AIDS KABB Surveys Conducted in
San Francisco's Asian Communities:
Filipino, Japanese, Chinese

- I. Introduction
- II. Review of Executive Summary
Gail D. Hughes
- III. Discussion of Survey Findings, Trends
Happy Araneta, Lydia Gorrez
Davis Ja
- IV. Group Discussion
Questions, comments
- V. Closing Remarks
Health Commission Meeting
Press Release
Community Meetings

GH:ba:GH716-01