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AIDS PREVENTIVE BEHAVIOR AMONG TAIWANESE UNIVERSITY
STUDENTS

THESIS

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirement

For the Degree of

MASTER of ARTS

By

Ya-Chien Wang, B.S.

Denton, Texas

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This study used the Health Belief Model to examine the predictors of AIDS preventive behavior. The independent variables were the variables of individual perception, modifying factors (psychological variables), and likelihood variables. The respondents, the Taiwanese students of the University of North Texas, were influenced both by Chinese sexuality and Western values in their AIDS-risk behavior. The results revealed that 90% of the respondents were misinformed on the availability of AIDS vaccine. In addition, a majority of the students were either abstaining from sex or practicing monogamy. Using Pearson's correlation coefficient and multiple regression analysis, this study found that the psychological variables rather than cognitive variables significantly influenced the respondents' AIDS preventive behavior. Finally, suggestions were made for future research on AIDS, and for AIDS preventive behavior campaigns.

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CHAPTER I

INTRODUCTION TO THE STUDY

Statement of the Problems

Since the first cases of AIDS infection were reported in the late 1970s, the prevalence of AIDS infection has increased sharply within the United States. In July 1987, it was estimated that 1.5 million Americans were AIDS carriers (Masi, 1987). The HIV/AIDS Surveillance report in February 1993 reported a total of 253,448 AIDS cases in the United State (Centers for Disease Control, 1993). In addition, AIDS infection has become an epidemic disease in many countries around the world. As of July 1988, a total of 100,410 cases of AIDS infection from the 138 countries in the world had been reported to the World Health Organization. Because of the long latency from the time of contraction of HIV to the development of full blown AIDS, and the lack of a system to identify and report the cases of AIDS in some developing countries, these reported cases are undoubtedly far less than the actual number. The World Health Organization estimates that the number of persons infected with HIV/AIDS by the year 2000 will exceed 24,000,000 worldwide (Mann, Tarantola, & Netter, 1992).

While the number of AIDS cases is increasing sharply both within America and around the world, the categories of population vulnerable to AIDS are changing with the passing of time and within various geographic areas. Initially, the reported AIDS carriers were homosexual or bisexual men and intravenous drug users (Price, Desmond, & Kukulka, 1985; Strunin & Hingson, 1987). Currently, however, transmission among heterosexuals in America is growing at a more rapid rate than the other three groups (Centers for Disease Control, 1988). Also, parental transmission to their children is increasing in America more than ever before. In addition, the transmission of AIDS infection in African and Caribbean countries is usually through heterosexual intercourse (Piot, Plummer, Mhalu, Lamboray, Chin, & Mann, 1988), but most of the AIDS cases in Asian countries, such as Japan and China, have been related to hemophilia (Mann, Chin, Piot, & Quinn, 1986). Some researchers doubt that there might be different factors behind each social setting which contribute to the spread of AIDS. Therefore, the AIDS epidemic which has become a global issue which demands that the overall studies within each distinct social setting must be studied to block the further spread of AIDS.

Among the population infected with AIDS in America, working adults between 29 and 40 represent the overwhelming majority (90 percent) (Masi, 1987), and the long latency

period of AIDS disease implies that the majority of AIDS patients were infected with the Human Immunodeficiency Virus in adolescence or early adulthood (Ajdukovic & Ajdukovic, 1991). Therefore, most of the studies related to AIDS in America have been conducted within the adolescent and young adult population. The reasons why many individuals in adolescence and young adulthood are more vulnerable to HIV infection than in other periods of their lives, are associated with physical and psychological characteristics and their socioeconomic status during this youthful period. Characteristics often displayed by adolescents and young adults include impulsive behavior, belief that they are invulnerable to diseases, and reliance on peer networks. Thus, such impulsive behavior, including casual and frequent sexual intercourse, and direct drug use, expose young people to the risk of HIV infection. Overall, such misconceptions about HIV infection and their lack of inhibitions contribute to young adults' AIDS-risk behavior. These attitudes are reinforced by their reliance on their peer networks which are considered as essential when using drugs and alcohol and having sexual intercourse without using a condom (Maticka-Tyndale, 1992).

Socioeconomic status also contributes to the vulnerability of adolescents and young adults to AIDS infection. Because the period of late adolescence and young

adulthood begins shortly after many individuals graduate from high school, their choice to continue their education or seek full-time work will often determine their future socioeconomic status. Also, during this period, most parents experience a decrease of control over their children (Gagnon, 1989). This period of development for many young adults is one when socioeconomic status affects their vulnerability to AIDS infection. They might delay marriage, begin or continue sexual relations, and experiment with alcohol and drugs. In addition, many young people decide to postpone any commitments such as marriage and often are more likely to have multiple sexual partners and casual sex intercourse (Denning, 1987; Gagnon, 1989). Therefore, college students and other young adults represent a population who are sexually active, postpone marriage until their mid-twenties or later, enter the gay community, and often experiment with alcohol or/and drugs (Baldwin & Baldwin, 1988; Gagnon, 1989; Hays & Hays, 1992).

Due to the distinct characteristics of young adults and HIV/AIDS infection, research concerning the issue has gained more interest. However, while most of the research on AIDS-related issues has been conducted regarding the population of whites, African Americans, and Hispanic Americans, only a few are related to Asian Americans or Asians in America (Aoki, Ngin, Mo, & Ja, 1989; Yep, 1993a, 1993b). An

alarming increase in the number of AIDS cases among Asian Americans and Asians in America of more than 131 percent between January 1, 1988 and June 30, 1991 makes it imperative that research be conducted for this population (Centers for Disease Control, 1988, 1991).

Cultural differences from the Americans might affect Asian vulnerability to AIDS infection in how their distinct social values and norms regulate their sexual behavior and their views towards AIDS disease. Gil (1991) indicated that Chinese sexuality is developed through the "historical conception about the body, about appropriate expressions of sexual satisfaction and Confucian morality" (p. 528). Chinese sexuality has been represented by most researchers as a restraint in overall sexual activities such as the frequency of sexual intercourse before and after marriage (Lau & Ng, 1989). In addition, how Chinese culture views AIDS disease will have its influence over an individual's sexual behavior and the sanctions of society towards individuals infected with AIDS disease. Because homosexuality is completely disapproved of by Chinese society which devalues homosexuality due to significant family concepts, an individual might inhibit his/her homosexual activity in such a society (Yep, 1993a). On the other hand, because AIDS has been viewed as a homosexual and

Western disease in Chinese society, individuals might overlook their vulnerability to AIDS (Yep, 1993a).

Although sexuality regulates individuals' sexual behavior through roles, norms, and attitudes (Parker, Herdt, & Carballo, 1991), the political, social, and economic settings to which the individuals belong will be additional variables affecting the individuals' sexual behavior. In mainland China, Communism and "Mao Zedong Thought" have influenced the interpretations of sexuality by putting the need of society ahead of an individual's sexual fulfillment (Gil, 1991, p. 528). On the other hand, although Hong Kong has been a Chinese community with 98 percent of its population being of Chinese origin, their sexual behavior has been affected by Western values during the processes of modernization-urbanization and industrialization. Raschke (1976) has compared the premarital sexual permissiveness of college students in Hong Kong, Hong Kong students studying in America, and American students. This study indicated that Hong Kong students studying in America "have tended to adopt American standards of sexual behavior and attitudes regarding premarital sex" (p. 73). Similar findings have been found with Asian American college students (Sue, 1982).

Because of the essential differences in Chinese sexuality, their people's sexual behavior and thus, their vulnerability to HIV infection from those of Americans, the

study conducted on the Taiwanese population will benefit the overall understanding of AIDS prevalence. Therefore, this study used the Health Belief Model to understand the relationships between the model and AIDS prevention behavior. Although rare, previous AIDS research, based on the Health Belief Model, utilized psychological variables which were considered as modifying factors in the original Health Belief Model, this study used both cognitive and psychological variables to examine their relationship with the subsequent AIDS prevention behavior. To aid in this research, Taiwanese students studying at the University of North Texas in Texas in the United States were recruited as subjects of this study. These Taiwanese students are representative of the population affected both by Chinese sexuality and by Western values to their AIDS-risk behavior. The results of the study will benefit the future AIDS preventive campaign with ethnic understanding.

CHAPTER II

REVIEW OF LITERATURE

The following chapter will introduce the essence of the Health Belief Model and review the past AIDS research, based on the Health Belief Model or other psychological models. A modified model from previous related research will represent each of the independent and dependent variables used in this study. In addition, previous findings related to the variables will be discussed in a separate section. Finally, a model of the hypothesized relationships among the independent and dependent variables is presented.

Health Belief Model

The Health Belief Model originated as a result of observations made by some social psychologists in the 1950s in the failure of people to accept disease preventives or screening tests for the early detection without symptomatic appearance. These detections, including tests for prevention for TB, cervical cancer, dental disease, rheumatic fever, polio, and influenza, were then offered on a demonstration basis, free of charge, or at very low cost. Thus, this model was initially developed to explain the health preventive behavior without the appearance of symptoms.

This model is influenced considerably by the theories of Kurt Lewin in the rationale of positive and negative valence. In his theories, an individual is considered living in a life space composed of positive, negative, and neutral valence. The region of the negative valence, such as diseases, is undesirable, and disease itself will repel the person to the region of positive valence, in this case, being healthy. In contrast to the repellent force in the region of negative valence, there is the pull force in the region of positive valence. This theory, thus, implies that being healthy is a natural demand of human beings (Rosenstock, 1974).

The characteristics of this model, essential for an individual to take action to avoid a disease, are *perceived susceptibility, perceived seriousness, perceived benefits* and *perceived barriers* of taking action, and *cue to act*. *Perceived susceptibility* is defined as "subjective risks of contracting a condition" (Rosenstock, 1974, p. 330). *Perceived seriousness* refers to the degree of seriousness determined by the "emotional arousal" and by the "kinds of difficulties" which the individual perceives the disease will create (p. 331). Not only the disease might affect the patients' medical deterioration, but also this medical deterioration might have social implications for work, family, and social relations. For AIDS, some research has

surveyed the negative attitude of many people toward patients afflicted with AIDS. Thus, both perceived susceptibility and perceived seriousness might serve as the force leading to action. On the other hand, perceived benefit might influence the direction of the health action by perception with respect to the "related effectiveness of known available alternatives" (p. 331). Because the benefit of the action is perceived by the individual, norms and pressures of his social group will inevitably affect his perceived benefit.

The characteristic, contributing to the avoidance of health action, is the *perceived barrier*. The perceived barrier is the negative aspect of health action because health preventive behavior might reduce perceived susceptibility, but on the other hand, is inconvenient, expensive, unpleasant, or painful (Rosenstock, 1974). Thus, although a patient might perceive the efficacy of health preventive behavior, he/she might not adopt the behavior because of the perceived cost of the preventive behavior. The *cue to act* is considered as necessary to trigger behavior. It might include mass media campaigns, advice from others, reminder postcards from a physician or dentist, illness of family members or friends, and newspaper or magazine articles. In addition, demographic, socio-psychological, and structural variables in this model are

viewed to "serve to condition both individuals' perceptions and the perceived benefits of preventive actions" (p. 333). Motivation was not measured by the initial research applied to Health Belief Model. It implies that in that research, motivation is itself motivated by the perception of susceptibility to and severity of a particular action.

To apply the Health Belief Model to the understanding of AIDS preventive behavior, an individual is expected to go through a series of the following stages before taking preventive behavior towards AIDS:

1. An individual must personally be susceptible to the idea of contracting AIDS without the occurrence of AIDS symptoms.
2. An individual must perceive that the occurrence of AIDS would be severe enough to threaten his/her health condition, schooling, work, or family life, prior to seeking preventive measures to reduce or eliminate the perceived susceptibility or perceived seriousness.
3. An individual must perceive the benefit of taking AIDS preventive behavior and avoid AIDS high-risk behavior. The safe-sexual behavior includes reducing the frequency of sexual activities, decreasing the number of sexual partners, increasing the perception of sexual history of sexual partners, avoiding anal and

oral sex, using a condom during sex, and avoiding drug or alcohol use before or during sexual intercourse.

4. Although an individual might perceive the barrier of seeking AIDS preventive measures as producing inconvenience, reducing pleasure, or breaking the relationship with sexual partners, the perceived barrier must be less than the perceived benefits mentioned prior so that the individual could adopt the preventive behavior.

5. An individual must acknowledge and accept the cues that will trigger action. These cues might include mass media campaigns on AIDS, family members or friends contracting AIDS, advice from others, newspaper or magazine articles about AIDS, and other such awareness.

Prior Research on AIDS Preventive Behavior with the Health Belief Model or Psychological Models

Among the research on AIDS, Yep (1993b) has examined the Health Belief Model in relation to preventive measures of HIV infection among 141 Asian-American college students in Southern California. Approximately 44 percent of them were involved in a romantic relationship at the time of the study with the mean age of all respondents being 20.91 and with approximately half of them male. This study found that although perceived susceptibility and perceived benefit were not predictors of HIV preventive behavior, perceived

severity significantly and positively predicted "becoming more careful about the selection of sexual partners" and "reducing the number of sexual partners." Perceived barriers predicted "becoming more careful about the selection of sexual partners" and "making sure that a sexual partner is not infected by HIV" (p. 202, 203). Condom use in this study was not significantly influenced by the four cognitive variables. Thus, although motivation and cues to action were not measured in this study, this study has partly supported the predictive utilities of the Health Belief Model in relation to HIV preventive health actions.

Another study, however, showed that Health Belief Model did not predict an AIDS-risk behavior change. In the study of 642 students at three universities, Zimmerman and Olson (1994) compared the Health Belief Model with the other two models in the extent to which the three models explained the AIDS-risk behavior change and the current risk behavior among the respondents. The results revealed that the variables in the Health Belief Model, including perceived susceptibility, perceived seriousness, perceived benefit, perceived barrier, and cues to act, were not predictors to the respondents' risk behavior change, defined as the sexual behavior change since the respondents became aware of AIDS. However, notably, this study measured perceived seriousness only with the medical perception of the likelihood of death

and the perceived amount of pain without considering the seriousness of damage to social life. So the study left doubt whether perceived seriousness could predict risk behavior change if it included the social implication of seriousness. Another finding was that after controlling for their risk behavior change, only some of the perceived barriers, including sexual impulse, lack of embarrassment by sex, and preferring spontaneity in sexual behavior were related to their high current risk. This confirmed Yep's study (1993b) that the perceived barrier was significantly associated with current AIDS preventive behavior.

Another model in this study was Self-Regulatory model. In this model, self-identifying as a member of the high-risk group, perceiving the longer latency period, and perceiving themselves to be "capable of changing their own sexual behavior to what they think is safe" were positive predictors of risk behavior change (Zimmerman & Olson, 1994, p. 197). It showed that in addition to cognitive factors, psychological factors, such as self-identifying and self-efficacy, could also contribute to AIDS-risk behavior change.

In a retrospective research of 602 undergraduate university students, Goldman and Harlow (1993) used three psychological variables, self-efficacy, control and meaning, and perceived risk to predict the respondents' current AIDS

preventive behavior. Self-efficacy was the perceived ability to perform the behavior required to produce the outcome (Bandura, 1977). Control and meaning were associated with personal control, personal competence, and feelings of power which "constitute a more global internal construct related to a person's self-concept" (Goldman & Harlow, 1993, p. 490). The main finding was that all the three psychological variables, perceived risk, a sense of control and meaning, and self-efficacy, were significantly associated with AIDS preventive behavior, composed of abstaining from sexual intercourse, using a condom during sexual intercourse, having sex after using alcohol or drugs, and being multigamous in the last ten years. The more individuals felt control and meaning in his/her life, the more self-efficacy they had. The more self-efficacy the individuals had, the more likely they would adopt AIDS preventive behavior. However, the more individuals felt control and meaning in life, the less they perceived a risk of contracting AIDS, and the less the AIDS preventive behavior they engaged in. Therefore, the research suggested that people with positive feelings of competence, control, and meaningfulness in their lives, and of capability of performing AIDS preventive behavior, tended to execute the behavior. In contrast, however, the sense of control and life meaning might act as inhibitors to worries or fears of

contracting AIDS and led to reduction of AIDS preventive behavior.

Another study conducted in Montreal, Canada by Maticka-Tyndale (1992) applied the construction of common sense knowledge to examine the formation of the perceived risk and its relation to the subsequent preventive behavior among 866 heterosexual college students. The study found that not only the scientific knowledge, but also the respondents' experience and those of their peers contributed to their perceived threat of contracting AIDS.

In summary, the research on AIDS mentioned above had mixed findings regarding the relationship between AIDS preventive behavior and perception toward such behavior. Furthermore, an individual's psychological traits, such as control and meaning in life and self-efficacy, might predispose his/her action to AIDS prevention. Based on the Health Belief Model, previous research on AIDS rarely used psychological variables because the psychological variables were considered as modifying factors in the original Health Belief Model. Since the cognitive and psychological factors might have their essential effect on an individual's AIDS preventive behavior, this study, therefore, will adopt both cognitive and psychological variables to gain the predictive power of the Health Belief Model to AIDS-risk behavior. The models for this study are presented below:

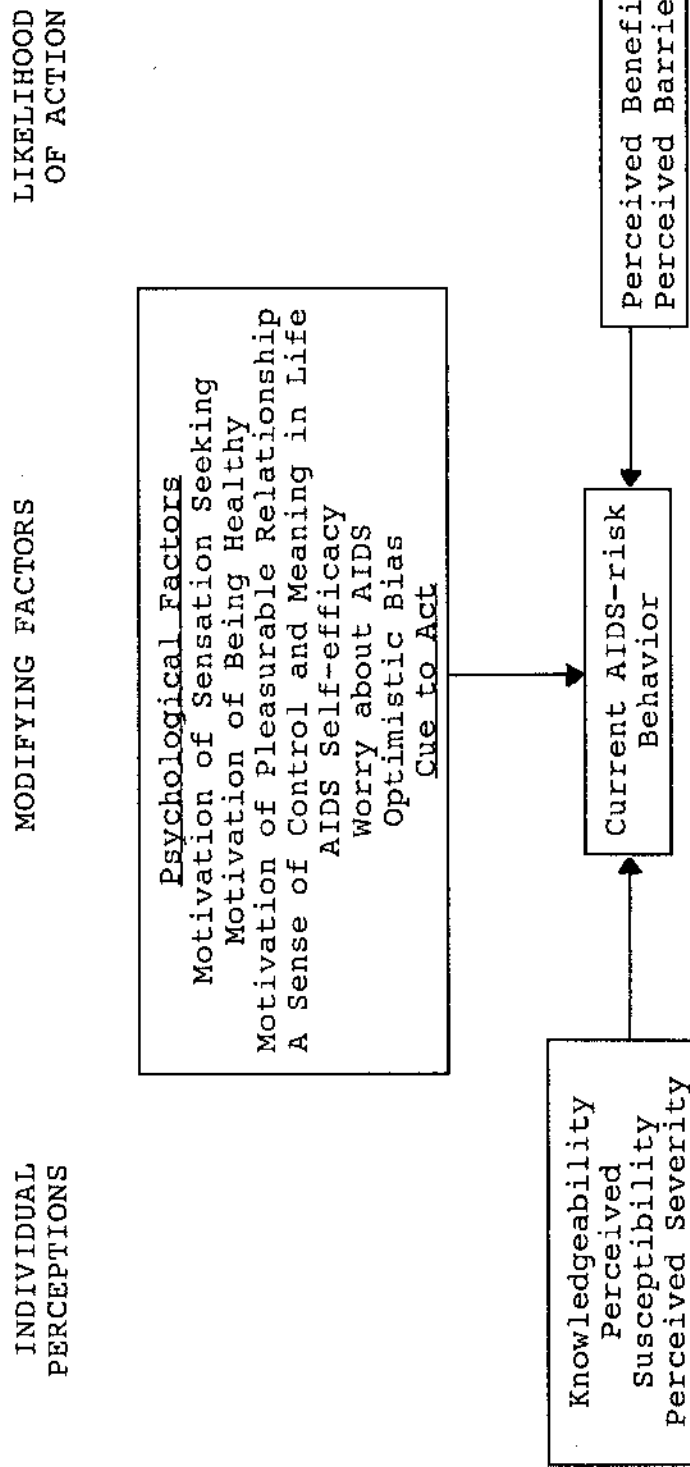


FIGURE I
 THE MODEL FOR CURRENT AIDS-
 RISK BEHAVIOR

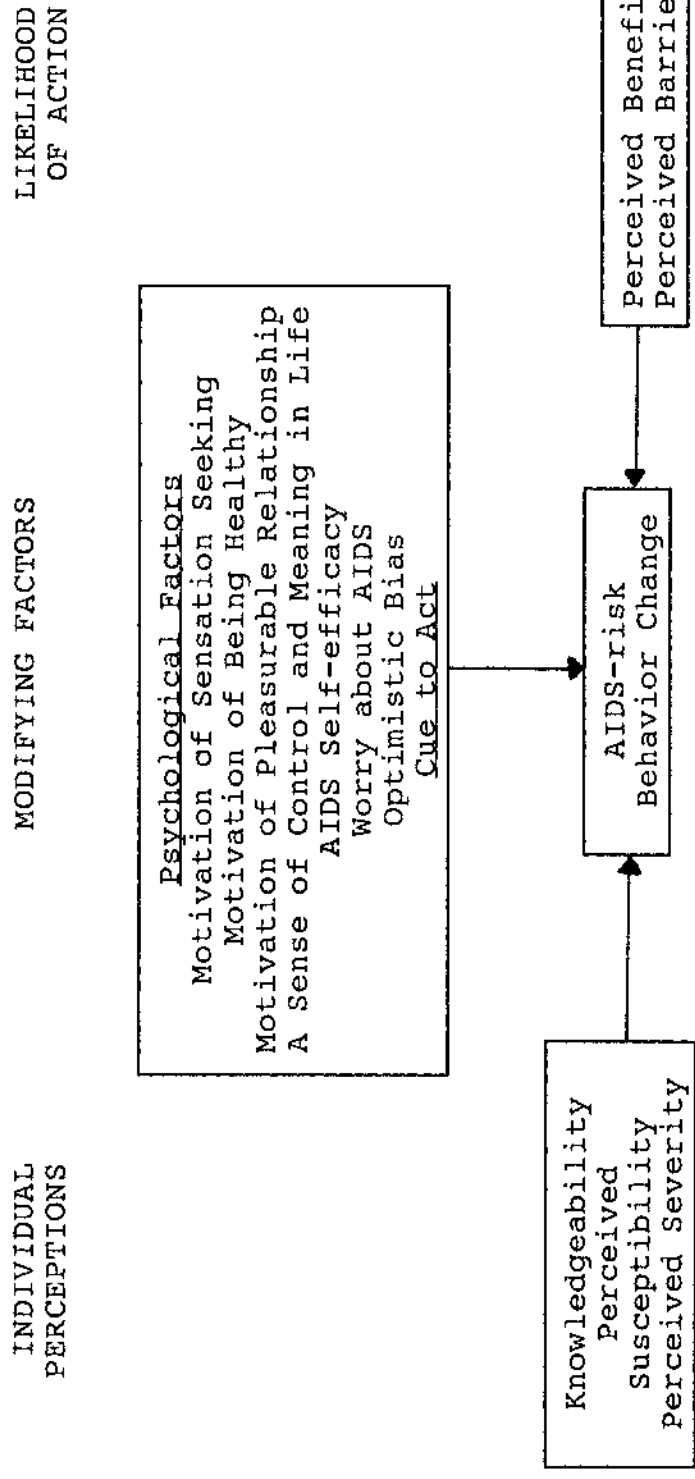


FIGURE 11
 THE MODEL FOR AIDS-RISK
 BEHAVIOR CHANGE

The Previous Findings Related to the Recruited Variables

Individual Perception

Knowledgeability

Knowledgeability of a disease is an essential base for a person to understand and thus, to execute the appropriate health preventive behavior. In the Health Belief Model, likewise, knowledgeability of a person about AIDS is an important factor which might affect his/her subsequent perception of risk, seriousness, and AIDS preventive behavior. Some research has studied the influence of AIDS knowledgeability in the subsequently perceived susceptibility, seriousness, benefit, barrier, and AIDS preventive behavior. Although research has shown that university students were quite knowledgeable about AIDS transmission, there were some deficits of knowledgeability found while classifying knowledge associated with AIDS into kinds of transmission and common knowledge (Price, Desmond, & Kukulka, 1985; Baldwin & Baldwin, 1988; Winslow, 1988; Strunin, 1991; McDonnell, Metheny, & Stanton, 1992; Greenlee & Ridley, 1993). Most of the respondents were more knowledgeable on risk items of AIDS transmission than non-risk items (Greenlee & Ridley, 1993). While some of the students were not sure of the possibility of contracting AIDS from "wet contact" such as using a toilet, kissing, sharing a glass, human bites, and insect bites, most of them

agreed they could not contract HIV through "dry" contact with AIDS carriers (Winslow, 1988; McDonnell et al., 1992). Furthermore, some of adolescents were misinformed of the ability of a vaccine to prevent AIDS (Baldwin & Baldwin, 1988). Some knew AIDS led to death, but did not know this was the outcome of the disease process (Hays & Hays, 1992). Some could recognize the high-risk group, but not the transmission of the virus (Price et al., 1985).

Research has also examined the influence of demographic characteristics, such as race, gender, age, and academic level in the AIDS knowledgeability. Among these demographic variables, race was a significant predictor to knowledgeability of AIDS (Strunin, 1991; Goh, 1993). Asians demonstrated they had less overall knowledge and knowledge of transmission via sex. They were also less likely to rule out the non-risk transmission such as transmission caused by toilet seats or from germs in the air, than Americans, African Americans, and Hispanics. Asians knew significantly less than their counterparts of different races about the transmission of AIDS via drug use (Strunin, 1991). Gender was not significantly associated with knowledgeability of AIDS (Hays & Hays, 1992; Greenlee & Ridley, 1993). Academic level of undergraduate students (senior) was positively related to the transmission knowledgeability (Greenlee & Ridley, 1993).

In addition to the demographic characteristics, sexual habit has been examined in relation to knowledgeability about AIDS. In a telephone survey, Strunin (1991) found that adolescents who had been sexually active knew significantly more about sexual transmission than those who had not been sexually active. However, Strunin and Hingson (1987), in another study, found that there was no significant difference in knowledge about transmission of the virus between sexually active and inactive adolescents. Thus, the relationship between sexual habit and knowledgeability of AIDS is still unclear.

Research has been concerned with the association between knowledgeability of AIDS and perceived susceptibility of contracting AIDS as well. However, there were inconsistent findings. Mickler (1993) and Strunin (1991) indicated that greater AIDS knowledge was associated with the decreased perception of susceptibility to AIDS. In contrast, Prohaska, Albrecht, Levy, Sugrue, and Kim (1990) indicated that knowing the facts about AIDS did not influence people's perceived vulnerability. In addition, the presence of knowledge has been found to be unrelated to preventive sexual behavior, especially condom use (Baldwin & Baldwin, 1988; Hays & Hays, 1992; Mickler, 1993).

Perceived Susceptibility

An individual's demographic characteristics have been found to be related to perceived vulnerability. Perceived vulnerability by race has led to mixing findings. In Prohaska et al.'s study (1990), Asian Americans had higher perceived risk for contracting AIDS, compared with whites, Blacks, Hispanics, and other Americans. This has been associated to the less AIDS knowledge of Asian Americans, and the lack of AIDS knowledge has been interpreted as the cause of extra fear of contracting AIDS. This might also reflect the view that Asians perceived AIDS virus to be as contagious as tuberculosis and malaria (Aoki, Ngin, Mo, & Ja, 1989). Although in Severn's study (1990) ethnicity was not a predictor of perceived vulnerability, however, due to the very few sample of Black, Hispanic, and Asian Americans in this study (less than 5 percent, respectively), the representation of ethnic characteristics is in doubt.

The idea that engaging in high-risk sexual behavior was related to higher perceived risk has been supported by research (Severn, 1990; Prohaska et al., 1990). The high-risk sexual behavior include having multiple sexual partners, having a bi-sexual partner, not using a condom, having sex with someone unknown, and having anal and oral sex. Especially, those having multiple sexual partners or having sex with someone without the perception of his/her

sexual history, had high perceived vulnerability. However, an inverse finding has been found in a study of 19 college students. Hays (1992) indicated that 16 subjects, who engaged in high-risk behavior, indicated they were at no risk for contracting AIDS. However, because of the small sample and the lack of classification of high-risk sexual behavior in this study, the findings are not representative of adolescents in general.

Baldwin and Baldwin (1988) and Goldman and Harlow (1993) found the inverse relationship between the perceived vulnerability and AIDS preventive behavior. They suggested that the more a person feels vulnerable to AIDS and has AIDS anxiety, the less likely he/she will adopt the AIDS preventive behavior. The drawback of this research is that it was retrospective. Thus, it cannot be determined whether exposure to high-risk behavior led to high perceived vulnerability, or vice versa.

Perceive Seriousness

Only few studies have measured the perception of seriousness for contracting AIDS (Yep, 1993b; Zimmerman & Olson, 1994). Yep (1993b) indicated that for Asian American students, perceived seriousness was a positive predictor of AIDS preventive behavior. In Zimmerman and Olson's study (1994), however, perceived seriousness, defined as the likelihood of death and pain, was not associated with AIDS

preventive behavior. The finding of the deficit of knowledgeability might partly explain why a person devalued the seriousness of HIV infection. Baldwin in his study (1988) indicated that some of the adolescents were misinformed of the availability of a vaccine to prevent AIDS. Some believed that even if they contracted the AIDS virus, there might be a cure before the AIDS symptoms appeared (Maticka-Tyndale, 1992). Even some adolescents compared AIDS infection with other diseases which might also contribute to death or represent a threat to their lives so that they did not concern themselves more with AIDS than with other diseases (Maticka-Tyndale, 1992). When individuals believed there would be cure to the AIDS disease, or that there were other threats to life as serious as AIDS, they also inevitably underestimate the seriousness of AIDS disease.

Modifying Factors

The Motivation of Sensation Seeking

Motivation is the initial force which precedes health preventive behavior. Sensation seeking is the preference of arousing sex stimulus which results in sexual risk-taking behavior (Zuckerman & Bone, 1972; Sheer & Cline, 1994). Baldwin (1988) measured the habit of seatbelt use while driving as one of the predispositions of sexual risk-taking behavior. People who regularly wore seatbelts while driving

were more likely to use a condom and had less casual sex than did those who did not regularly wear seatbelts. But the habit of seatbelt use was not significantly associated with the number of sexual partners a person had in the previous three months. Lasorsa and Shoemaker (1988) found that risky predispositions accounted for approximately 13 percent of the variance in attitudes about the risk of AIDS. In Sheer and Cline's study (1994), sensation seeking was assessed as "adventurousness," "impulsiveness," and "disinhibition." Confirming prior research, the results revealed that sensation seeking had a significantly indirect effect on condom use, the number of sexual partners, and having sex without a condom with someone whose HIV status was unknown.

The Motivation of Being Healthy

Rare research, applying Health Belief Model, has measured the motivation of being healthy. The adoption of preventive behavior was perceived as caused by perceived vulnerability of and perceived seriousness to a specific act (Rosenstock, 1974). In the study of 234 sexually active undergraduate students, Sheer and Cline (1994) measured healthy motivation by two items, "When I am deciding whether to use a condom or have my partner use a condom, the risk to my health is a major concern," and "When I am deciding with whom to have sex, the risk to my health is a major concern."

They indicated that health motivation had an indirect effect on condom use and unprotected sex, but not the number of sex partners.

The Motivation of Pleasurable Relationship

Sheer and Cline in their study (1994) found that pleasurable relationship was considered a negative motivation to adapting AIDS preventive behavior. Pleasurable relationship motivation in this study was related to having a satisfying psychological relationship with sexual partners, to keeping a physical pleasurable perception during sexual intercourse, and to pleasure seeking as a major reason to have sex with someone. The consistent finding with other prior research is that pleasurable relationship motivation had an inverse effect on adopting AIDS precautionary behavior, especially condom use (Weinstein, 1989; Cline & Engel, 1994; Sheer & Cline, 1994).

In summary, health motivation has been demonstrated to negatively predispose some of sexual risk-taking behavior while the motivation of pleasurable relationship and sensation seeking positively affected sexual risk-taking behavior.

A Sense of Control and Meaning in Life

A sense of control and life meaning has been found to be negatively associated to maladaptive health-risking behavior, such as alcohol and drug use (Glick, 1983). It

was found that adolescents reporting heavy drinking and use of psychoactive drugs were more likely to report unprotected sexual intercourse (Glick, 1983). Thus, the sense of control and life meaning affect AIDS preventive behavior.

AIDS Self-Efficacy

Of a person's personality, self-efficacy has been related to AIDS preventive behavior. Self-efficacy was a person's perception that he or she could successfully perform the behavior to produce the desirable outcome (Bandura, 1977). The perception of capability of performing a behavior would affect executing the behavior (Stretcher, 1986; Goldman & Harlow, 1993). Likewise, a person with low perception of capability of adapting AIDS preventive behavior would be less likely to take AIDS preventive action. This proposal examined drug and alcohol use. Studies indicated that alcohol and drug use were strongly related to noncompliance with safe-sex techniques known to prevent the spread of AIDS (Clapper & Lipsitt, 1991).

In a study of 602 undergraduate students in New England, Goldman and Harlow (1993) have examined the association between two psychological factors, self-efficacy and a sense of control and life meaning, and AIDS preventive behavior. The result suggested that "control and meaning were positively related to self-efficacy, as was self-efficacy to AIDS-preventive behavior" (p. 494). Thus, a

person with positive feeling of competence, control, and meaningfulness would be more likely to feel capable of performing AIDS preventive behavior. The more a person perceived himself or herself as capable of performing a behavior, the more likely he/she will perform the behavior. Thus, self-efficacy and a sense of control and meaning in life have been demonstrated to positively affect AIDS preventive behavior.

Worry about AIDS

In Strunin's study of adolescents in middle and high schools (1991), Asians were less worried about getting AIDS and had less knowledge than whites, Blacks, and Hispanics. However, because far fewer Asian students in the study reported having had heterosexual sexual intercourse (19 percent), such little exposure to the sexual risk for contracting AIDS might lead Asians to worry less about AIDS. The interesting question left is whether race will be a predictor to worrying about AIDS with the same level of sexual orientation. In addition, Severn (1990) indicated that those reporting between two and five partners are the most worried about getting AIDS, compared with those who reported no sexual partners and those having 10 or more partners. Thus, the relation between worrying about AIDS and AIDS preventive behavior might be curvilinear rather than being linear.

Optimistic Bias

Underestimation of AIDS risk has been the subject of research (Prohaska et al., 1990; Adame, Taylor-Nicholson, Wang, & Abbas, 1991; Mickler, 1993). Out-group and optimistic bias have been interpreted as the cause of the underestimation by most research. Out-group bias might exist due to one's prejudiced distinction between low-risk and high-risk people. Because AIDS has been viewed as the disease of homosexuals, males, and people who use drugs, heterosexuals and females might view themselves as invulnerable to AIDS (Mickler, 1993). For Asians, the out-group bias might occur as Asians view the spread of AIDS as "Western phenomenon" (Yep, 1993b, p. 301). Optimistic bias is "the consistent tendency to view one's own risk as less than the risk faced by others" (Sheer & Cline, 1994, p. 284; Weinstein, 1989). The presence of optimistic bias has been further demonstrated by Mickler (1993) in his study among heterosexual and sexually active undergraduate students. The adolescents believed they were at low risk for contracting AIDS, even compared with the others of the same gender, sexual orientation, and vocation (Mickler, 1993). The similar finding in Adame et al.'s study of 226 freshmen in a southern university was that over half of freshmen in this study did not view themselves at high risk to AIDS by

indicating they were less likely than most people to contract AIDS.

Likelihood of Act

Perceived Benefit and Barrier

Perceived benefits and barriers to adapting health preventive behaviors are affected by the perceptions of an individual, social norms and his/her social group (Rosenstock, 1974). Although adolescents on average were quite knowledgeable of AIDS and knew the effective protective behaviors, they might yield to peer pressure for specific AIDS-risk behavior, such as using alcohol or drug during or before sexual intercourse. The consistent research result is that perceived benefit is not significantly associated with AIDS preventive behavior (Yep, 1993b; Zimmerman & Olson, 1994).

In contrast to perceived benefits, perceived barriers are considered to hinder the adoption of the preventive health behavior (Rosenstock, 1974). The inverse relation between the barriers and AIDS preventive behaviors have been demonstrated by most of the previous research (Strunin, 1991; McDonnell et al., 1992; Yep, 1993b). The adoption of AIDS preventive behavior might be affected by the difficulties from each kind of AIDS preventive behavior. The difficulties come out not only from the perception of a person toward the act, such as cost and inconvenience, but

also from the social and group norms toward the behavior, which in turn, will affect the person's actual perception.

Due to this awareness, research on the relationship between social norms and AIDS preventive behavior has become a trend. Research on condom image is one of the examples (Severn, 1990; Sheer & Cline, 1994). The condom was perceived as decreasing pleasure and breaking a relationship with sexual partners. Severn (1990) indicated that men were more likely than women to agree that using a condom decreased male sexual pleasure with no significant difference between male and female attitudes in terms of condoms reducing female sexual pleasure. Most of the research has concluded that males were more likely than females to use condoms, and females were inclined to leave the decision making on condom use to males (Murphy, 1988; Severn, 1991; Goldman & Harlow, 1993). Thus, gender role in an individual and social perceptions has been considered as an essential part in safe-sexual behavior.

In summary of the research, decreasing the number of sexual partners and increasing the perception of sexual partners' sexual history have been the most likely chosen acts by most of the respondents to reduce or eliminate their perceived risk or fear of contracting AIDS. In contrast, condom use and abstaining from sex have been the least

likely adopted behaviors for AIDS prevention (Baldwin & Baldwin, 1988; McDonnell et al., 1992; Yep, 1993b).

Hypothesis

From the literature reviewed, this study develops the following hypotheses from the model constructed:

Hypothesis 1. Individual perceptions towards AIDS will influence AIDS-risk behavior. The perceptions are composed of knowledgeability of AIDS, perceived susceptibility, and perceived severity. The hypothesized relations with AIDS-risk behavior are as follows:

- a. There is negative relation between knowledgeability of AIDS infection and AIDS-risk behavior.
- b. Perceived susceptibility of contracting AIDS is negatively associated with AIDS-risk behavior.
- c. Perceived severity of AIDS infection affects the adoption of AIDS-risk behavior negatively.

Hypothesis 2. Modifying factors, including psychological variables and cue to act, will affect the respondents' AIDS preventive behavior. The following are their hypothesized relation with AIDS preventive behavior:

- a. The motivation of sensation seeking will affect AIDS-risk behavior. The motivation of sensational seeking consists of adventurousness, impulsiveness, and disinhibition. i)Adventurousness will influence AIDS-risk behavior positively; ii)impulsiveness is positively related to AIDS-risk behavior; and iii)disinhibition affects AIDS-risk behavior positively.
- b. The motivation of being healthy influences AIDS-risk behavior negatively.
- c. The motivation of pleasurable relationship is positively associated with the adoption of AIDS-risk behavior.
- d. A sense of control and meaning is composed of the measurement of powerlessness, life regard index, subject competence, and purpose in life. Their hypothesized relations with AIDS-risk behavior are as follows: i)Powerlessness is positively associated with AIDS-risk behavior; ii)life regard index is negatively related to AIDS-risk behavior; iii)subject competence influences AIDS-risk behavior negatively; iv)and purpose in life affects AIDS-risk behavior negatively.

- e. AIDS self-efficacy will affect the respondents' AIDS-risk behavior negatively.
- f. Worry about contracting AIDS will influence AIDS-risk behavior negatively.
- g. There is a negative association between optimistic bias and AIDS preventive behavior.
- h. Cues to act, consisting of passive and active cues, will contribute positively to the adoption of AIDS preventive behavior.

Hypothesis 3. The likelihood of AIDS preventive behavior is related to perceived benefit and perceived barriers as follow:

- a. Perceived benefit of AIDS preventive behavior is negatively related to adopting subsequent AIDS-risk behavior.
- b. Perceived barrier is positively related to adopting AIDS-risk behavior.

CHAPTER III

METHODOLOGY

Sample

The data reported in this study were collected from a survey of Taiwanese students at the University of North Texas, including students in the Intensive English Learning Institution in March, 1996. This survey concerned the respondents' attitudes toward life and their perceptions related of AIDS. One hundred eighty-three copies of the survey questionnaires, composed of 194 questions, were mailed to the students at their registered addresses obtained from the registrar's office at the university. A cover letter enclosed with the questionnaire explained the criteria used to choose the subjects and assured the students that their results of the questionnaire were confidential. The respondents were expected to complete this questionnaire anonymously and then to return it to the Department of Sociology at the University of North Texas in a stamped, pre-addressed envelope enclosed with the questionnaire.

Measurement

The survey questionnaire included the extended measures of the variables in Health Belief Model, including

individual perceptions, modifying factors and the likelihood of action. Individual perceptions consisted of knowledgeability of AIDS, perceived susceptibility of contracting AIDS, and perceived severity of AIDS infection. The modifying factors, assumed to modify an individual's perception in the adoption of AIDS-risk behavior, included cues to act and psychological variables, consisting of the motivation of sensational seeking, being healthy, seeking pleasurable relationships, a sense of control and meaning in life, self-efficacy, worry about AIDS, and optimistic bias. The likelihood of action was included by perceived benefit and perceived barrier. The dependent behavior variables were current AIDS-risk behavior and AIDS-risk behavior change since the respondents became aware of AIDS. Demographic variables were to describe the characteristics of the respondents. Refer to Table I in Chapter IV for the demographic variables, Table II for the variables of individual perceptions, Table III for the modifying factors, Table IV for the variables in likelihood of action, and Table V for the dependent variables, current AIDS preventive behavior and AIDS preventive behavior change.

Demographic variables

Table I presented the questions for demographic variables. All of the respondents were Taiwanese students, so ethnicity was excluded from the demographic variables in

this survey. Instead, they were asked how long they had been in America. In addition, the survey asked the respondents their demographic characteristics of gender, age, current academic status, parents' educational level, annual family income, religious attendance, and marital status. Because students studying at the Intensive English Learning Institution would have a variety of academic statuses, such as being a freshman or a graduate student, after they finished their class at IELI, they were asked their next academic status after finishing their class at IELI. The academic status were divided into 1 "freshman," 2 "sophomore," 3 "junior," 4 "senior," 5 "master," and 6 "doctorate or above." Parent's education was assessed by the number of schooling years their parents had completed. Family annual income was measured by the levels of 1 "under 10,000," 2 "10 to 20,000," 3 "20 to 30,000," 4 "30 to 40,000," 5 "40 to 50,000," 6 "50 to 60,000," or 7 "over 60,000" dollars. Religious attendance was assessed by the item, "How often do you attend church or other religious activities?" Responses ranged from 1 "never," 2 "ever," 3 "once two months," 4 "once a month," 5 "once two weeks," 6 "once a week," and 7 "more than once a week." The respondents' marital statuses were classified into 1 "single, never married," 2 "married," 3 "separated or divorced," and 4 "widowed."

Individual Perceptions

Knowledgeability of AIDS Infection

Twenty-five items, derived from National Health Interview Survey and used by Allen (1995), were adopted to measure the respondents' knowledgeability of AIDS infection related to common knowledge and transmission knowledge about AIDS. The first question assessed whether the respondents knew the difference between the AIDS virus and the AIDS disease (Yes/No/Other/Don't Know). The other questions about common knowledge were assessed on a 4-point Likert scale ranging from 1 "definitely true," 2 "probably true," 3 "probably false," 4 "definitely false," and 9 "don't know." The 13 questions for common knowledge of AIDS included "AIDS can reduce the body's natural protection against disease," "AIDS is especially common in older people," "AIDS can damage the brain," "AIDS usually leads to heart disease," "AIDS is an infectious disease caused by a virus," "teenagers cannot get AIDS," "AIDS leads to death," "A person can be infected with the AIDS virus and not have the disease AIDS," "looking at a person is enough to tell if he or she has the AIDS virus," "Any person with the AIDS virus can pass it to someone else through sexual intercourse," "A person who has the AIDS virus can look and feel well and healthy," "A pregnant woman who has the AIDS virus can give the AIDS virus to her baby," "There is a vaccine available to the

public that protects a person from getting the AIDS virus," and "There is no cure for AIDS at present."

To measure the respondents' knowledgeability to transmission of AIDS, the respondents were asked "How likely do you think it is that a person will get AIDS or the AIDS virus from...?" The 10 items about transmission were composed of "living near a home or hospital for AIDS patients," "working near someone with the AIDS virus," "eating in a restaurant where the cook has the AIDS virus," "kissing - with exchange of saliva - a person who has the AIDS virus," "shaking hands, touching, or kissing on the cheek of someone who has AIDS virus," "sharing plates, forks, or glasses with someone who has the AIDS virus," "using public toilets," "sharing needles for drugs use with someone who has the AIDS virus," "being coughed on or sneezed on by someone who has the AIDS virus," "attending school with a child who has the AIDS virus," and "mosquitoes or other insects." These items were measured on a 7-point scale indicating from 1 "very likely" to 7 "very unlikely."

Perceived Susceptibility

Rosenstock (1974) defined perceived susceptibility as "subject risks of contracting a condition" (p. 330). In this survey, perceived susceptibility was measured by the items, adopted by Gielen, Faden, O'Campo, Kass, and Anderson (1994). The items were as follows: "You cannot get AIDS

because your sexual partner(s) is (are) very clean," "You are not the kind of person who is likely to get AIDS," "You are less likely than most of people to get AIDS," "Given your lifestyle, there is a chance you could get AIDS," and "You are afraid you could get AIDS from your sexual partner(s)." These items were assessed on a 5-point Likert scale ranging from 1 "strongly agree," 2 "agree," 3 "don't know," 4 "disagree," to 5 "strongly disagree."

Perceived Seriousness

In Rosenstock's definition (1974), perceived seriousness was the level of emotional arousal and difficulties an individual perceived AIDS infection would create. Six items about common situation and three items about social relation responding to the difficulties the AIDS disease might create were constructed in the index of perceived seriousness. The six items about common situation, used by Gielen et al. (1994), were "AIDS is a life-threatening disease," "You are not worried about getting AIDS," "AIDS is not as bad as venereal disease (VD)," "AIDS can be cured if treated early," "You are not afraid of getting AIDS," and "Your body could fight off AIDS because you are very healthy." The other questions associated with the social relation were "AIDS breaks the relation between you and your family and your friends," "AIDS decreases the opportunities of schooling," and "AIDS

decreases the opportunities of working." All of the items were assessed on a 5-point scale indicating from 1 "strongly agree" to 5 "strongly disagree."

Modifying Factors

The Motivation of Sensation Seeking

Motivation was the initial factor which preceded health preventive behavior (Rosenbeck, 1974). Likewise, the motivation of sensation seeking was the preference for arousing sex stimulus which resulted in sexual risk-taking behavior (Zuckerman & Bone, 1972; Sheer & Cline, 1994). The motivation of sensation seeking in this study was assessed using the Sensation Seeking Indices, developed by Ferguson and Valenti (1990, 1991) and adopted by Sheer and Cline (1994). The 17-item scale was composed of three factors: adventurousness, impulsiveness, and disinhibition with 7-point scale indicating from 1 "very much like me," 2 "much like me," 3 "like me," 4 "don't know," 5 "unlike me," 6 "much unlike me," to 7 "very much unlike me." The questions related to adventurousness were "I sometimes like doing things that are a bit frightening," "I quite enjoy taking risks," "I welcome new and exciting experience and sensations, even if they are a little frightening," "To broaden my horizons, I am willing to take some risks," "I like to do some risky things, especially when I can do with

others," "I am an adventurous person," and "I like it when others see me as daring and adventurous."

The questions of impulsiveness consisted of "I generally do and say things without stopping to think," "I often get into a jam because I do things without thinking," "I often speak before thinking things out," "I usually think carefully before doing anything," "I often get so 'carried away' by new and exciting things that I never think of possible snags," and "Before making up my mind, I consider all of the advantages and disadvantages." The questions for disinhibition were as follows: "Keeping the drinks full is the key to a good party," "I feel better after taking a few drinks," "I enjoy the company of real partiers," and "I like wild and uninhibited parties."

The Motivation of Being Healthy

Based on the Health Belief Model (Rosenbeck, 1974), the motivation of being healthy concerned the subsequent health behavior. The motivation of being healthy in this survey was operationalized using two items developed by Sheer and Cline (1994). They were "When I am deciding whether to use a condom or have my partner use a condom, the risk to my health is a major concern," and "When I am deciding with whom to have sex, the risk to my health is a major consideration." Responses ranged from 1 "strongly agree," 2

"agree," 3 "somewhat agree," 4 "don't know," 5 "somewhat disagree," 6 "disagree," to 7 "strongly disagree."

The Motivation of Pleasurable Relationship

The motivation of pleasurable relationship was the preference of keeping a psychological relationship and pursuing sexual pleasure. It was operationalized using a 5-item scale, developed by Sheer and Cline (1994). The scale consisted of "When I am deciding with whom to have sex, pleasure seeking is a major consideration," "When I am deciding whether to use a condom or have my partner use a condom, maintaining the relationship is a major concern," "When I am deciding whether to use a condom or have my partner use a condom, pleasure seeking is a major consideration," "If my partner insists, I will use a condom because I want to engage in sexual intercourse," and "If my partner insists, I will use a condom because I want to maintain the psychological relationship." The responses might indicate from 1 "Strongly agree," 2 "Agree," 3 "Somewhat agree," 4 "Don't know," 5 "Somewhat disagree," 6 "Disagree," to 7 "Strongly disagree."

A Sense of Control and Meaning in Life

Goldman and Harlow (1993) considered that control and meaning were associated with personal control, personal competence, and feelings of powerlessness which constituted "a more global internal construct related to a person's self-

concept" (p. 490). By this definition, powerlessness, life regard index, subject competence, and purpose in life would be included in the measurement of control and meaning in this study. The index of powerlessness was developed by Harlow and Newcomb (1986, 1990) on a scale ranging from 1 "never," 2 "rarely," 3 "sometimes," 4 "often," to 5 "always." The respondents were asked to indicate the frequency of each item which had occurred in the last six months from the survey period. The items for powerlessness consisted of "I feel I am not in control of my life," "I succeed because of me, not because of luck," "I feel that others are running my life," "I can change my life if I want to," and "I feel that things just happen to me." In addition, the 28 items for life regard index, developed by Battista and Almond (1973), were assessed on a 5-point scale indicating from 1 "does not apply," 2 "rarely apply," 3 "sometimes applies," 4 "usually applies," to 5 "strongly applies." The 28 items were composed of "I feel like I have found a really significant meaning for leading my life," "I have really come to terms with what's important for me in my life," "I have a system or framework that allows me to truly understand my being alive," "I have a very clear idea of what I'd like to do with my life," "There are things that I devote all of my life's energy to," "I have a philosophy of life that really gives my living significance," "I have some

aims and goals that would personally give me a great deal of satisfaction if I could accomplish them," "I just don't know what I really want to do with my life," "I really don't have much of a purpose for living, even for myself," "I need to find something that I can really be committed to," "I get completely confused when I try to understand my life," "There honestly isn't anything that I totally want to do," "I really don't believe in anything about my life very deep," "Other people seem to have a much better idea of what they want to do with their lives than I do," "I have real passion in my life," "I really feel good about my life," "Living is deeply fulfilling," "I feel that I am living fully," "I feel that I'm really going to attain what I want in life," "I get so excited by what I'm doing that I find new stores of energy I didn't know that I had," "When I look at my life, I feel the satisfaction of really having worked to accomplish something," "I don't seem to be able to accomplish those things that are really important to me," "Other people seem to feel better about their lives than I do," "I have a lot of potential that I don't normally use," "I spend most of my time doing things that really aren't very important to me," "Something seems to stop me from doing what I really want to do," "Nothing very outstanding ever seems to happen to me," and "I don't really value what I'm doing."

Subjective competence was assessed, using an index selected from Harlow's study (1989). The respondents were asked the frequency of each described experience which had occurred in the last six months from the survey period on a scale ranging from 1 "never," 2 "rarely," 3 "sometimes," 4 "often," to 5 "always." The 15 items were as follows: "The future is certain and clear to me," "When faced with a dilemma, I usually know what to do," "I feel that I have a sense of inner control over myself," "I experience a certain degree of independence in my life," "I am able to form rewarding personal relationships," "I am able to cope with pressing problems," "I am able to perform tasks in stressful situations," "I am able to express feelings appropriately when under stress," "When necessary, I am able to turn a situation around for the better," "I usually am able to meet the expectations of others," "I am able to take action to correct a situation when necessary," "I am a self-confident person," "I possess a degree of self-determination," "I get satisfaction from successfully performing a task," and "I am happy and content with my life."

For purpose in life, this study used the index, developed by Crumbaugh and Maholick (1964) and revised by Harlow, Newcomb, and Bentler (1987). The 20 items in this index were: "I am usually completely bored," "Life to me seems always exciting," "In life I have no goals or aims at

all," "My personal existence is utterly meaningless and without purpose," "Every day is constantly new and different," "If I could choose, I would prefer never to have been born," "After retiring, I would do some of the exciting things I have always wanted to do," "In achieving life goals I have made no progress whatsoever," "My life is empty, filled only with despair," "If I should die today, I would feel that my life has been very worthwhile," "In thinking of my life, I often wonder why I exist," "As I view the world in relation to my life, the world completely confuses me," "I am a very irresponsible person," "Concerning man's freedom to make his own decisions, I believe man is absolutely free to make all life choices," "With regard to death, I am prepared and unafraid," "With regard to suicide, I have thought of it seriously as a way out," "I regard my ability to find a meaning, purpose, or mission in life as very great," "My life is in my hands and I am in control of it," "Facing my daily tasks is a source of pleasure and satisfaction," and "I have discovered no mission or purpose in life." The responses ranged from 1 "strongly disagree," 2 "disagree," 3 "don't know," 4 "agree," to 5 "strongly agree."

AIDS Self-Efficacy

Self-efficacy was defined as a person's perception that he or she could successfully perform the behavior to produce

the desirable outcome (Bandura, 1977). Thus, the perception of capability of performing AIDS preventive behavior would affect executing the behavior (Stretcher, 1986; Goldman & Harlow, 1993). This study used 4 items, developed by Harlow (1989) to measure AIDS self-efficacy on a 7-point scale indicating from 1 "strongly agree" to 7 "strongly disagree." The items were as follows: "I believe I can take steps to prevent myself from AIDS," "I am fairly selective of my sexual partner(s)," "I am cautious and careful about not getting myself into situations that could lead to getting the AIDS virus," and "I (would) make it a point to ask questions about my partner's sexual history."

Worry about AIDS

The degree of worrying about AIDS was measured by asking "What is the degree of your worry about contracting AIDS?" The responses ranged from 1 "extremely," 2 "somewhat," 3 "a little bit," 4 "not at all," to 9 "don't know" (Mickler, 1993). The result was recoded inversely so that the weight of the value could indicate the tendency of the respondents to the worry about AIDS.

Optimistic Bias

Weinstein (1989) defined optimistic bias as the consistent tendency to view one's own risk as less than the risk faced by others. Based on Weinstein's definition, optimistic bias in this study was assessed using the item:

"Compared to the total population of the United States, what is your own risk of contracting the virus?" (Sheer & Cline, 1994). The measured scale ranged from 1 "very likely," 2 "likely," 3 "don't know," 4 "unlikely," to 5 "very unlikely."

Cues to act

A nineteen-item scale, modified from National Health Interview Survey, used by Allen (1995) was constructed to measure cues that might trigger to AIDS preventive behavior. The cues were composed of passive and active cues. The passive cues included the Public Service Announcement about AIDS seen on television or heard from radio and the articles, brochures, or pamphlets about AIDS read. The active cues were composed of the blood test for AIDS virus infection examined, discussing AIDS with a friend or relative, and knowing the individuals who were known to be infected with HIV or have AIDS.

The questions, related to Public Service Announcement, were "In the past month, have you seen any Public Service Announcement about AIDS on television," "In the past month, have you heard any Public Service Announcements called America Responds to AIDS from radio," "Do you know any of those Public Service Announcement called America Responds to AIDS?" The respondents were asked whether they read the articles, brochures, or pamphlets about AIDS either ever

before, or in the past month. The responses for passive cues ranged from 1 "Yes," 2 "No," to 9 "Don't know."

For AIDS virus test, the respondents were asked whether they ever received counseling or had a talk with a health professional about taking the AIDS virus test, and during that discussion, whether they received information about how to avoid getting or passing on the AIDS virus. In addition, they were asked the number of times they had the AIDS virus test before and in the past year. They were also asked whether they received the test results, had either counseling or had talk with a health professional, or were referred to a health professional to get counseling about the AIDS infection after receiving the test results. For discussing AIDS with a friend or relative, the respondents were asked whether they had such a discussion and when the last discussion was conducted (Today/Days ago/Weeks ago/Months ago/Years ago/Don't know). The number of the individuals the respondents knew who were known to be infected with HIV or have AIDS was among the active cues. Another associated item was "How long has it been since you saw this person?" The responses ranged from 1 "Within the past two weeks," 2 "Two weeks to less than one month," 3 "One month to less than 3 months," 4 "3 months to less than 6 months," to 5 "More than 6 months, or never seen." Finally, the respondents were asked to indicate how well

they knew this person on a scale ranging from 1 "Very well, it is a close relationship," 2 "Fairly, but it is not a close relationship," 3 "Not very well, it is only an acquaintance or casual relationship," and 4 "You don't really know them personally, such as a friend of a friend."

The Likelihood of Action

Perceived Benefit

Perceived benefit was how effective the respondents thought AIDS preventive behavior and technique to be. The AIDS preventive behavior, in this study, included not only adopting AIDS preventive technique, but also decreasing the number of sex partners and the frequency of having sex with a stranger. The AIDS preventive behaviors and techniques, derived from National Health Interview Survey, used by Allen (1995), were "During sex intercourse, using a diaphragm," "During sex intercourse, using a condom," "During sex intercourse, using a spermicidal jelly, foam or cream," "Having a vasectomy," "Reducing the number of sexual partners," "Abstaining from sex," "Reducing the frequency of sex," "Avoiding anal sex with exchange of body fluid," "Avoiding vaginal sex with exchange of body fluid," "Avoiding oral sex with exchange of body fluid," "Do not have drug or alcohol during sex," "Do not have sex with someone you don't know very well," and "Do not have sex with someone you don't know his/her AIDS status." The responses

ranged from 1 "very effective," 2 "somewhat effective," 3 "a little bit effective," 4 "not at all effective," to 9 "don't know."

Perceived Barrier

Perceived barrier was the negative aspect of health action (Rosentock, 1974). It was associated with the difficulties the respondents felt in adopting AIDS preventive behavior. This study measured the perceived barriers by the index, adopted by Gielen et al.(1994), on a 5-point Likert scale ranging from 1 "strongly agree" to 5 "strongly disagree." The four related items were as follows: "The quality of your sex life would suffer if you did all the things that are important to protect yourself from getting AIDS," "Protecting yourself against AIDS would be hard to do, given your lifestyle," "If you tried hard to protect yourself against AIDS, it would be a hassle," and "It would be embarrassing for you if you were to do all the things you have to do to protect yourself from getting AIDS."

Dependent Variables

Current AIDS-Risk Behavior

Current AIDS-risk behavior was the behavior the respondents conducted in the past two months from the survey period which might contribute to their contracting AIDS. A six-item index, modified from the studies of Mickler (1993)

and Zimmerman and Olson (1994), was constructed to measure the AIDS-risk behavior, including the number of sex partners, the frequency of having sex in one month, and the percentage of time the respondents engaged in sexual intercourse using a condom, respectively. In addition, the respondents were asked "Did you use drug or alcohol during or before sex," "Did you have any sexual activity with someone you don't know very well, such as someone you just met or a casual acquaintance," "Did you have sex with someone who you did not know whether he or she had AIDS or not," and "Did you use a diaphragm during sex intercourse?" The respondents who had never had sex were expected to indicate "0" in the items of the number of sexual partners and the frequency of having sex and to skip the rest of the questions.

AIDS-Risk Behavior Change

AIDS risk behavior change was the behavior difference since the respondent became aware of AIDS disease (Zimmerman & Olson, 1994). The behavior change was associated with the number of sexual partners, the frequency of having sex, having sex with someone the respondents did not know very well, using a condom during sexual intercourse, having drug or alcohol during or before sexual intercourse, and having sex with someone without knowing whether he or she has AIDS. The change ranged the number or the frequency from 1 "Much

more," 2 "More," 3 "No change," 4 "Less," 5 "Much less," to
9 "Don't know." The respondents who had never had sexual
experience were expected to skip the measure of AIDS
preventive behavior change.

CHAPTER IV

ANALYSIS AND RESULTS

In this chapter, first, the characteristics of the respondents and the distribution of data for each independent and dependent variables is presented. The results of frequency analysis for demographic, perceptual, modifying, likelihood, and dependent variables are presented in order, Tables I through V. The indices of total values for each of the independent and dependent variables are presented in Table VI, and the measures of reliability are presented in Table VII. The bivariate correlations between the independent and dependent variables, using Pearson's correlation coefficient, were examined to determine which variables to retain in the multiple regression analysis. Furthermore, the cases included in the multiple regression analysis were analyzed to describe the characteristics of the respondents retained in the multiple regression analysis. The results of the frequency analysis to those included cases were represented in Table X and XI, respectively. Furthermore, this study compared the results of Pearson's correlation coefficient and the multiple

regression analysis with the previously related findings. Finally, several suggestions were made for the future research on AIDS and AIDS preventive campaigns.

Descriptive Statistics of Data

Demographic Variables

Among the mailed 183 questionnaires, 89 were received by the Department of Sociology at the University of North Texas, excluding 3 returned due to incorrect addresses. It resulted in 49.4 percent of response rate. Table I presented the results of frequency analysis for demographic variables, as follows:

Table I

Descriptive Analysis for Demographic Variables

1. Months having been in America (N=86)					
<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
37.826	36.000	28.068	1.197	.932	137
2. Gender (N=88)					
<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
.545	1.000	.501	2.012	-.186	1
<u>Value:</u>	0=male; 1=female				
3. Age (N=83)					
<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
27.476	26.500	4.674	-.280	.544	21
4. Current academic status (N=82)					
<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
4.268	5.000	1.491	.046	-.979	5
<u>Value:</u>	1=freshman; 2=sophomore; 3=junior; 4=senior; 5=master; 6=doctor				

table continues

5. Father's cumulative years of schooling ($N=87$)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
12.494	13.000	4.628	-.487	-.529	22

6. Mother's cumulative years of schooling ($N=86$)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
10.267	11.000	4.185	-.498	.040	20

7. Family annual income ($N=80$)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
4.463	5.000	1.835	-.838	-.323	6

Value: 1=\$10,000; 2=\$10-20,000; 3=\$20-30,000; 4=\$30-40,000; 5=\$40-50,000; 6=\$50-60,000; 7>\$60,000

8. The frequency of attending religious act ($N=89$)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
3.157	2.000	2.131	-.962	.813	6

Value: 1=never; 2=ever; 3=once two months; 4=once one month; 5=once two week; 6=once a week; 7=more than once a week

9. Marital status ($N=89$)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
1.180	1.000	.415	4.058	2.174	3

Value: 1=single; 2=married; 3=separated or divorced; 4=widowed

As Table I showed, 45.5 percent of the respondents were males, and 54.5 percent were females. The mean of the months for which the respondents had been in America was 37.826 months ($SD = 28.068$). Eight percent had been in America for more than 75 months while 22.1 percent had less than one year. The pattern of age in this survey was well distributed. The youngest person was age 19, and the oldest was 40, with the mean age of 27.476 ($SD = 4.674$). The majority of the respondents, 71.1 percent, were between 20

and 30 years of age. Concerning the academic status, 41.5 percent of the respondents were on the undergraduate and master levels, respectively. Among the undergraduate levels, seniors, 17.1 percent of all, were the majority. The number of persons on the doctoral level was the same as that of the senior undergraduate level.

For the variables of parents' cumulative years of schooling, the mean for the father's schooling years was 12.494 ($SD = 4.628$). Because the respondents were asked to answer the question based on the formal education their parents had completed, the level of education could be represented by the cumulative years of schooling as follow: In Taiwan, 6 years were required by the government for completing elementary education; 3 additional years for junior high school education; 3 additional years for senior high school education; and 4 additional years for university or college education. It was found that in general, the mothers' education in this survey was lower than fathers'. It was represented by the mean of mothers' cumulative schooling and the percent of the mothers in higher levels of education. The mean of the mothers' cumulative years of schooling was 10.267 ($SD = 4.185$), compared with the fathers' 12.494. Although 93 percent of the mothers had schooling at least for 6 years (elementary education), only 25.6 percent of the mothers completed the schooling of 12

years required for senior high school education, compared with 69 percent of fathers. Few mothers, 12.8 percent, had schooling of at least 16 years, compared with 39 percent of fathers. Only 5.8 percent of the mothers had schooling more than 16 years, compared with 16.1 percent of the fathers.

As for the variable of annual family income, over half of the respondents, 55 percent, reported their annual family income above 40,000 with 26.3 percent between 40,000 and 50,000, 11.3 percent between 50,000 and 60,000, and 17.5 percent having more than 60,000. Only 7.5 percent had less than 10,000 annual family income. It appeared that the economic situation of the respondents' families was above the average. Therefore, it might be that only families in good economic condition could afford to send their children to study abroad, instead of asking their children to work to support the families. Concerning the marital status, the fact that 83.1 percent of the respondents were single and never married indicated that the overwhelming majority of the respondents were among the population most vulnerable to AIDS infection. The frequency for religious activities attendance showed that 36 percent of the respondents attended religious activities on a regular basis, including once every two months, once a month, once every two weeks, once a week, or more than once a week.

Individual Perception

The following were the results of descriptive statistics for the variables of individual perceptions, including knowledgeability, perceived susceptibility, and perceived seriousness.

Table II

Descriptive Statistics for the Variables of Individual Perception

Items for knowledgeability of AIDS

Common knowledge

1.To the best of your knowledge, is there a difference between having the AIDS virus and having the disease AIDS?
(N=78)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.705
No	0	23	29.5	Median=1.000
Yes	1	55	70.5	Std dev=.459
				Kurtosis=-1.189
				Skewness=-.917

2.AIDS can reduce the body's natural protection against disease.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.854
Definitely false	1	1	1.1	Median=4.000
Probably false	2	0	0	Std dev=.441
Probably true	3	10	11.2	Kurtosis=19.990
Definitely true	4	78	87.6	Skewness=-3.966

table continues

 Items for knowledgeability of AIDS

Common knowledge

3.AIDS is especially common in older people.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.885
Definitely true	1	0	0	Median=4.000
Probably true	2	0	0	Std dev=.321
Probably false	3	10	11.5	Kurtosis=4.132
Definitely false	4	77	88.5	Skewness=-2.457

4.AIDS usually leads to heart disease.

(N=65)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.246
Definitely true	1	3	4.6	Median=3.000
Probably true	2	9	13.8	Std dev=.867
Probably false	3	22	33.8	Kurtosis=.145
Definitely false	4	31	47.7	Skewness=-.953

5.AIDS is an infectious disease caused by a virus.

(N=84)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.595
Definitely false	1	4	4.8	Median=4.000
Probably false	2	0	0	Std dev=.730
Probably true	3	22	26.2	Kurtosis=5.358
Definitely true	4	58	69.0	Skewness=-2.243

6.Teenagers cannot get AIDS.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.966
Definitely true	1	1	1.1	Median=4.000
Probably true	2	0	0	Std dev=.318
Probably false	3	0	0	Kurtosis=89.000
Definitely false	4	88	98.9	Skewness=-2.192

7.AIDS leads to death.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.795
Definitely false	1	0	0	Median=4.000
Probably false	2	2	2.3	Std dev=.459
Probably true	3	14	15.9	Kurtosis=4.259
Definitely true	4	72	81.8	Skewness=-2.192

table continues

 Items for knowledgeability of AIDS

Common knowledge

8.A person can be infected with the AIDS virus and not have the disease AIDS.
(N=79)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.949
Definitely false	1	15	19.0	Median=3.000
Probably false	2	6	7.6	Std dev=1.120
Probably true	3	26	32.9	Kurtosis=-.825
Definitely true	4	32	40.5	Skewness=-.741

9.Looking at a person is enough to tell if he or she has the AIDS virus.
(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.713
Definitely true	1	2	2.3	Median=4.000
Probably true	2	4	4.6	Std dev=.663
Probably false	3	11	12.6	Kurtosis=6.308
Definitely false	4	70	80.5	Skewness=-2.544

10.ANY person with the AIDS virus can pass it on to someone else through sexual intercourse.
(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.379
Definitely false	1	8	9.2	Median=4.000
Probably false	2	4	4.6	Std dev=.943
Probably true	3	22	25.3	Kurtosis=1.294
Definitely true	4	53	60.9	Skewness=-1.515

11.A person who has the AIDS virus can look and feel well and healthy.
(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.409
Definitely false	1	4	4.5	Median=4.000
Probably false	2	5	5.7	Std dev=.797
Probably true	3	30	34.1	Kurtosis=1.814
Definitely true	4	49	55.7	Skewness=-1.437

table continues

Common knowledge

12.A pregnant woman who has the AIDS virus can give the AIDS virus to her baby.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.764
Definitely false	1	1	1.1	Median=4.000
Probably false	2	0	0	Std dev=.501
Probably true	3	18	20.2	Kurtosis=9.441
Definitely true	4	70	78.7	Skewness=-2.617

13. There is a vaccine available to the public that protects a person from getting the AIDS virus.

(N=86)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=1.360
Definitely true	1	63	73.3	Median=1.000
Probably true	2	16	18.6	Std dev=.667
Probably false	3	6	7.0	Kurtosis=2.988
Definitely false	4	1	1.2	Skewness=1.869

14. There is no cure for AIDS at present.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.828
Definitely false	1	1	1.1	Median=4.000
Probably false	2	1	1.1	Std dev=.487
Probably true	3	10	11.5	Kurtosis=14.559
Definitely true	4	75	86.2	Skewness=-3.499

Transmission knowledge

1. Living near a home or hospital for AIDS patients.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.697
Very unlikely	1	25	28.1	Median=2.000
Unlikely	2	29	32.6	Std dev=1.688
Somewhat unlikely	3	12	13.5	Kurtosis=-.504
Don't know	4	3	3.4	Skewness=.855
Somewhat likely	5	12	13.5	
Likely	6	7	7.9	
Very likely	7	1	1.1	

2. Working near someone with the AIDS virus.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.364
Very unlikely	1	16	18.2	Median=3.000
Unlikely	2	24	27.3	Std dev=1.883
Somewhat unlikely	3	11	12.5	

table continues

Transmission knowledge

Don't know	4	3	3.4	Kurtosis=-1.275
Somewhat likely	5	21	23.9	Skewness=.313
Likely	6	9	10.2	
Very likely	7	4	4.5	

3.Eating in a restaurant where the cook has the AIDS virus.
(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very unlikely	1	10	11.5	Mean=4.011
Unlikely	2	16	18.4	Median=4.000
Somewhat unlikely	3	12	13.8	Std dev=1.950
Don't know	4	6	6.9	Kurtosis=-1.252
Somewhat likely	5	22	25.3	Skewness=-.036
Likely	6	10	11.5	
Very likely	7	11	12.6	

4.Kissing - with exchange of saliva - a person who has the
AIDS virus.
(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very unlikely	1	6	6.7	Mean=4.483
Unlikely	2	17	19.1	Median=5.000
Somewhat unlikely	3	12	13.5	Std dev=2.051
Don't know	4	2	2.2	Kurtosis=-1.407
Somewhat likely	5	17	19.1	Skewness=-.242
Likely	6	15	16.9	
Very likely	7	20	22.5	

5.Shaking hands, touching, or kissing on the cheek of
someone who has AIDS virus.
(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very unlikely	1	17	19.3	Mean=2.636
Unlikely	2	39	44.3	Median=2.000
Somewhat unlikely	3	11	12.5	Std dev=1.471
Don't know	4	6	6.8	Kurtosis=.149
Somewhat likely	5	11	12.5	Skewness=1.011
Likely	6	3	3.4	
Very likely	7	1	1.1	

6.Sharing plates, forks, or glasses with someone who has the
AIDS virus.
(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very unlikely	1	10	11.2	Mean=3.787
Unlikely	2	23	25.8	Median=4.000

table continues

Transmission knowledge

Somewhat unlikely	3	11	12.4	Std dev=1.968
Don't know	4	8	9.0	Kurtosis=-1.267
Somewhat likely	5	17	19.1	Skewness=.214
Likely	6	9	10.1	
Very likely	7	11	12.4	

7.Using public toilets.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very unlikely	1	6	6.7	Mean=3.831
Unlikely	2	27	30.3	Median=4.000
Somewhat unlikely	3	10	11.2	Std dev=1.860
Don't know	4	6	6.7	Kurtosis=-1.352
Somewhat likely	5	20	22.5	Skewness=.143
Likely	6	13	14.6	
Very likely	7	7	7.9	

8.Sharing needles for drugs use with someone who has the AIDS virus.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very unlikely	1	1	1.1	Mean=6.854
Unlikely	2	0	0	Median=7.000
Somewhat unlikely	3	0	0	Std dev=.716
Don't know	4	0	0	Kurtosis=52.454
Somewhat likely	5	2	2.2	Skewness=-6.811
Likely	6	3	3.4	
Very likely	7	83	93.3	

9.Being coughed on or sneezed on by someone who has the AIDS virus.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very unlikely	1	9	10.2	Mean=4.057
Unlikely	2	19	21.6	Median=4.500
Somewhat unlikely	3	9	10.2	Std dev=1.961
Don't know	4	7	8.0	Kurtosis=-1.345
Somewhat likely	5	19	21.6	Skewness=-.081
Likely	6	15	17.0	
Very likely	7	10	11.4	

table continues

Transmission knowledge

10. Attending school with a child who has the AIDS virus.
(N=86)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very unlikely	1	23	26.7	Mean=2.570
Unlikely	2	29	33.7	Median=2.000
Somewhat unlikely	3	14	16.3	Std dev=1.491
Don't know	4	6	7.0	Kurtosis=-.011
Somewhat likely	5	11	12.8	Skewness=.907
Likely	6	2	2.3	
Very likely	7	1	1.2	

11. Mosquitoes or other insects.
(N=86)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very unlikely	1	5	5.8	Mean=4.791
Unlikely	2	15	17.4	Median=5.000
Somewhat unlikely	3	4	4.7	Std dev=2.018
Don't know	4	8	9.3	Kurtosis=-1.138
Somewhat likely	5	15	17.4	Skewness=-.498
Likely	6	15	17.4	
Very likely	7	24	27.9	

Items for perceived susceptibility

Susceptibility

1. You can't get AIDS because your sexual partner(s) is (are) very clean.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Strongly agree	1	14	15.7	Mean=2.921
Agree	2	25	28.1	Median=3.000
Don't know	3	13	14.6	Std dev=1.281
Disagree	4	28	31.5	Variance=1.641
Strongly disagree	5	9	10.1	Kurtosis=-1.233
				Skewness=-.016

2. You are not the kind of person who is likely to get AIDS.
(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Strongly agree	1	20	22.5	Mean=2.472
Agree	2	33	37.1	Median=2.000
Don't know	3	17	19.1	Std dev=1.207
Disagree	4	12	13.5	Kurtosis=-.535
Strongly disagree	5	7	7.9	Skewness=.603

table continues

Susceptibility

3.You are less likely than most of people to get AIDS.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.360
Strongly agree	1	22	24.7	Median=2.000
Agree	2	31	34.8	Std dev=1.100
Don't know	3	21	23.6	Kurtosis=-.514
Disagree	4	12	13.5	Skewness=.498
Strongly disagree	5	3	3.4	

4.Given your lifestyle, there is a chance you could get AIDS.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=1.750
Strongly disagree	1	44	50.0	Median=1.500
Disagree	2	31	35.2	Std dev=.962
Don't know	3	5	5.7	Kurtosis=1.457
Agree	4	7	8.0	Skewness=1.397
Strongly agree	5	1	1.1	

5.You are afraid you could get AIDS from your sexual partner(s).

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.607
Strongly disagree	1	24	27.0	Median=2.000
Disagree	2	27	30.3	Std dev=1.370
Don't know	3	6	6.7	Kurtosis=-1.322
Agree	4	24	27.0	Skewness=.313
Strongly agree	5	8	9.0	

Items for perceived seriousness

Seriousness in common

1.AIDS is a life-threatening disease.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.775
Strongly disagree	1	1	1.1	Median=5.000
Disagree	2	0	0	Std dev=.559
Don't know	3	0	0	Kurtosis=22.934
Agree	4	16	18.0	Skewness=-4.021
Strongly agree	5	72	80.9	

table continues

Seriousness in common

2.You are not worried about getting AIDS.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.730
Strongly agree	1	18	20.2	Median=2.000
Agree	2	27	30.3	Std dev=1.268
Don't know	3	10	11.2	Kurtosis=-1.331
Disagree	4	29	32.6	Skewness=.081
Strongly disagree	5	5	5.6	

3.AIDS is not as bad as venereal disease (VD).

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.449
Strongly agree	1	4	4.5	Median=5.000
Agree	2	3	3.4	Std dev=1.011
Don't know	3	1	1.1	Kurtosis=4.858
Disagree	4	22	24.7	Skewness=-2.286
Strongly disagree	5	59	66.3	

4.AIDS can be cured if treated early.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.921
Strongly agree	1	0	0	Median=4.000
Agree	2	10	11.2	Std dev=.968
Don't know	3	15	16.9	Kurtosis=-.541
Disagree	4	36	40.4	Skewness=-.609
Strongly disagree	5	28	31.5	

5.You are afraid of getting AIDS.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.730
Strongly disagree	1	4	4.5	Median=4.000
Disagree	2	15	16.9	Std dev=1.175
Don't know	3	7	7.9	Kurtosis=-.401
Agree	4	38	42.7	Skewness=-.788
Strongly agree	5	25	28.1	

6.Your body could fight off AIDS because you are very healthy.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.225
Strongly agree	1	0	0	Median=4.000
Agree	2	1	1.1	Std dev=.794
Don't know	3	17	19.1	Kurtosis=-.753
Disagree	4	32	36.0	Skewness=-.567
Strongly disagree	5	39	43.8	

table continues

Seriousness to social relation

1.AIDS breaks the relationship between you and your family and friends.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.124
Strongly disagree	1	2	2.2	Median=4.000
Disagree	2	5	5.6	Std dev=.951
Don't know	3	8	9.0	Kurtosis=1.730
Agree	4	39	43.8	Skewness=-1.306
Strongly agree	5	35	39.3	

2.AIDS decreases the opportunities of schooling.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.562
Strongly disagree	1	4	4.5	Median=4.000
Disagree	2	17	19.1	Std dev=1.167
Don't know	3	13	14.6	Kurtosis=-.736
Agree	4	35	39.3	Skewness=-.525
Strongly agree	5	20	22.5	

3.AIDS decreases the opportunities of working.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.022
Strongly disagree	1	3	3.4	Median=4.000
Disagree	2	7	7.9	Std dev=1.044
Don't know	3	8	9.0	Kurtosis=1.053
Agree	4	38	42.7	Skewness=-1.210
Strongly agree	5	33	37.1	

Knowledgeability of AIDS

For the variable of knowledgeability of AIDS, as Table II showed, most of the respondents had general correct common knowledge about AIDS, except for the difference between AIDS virus and disease, the relationship with heart disease, and the availability of AIDS vaccine. Overall, 29.5 percent of the respondents did not think that a difference existed between having the AIDS virus and having

the disease AIDS; only 40.5 percent considered it "definitely true" that "A person can be infected with the AIDS virus and not have the disease AIDS." Regarding the relationship to heart disease, less than half the respondents, 47.7 percent, regarded it "definitely false" that "AIDS usually leads to heart disease," with 33.8 percent reporting "probably false," 13.8 percent reporting "probably true," and 4.6 percent stating "definitely true." Concerning the availability of AIDS vaccine, 91.1 percent of the respondents reported "definitely true" or "probably true" to that "There is a vaccine available to the public that protects a person from getting the AIDS virus," while only 8.2 percent regarded it as "definitely false" or "probably false."

In addition, among all of the items for common knowledgeability, the positive items, such as "AIDS can reduce the body's natural protection against disease," were recoded into 1 "definitely false," 2 "probably false," 3 "probably true," and 4 "definitely true." Therefore, the larger the value in one item, the more likely the respondents had the correct common knowledge about AIDS. Then, the results of all items were added up to construct the index of total values for common knowledgeability about AIDS. Therefore, the larger the value in the index of total

values, the more likely that the respondents would have the correct common knowledge of AIDS.

For the transmission knowledge, it was found that "sharing needles for drug use with someone who has the AIDS virus" was considered by the largest percent of the respondents, 96.7 percent, as a possible way of transmitting AIDS. The following was the order of the items, each of which was regarded as the possible way of transmitting AIDS by the decreasing number of the respondents: "mosquitoes or other insects"(62.7 percent), "kissing-with exchange of saliva - a person who has the AIDS virus"(58.5 percent), and "being coughed on or sneezed on by someone who has the AIDS virus"(50 percent). The following were the items regarded "very likely," "likely," or "somewhat likely" by less than half the respondents: "eating in a restaurant where the cook has the AIDS virus"(49.4 percent), "using public toilets"(45 percent), "sharing plates, forks, or glasses with someone who has the AIDS virus"(41.6 percent), and "working near someone with the AIDS virus"(38.6 percent). "Living near a home or hospital for the AIDS patients"(22.5 percent), "shaking hands, touching, or kissing on the cheek of someone who has AIDS virus"(17 percent), and "attending school with a child who has the AIDS virus"(16.3 percent) were those considered by the fewest percent of the respondents as possible transmission of AIDS. The results of the ten items

were recoded into 1 "very unlikely" to 7 "very likely" and added up in the index of total values. The larger the total value in the index, the more likely the respondents could recognize the AIDS transmission.

Perceived Susceptibility

The perceived susceptibility of AIDS infection was low. Forty-four percent of the respondents stated "strongly agree" or "agree" to the item that "You cannot get AIDS because your sexual partner(s) is (are) very clean," while 41.6 percent disagreed. Over half of the respondents, 59.6 percent, agreed "You are not the kind of person who is likely to get AIDS," with 21.4 percent disagreeing. Over half of the respondents, 59.5 percent, agreed that "You are less likely than most of people to get AIDS," while 16.9 percent disagreed. Next, 85.2 percent of the respondents agreed that "Given your lifestyle, there is a chance you could get AIDS," with 9.1 percent disagreeing. In addition, 43.8 percent of the respondents stated "strongly agree" or "agree" to the item that "You cannot get AIDS because your sexual partner(s) is (are) very clean," and 57.3 percent disagreed that "You are afraid you could get AIDS from your sexual partner(s)" with 36 percent agreeing to it. Such percentages indicated that more than one-third of the respondents were afraid of AIDS infection because of their uncertainty towards their sexual partners.

The positive items, "Given your lifestyle, there is a chance you could get AIDS," and "You are afraid that you could get AIDS from your sexual partner(s)," were recoded into 1 "strongly disagree," 2 "disagree," 3 "don't know," 4 "agree," to 5 "strongly agree." Then all of the results were added up in the index of total values. Therefore, the larger the value in the index, the more likely the respondents would perceive themselves as vulnerable to AIDS infection.

Perceived Seriousness

This study demonstrated that the overwhelming majority of the respondents had recognized the severity of AIDS infection to themselves. Just over half, 50.5 percent of the respondents agreed "You are not worried about getting AIDS," with 38.2 percent denying it. The majority of the respondents responded "strongly agree" or "agree" to either "AIDS is a life-threatening disease"(98.9 percent), or "You are afraid of getting AIDS"(70.8 percent). Likewise, a majority disagreed with the negative items that "AIDS is not as bad as venereal disease (VD)" (91 percent), "AIDS can be cured if treated early"(71.9 percent), and "Your body could fight off AIDS because you are very healthy"(79.8 percent).

In addition, while the severity was specific to social relationships, the perceived severity was consistently high. In response to the question "AIDS breaks the relationship

between you and your family and friends," 83.1 percent of the respondents agreed, and 7.8 percent disagreed. Less than two-thirds, 61.8 percent of the respondents, agreed that "AIDS decreases the opportunities of schooling," while 23.6 percent disagreed. Besides, 79.8 percent of the respondents agreed that "AIDS decreases the opportunities of working," and only 11.3 percent disagreed. Therefore, among the measured social relations, the decreasing opportunities for schooling due to the severity of AIDS infection was considered important by the fewest number of the respondents, while the relationship between the respondents and their family and friends was the most important.

In addition, the positive items, such as "AIDS is a life-threatening disease," "You are afraid of getting AIDS," "AIDS breaks the relation between you and your family and your friends," "AIDS decreases the opportunities of schooling," and "AIDS decreases the opportunities of working," were recoded into 1 "strongly disagree" to 5 "strongly agree." Then, the indices for both of common severity and severity of social relation were constructed by adding up the results of their measured items, respectively. Therefore, the larger the value in the indices, the more likely the respondents perceived AIDS infection as sever.

Modifying Factor

The results of the descriptive statistics for modifying factors were presented in Table III, including the motivation for sensation seeking, being healthy, and pleasurable relationship, AIDS self-efficacy, worry about AIDS, optimistic bias, and cues to act.

Table III

Descriptive Statistics for Modifying Factors

Items for the motivation of sensation seeking

Adventurousness

1.I sometimes like doing things that are a bit frightening.
(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	1	1.1	Mean=4.865
Much unlike me	2	8	9.0	Median=5.000
Unlike me	3	12	13.5	St dev=1.517
Don't know	4	1	1.1	Kurtosis=-.338
Like me	5	39	43.8	Skewness=-.586
Much like me	6	15	16.9	
Very much like me	7	13	14.6	

2.I quite enjoy taking risks.
(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	2	2.2	Mean=4.382
Much unlike me	2	10	11.2	Median=5.000
Unlike me	3	18	20.2	St dev=1.481
Don't know	4	3	3.4	Kurtosis=-.731
Like me	5	38	42.7	Skewness=-.430
Much like me	6	14	15.7	
Very much like me	7	4	4.5	

table continues

Adventurousness

3.I welcome new exciting experience and sensations, even if they are a little frightening.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	2	2.2	Mean=4.607
Much unlike me	2	8	9.0	Median=5.000
Unlike me	3	14	15.7	St dev=1.557
Don't know	4	10	11.2	Kurtosis=-.592
Like me	5	31	34.8	Skewness=-.333
Much like me	6	13	14.6	
Very much like me	7	11	12.4	

4.To broaden my horizon, I am willing to take some risks.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	0	0	Mean=4.978
Much unlike me	2	3	3.4	Median=5.000
Unlike me	3	12	13.5	St dev=1.243
Don't know	4	7	7.9	Kurtosis=-.130
Like me	5	37	41.6	Skewness=-.538
Much like me	6	22	24.7	
Very much like me	7	8	9.0	

5.I like doing some risky things, especially when I can do them with others.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	1	1.1	Mean=4.382
Much unlike me	2	7	7.9	Median=4.000
Unlike me	3	20	22.5	St dev=1.434
Don't know	4	17	19.1	Kurtosis=-.754
Like me	5	23	25.8	Skewness=-.041
Much like me	6	15	16.9	
Very much like me	7	6	6.7	

6.I am an adventurous person.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	3	3.4	Mean=4.034
Much unlike me	2	14	15.9	Median=5.000
Unlike me	3	19	21.6	St dev=1.474
Don't know	4	7	8.0	Kurtosis=-1.143
Like me	5	31	35.2	Skewness=-.325
Much like me	6	14	15.9	
Very much like me	7	0	0	

table continues

Adventurousness

7.I like it when others see me as daring and adventurous.
(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	7	7.9	Mean=3.584
Much unlike me	2	18	20.2	Median=3.000
Unlike me	3	21	23.6	St dev=1.514
Don't know	4	12	13.5	Kurtosis=-1.127
Like me	5	21	23.6	Skewness=.016
Much like me	6	10	11.2	
Very much like me	7	0	0	

Impulsiveness

1.I generally do and say things without stopping to think.
(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	10	11.2	Mean=3.101
Much unlike me	2	23	25.8	Median=3.000
Unlike me	3	32	36.0	St dev=1.438
Don't know	4	2	2.2	Kurtosis=-.657
Like me	5	16	18.0	Skewness=.522
Much like me	6	6	6.7	
Very much like me	7	0	0	

2.I often get into a jam because I do things without thinking.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	10	11.2	Mean=3.270
Much unlike me	2	26	29.2	Median=3.000
Unlike me	3	23	25.8	St dev=1.629
Don't know	4	1	1.1	Kurtosis=-1.036
Like me	5	19	21.3	Skewness=.439
Much like me	6	9	10.1	
Very much like me	7	1	1.1	

3.I often speak before thinking things out.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	7	7.9	Mean=3.562
Much unlike me	2	17	19.1	Median=3.000
Unlike me	3	28	31.5	St dev=1.559
Don't know	4	4	4.5	Kurtosis=-.823
Like me	5	25	28.1	Skewness=.251
Much like me	6	5	5.6	
Very much like me	7	3	3.4	

table continues

Impulsiveness

4.I usually think carefully before doing anything.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much like me	1	8	9.0	Mean=2.978
Much like me	2	27	30.3	Median=3.000
Like me	3	31	34.8	St dev=1.270
Don't know	4	7	7.9	Kurtosis=.015
Unlike me	5	15	16.9	Skewness=.622
Much unlike me	6	0	0	
Very much unlike me	7	1	1.1	

5.I often get so "carried away" by new and exciting things that I never think of possible snags.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	9	10.3	Mean=3.092
Much unlike me	2	23	26.4	Median=3.000
Unlike me	3	31	35.6	St dev=1.403
Don't know	4	5	5.7	Kurtosis=-.501
Like me	5	13	14.9	Skewness=.557
Much like me	6	6	6.9	
Very much like me	7	0	0	

6.Before making up my mind, I consider all of the advantages and disadvantage.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much like me	1	7	8.0	Mean=2.761
Much like me	2	27	30.7	Median=3.000
Like me	3	43	48.9	St dev=1.039
Don't know	4	4	4.5	Kurtosis=2.797
Unlike me	5	6	6.8	Skewness=1.063
Much unlike me	6	0	0	
Very much unlike me	7	1	1.1	

Disinhibition

1.Keeping the drinks full is the key to a good party.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	38	43.2	Mean=2.034
Much unlike me	2	22	25.0	Median=2.000
Unlike me	3	21	23.9	St dev=1.169
Don't know	4	2	2.3	Kurtosis=1.170
Like me	5	4	4.5	Skewness=1.169
Much like me	6	1	1.1	
Very much like me	7	0	0	

table continues

Disinhibition

2.I feel better after taking a few drinks.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	26	29.9	Mean=3.023
Much unlike me	2	17	19.5	Median=3.000
Unlike me	3	12	13.8	St dev=1.874
Don't know	4	6	6.9	Kurtosis=-1.080
Like me	5	16	18.4	Skewness=0.487
Much like me	6	7	8.0	
Very much like me	7	3	3.4	

3.I enjoy the company of real partiers.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	18	20.5	Mean=2.795
Much unlike me	2	23	26.1	Median=3.000
Unlike me	3	25	28.4	St dev=1.456
Don't know	4	9	10.2	Kurtosis=.018
Like me	5	8	9.1	Skewness=.732
Much like me	6	4	4.5	
Very much like me	7	1	1.1	

4.I like wild and uninhibited parties.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very much unlike me	1	31	35.2	Mean=2.409
Much unlike me	2	23	26.1	Median=2.000
Unlike me	3	21	23.9	St dev=1.551
Don't know	4	1	1.1	Kurtosis=1.056
Like me	5	6	6.8	Skewness=1.271
Much like me	6	4	4.5	
Very much like me	7	2	2.3	

 Items for the motivation of being healthy

1.When I am deciding whether to use a condom or have my partner use a condom, the risk to my health is a major concern.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Strongly disagree	1	1	1.1	Mean=5.596
Disagree	2	6	6.7	Median=6.000
Somewhat disagree	3	4	4.5	Std dev=1.550

table continues

 Items for the motivation of being healthy

Don't know	4	5	5.6	Kurtosis=.667
Somewhat agree	5	17	19.1	Skewness=-1.185
Agree	6	24	27.0	
Strongly agree	7	32	36.0	

2. When I am deciding with whom to have sex, the risk to my health is a major consideration.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Strongly disagree	1	3	3.4	Mean=5.205
Disagree	2	9	10.2	Median=6.000
Somewhat disagree	3	6	6.8	Std dev=1.839
Don't know	4	10	11.4	Kurtosis=-.578
Somewhat agree	5	9	10.2	Skewness=-.808
Agree	6	23	26.1	
Strongly agree	7	28	31.8	

 Items for the motivation of pleasurable relationship

1. When I am deciding with whom to have sex, pleasure seeking is a major consideration.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Strongly disagree	1	14	15.7	Mean=3.551
Disagree	2	17	19.1	Median=4.000
Somewhat disagree	3	13	14.6	Std dev=1.784
Don't know	4	13	14.6	Kurtosis=-1.103
Somewhat agree	5	19	21.3	Skewness=.118
Agree	6	9	10.1	
Strongly agree	7	4	4.5	

2. When I am deciding whether to use a condom or have my partner use a condom, maintaining the relationship is a concern.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Strongly disagree	1	12	13.6	Mean=3.886
Disagree	2	14	15.9	Median=4.000
Somewhat disagree	3	8	9.1	Std dev=1.841
Don't know	4	17	19.3	Kurtosis=-1.106

table continues

 Items for the motivation of pleasurable relationship

Somewhat agree	5	18	20.5	Skewness=-.112
Agree	6	13	14.8	
Strongly agree	7	6	6.8	

3. When I am deciding whether to use a condom or have my partner use a condom, pleasure seeking is a major concern.
(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Strongly disagree	1	14	15.7	Mean=3.225
Disagree	2	25	28.1	Median=3.000
Somewhat disagree	3	14	15.7	Std dev=1.711
Don't know	4	13	14.6	Kurtosis=-.822
Somewhat agree	5	12	13.5	Skewness=.477
Agree	6	8	9.0	
Strongly agree	7	3	3.4	

4. If my partner insists, I will use a condom because I want to engage in sexual intercourse.
(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Strongly disagree	1	3	3.4	Mean=5.182
Disagree	2	7	8.0	Median=6.000
Somewhat disagree	3	6	6.8	Std dev=1.712
Don't know	4	11	12.5	Kurtosis=-.205
Somewhat agree	5	9	10.2	Skewness=-.908
Agree	6	32	36.4	
Strongly agree	7	20	22.7	

5. If my partner insists, I will use a condom because I want to maintain the psychological relationship.
(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Strongly disagree	1	3	3.4	Mean=5.136
Disagree	2	6	6.8	Median=6.000
Somewhat disagree	3	10	11.4	Std dev=1.743
Don't know	4	10	11.4	Kurtosis=-.500
Somewhat agree	5	8	9.1	Skewness=-.787
Agree	6	30	34.1	
Strongly agree	7	21	23.9	

table continues

 Items for a sense of control and meaning in life

Powerlessness

1.I feel I am not in control of my life.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.663
Never	1	10	11.2	Median=3.000
Rarely	2	26	29.2	Std dev=.941
Sometimes	3	40	44.9	Kurtosis=.055
Often	4	10	11.2	Skewness=.142
Always	5	3	3.4	

2.I succeed because of me, not because of luck.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.523
Always	1	12	13.6	Median=3.000
Often	2	30	34.1	Std dev=.922
Sometimes	3	36	40.9	Kurtosis=-.004
Rarely	4	8	9.1	Skewness=.202
Never	5	2	2.3	

3.I feel that others are running my life.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.216
Never	1	24	27.3	Median=2.000
Rarely	2	34	38.6	Std dev=1.055
Sometimes	3	21	23.9	Kurtosis=.383
Often	4	5	5.7	Skewness=.814
Always	5	4	4.5	

4.I can change my life if I want to.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.449
Always	1	17	19.1	Median=2.000
Often	2	34	38.2	Std dev=1.077
Sometimes	3	23	25.8	Kurtosis=-.287
Rarely	4	11	12.4	Skewness=.525
Never	5	4	4.5	

table continues

Powerlessness

5.I feel that things just happen to me.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.944
Never	1	4	4.5	Median=3.000
Rarely	2	18	20.2	Std dev=.817
Sometimes	3	48	53.9	Kurtosis=.400
Often	4	17	19.1	Skewness=-.151
Always	5	2	2.2	

Life regard index

1.I feel like I have found a really significant meaning for leading my life.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.299
Does not apply	1	7	8.0	Median=3.000
Rarely applies	2	13	14.9	Std dev=1.152
Sometimes applies	3	28	32.2	Kurtosis=-.592
Usually applies	4	25	28.7	Skewness=-.286
Strongly applies	5	14	16.1	

2.I have really come to terms with what's important for me in my life.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.716
Does not apply	1	5	5.7	Median=4.000
Rarely applies	2	6	6.8	Std dev=1.082
Sometimes applies	3	19	21.6	Kurtosis=.362
Usually applies	4	37	42.0	Skewness=-.855
Strongly applies	5	21	23.9	

3.I have a system or framework that allows me to truly understand my being alive.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.591
Does not apply	1	3	3.4	Median=4.000
Rarely applies	2	10	11.4	Std dev=1.013
Sometimes applies	3	22	25.0	Kurtosis=-.040
Usually applies	4	38	43.2	Skewness=-.593
Strongly applies	5	15	17.0	

table continues

Life regard index

4.I have a very clear,idea of what I'd like to do with my life.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.682
Does not apply	1	1	1.1	Median=4.000
Rarely applies	2	9	10.2	Std dev=.929
Sometimes applies	3	23	26.1	Kurtosis=-.174
Usually applies	4	39	44.3	Skewness=-.462
Strongly applies	5	16	18.2	

5.There are things that I devote all of my life's energy to.
(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.580
Does not apply	1	3	3.4	Median=4.000
Rarely applies	2	13	14.8	Std dev=1.069
Sometimes applies	3	19	21.6	Kurtosis=-.408
Usually applies	4	36	40.9	Skewness=-.530
Strongly applies	5	17	19.3	

6.I have a philosophy of life that really gives my living significance.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.736
Does not apply	1	3	3.4	Median=4.000
Rarely applies	2	6	6.9	Std dev=.982
Sometimes applies	3	20	23.0	Kurtosis=.574
Usually applies	4	40	46.0	Skewness=-.800
Strongly applies	5	18	20.7	

7.I have some aims and goals that would personally give me a great deal of satisfaction if I could accomplish them.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.218
Does not apply	1	0	0	Median=4.000
Rarely applies	2	1	1.1	Std dev=.706
Sometimes applies	3	11	12.6	Kurtosis=-.069
Usually applies	4	43	49.4	Skewness=-.541
Strongly applies	5	32	36.8	

8.I just don't know what I really want to do with my life.
(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.701
Strongly applies	1	4	4.6	Median=4.000
Usually applies	2	3	3.4	Std dev=1.013
Sometimes applies	3	28	32.2	Kurtosis=.470
Rarely applies	4	32	36.8	Skewness=-.671
Does not apply	5	20	23.0	

table continues

Life regard index

9.I really don't have much of a purpose for living, even for myself.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.782
Strongly applies	1	4	4.6	Median=4.000
Usually applies	2	5	5.7	Std dev=1.072
Sometimes applies	3	22	25.3	Kurtosis=.226
Rarely applies	4	31	35.6	Skewness=-.766
Does not apply	5	25	28.7	

10.I need to find something that I can really be committed to.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.103
Strongly applies	1	12	13.8	Median=3.000
Usually applies	2	14	16.1	Std dev=1.249
Sometimes applies	3	27	31.0	Kurtosis=-.863
Rarely applies	4	21	24.1	Skewness=-.163
Does not apply	5	13	14.9	

11.I get completely confused when I try to understand my life.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.674
Strongly applies	1	2	2.2	Median=4.000
Usually applies	2	5	5.6	Std dev=.914
Sometimes applies	3	29	32.6	Kurtosis=.333
Rarely applies	4	37	41.6	Skewness=-.487
Does not apply	5	16	18.0	

12.There honestly isn't anything that I totally want to do.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.910
Strongly applies	1	2	2.2	Median=4.000
Usually applies	2	7	7.9	Std dev=1.041
Sometimes applies	3	19	21.3	Kurtosis=-.060
Rarely applies	4	30	33.7	Skewness=-.745
Does not apply	5	31	34.8	

13.I really don't believe in anything about my life very deeply.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.552
Strongly applies	1	3	3.4	Median=4.000
Usually applies	2	8	9.2	Std dev=.997
Sometimes applies	3	29	33.3	Kurtosis=-.037
Rarely applies	4	32	36.8	Skewness=-.434
Does not apply	5	15	17.2	<u>table continues</u>

Life regard index

14. Other people seem to have a much better idea of what they want to do with their lives than I do.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.705
Strongly applies	1	1	1.1	Median=4.000
Usually applies	2	4	4.5	Std dev=.899
Sometimes applies	3	34	38.6	Kurtosis=-.290
Rarely applies	4	30	34.1	Skewness=-.152
Does not apply	5	19	21.6	<u>table continues</u>

Life regard index

15. I have real passion in my life.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.607
Does not apply	1	3	3.4	Median=4.000
Rarely applies	2	10	11.2	Std dev=1.029
Sometimes applies	3	23	25.8	Kurtosis=-.144
Usually applies	4	36	40.4	Skewness=-.550
Strongly applies	5	17	19.1	

16. I really feel good about my life.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.528
Does not apply	1	3	3.4	Median=4.000
Rarely applies	2	11	12.4	Std dev=1.001
Sometimes applies	3	24	27.0	Kurtosis=-.109
Usually applies	4	38	42.7	Skewness=-.531
Strongly applies	5	13	14.6	

17. Living is deeply fulfilling.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.693
Does not apply	1	2	2.3	Median=4.000
Rarely applies	2	7	8.0	Std dev=.939
Sometimes applies	3	23	26.1	Kurtosis=.300
Usually applies	4	40	45.5	Skewness=-.623
Strongly applies	5	16	18.2	

18. I feel that I am living fully.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.393
Does not apply	1	2	2.2	Median=4.000
Rarely applies	2	16	18.0	Std dev=.973
Sometimes applies	3	25	28.1	Kurtosis=-.501
Usually applies	4	37	41.6	Skewness=-.336
Strongly applies	5	9	10.1	

table continues

Life regard index

19. I feel that I'm really going to attain what I want in life.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.523
Does not apply	1	5	5.7	Median=4.000
Rarely applies	2	12	13.6	Std dev=1.124
Sometimes applies	3	20	22.7	Kurtosis=-.398
Usually applies	4	34	38.6	Skewness=-.555
Strongly applies	5	17	19.3	

20. I get so excited by what I'm doing that I find new stores of energy I didn't know that I had.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.079
Does not apply	1	7	7.9	Median=3.000
Rarely applies	2	19	21.3	Std dev=1.058
Sometimes applies	3	29	32.6	Kurtosis=-.594
Usually applies	4	28	31.5	Skewness=-.219
Strongly applies	5	6	6.7	

21. When I look at my life, I feel the satisfaction of really having worked to accomplish something.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.568
Does not apply	1	3	3.4	Median=4.000
Rarely applies	2	6	6.8	Std dev=.944
Sometimes applies	3	30	34.1	Kurtosis=.390
Usually applies	4	36	40.9	Skewness=-.536
Strongly applies	5	13	14.8	

22. I don't seem to be able to accomplish those things that are really important to me.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.310
Strongly applies	1	2	2.3	Median=3.000
Usually applies	2	8	9.2	Std dev=.811
Sometimes applies	3	43	49.4	Kurtosis=.582
Rarely applies	4	29	33.3	Skewness=-.230
Does not apply	5	5	5.7	

table continues

Life regard index

23. Other people seem to feel better about their lives than I do.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.460
Strongly applies	1	3	3.4	Median=3.000
Usually applies	2	4	4.6	Std dev=.887
Sometimes applies	3	40	46.0	Kurtosis=.697
Rarely applies	4	30	34.5	Skewness=-.337
Does not apply	5	10	11.5	

24. I have a lot of potential that I don't normally use.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.443
Strongly applies	1	11	12.5	Median=2.000
Usually applies	2	37	42.0	Std dev=.869
Sometimes applies	3	31	35.2	Kurtosis=-.044
Rarely applies	4	8	9.1	Skewness=.286
Does not apply	5	1	1.1	

25. I spend most of my time doing things that really aren't very important to me.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.943
Strongly applies	1	6	6.8	Median=3.000
Usually applies	2	20	22.7	Std dev=.939
Sometimes applies	3	38	43.2	Kurtosis=-.235
Rarely applies	4	21	23.9	Skewness=-.141
Does not apply	5	3	3.4	

26. Something seems to stop me from what I really want to do.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.693
Strongly applies	1	6	6.8	Median=3.000
Usually applies	2	26	29.5	Std dev=.822
Sometimes applies	3	48	54.5	Kurtosis=1.092
Rarely applies	4	5	5.7	Skewness=.246
Does not apply	5	3	3.4	

27. Nothing very outstanding ever seems to happen to me.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.364
Strongly applies	1	5	5.7	Median=3.000
Usually applies	2	14	15.9	Std dev=1.106
Sometimes applies	3	27	30.7	Kurtosis=-.553
Rarely applies	4	28	31.8	Skewness=-.298
Does not apply	5	14	15.9	

table continues

Life regard index

28.I don't really value what I'm doing.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.761
Strongly applies	1	3	3.4	Median=4.000
Usually applies	2	6	6.8	Std dev=1.028
Sometimes applies	3	23	26.1	Kurtosis=.134
Rarely applies	4	33	37.5	Skewness=-.670
Does not apply	5	23	26.1	

Subject competence

1.The future is certain and clear to me.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.539
Never	1	1	1.1	Median=4.000
Rarely	2	10	11.2	Std dev=.942
Sometimes	3	33	37.1	Kurtosis=-.478
Often	4	30	33.7	Skewness=-.116
Always	5	15	16.9	

2.When faced with a dilemma, I usually know what to do.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.438
Never	1	0	0	Median=3.000
Rarely	2	11	12.4	Std dev=.825
Sometimes	3	36	40.4	Kurtosis=-.497
Often	4	34	38.2	Skewness=-.016
Always	5	8	9.0	

3.I feel that I have a sense of inner control over myself.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.921
Never	1	0	0	Median=4.000
Rarely	2	2	2.2	Std dev=.801
Sometimes	3	26	29.2	Kurtosis=-.825
Often	4	38	42.7	Skewness=-.128
Always	5	23	25.8	

4.I experience a certain degree of independence in my life.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.933
Never	1	0	0	Median=4.000
Rarely	2	6	6.7	Std dev=.876
Sometimes	3	19	21.3	Kurtosis=-.414
Often	4	39	43.8	Skewness=-.489
Always	5	25	28.1	

table continues

Subject competence

5.I am able to form rewarding personal relationship.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.596
Never	1	0	0	Median=4.000
Rarely	2	8	9.0	Std dev=.765
Sometimes	3	27	30.3	Kurtosis=-.124
Often	4	47	52.8	Skewness=-.408
Always	5	7	7.9	

6.I am able to cope with pressing problems.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.511
Never	1	0	0	Median=4.000
Rarely	2	8	9.1	Std dev=.773
Sometimes	3	34	38.6	Kurtosis=-.324
Often	4	39	44.3	Skewness=-.115
Always	5	7	8.0	

7.I am able to perform tasks in stressful situations.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.575
Never	1	2	2.3	Median=4.000
Rarely	2	3	3.4	Std dev=.802
Sometimes	3	33	37.9	Kurtosis=1.249
Often	4	41	47.1	Skewness=-.596
Always	5	8	9.2	

8.I am able to express feelings appropriately when under stress.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.432
Never	1	1	1.1	Median=3.000
Rarely	2	9	10.2	Std dev=.828
Sometimes	3	36	40.9	Kurtosis=.044
Often	4	35	39.8	Skewness=-.213
Always	5	7	8.0	

9.When necessary, I am able to turn a situation around for the better.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.356
Never	1	1	1.1	Median=3.000
Rarely	2	5	5.7	Std dev=.731
Sometimes	3	48	55.2	Kurtosis=.815
Often	4	28	32.2	Skewness=.059
Always	5	5	5.7	

table continues

Subject competence

10.I usually am able to meet the expectations of others.

(N=87)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.460
Never	1	0	0	Median=4.000
Rarely	2	10	11.5	Std dev=.744
Sometimes	3	30	34.5	Kurtosis=-.366
Often	4	44	50.6	Skewness=-.466
Always	5	3	3.4	

11.I am able to take action to correct a situation when necessary.

(N=86)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.616
Never	1	0	0	Median=4.000
Rarely	2	3	3.5	Std dev=.706
Sometimes	3	35	40.7	Kurtosis=-.273
Often	4	40	46.5	Skewness=.089
Always	5	8	9.3	

12.I am a self-confident person.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.409
Never	1	1	1.1	Median=3.000
Rarely	2	9	10.2	Std dev=.839
Sometimes	3	39	44.3	Kurtosis=.004
Often	4	31	35.2	Skewness=-.064
Always	5	8	9.1	

13.I possess a degree of self-determination.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.625
Never	1	1	1.1	Median=4.000
Rarely	2	3	3.4	Std dev=.763
Sometimes	3	33	37.5	Kurtosis=.765
Often	4	42	47.7	Skewness=-.355
Always	5	9	10.2	

14.I get satisfaction from successfully performing a task.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.360
Never	1	0	0	Median=4.000
Rarely	2	0	0	Std dev=.626
Sometimes	3	7	7.9	Kurtosis=-.635
Often	4	43	48.3	Skewness=-.443
Always	5	39	43.8	

table continues

Subject competence

15.I am happy and content with my life.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.409
Never	1	1	1.1	Median=3.000
Rarely	2	11	12.5	Std dev=.853
Sometimes	3	34	38.6	Kurtosis=-.147
Often	4	35	39.8	Skewness=-.221
Always	5	7	8.0	

Purpose in life

1.I am usually completely bored.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.517
Strongly agree	1	5	5.6	Median=4.000
Agree	2	14	15.7	Std dev=1.088
Don't know	3	12	13.5	Kurtosis=-.189
Disagree	4	46	51.7	Skewness=-.775
Strongly disagree	5	12	13.5	

2.Life to me seems always exciting.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.348
Strongly disagree	1	1	1.1	Median=4.000
Disagree	2	20	22.5	Std dev=.906
Don't know	3	18	20.2	Kurtosis=-.800
Agree	4	47	52.8	Skewness=-.566
Strongly agree	5	3	3.4	

3.In life I have no goals or aims at all.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.045
Strongly agree	1	0	0	Median=4.000
Agree	2	9	10.1	Std dev=.891
Don't know	3	6	6.7	Kurtosis=.525
Disagree	4	46	51.7	Skewness=-.977
Strongly disagree	5	28	31.5	

4.My personal existence is utterly meaningless and without purpose.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.375
Strongly agree	1	0	0	Median=5.000
Agree	2	4	4.5	Std dev=.807
Don't know	3	6	6.8	Kurtosis=1.443
Disagree	4	31	35.2	Skewness=-1.329
Strongly disagree	5	47	53.4	<u>table continues</u>

Purpose in life

5. Every day is constantly new and different.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.562
Strongly disagree	1	1	1.1	Median=4.000
Disagree	2	13	14.6	Std dev=.878
Don't know	3	17	19.1	Kurtosis=.040
Agree	4	51	57.3	Skewness=-.759
Strongly agree	5	7	7.9	

6. If I could choose, I would prefer never to have been born.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.022
Strongly agree	1	5	5.6	Median=4.000
Agree	2	9	10.1	Std dev=1.225
Don't know	3	8	9.0	Kurtosis=.227
Disagree	4	24	27.0	Skewness=-1.145
Strongly disagree	5	43	48.3	

7. After retiring, I would do some of the exciting things I have always wanted to do.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.852
Strongly disagree	1	1	1.1	Median=4.000
Disagree	2	10	11.4	Std dev=1.012
Don't know	3	16	18.2	Kurtosis=-.317
Agree	4	35	39.8	Skewness=-.650
Strongly agree	5	26	29.5	

8. In achieving life goals I have made no progress whatsoever.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.864
Strongly agree	1	2	2.3	Median=4.000
Agree	2	7	8.0	Std dev=.899
Don't know	3	9	10.2	Kurtosis=1.644
Disagree	4	53	60.2	Skewness=-1.180
Strongly disagree	5	17	19.3	

9. My life is empty, filled only with despair.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.416
Strongly agree	1	1	1.1	Median=5.000
Agree	2	3	3.4	Std dev=.823
Don't know	3	4	4.5	Kurtosis=3.816
Disagree	4	31	34.8	Skewness=-1.788
Strongly disagree	5	50	56.2	

table continues

Purpose in life

10.If I should die today, I would feel that my life has been very worthwhile.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.955
Strongly disagree	1	14	15.7	Median=3.000
Disagree	2	23	25.8	Std dev=1.287
Don't know	3	15	16.9	Kurtosis=-1.197
Agree	4	27	30.3	Skewness=-.045
Strongly agree	5	10	11.2	

11.In thinking of my life, I often wonder why I exist.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.966
Strongly agree	1	2	2.3	Median=4.000
Agree	2	7	8.0	Std dev=1.022
Don't know	3	14	15.9	Kurtosis=.357
Disagree	4	34	38.6	Skewness=-.922
Strongly disagree	5	31	35.2	

12.As I view the world in relation to my life, the world completely confuses me.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.648
Strongly agree	1	2	2.3	Median=4.000
Agree	2	11	12.5	Std dev=.995
Don't know	3	19	21.6	Kurtosis=-.127
Disagree	4	40	45.5	Skewness=-.600
Strongly disagree	5	16	18.2	

13.I am a very irresponsible person.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.326
Strongly agree	1	1	1.1	Median=4.000
Agree	2	0	0	Std dev=.719
Don't know	3	7	7.9	Kurtosis=3.820
Disagree	4	42	47.2	Skewness=-1.330
Strongly disagree	5	39	43.8	

14.Concerning man's freedom to make his own decisions, I believe man is absolutely free to make all life choices.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.534
Strongly disagree	1	6	6.8	Median=4.000
Disagree	2	21	23.9	Std dev=1.313
Don't know	3	6	6.8	Kurtosis=-1.111
Agree	4	30	34.1	Skewness=-.481
Strongly agree	5	25	28.4	<u>table continues</u>

Purpose in life

15. With regard to death, I am prepared and unafraid.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.315
Strongly disagree	1	3	3.4	Median=3.000
Disagree	2	18	20.2	Std dev=1.018
Don't know	3	25	28.1	Kurtosis=-.610
Agree	4	34	38.2	Skewness=-.274
Strongly agree	5	9	10.1	

16. With regard to suicide, I have thought of it seriously as a way out.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.416
Strongly agree	1	3	3.4	Median=5.000
Agree	2	2	2.2	Std dev=.963
Don't know	3	6	6.7	Kurtosis=4.076
Disagree	4	22	24.7	Skewness=-2.020
Strongly disagree	5	56	62.9	

17. I regard my ability to find a meaning, purpose, or mission in life as very great.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.685
Strongly disagree	1	0	0	Median=4.000
Disagree	2	10	11.2	Std dev=.887
Don't know	3	23	25.8	Kurtosis=-.528
Agree	4	41	46.1	Skewness=-.332
Strongly agree	5	15	16.9	

18. My life is in my hands and I am in control of it.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.618
Strongly disagree	1	5	5.6	Median=4.000
Disagree	2	11	12.4	Std dev=1.082
Don't know	3	12	13.5	Kurtosis=.160
Agree	4	46	51.7	Skewness=-.890
Strongly agree	5	15	16.9	

19. Facing my daily tasks is a source of pleasure and satisfaction.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.273
Strongly disagree	1	3	3.4	Median=4.000
Disagree	2	22	25.0	Std dev=1.014
Don't know	3	16	18.2	Kurtosis=-.845
Agree	4	42	47.7	Skewness=-.440
Strongly agree	5	5	5.7	

table continues

Purpose in life

20.I have discovered no mission or purpose in life.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=4.011
Strongly agree	1	1	1.1	Median=4.000
Agree	2	6	6.7	Std dev=.872
Don't know	3	9	10.1	Kurtosis=1.381
Disagree	4	48	53.9	Skewness=-1.072
Strongly disagree	5	25	28.1	

Items for AIDS self-efficacy

1.I believe I can take steps to prevent myself from getting AIDS.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=6.169
Strongly disagree	1	0	0	Median=6.000
Disagree	2	0	0	St dev=.932
Somewhat disagree	3	3	3.4	Kurtosis=2.997
Don't know	4	2	2.2	Skewness=-1.551
Somewhat agree	5	8	9.0	
Agree	6	40	44.9	
Strongly agree	7	36	40.4	

2.I am fairly selective of my sexual partner(s).

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=6.523
Strongly disagree	1	1	1.1	Median=7.000
Disagree	2	0	0	St dev=.884
Somewhat disagree	3	0	0	Kurtosis=17.623
Don't know	4	2	2.3	Skewness=-3.495
Somewhat agree	5	2	2.3	
Agree	6	26	29.5	
Strongly agree	7	57	64.8	

3.I am cautious and careful about not getting myself into situations that could lead to getting the AIDS virus.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=6.517
Strongly disagree	1	0	0	Median=7.000
Disagree	2	1	1.1	St dev=.854
Somewhat disagree	3	1	1.1	Kurtosis=11.169
Don't know	4	1	1.1	Skewness=-2.906
Somewhat agree	5	2	2.2	
Agree	6	27	30.3	
Strongly agree	7	57	64.0	

table continues

 Items for AIDS self-efficacy

4.I (would) make it a point to ask questions about my partner's sexual history.

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Strongly disagree	1	4	4.5	Mean=5.318
Disagree	2	3	3.4	Median=6.000
Somewhat disagree	3	5	5.7	St dev=1.678
Don't know	4	14	15.9	Kurtosis=.237
Somewhat agree	5	11	12.5	Skewness=-.982
Agree	6	25	28.4	
Strongly agree	7	26	29.5	

 Item for worry about AIDS

1.What is the degree of your worry about contracting AIDS?

(N=84)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Not at all	1	37	44.0	Mean=1.869
A little bit	2	29	34.5	Median=2.000
Somewhat	3	10	11.9	Std dev=.967
Extremely	4	8	9.5	Kurtosis=-.109
				Skewness=.924

 Items for optimistic bias

1.Compared to the total population of the United State, what is your own risk of contracting the AIDS virus?

(N=88)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Very likely	1	0	0	Mean=5.659
Likely	2	2	2.3	Median=6.000
Somewhat likely	3	6	6.8	Std dev=1.286
Don't know	4	6	6.8	Kurtosis=.464
Somewhat unlikely	5	18	20.5	Skewness=-.994
Unlikely	6	30	34.1	
Very unlikely	7	26	29.5	

table continues

 Items for cues to act

Passive cues

A:Public service announcements about AIDS

1.In the past month, have you seen any Public Service Announcements about AIDS on television?

(N=83)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.614
No	0	32	38.6	Median=1.000
Yes	1	51	61.4	Std dev=.490
				Kurtosis=-1.815
				Skewness=-.479

2.In the past month, have you heard any Public Service Announcement about AIDS from radio?

(N=82)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.268
No	0	60	73.2	Median=.000
Yes	1	22	26.8	Std dev=.446
				Kurtosis=-.887
				Skewness=1.066

3.Do you know any of those Public Service Announcement called "America Responds to AIDS"

(N=77)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.143
No	0	66	85.7	Median=.000
Yes	1	11	14.3	Std dev=.352
				Kurtosis=2.396
				Skewness=2.082

B:Articles or brochures or pamphlets about AIDS

1.In the past month, have you read any articles about AIDS in magazines or newspapers?

(N=88)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.477
No	0	46	52.3	Median=.000
Yes	1	42	47.7	Std dev=.502
				Kurtosis=-2.038
				Skewness=.093

table continues

Passive cues

2. In the past month, have you read any brochures or pamphlets about AIDS?

(N=89)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.101
No	0	80	89.9	Median=.000
Yes	1	9	10.1	Std dev=.303
				Kurtosis=5.365
				Skewness=2.692

3. Have you ever read any brochures or pamphlets about AIDS?

(N=88)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.636
No	0	32	36.4	Median=1.000
Yes	1	56	63.6	Std dev=.484
				Kurtosis=-1.707
				Skewness=-.577

Active cues

A: Taking AIDS virus test

1. In the past twelve months, have you ever received counseling or had a talk with a health professional about taking the AIDS virus test?

(N=89)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.045
No	0	85	95.5	Median=.000
Yes	1	4	4.5	Std dev=.208
				Kurtosis=18.380
				Skewness=4.469

2. During that discussion, did you receive information about how to avoid getting or passing on the AIDS virus?

(N=8)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.375
No	0	5	62.5	Median=.000
Yes	1	3	37.5	Std dev=.518
				Kurtosis=-2.240
				Skewness=.644

3. Have you had your blood tested for the virus infection?

(N=88)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.170
No	0	73	83.0	Median=.000
Yes	1	15	17.0	Std dev=.378
				Kurtosis=1.207
				Skewness=1.783

table continues

Active cues

4. How many times have you had your blood tested for the AIDS virus infection?

(N=19)

<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=1.263
0	4	21.1	Median=1.000
1	11	57.9	Std dev=1.240
2	1	5.3	Kurtosis=3.767
3	2	10.5	Skewness=1.784
5	1	5.3	

5. How many times in the past twelve months have you had your blood tested for the AIDS virus infection?

(N=18)

<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.389
0	12	66.7	Median=.000
1	5	27.8	Std dev=.608
2	1	5.6	Kurtosis=1.126
			Skewness=1.362

6. Did you get the results of your tests/any of your tests?

(N=16)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.750
No	0	4	25.0	Median=1.000
Yes	1	12	75.0	Std dev=.447
				Kurtosis=-.440
				Skewness=-1.278

7. When you received your test results, did you received counseling or talk with a health professional about how to lower your chances of becoming infected with the AIDS virus or how to avoid passing it to another person?

(N=12)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.083
No	0	11	91.7	Median=.000
Yes	1	1	8.3	Std dev=.289
				Kurtosis=12.000
				Skewness=3.464

8. Were you referred to a health professional to get counseling about the AIDS virus infection?

(N=12)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.083
No	0	11	91.7	Median=.000
Yes	1	1	8.3	Std dev=.289
				Kurtosis=12.000
				Skewness=3.464

table continues

Active cues

B:Discussing AIDS with a friend or relative

1. Have you ever discussed AIDS with a friend or relative?
(N=88)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.670
No	0	29	33.0	Median=1.000
Yes	1	59	67.0	Std dev=.473
				Kurtosis=-1.490
				Skewness=-.738

2. When was the last time you discussed AIDS with a friend or relative?

(N=52)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.154
Years ago	1	16	30.8	Median=2.000
Months ago	2	22	42.3	Std dev=1.144
Weeks ago	3	8	15.4	Kurtosis=.910
Days ago	4	2	3.8	Skewness=1.157
Today	5	4	7.7	

C:Knowing someone infected with HIV or having AIDS

1. The number of individuals you knew who were known to be infected with HIV or have AIDS

(N=75)

<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.120
0	71	94.7	Median=.000
2	3	4.0	Std dev=.519
3	1	1.3	Kurtosis=18.370
			Skewness=4.344

2. How long has it been since you saw this person?

(N=4)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=1.5
More than 6 months or never seen	1	2	50	Median=1.500
3 months to less than 6 months	2	2	50	Std dev=.577
One month to less than 3 months	3	0	0	Kurtosis=-6.000
Two weeks to less than one month	4	0	0	Skewness=.000
Within the past two weeks	5	0	0	

table continues

Active cues

3. How well do you know this person?

(N=4)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
Don't really know them personally	1	2	0	Mean=1.500
Not very well	2	2	0	Median=1.500
Fairly	3	0	0	Std dev=.577
Very well	4	0	0	Kurtosis=-6.000
				Skewness=.000

The Motivation of Sensation Seeking

The motivation of sensation seeking in this study was measured by adventurousness, impulsiveness, and disinhibition. This study found that concerning the variable of adventurousness, most of the respondents agreed they were adventurous persons. For example, 75.3 percent of the respondents agreed that "I sometimes like doing things that are a bit frightening," while 62.9 percent agreed that "I quite enjoy taking risks." Besides, 61.8 percent of the respondents agreed that "I welcome new exciting experience and sensations, even if they are a little frightening," with 75.3 percent agreeing "To broaden my horizon, I am willing to take some risks," and 51.1 percent agreeing "I am an adventurous person." However, it was found that over half of them did not value others' views to or participation in their adventurousness by disagreeing with the following items: "I like doing some risky things, especially when I

can do them with others," and "I like it when others see me as daring and adventurous."

For the variable of impulsiveness, most of the respondents for each item disagreed they were impulsive persons, as follows: "I generally do and say things without stopping to think"(73 percent), "I often get into a jam because I do things without thinking"(66.3 percent), "I often speak before thinking things out"(58.4 percent), "I usually think carefully before doing anything"(74.2 percent), "I often get so`carried away' by new and exciting things that I never think of possible snags"(72.4 percent), and "Before making up my mind, I consider all of the advantages and disadvantages"(87.5 percent). In regard to disinhibition, over 60 percent of the respondents for each related item indicated the described disinhibition experience as "very much unlike me," "much unlike me," or "unlike me." For example, 92.1 percent of the respondents did not agree that "Keeping the drink full is the key to a good party," while 63.2 percent disagreed that "I feel better after taking a few drinks." In addition, 75 percent disagreed that "I enjoy the company of real partiers," and 85.2 percent of the respondents did not agree that "I like wild and uninhibited parties." Therefore, although most of the respondents admitted their adventurous and impulsive

behavior, they did not agree that it disinhibited their behavior.

To construct the indices of total values, the results of the positive items for adventurousness, impulsiveness, and disinhibition, such as "I sometimes like doing things that are a bit frightening," "I generally do and say things without stopping to think," and "Keeping the drinks full is the key to a good party," were recoded into 1 "very much unlike me," 2 "much unlike me," 3 "unlike me," 4 "don't know," 5 "like me," 6 "much like me," to 7 "very much like me." The results of all items for each of adventurousness, impulsiveness, or disinhibition were added up to obtain the indices of total value. The larger value in the index, the more likely the respondents responded to the variable positively. For example, the more value in the index of total values for adventurousness, the more likely the respondents tended to agree the adventurousness in their behavior.

Motivation of Being Healthy

For the motivation of being healthy, this study demonstrated that over 65 percent of the respondents had the strong concern about being healthy in their sexual behavior. Thus, 82 percent of the respondents agreed that "When I am deciding whether to use a condom or have my partner use a condom, the risk to my health is a major concern," while

20.4 percent disagreed. Furthermore, 68.1 percent of the respondents agreed that "When I am deciding with whom to have sex, the risk to my health is a major consideration," with 20.4 percent disagreed. In addition, the results of the two items were recoded inversely and then added up to obtain an index of total values. The larger the value in the index, the more likely the respondents responded positively to the motivation of being healthy.

The Motivation of Pleasure Relationship

Concerning the motivation of pleasure seeking, the trend of the responses was not definite. Slightly over one third, 35.9 percent of the respondents, agreed that "When I am deciding with whom to have sex, pleasure seeking is a major concern," with 49.4 percent reporting their disagreement. Regarding condom use, 42.1 percent of the respondents agreed that "When I am deciding whether to use a condom or have my partner use a condom, maintaining the relationship is a concern," while 38.6 percent disagreed. In addition, only 25.9 percent agreed that "When I am deciding whether to use a condom or have my partner use a condom, pleasure seeking is a major concern," with 59.5 percent stating "strongly disagree," "disagree," or "somewhat disagree." It appeared that using a condom, more respondents concerned themselves with maintaining the

relationship rather than only with pleasure seeking. In addition, some of the respondents responded differently when the adoption of AIDS preventive behavior was related to the opinion of their sexual partners. For example, 69.3 percent of the respondents agreed that "If my partner insists, I will use a condom because I want to engage in sexual intercourse," while 18.2 percent disagreed. Over two thirds, 67.1 percent of the respondents agreed that "If my partner insists, I will use a condom because I want to maintain the psychological relationship," with 21.6 percent disagreeing to this item. It showed that in order to have sex or maintain the psychological relationship, the majority of the respondents would use a condom when their partner insisted. The results of the items were recoded into 1 "Strongly disagree," 2 "Disagree," 3 "Somewhat disagree," 4 "Don't know," 5 "Somewhat agree," 6 "Agree," and 7 "Strongly agree." Therefore, the more the value in the index of total values, constructed by adding up the values of the five items, the more likely the respondents agreed their motivation of pleasurable relationship in their sexual behavior.

A Sense of Control and Meaning in Life

Sense of control and meaning in life was measured using the factors of powerlessness, Life Regard Index, subject competence, and purpose in life. For the variable of

powerlessness, power in life has been considered effectual by most of the respondents on each item. Only few of the respondents indicated that the powerless experience had "often" or "always" happened to them in the past six months from the survey period, as follows: "I feel I am not in control in my life"(14.6 percent), "I succeed because of me, not because of luck"(11.4 percent), "I feel that others are running my life"(10.2 percent), "I can change my life if I want to"(16.9 percent), and "I feel that things just happen to me"(21.3 percent).

Concerning the Life Regard Index, the responses for the 28 associated items were indefinite. Although the majority of the respondents on the positive items agreed to the positive meaning in their life, a large percent of the respondents reported "sometimes applies," "usually applies," or "strongly applies" to the negative items, such as "I have a lot of potential that I don't normally use"(89.9 percent), and "Something seems to stop me from what I really want to do"(90.9 percent).

With regard to the variable of subject competence, it appeared that the overwhelming majority of the respondents were optimistic about their own ability to handle with their lives. For each item, over 85 percent of the respondents considered the described positive experience as "sometimes," "often," or "always" happening to them in the past six

months. The related items included "The future is certain and clear to me," "When faced with a dilemma, I usually know what to do," "I feel that I have a sense of inner control over myself," and et al.

Most of the respondents responded positively to the variable of purpose in life. Over 60 percent of the respondents on each item agreed to the existence of purpose in their life, except the items "If I should die today, I would feel that my life has been very worthwhile"(41.5 percent), and "With regard to death, I am prepared and unafraid"(48.3 percent).

The results of the negative items for powerlessness, Life Regard Index, subject competence, and purpose in life, such as "I succeed because of me, not because of luck," "I just don't know what I really want to do with my life," and "I am usually completely bored," were recoded inversely so that the larger the value in one item, the more likely the respondents agreed with their propensity to the variable. Then the results of all items were added up to construct the indices of total values. The larger the total value in one index of total values, the more likely the respondents tended to respond the variables positively.

AIDS Self-Efficacy

Concerning AIDS self-efficacy, this survey found that the overwhelming majority of the respondents on each item

reported that they were capable of adopting the AIDS preventive behavior. For example, 95.3 percent of the respondents agreed that "I believe I can take steps to prevent myself from getting AIDS;" 96.6 percent indicated that "I am fairly selective of my sexual partner(s);" and 96.5 percent agreed that "I am cautious and careful about not getting myself into situations that could lead to getting the AIDS virus." However, 29.5 percent of the respondents, a larger percentage than those disagreeing to the previous items, did not agree or did not know that "I (would) make it a point to ask questions about my partner's sexual history." It indicated that although there was a quite definite inclination of self-efficacy among the respondents, approximately one-quarter of the respondents would not make it a point or were not sure whether they would make it a point to ask about their partners' sexual history.

The results of the four items were recoded inversely so that the weight of value on each item could indicate the propensity of the respondents to AIDS self-efficacy. The recoded values were to construct an index of total values in which the larger the total value, the more likely the respondents would perceive their ability of executing AIDS preventive behavior effective.

Worry about AIDS and Optimistic Bias

For the variable of worry about AIDS, 44 percent of the respondents indicated they did not worry about contracting AIDS at all, 34.5 percent reported "a little bit" as the degree of their worry of AIDS infection; 11.9 percent stated "somewhat;" and 9.5 percent reported "extremely." With regard to optimistic bias, the overwhelming majority, 84.1 percent, considered that they were more unlikely than the total population of the United States in contracting AIDS virus. It appeared that most of the respondents were optimistic about their scant opportunity for contracting AIDS.

Cue to act

The variable of cue to act was composed of passive and active cues. Passive cues included Public Service Announcement about AIDS and articles, brochures, or pamphlets about AIDS. Active cues consisted of taking the AIDS virus test, discussing AIDS with a friend or relative, and knowing someone infected with HIV or having AIDS. Concerning Public Service Announcements, 61.4 percent of the respondents reported ever seeing Public Service Announcement on TV in the past month from the survey period, compared with 26.8 percent on radio. Only 14.3 percent of all respondents knew about the Public Service Announcement called "America Responds to AIDS." It appeared that TV

rather than radio was the most used medium to access AIDS information for most of the respondents. Regarding articles, brochures, or pamphlets about AIDS, 47.7 percent reported ever reading articles about AIDS in the past month from the survey period. While 63.6 percent indicated having ever read any brochures or pamphlets about AIDS, much fewer of the respondents, 10.1 percent, reported reading brochures or pamphlets about AIDS in the past month. Such indicated that only few of the respondents received up-to-date information about AIDS from brochures or pamphlets. In addition, the results of the six items in passive cues were recoded into 1 "No" or 2 "Yes" and then added up in a index of total values. The larger the total value in the index, the more likely the respondents had multiply contacted the passive cues.

With regard to taking the AIDS virus test, only four of the respondents reported ever receiving counseling or having a talk with a health professional about taking the AIDS virus test; and among them, three received information from that discussion about how to avoid getting or passing on the AIDS virus. In addition, only 15 of the respondents reported ever having the AIDS Virus test, and among them, 11 had the test only once with one having it five times. Furthermore, six respondents had the AIDS virus test in the past year, and five of them had the test only once. Among

those ever having the AIDS virus test, 12 got the result(s) of the tests. Only one received counseling or talk with a health professional about how to lower the chances of becoming infected with the AIDS virus or how to avoid passing it to another person when he/she received the test results. Only one was referred to a health professional to get counseling about the AIDS virus infection after receiving the test results.

In addition, 67 of the respondents reported ever discussing AIDS with a friend or relative, and 38 of them had the discussion either months or years ago. Only four of the respondents indicated having known someone infected with HIV or who had AIDS with three knowing two persons, and one knowing three. The relationship between the respondents and the individual(s) infected with HIV or who have AIDS was not close. Two indicated having not seen this person or having not seen this person for more than six months, and two reported having not seen this person for three months to less than six months. Also, two reported not really knowing the individual(s) personally, while two stated not knowing the individuals(s) very well.

Among the 13 items in the measure of active cues, eight items were recoded and then added up in the index of total values for active cues. The following were the included items and the way they were recoded. For "In the past

twelve months, have you ever received counseling or had a talk with a health professional about taking the AIDS virus test," the responses were recoded into 0 "No" or 1 "Yes."

In the item, "During that discussion, did you receive information about how to avoiding getting or passing on the AIDS virus," the responses indicating that the respondents did not either have the counseling or a talk, or receive information about how to avoid getting or passing on the AIDS virus during that discussion, were recoded into 0; in contrast, those having had the counseling or talk and received the information about reducing AIDS risk from that discussion were recoded into 1. For "Have you had your blood tested for the virus infection," the responses were recoded as 0 "No" or 1 "Yes." For the item, "Did you get the results of your tests/any of your tests," the responses, showing the respondents did not either have any AIDS-virus test in the past or obtain any results from the tests, were recoded into 0; those having both any test and result were recoded as 1. For "When you received your test results, did you received counseling or talk with a health professional about how to lower your chances of becoming infected with the AIDS virus or how to avoid passing it to another person," and "Were you referred to a health professional to get counseling about the AIDS virus infection," likely, 0 was recoded to those who did not have any test or results,

did not receive the related counseling or talk, or were not referred to a health professional after obtaining the results; 1 was recoded to indicate those having the counseling or talk or were referred to a health professional after obtaining the test results. In addition, for "Have you ever discussed AIDS with a friend or relative," the responses were recoded into 0 "No" or 1 "Yes." In the item, "The number of individuals you knew who were known to be infected with HIV or have AIDS," knowing no individual infected with AIDS was recoded as 0, and knowing one or more than one individual contracting AIDS was recoded into 1. Finally, the recoded results of the eight items were added up in the index of total values for the active cues. Like the index of total values for passive cues, the larger the total value in the index for the active cues, the more likely the respondents had multiply contacted the active cues.

In summary, compared with active cues, passive cues, including seeing Public Service Announcements on TV and reading articles, brochures, or pamphlets about AIDS, were in general, the more common access to AIDS information. Among active cues, discussing AIDS with a friend or relative was the most prevailing access for most of the respondents to obtain the information about AIDS.

The Likelihood of Action

The following Table IV presented the results of descriptive statistics for the variables in the likelihood of action, including perceived benefit and perceived barrier.

Table IV

Descriptive Statistics for the Variables in Likelihood of Act

Items for perceived benefit

1. During sex intercourse, using a diaphragm.
(N=68)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.647
Very effective	1	9	13.2	Median=2.000
Somewhat effective	2	27	39.7	Std dev=1.062
A little bit effective	3	11	16.2	Kurtosis=-1.322
Not at all effective	4	21	30.9	Skewness=.064

2. During sex intercourse, using a condom.
(N=86)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.256
Not at all effective	1	2	2.3	Median=3.000
A little bit effective	2	8	9.3	Std dev=.723
Somewhat effective	3	42	48.8	Kurtosis=.704
Very effective	4	34	39.5	Skewness=-.814

3. During sex intercourse, using a spermicidal jelly, foam or cream.
(N=64)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.563
Very effective	1	3	4.7	Median=4.000
Somewhat effective	2	4	6.3	Std dev=.814
A little bit effective	3	11	17.2	Kurtosis=3.053
Not at all effective	4	46	71.9	Skewness=-1.939

table continues

 Items for perceived benefit

4. During sex intercourse, having a vasectomy.

(N=71)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.507
Very effective	1	1	1.4	Median=4.000
Somewhat effective	2	9	12.7	Std dev=.772
A little bit effective	3	14	19.7	Kurtosis=.789
Not at all effective	4	47	66.2	Skewness=-1.365

5. Reducing the number of sexual partners.

(N=85)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.894
Not at all effective	1	8	9.4	Median=3.000
A little bit effective	2	17	20.0	Std dev=.926
Somewhat effective	3	36	42.4	Kurtosis=-.508
Very effective	4	24	28.2	Skewness=-.522

6. Abstaining from sex.

(N=81)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.975
Not at all effective	1	12	14.8	Median=3.000
A little bit effective	2	13	16.0	Std dev=1.095
Somewhat effective	3	21	25.9	Kurtosis=-.933
Very effective	4	35	43.2	Skewness=-.653

7. Reducing the frequency of sex.

(N=84)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=1.905
Not at all effective	1	34	40.5	Median=2.000
A little bit effective	2	29	34.5	Std dev=.913
Somewhat effective	3	16	19.0	Kurtosis=-.466
Very effective	4	5	6.0	Skewness=.678

8. Avoiding anal sex with exchange of body fluid.

(N=69)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.739
Not at all effective	1	12	17.4	Median=3.000
A little bit effective	2	17	24.6	Std dev=1.107
Somewhat effective	3	17	24.6	Kurtosis=-1.285
Very effective	4	23	33.3	Skewness=-.263

table continues

 Items for perceived benefit

9. Avoiding vaginal sex with exchange of body fluid.

(N=72)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.625
Not at all effective	1	16	22.2	Median=3.000
A little bit effective	2	13	18.1	Std dev=1.093
Somewhat effective	3	25	34.7	Kurtosis=-1.218
Very effective	4	18	25.0	Skewness=-.263

10. Avoiding oral sex with exchange of body fluid.

(N=69)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.478
Not at all effective	1	18	26.1	Median=3.000
A little bit effective	2	14	20.3	Std dev=1.093
Somewhat effective	3	23	33.3	Kurtosis=-1.296
Very effective	4	14	20.3	Skewness=-.082

11. Do not have drug or alcohol before or during sex.

(N=66)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=1.924
Not at all effective	1	34	51.5	Median=1.000
A little bit effective	2	10	15.2	Std dev=1.086
Somewhat effective	3	15	22.7	Kurtosis=-1.020
Very effective	4	7	10.6	Skewness=.675

12. Do not have sex with someone you don't know very well.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.371
Not at all effective	1	5	5.6	Median=4.000
A little bit effective	2	9	10.1	Std dev=.884
Somewhat effective	3	23	25.8	Kurtosis=.846
Very effective	4	52	58.4	Skewness=-1.313

13. Do not have sex with someone you don't know his/her AIDS status.

(N=68)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.607
Not at all effective	1	3	3.4	Median=4.000
A little bit effective	2	3	3.4	Std dev=.717
Somewhat effective	3	20	22.5	Kurtosis=4.387
Very effective	4	63	70.8	Skewness=-2.089

table continues

 Items for perceived barriers

1. The quality of your sex life would suffer if you did all the things that are important to protect yourself from getting AIDS.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=2.000
Strongly disagree	1	35	39.3	Median=2.000
Disagree	2	34	38.2	Std dev=1.108
Don't know	3	9	10.1	Kurtosis=.772
Agree	4	7	7.9	Skewness=1.180
Strongly agree	5	4	4.5	

2. Protecting yourself against AIDS would be hard to do, given your lifestyle.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=1.539
Strongly disagree	1	52	58.4	Median=1.000
Disagree	2	28	31.5	Std dev=.755
Don't know	3	8	9.0	Kurtosis=3.854
Agree	4	0	0	Skewness=1.649
Strongly agree	5	1	1.1	

3. If you try hard to protect yourself against AIDS, it would be a hassle.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=1.596
Strongly disagree	1	50	56.2	Median=1.000
Disagree	2	30	33.7	Std dev=.836

TABLE IV, CONTINUED

Don't know	3	5	5.6	Kurtosis=3.413
Agree	4	3	3.4	Skewness=1.723
Strongly agree	5	1	1.1	

4. It would be embarrassing for you if you were to do all the things you have to do to protect yourself from getting AIDS.

(N=89)

<u>Value Labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=1.573
Strongly disagree	1	49	55.1	Median=1.000
Disagree	2	31	34.8	Std dev=.752
Don't know	3	8	9.0	Kurtosis=3.641
Agree	4	0	0	Skewness=1.549
Strongly agree	5	1	1.1	

Perceived benefit

With regard to the variable of perceived benefit, this survey found that a large percentage of the respondents could not recognize effective AIDS preventive behavior. For those behavior only offering limited effect in preventing AIDS infection, some respondents reported "very effective" or "somewhat effective," as follows: "During sex intercourse, using a diaphragm"(52.9 percent), "During sex intercourse, using a spermicidal jelly, foam or cream"(11 percent), and "During sex intercourse, having a vasectomy"(14.1 percent). However, for those behavior effectively preventing AIDS infection, few respondents reported "very effective." For example, only 39.5 percent of the respondents reported "very effective" to "During sex intercourse, using a condom," with 48.8 percent reporting "somewhat effective." Less than half of the respondents, 43.2 percent, stated "very effective" to "Reducing the frequency of sex," while 25.9 percent reported "somewhat effective." "Reducing the number of sexual partners" was regarded as "very effective" by only 28.2 percent of the respondents while 42.4 percent reported "somewhat effective," 20 percent stated "a little bit effective," and 9.4 percent indicated "not at all." Overall, 75 percent of the respondents regarded "Reducing the frequency of sex" as "not at all effective" or "a little bit effective." Only

slightly more than half the respondents considered avoiding exchange of body fluid during anal, vaginal, or oral sex as "very effective" or "somewhat effective" than those reporting "a little bit effective" or "not at all effective." A large percentage of the respondents, 66.7 percent, reported "a little bit effective" or "not at all effective" to the item that "Do not have drug or alcohol before or during sex." More than 70 percent of the respondents reported "very effective" or "somewhat effective" for avoiding having sex with someone they don't know very well or they do not know his/her AIDS status.

In addition, for those items which represented the effective AIDS preventive behavior, such as "During sex intercourse, using a condom," "Reducing the number of sexual partners," "Abstaining from sex," and "Reducing the frequency of sex", their responses were recoded into 1 "not at all effective," 2 "a little bit effective," 3 "somewhat effective," or 4 "very effective." Then, the index of total values was constructed by adding up the value of all items. Therefore, the larger the value in the index, the more likely the respondents perceived the effectiveness of the AIDS preventive behavior.

Perceived barrier

It was found that perceived barriers for preventing AIDS infection was overall very low. Around 90 percent of

the respondents reported "strongly disagree" or "disagree" for the items: "Protecting yourself against AIDS would be hard to do, given your lifestyle," "If you try hard to protect yourself against AIDS, it would be a hassle," and "It would be embarrassing for you if you were to do all the things you have to do to protect yourself from getting AIDS." In addition, 77.5 percent of the respondents disagreed that "The quality of your sex life would suffer if you did all the things that are important to protect yourself from getting AIDS."

In addition, the responses of all the items were recoded inversely and then added up to construct an index of total values in which the weight of the total value indicated the propensity of the respondents to perceived barrier of AIDS preventive behavior.

Dependent Variables

In this study, the two dependent variables were current AIDS-risk behavior and AIDS behavior change since the respondents became aware of AIDS. The results were as follows:

Table V

Descriptive Statistics for the dependent variables

Items for current AIDS-risk behavior in the past two months

table continues

 Items for current AIDS-risk behavior in the past two months

1.The number of sexual partners

(N=86)

<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
0	51	59.3	Mean=.500
1	34	39.5	Median=.000
9	1	1.2	Std dev=1.049
			Kurtosis=51.413
			Skewness=6.389

2.How frequently did you have sex in one month? The number of time

(N=80)

<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
0	49	61.3	Mean=2.306
1	1	1.3	Median=.000
1.5	1	1.3	Std dev=3.937
2	3	3.8	Kurtosis=3.236
2.5	2	2.5	Skewness=1.973
3	4	5.0	
4	5	6.3	
4.5	2	2.5	
5	1	1.3	
6	2	2.5	
7	2	2.5	
8	1	1.3	
10	1	1.3	
12	3	3.8	
15	3	3.8	

3.What percentage of time did you engage in intercourse with condom? Percentage of time

(N=37)

<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	
0	15	40.5	Mean=42.715
10	1	2.7	Median=20.000
20	3	8.1	Std dev=43.435
50	4	10.8	Kurtosis=-1.746
70	1	2.7	Skewness=.291
75	1	2.7	
80	1	2.7	
90	1	2.7	
97.50	1	2.7	
98	1	2.7	
99.95	1	2.7	
100	7	18.9	<u>table continues</u>

 Items for current AIDS-risk behavior in the past two months

4. Did you have any sexual activity with someone you don't know very well, such as someone you just met and your casual acquaintance?

(N=39)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.205
No	0	31	79.5	Median=.000
Yes	1	8	20.5	Std dev=.409
				Kurtosis=.323
				Skewness=1.520

5. Did you have sex with someone who you did not know whether he or she had AIDS or not?

(N=39)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.231
No	0	30	76.9	Median=.000
Yes	1	9	23.1	Std dev=.427
				Kurtosis=-.247
				Skewness=1.330

6. Did you use a diaphragm during sex intercourse?

(N=35)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=.114
No	0	31	88.6	Median=.000
Yes	1	4	11.4	Std dev=.323
				Kurtosis=4.689
				Skewness=2.535

 Items for AIDS-risk behavior change

1. How have you changed the number of sexual partner?

(N=40)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.225
Much more	1	0	0	Median=3.000
More	2	0	0	Std dev=.577
No change	3	34	85	Kurtosis=5.117
Less	4	3	7.5	Skewness=2.502
Much less	5	3	7.5	

table continues

 Items for AIDS-risk behavior change

2. How have you changed the frequency of having sex?

(N=40)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.075
Much more	1	0	0	Median=3.000
More	2	1	2.5	Std dev=.417
No change	3	36	90.0	Kurtosis=13.139
Less	4	2	5.0	Skewness=2.780
Much less	5	1	2.5	

3. How have you changed the frequency of having sex with someone you don't know very well, such as someone you just met or your casual acquaintance?

(N=35)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.314
Much more	1	1	2.9	Median=3.000
More	2	0	0	Std dev=.867
No change	3	27	77.1	Kurtosis=1.542
Less	4	1	2.9	Skewness=.758
Much less	5	6	17.1	

4. How have you changed the frequency of using condom during sexual intercourse?

(N=38)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.316
Much less	1	1	2.6	Median=3.000
Less	2	0	0	Std dev=.739
No change	3	26	68.4	Kurtosis=2.591
More	4	8	21.1	Skewness=.258
Much more	5	3	7.9	

5. How have you changed the frequency of having sex with someone you don't know whether he or she had AIDS?

(N=35)

<u>Value labels</u>	<u>Value</u>	<u>Freq.</u>	<u>Per.</u>	Mean=3.429
Much more	1	1	2.9	Median=3.000
More	2	0	0	Std dev=.948
No change	3	25	71.4	Kurtosis=.385
Less	4	1	2.9	Skewness=.547
Much less	5	8	22.9	

Current AIDS-risk Behavior

As Table V showed, for the AIDS-risk behavior in the past two months from the survey period, 59.3 percent of the respondents indicated that they did not have any sexual partner in the past two months. Among those having sexual partner(s) in the past two months, 97 percent reported having only one sexual partner. The range of having sex in the past two months was between 1 to 15 with the mean being 2.306 ($SD = 3.937$). Among those having sex in the past two months, 40.5 percent indicated they did not use a condom during sex at all, and 29.7 percent reported that they used a condom 90 percent of time or more while the mean was 42.7 percent ($SD = 43.435$). Among those who ever had sexual behavior, 20.5 percent reported they had sexual activity with someone they just met or their casual acquaintance; 23.1 percent reported that they ever had sex with someone they did not know whether he or she had AIDS or not; and 11.4 percent reported using a diaphragm during sex intercourse.

The respondents who had never had sex were expected to indicated "0" in the items of the number of sexual partners and the frequency of having sex and to skip the rest of the questions; they were excluded from the index of total values. To construct a index of total values for current AIDS preventive behavior, the items were recoded as follows:

For the number of sexual partners, the responses, indicating having no or only one sexual partner, were recoded into 0; others having more than one sexual partner were recoded into 1. Those using a condom during sexual intercourse 100 percent of time were recoded as 0 while others were recoded as 1. Those having sex with someone they did not know very well were recoded into 1 with their counterparts being recoded as 0. Those indicating having sex without knowing the partner's AIDS status were recoded into 1 while others were recoded into 0. The frequency of having sex in one month and using a diaphragm during sex intercourse were excluded from the index of total values. In the index of total values, obtaining by adding up the values of the items, the larger the total value, the more likely the respondents tended to adopt AIDS preventive behavior in the past two months from the survey period.

Thus, this study found that more than half of the respondents were abstaining from sex while those having sex in the past two months were practicing monogamy. Besides, it appeared that using a condom during sex was not a prevalent behavior among the Taiwanese students at University of North Texas. However, having sex with a stranger only happened to far fewer respondents in the past two months apart from the survey time. Therefore, the Taiwanese students at the University of North Texas in general adopted AIDS preventive behavior in the past two

months from the survey period although condom use did not prevail among them.

AIDS-risk Behavior Change

Only the respondents ever having sexual experiences were asked to answer the items for AIDS-risk behavior change. Concerning AIDS-risk behavior change, a majority of those, ever having sex, reported that they did not change the number of sexual partners or the frequency of AIDS-risk behavior at all since they became aware of AIDS, and only a few reported increasing their AIDS-risk behavior. The results were as follows: None of them reported increasing the number of sexual partners, with 85 percent reporting "no change," and 15 percent decreasing the number. 2.5 percent of all reported increasing the frequency of having sex while 90 percent reported "no change," and 7.5 percent stated "much less" or "less." 2.9 percent reported "much more" to changing the frequency of having sex with someone they did not know very well, such as someone they just met or their casual acquaintance, while 77.1 percent did not change the frequency, and 20 percent indicated decreasing the frequency. For the item of using a condom during sexual intercourse, 29 percent indicated they had increasingly used a condom during sexual intercourse; 68.4 percent reported "no change;" and 2.6 percent stated "much less." Over 70 percent of the respondents did not change the frequency of

having sex with someone they did not know whether he or she had AIDS with 2.9 percent reporting "much more," and 25.7 percent stating "much less" or "less."

The respondents who had never had sexual experience were expected to skip the measure of AIDS preventive behavior change. For the positive item, "How have you changed the frequency of using condom during sexual intercourse," the results were recoded into 1 "Much less," 2 "Less," 3 "No change," 4 "More," or 5 "Much more." Then the results of all items were added up in the index of total values, in which the larger the total value, the more likely the respondents had increased their AIDS preventive behavior since they had become aware of AIDS.

Pearson's Correlation Coefficient and Multiple Regression Analysis

Using Pearson's Correlation Coefficient, this study measured the relation between each independent and dependent variables which were presented in the indices of total values in Table VI. The results of indices of total values were as follows:

Table VI

Frequency Totals of Indices

Individual perception

table continues

 Individual perception

Knowledgeability

1.Common knowledge

(N=59)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
44.661	45.000	2.998	.471	-.877	13

2.Transmission knowledge

(N=84)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
42.667	41.000	11.478	-.273	.427	54

Perceived seriousness

1.Perceived severity in common

(N=89)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
23.831	24.000	2.905	-.666	-.102	13

2.Perceived severity of social relations

(N=89)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
11.708	12.000	2.599	.518	-.705	12

 The modifying factors

The motivation of sensation seeking

1.Adventurousness

(N=88)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
30.920	32.000	8.076	-.604	-.377	35

2.Impulsiveness

(N=87)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
18.782	18.000	6.122	-.391	.176	28

table continues

The motivation of sensation seeking

3. Disinhibition

(N=87)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
10.264	10.000	4.654	-.503	.473	20

The motivation of being healthy

(N=88)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
10.841	12.000	3.062	.064	-.908	12

The motivation of pleasurable relationship

(N=88)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
20.920	21.000	5.888	.435	-.459	30

A sense of control and meaning in life

1. Powerlessness

(N=88)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
12.784	13.000	2.624	.587	.081	14

2. Life regard index

(N=83)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
97.108	97.000	18.202	.146	.390	80

3. Subjective competence

(N=84)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
54.250	54.000	7.917	-.004	-.213	36

4. Purpose in life

(N=85)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
75.988	77.000	11.646	2.066	-1.085	61

AIDS self-efficacy

(N=88)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
24.511	24.500	3.118	2.028	-1.154	16

table continues

Cue to act

1. Passive cues to act

(N=72)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
2.111	2.000	1.552	-.260	.693	6

2. Active cues to act

(N=72)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
1.125	1.000	1.047	2.154	1.332	5

The likelihood of act

Perceived benefit

(N=38)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
37.553	38.000	6.276	-.717	-.390	24

Perceived barriers

(N=89)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
6.708	6.000	2.943	1.189	1.180	13

Dependent variables

Current AIDS-risk behavior

(N=36)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
1.306	1.000	1.091	-.132	.881	4

AIDS-risk behavior change

(N=35)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
16.371	15.000	2.545	.156	.886	11

As Table VII showed, among the variables in individual perception, the responses of common knowledgeability had a range of 13 and a mean of 44.661 ($SD = 2.998$). The

responses of transmission knowledgeability had a range of 54 with a mean of 42.667 ($SD = 11.478$). In addition, the results of perceived severity in common had a mean of 23.831 with a range of 13 ($SD = 2.905$). Regarding perceived severity of social relations, the range of the results was 12 with a mean of 11.708 ($SD = 2.599$).

Among the modifying factors, the responses of adventurousness in the motivation of sensation seeking had a range of 35 and a mean of 30.920 ($SD = 8.076$). Regarding the other factors in the motivation of sensation seeking, the responses on impulsiveness had a range of 35 and a mean of 30.920 ($SD = 6.122$). Disinhibition had a range of 20 with a mean of 10.264 ($SD = 4.654$). For motivation to be healthy, the range was 12 with a mean of 10.841 ($SD = 3.062$). The responses to the pleasurable relationship index had a range of 30 with a mean of 20.920 ($SD = 5.888$). In addition, with respect to the variable of a sense of control and meaning in life, the measure of powerlessness had a range of 14 with a mean of 12.784 ($SD = 2.624$). Life Regard Index had a range of 80 with a mean of 97.108 ($SD = 18.202$). Subject competence had a range of 36 with a mean of 54.25 ($SD = 7.917$). Purpose in life had a range of 61 and a mean of 24.511 ($SD = 11.646$). Finally, this study found that AIDS self-efficacy had a range of 16 and a mean of 24.511 ($SD = 3.118$). Concerning cues to act, it was found that the

results of the passive cues had a range of 6 and a mean of 2.111 ($SD = 1.552$). Those of the active cues had a range of 5 with a mean of 1.125 ($SD = 1.047$).

Among the measures of likelihood of act, this study found that the responses of perceived benefit had a range of 24 and a mean of 37.553 ($SD = 6.276$). In addition, the results of perceived barriers had a range of 13 with a mean of 6.708 ($SD = 2.943$). With respect to the dependent variables, the results of current AIDS-risk behavior had a range of 4 and a mean of 1.308 ($SD = 1.091$). The responses of AIDS-risk behavior change had a range of 11 and a mean of 16.371 ($SD = 2.545$).

Before applying Pearson's correlation coefficient to measure the bivariate correlation between the independent and the dependent variables, this study measured the Alpha reliability of items for each variable having multiple items. The results were presented in Table VII, as follows:

Table VII

Reliability of Multiple-Item Measures

Variables	Items	Alpha
<u>Individual perception</u>		
Common knowledgeability(N=59)	13	.34
Transmission knowledgeability(N=84)	11	.81

table continues

Individual perception

Perceived susceptibility(N=88)	5	.69
Perceived seriousness in common(N=89)	6	.36
Perceived seriousness of social relation(N=89)	3	.75

The modifying factors

Adventurousness(N=88)	7	.90
Impulsiveness(N=87)	6	.82
Disinhibition(N=87)	4	.75
Motivation of being healthy(N=88)	2	.79
Motivation of pleasurable relationship(N=88)	5	.70
Powerlessness(N=88)	5	.40
Life regard index(N=83)	28	.95
Subject competence(N=84)	15	.91
Purpose in life(N=85)	20	.90
AIDS self-efficacy(N=88)	4	.62
Passive cues to act(N=72)	6	.65
Active cues to act(N=72)	8	.44

The likelihood of act

Perceived benefit(N=38)	13	.76
Perceived barrier(N=89)	4	.86

The dependent variables

Current AIDS-risk behavior(N=36)	4	.71
AIDS-Risk behavior change(N=35)	5	.73

As Table VII showed, the Alpha coefficient of reliability for most of the measurement of each variable were strong, except for powerlessness, common knowledgeability, perceived severity in common, and active cues to act. The coefficients were less than .60. It

appeared that most of the variables, used in this study, were reliable. The four variables, powerlessness, common knowledgeability, perceived severity in common, and active cues to act were excluded from the subsequent analysis, using Pearson's correlation coefficient and multiple regression, due to weak reliability. For the variable of knowledgeability, transmission knowledgeability had the strong reliability, $Alpha = .81$. In addition, the five items measured in perceived susceptibility had the moderate reliability, $Alpha = .69$. Although the $Alpha$ of $.34$ for perceived severity in common was quite weak, perceived severity of social relations showed strong reliability, $Alpha = .75$.

For the motivation of sensation seeking, the $Alphas$ for adventurousness, impulsiveness, and disinhibition were $.90$, $.82$, and $.75$, respectively. Two items in the motivation of being healthy had $Alphas$ of $.79$, and the motivation of pleasurable relationship had an $Alpha$ of $.70$. Among a sense of control and meaning in life, powerlessness had the lowest reliability, $Alpha = .40$, while the others, life regard index, subject competence, and purpose in life, had $Alphas$ above $.90$. In addition, the reliability for AIDS self-efficacy, $Alpha = .62$, was moderate.

The $Alpha$ for perceived benefit was $.76$, and for perceived barrier, $.86$. Passive cues had a moderate $Alpha$

of .65. Active cues had a weak Alpha of .44. Finally, current AIDS-risk behavior, one of the dependent variables in this study, had an Alpha of .71, while AIDS-risk behavior change, the other dependent variable, had an Alpha of .73.

Subsequently, Pearson's correlation coefficient was applied to measure the bivariate relation between independent and dependent variables. Furthermore, the independent variables, significant in Pearson's correlation coefficient for the dependent variables, current AIDS-risk behavior and AIDS-risk behavior change, were subsequently utilized for multiple regression analysis. The following Table VIII presented the results of Pearson's correlation coefficient and multiple regression analysis for current AIDS-risk behavior.

Table VIII

Pearson's Correlation Coefficients and Multiple Regression to Current AIDS-Risk Behavior

Variables	<i>r</i>	<i>Sig.</i>	<i>b</i>	<i>Beta</i>	<i>T</i>	<i>Sig.</i>
<u>Individual perception</u>						
Transmission knowledgeability(N=36)	-.016	.925				
Susceptibility(N=36)	.282	.095				
Severity of social relation(N=36)	-.237	.164				

table continues

The modifying factors

Adventurousness(N=36)	.084	.626			
Impulsiveness(N=35)	.427	.010*	.014	.077	.671
Disinhibition(N=36)	.422	.010*	.039	.138	.449
Motivation of being healthy(N=36)	-.015	.929			
Motivation of pleasurable relationship(N=36)	.257	.131			
Life regard index(N=34)	-.626	.000*	-.012	-.196	.496
Subject competence(N=34)	-.517	.002*	-.004	-.028	.899
Purpose in life(N=36)	-.676	.000*	-.047	-.378	.154
Self-efficacy(N=36)	-.163	.344			
Worry about AIDS(N=33)	.285	.108			
Optimistic bias(N=36)	-.014	.935			
Passive cues to act(N=28)	.199	.311			

The likelihood of act

Perceived benefit(N=17)	-.359	.157
Perceived barrier(N=36)	.084	.628

$R^2 = .40$ $F = 4.971$

Significance = .002

* The independent variables, significant in Pearson's correlation coefficient, were used in the subsequent multiple regression analysis.

As Table VIII showed, the study found that the psychological variables rather than cognitive variables affected the respondents' current AIDS-risk behavior at a significant level. Impulsiveness and disinhibition in the motivation of sensation seeking and life regard index, subject competence, and purpose in life in a sense of control and meaning had significant association with current AIDS-risk behavior while none of the variables of individual perception and the likelihood of act were demonstrated to affect the current risk behavior significantly. As hypothesized in the previous Chapter II, this study demonstrated that the relation between impulsiveness, disinhibition, and current AIDS-risk behavior were positive with the association between life regard index, subject competence, and purpose in life and the risk behavior being negative. Among the significant independent variables, purpose in life had the strongest relation with current AIDS-risk behavior ($r = -.676$), and the second was life regard index ($r = -.626$). The relation between the significant independent variables and current AIDS-risk behavior were presented in Figures III through VII:

Figure III. Scatterplot of current AIDS-risk behavior with impulsiveness ($r = .427$)

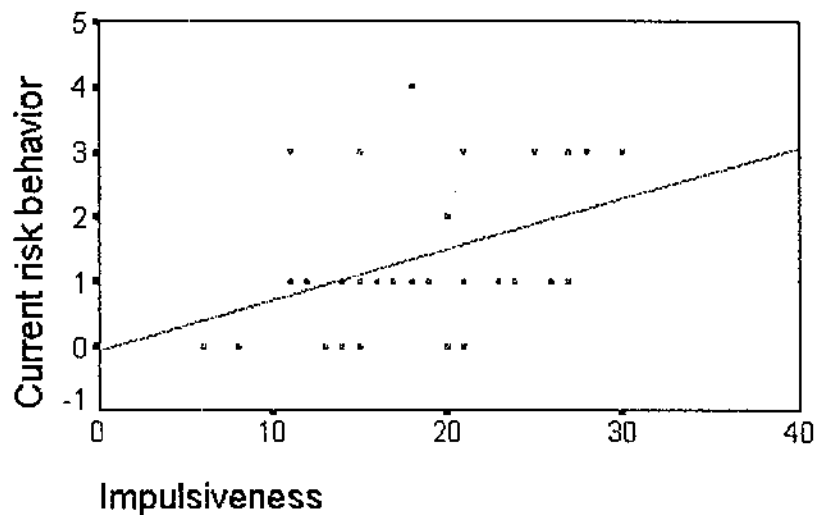


Figure IV. Scatterplot of current AIDS-risk behavior with disinhibition ($r = .422$)

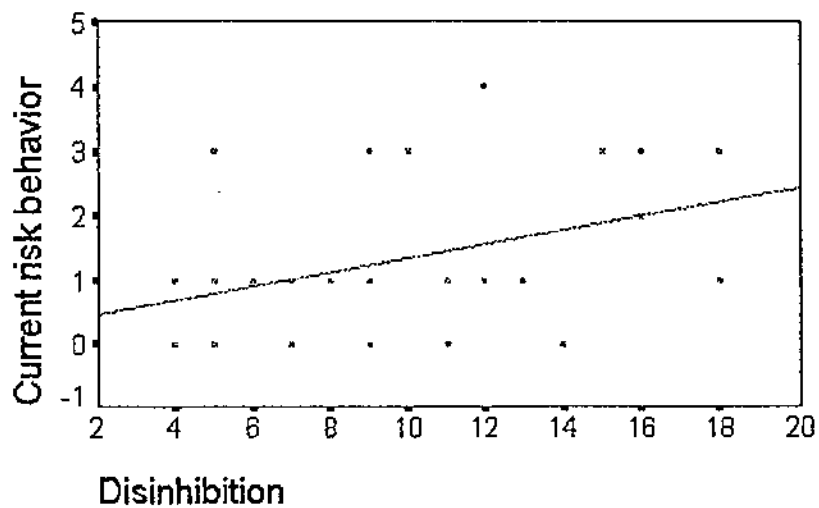


Figure V. Scatterplot of current AIDS-risk behavior with life regard index ($r = -.626$)

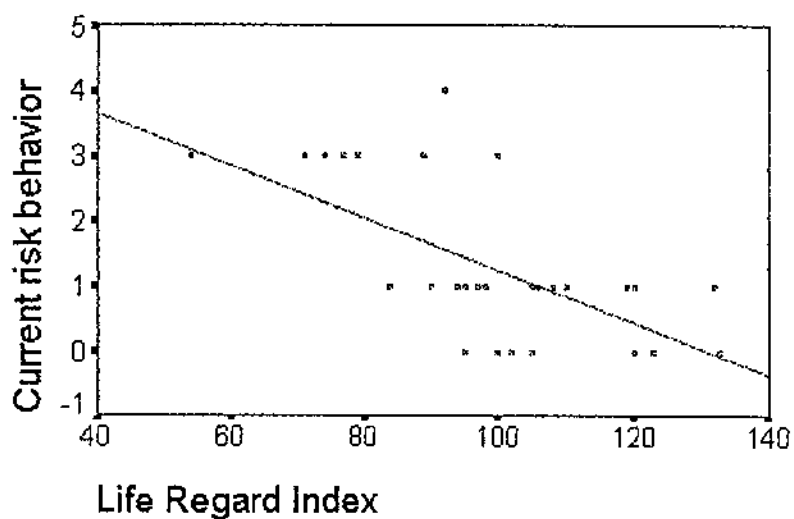


Figure VI. Scatterplot of current AIDS-risk behavior with subject competence ($r = -.517$)

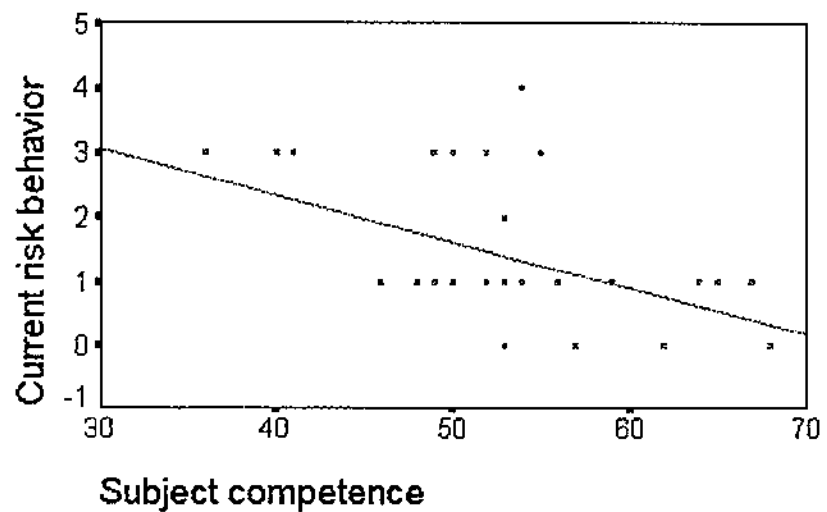
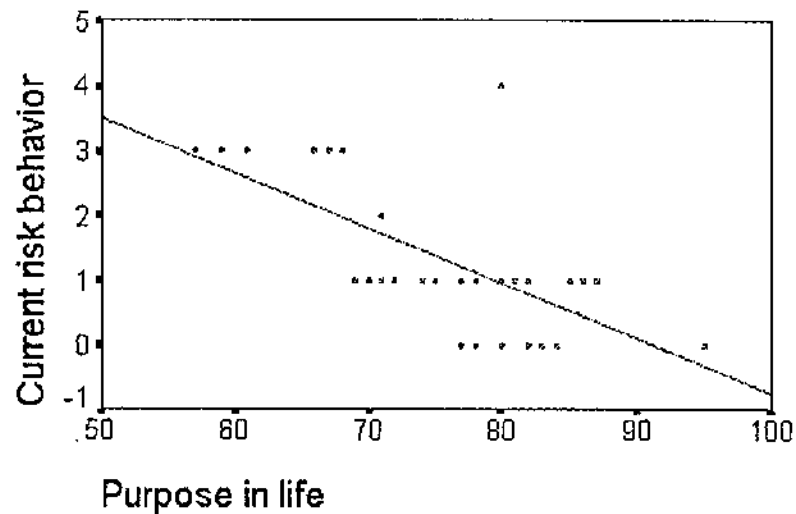


Figure VII. Scatterplot of current AIDS-risk behavior with purpose in life ($r = -.676$)



In addition, these significant independent variables for current AIDS-risk behavior in Pearson's correlation coefficient were analyzed using multiple regression. As a result, the significant psychological variables were found to explain 40 percent of the variation in current AIDS-risk behavior with significance level of .002 ($F = 4.971$). However, because the significance of T -test for each independent variable in multiple regression analysis was more than .05, the hypothesis that a linear relation existed between impulsiveness, disinhibition, life regard index, subject competence, purpose in life, and current AIDS-risk behavior was rejected.

In addition, the same analysis was applied to the other dependent variable, AIDS-risk behavior change. The following Table IX presented the results.

Table IX

Pearson's Correlation Coefficients and Multiple Regression to AIDS-Risk Behavior Change

Variables	<i>r</i>	<i>Sig.</i>	<i>b</i>	<i>Beta</i>	<i>T</i>	<i>Sig.</i>
<u>Individual perception</u>						
Transmission knowledgeability(N=35)	-.027	.876				
Perceived susceptibility(N=35)	.278	.106				
Worry about AIDS(N=32)	.218	.231				
Optimistic bias(N=35)	-.356	.036*	-.670	-.323		.048
Severity of social relation(N=35)	-.128	.464				
<u>The modifying factors</u>						
Adventurousness(N=34)	.250	.154				
Impulsiveness(N=34)	.396	.020*	.087	.190		.293
Disinhibition(N=34)	.267	.127				
Motivation of being healthy(N=34)	-.085	.633				
Motivation of pleasurable relationship(N=34)	.013	.940				

table continues

The modifying factors

Life regard index(N=33)	-.323	.066			
Subject competence(N=33)	-.131	.466			
Purpose in life(N=33)	-.445	.009*	-.103	-.365	.047
Self-efficacy(N=34)	-.213	.227			
Passive cues to act(N=28)	.063	.751			

The likelihood of act

Perceived benefit(N=17)	.037	.887			
Perceived barriers(N=35)	.235	.174			

$$R^2 = .28 \quad F = 5.027$$

$$\text{Significance} = .007$$

* The independent variables, significant in Pearson's correlation coefficient, were used in the subsequent multiple regression analysis.

As Table IX indicated, for AIDS-risk behavior change, this study demonstrated by the analysis of Pearson's correlation coefficient that among the variables in the modifying factors, the psychological variables, impulsiveness, purpose in life, and optimistic bias had significant relationship with AIDS-risk behavior change. Among them, purpose in life, had the strongest association with AIDS-risk behavior change ($r = -.445$), with optimistic

bias being second ($r = -.356$). Impulsiveness had a moderate, positive relation with AIDS-risk Behavior Change ($r = .396$). The results supported the hypothesized relationship between impulsiveness, purpose in life, optimistic bias, and AIDS-risk behavior change, as stated in Chapter II. Their relationship was presented in the following Figures VIII through X:

Figure VIII. Scatterplot of AIDS-risk behavior change with impulsiveness ($r = .396$)

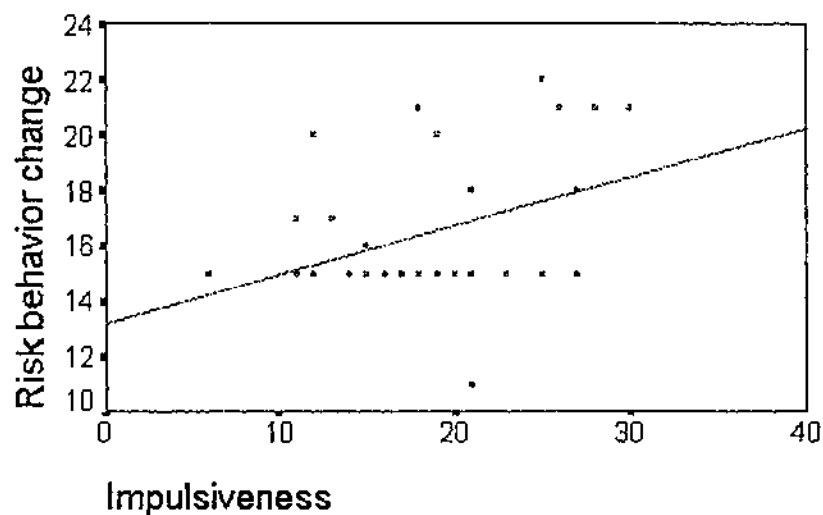


Figure IX. Scatterplot of AIDS-risk behavior change with purpose in life ($r = -.445$)

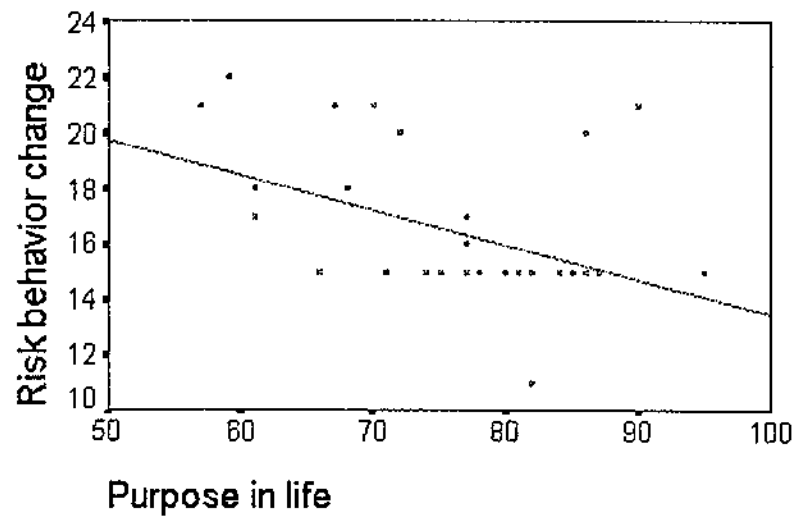
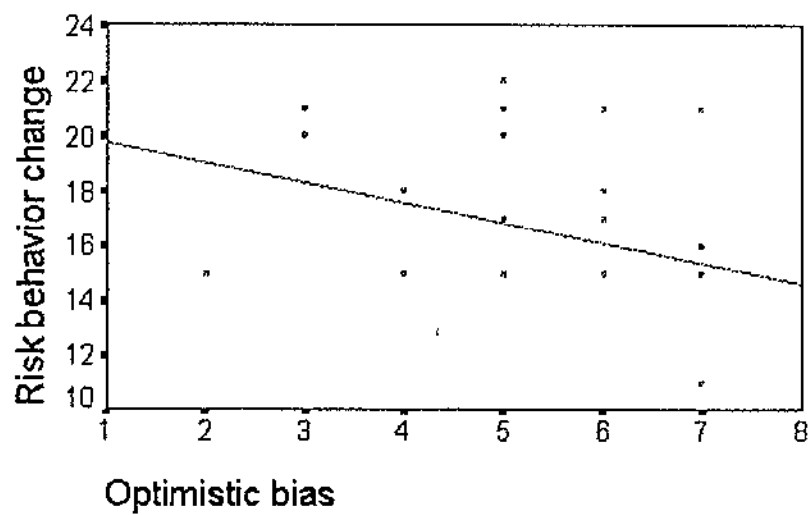


Figure X. Scatterplot of AIDS-risk behavior with optimistic bias ($r = -.356$)



On the other hand, the three independent variables, impulsiveness, purpose in life, and optimistic bias, significant in the analysis of Pearson's correlation coefficient for AIDS-risk Behavior Change, were analyzed using multiple regression. The three psychological variables were found to explain 28 percent of variance in AIDS-risk behavior change. Also, purpose in life and optimistic bias were demonstrated to have a significant linear relation with AIDS-risk behavior change. The Beta for purpose in life and optimistic bias were $-.365$ and $-.323$, respectively. Therefore, purpose in life and optimistic bias were the most important variables predicting AIDS-risk behavior change, and they influenced the AIDS-risk behavior moderately.

Finally, descriptive statistics was applied to the cases included in multiple regression analysis for both current AIDS-risk behavior and AIDS-risk behavior change. The results were as follows:

Table X

Descriptive Analysis for the Cases Included in Multiple Regression Analysis for Current AIDS-risk Behavior

Demographic variables

table continues

Demographic variables

1. Months having been in America (N=31)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
42.290	42.000	23.656	-.596	.090	87

2. Gender (N=30)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
.533	1.000	.507	-2.127	-.141	1

Value: 0=male; 1=female

3. Age (N=30)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
28.933	28.000	4.668	-.509	.472	19

4. Current academic status (N=30)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
4.400	5.000	1.380	.541	-.959	5

Value: 1=freshman; 2=sophomore; 3=junior; 4=senior; 5=master; 6=doctor

5. Father's cumulative years of schooling (N=31)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
12.742	14.000	4.966	-.150	-.811	19

6. Mother's cumulative years of schooling (N=31)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
10.774	12.000	4.856	-.692	-.368	19

7. Family annual income (N=29)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
4.897	5.000	1.934	-.333	-.735	6

Value: 1=\$10,000; 2=\$10-20,000; 3=\$20-30,000; 4=\$30-40,000; 5=\$40-50,000; 6=\$50-60,000; 7>\$60,000

8. The frequency of attending religious act (N=31)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
2.871	2.000	1.962	-.351	1.042	6

Value: 1=never; 2=ever; 3=once two months; 4=once one month; 5=once two week; 6=once a week; 7=more than once a week

table continues

 Demographic variables

9. Marital status (N=31)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
1.387	1.000	.558	.288	1.092	3

Value: 1=single; 2=married; 3=separated or divorced;
4=widowed

 The variables included in multiple regression

1. Impulsiveness
(N=31)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
17.677	17.000	6.327	-.846	.259	24

2. Disinhibition
(N=31)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
9.290	8.000	3.951	-.660	.473	14

3. Life regard index
(N=31)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
98.516	95.000	18.221	.075	-.087	79

4. Subject competence
(N=31)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
53.355	53.000	7.994	63.903	-.131	.122

5. Purpose in life
(N=31)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
75.613	77.000	9.051	-.223	-.277	38

6. Current AIDS-risk behavior
(N=31)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
1.387	1.000	1.116	-.360	.842	4

As Table X showed, for the respondents included in multiple regression for current AIDS-risk behavior, the mean number of months they had been in America was 42.290 ($SD = 23.656$). Approximately 47 percent of them were male. The mean age of the respondents was 28.871 ($SD = 4.448$). Among those on undergraduate level, the percent of junior undergraduates (20 percent of all) was the largest with 40 percent of the respondents on master level. On average, their father completed the schooling years of 12.742 ($SD = 4.966$); and their mother completed fewer schooling years of 10.774 ($SD = 4.856$). The mean of their family annual income was between 40,000 and 50,000. In addition, only 32.2 percent of them attended religious activities on a regular basis, including once two months, once a month, once two weeks, once a week, or more than once a week. Approximately 65 percent of them were single. Concerning the independent and dependent variables, this study found that in general, the respondents, used in the multiple regression analysis for current AIDS-risk behavior, had the lower level of impulsiveness, disinhibition, subject competence, and purpose in life and higher level of Life Regard Index, than the average of the respondents participating this survey. The mean of current AIDS-risk behavior among the recruited respondents was 1.387 ($SD = 1.116$).

The following was the result of descriptive analysis for the cases included in multiple regression analysis for AIDS-risk behavior change.

Table XI

Descriptive Analysis for the Cases Included in Multiple Regression Analysis for AIDS-risk Behavior Change

Demographic variables

1. Months having been in America (N=32)						
<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>	
43.406	41.000	27.000	2.985	1.181	135	
2. Gender (N=31)						
<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>	
.516	1.000	.508	-2.138	-.068	1	
<u>Value:</u>	0=male; 1=female					
3. Age (N=31)						
<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>	
28.871	28.000	4.448	-.157	.500	19	
4. Current academic status (N=31)						
<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>	
4.323	5.000	1.536	-.069	-.880	5	
<u>Value:</u>	1=freshman; 2=sophomore; 3=junior; 4=senior; 5=master; 6=doctor					
5. Father's cumulative years of schooling (N=32)						
<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>	
12.719	14.500	5.163	-.568	-.744	19	
6. Mother's cumulative years of schooling (N=32)						
<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>	
10.625	12.000	4.851	-.783	-.291	19	

table continues

 Demographic variables

7. Family annual income (N=31)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
4.871	5.000	1.875	-.230	-.709	6

Value: 1=\$10,000; 2=\$10-20,000; 3=\$20-30,000; 4=\$30-40,000; 5=\$40-50,000; 6=\$50-60,000; 7>\$60,000

8. The frequency of attending religious act (N=32)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
2.969	2.000	2.087	-.668	.930	6

Value: 1=never; 2=ever; 3=once two months; 4=once one month; 5=once two week; 6=once a week; 7=more than once a week

9. Marital status (N=32)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
1.375	1.000	.554	.403	1.141	3

Value: 1=single; 2=married; 3=separated or divorced; 4=widowed

 The variables included in multiple regression

1. Impulsiveness

(N=32)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
18.094	18.000	5.766	-.422	.274	24

2. Purpose in life

(N=32)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
76.125	77.000	9.321	-.378	-.285	38

3. Optimistic bias

(N=32)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
5.563	6.000	1.268	1.077	-1.110	5

table continues

The variables included in multiple regression

4.AIDS-risk behavior change

(N=32)

<u>Mean</u>	<u>Median</u>	<u>Std dev</u>	<u>Kurtosis</u>	<u>Skewness</u>	<u>Range</u>
16.500	15.000	2.627	-.128	.746	11

As Table XI showed, for the respondents included in multiple regression for AIDS-risk behavior change, the mean number of months which they had been in America was 43.406 ($SD = 27.942$). Approximately 52 percent of them were female, and the mean age of all was 28.871 ($SD = 4.448$). Among those on undergraduate level, the percent of junior undergraduates (22.6 percent of all) were the largest with 38.7 percent of the respondents on master level. On average, their father completed the schooling years of 12.719 ($SD = 5.163$); and their mother had fewer schooling years of 10.625 ($SD = 4.851$). The mean of their family annual income was between 40,000 and 50,000. In addition, only 34.4 percent of them attended religious activities on a regular basis, and 65.6 percent of them were single. With respect to the independent and dependent variables, this study found that in general, the respondents recruited in the multiple regression analysis for AIDS-risk behavior change had the lower level of impulsiveness, higher level of

purpose in life, and the similar level of optimistic bias, compared with the average of the respondents participating in this survey. The mean of their AIDS-risk behavior change was 16.5 ($SD = 2.627$).

CHAPTER V

CONCLUSION

In this study, the subjects, the Taiwanese students at the University of North Texas, were chosen to represent the population affected both by Chinese sexuality and Western values to their AIDS-risk Behavior. Because these respondents were born in their native country, Taiwan, Chinese sexuality in Taiwan society would inevitably influence the respondents' value toward sexual behavior, and thus AIDS-risk Behavior. However, the distinct difference between Taiwanese students at UNT and those at universities in Taiwan was that the Taiwanese students at UNT were more likely to contact Western values toward sex behavior than would their counterparts in Taiwan. It was demonstrated by Raschke's study (1976) that Hong Kong students studying in America "have tended to adopt American standards of sexual behavior and attitudes regarding premarital sex" (p. 73) while Hong Kong has been a Chinese society whose sexuality has been regarded as restrained in overall sexual activities by most of researchers (Lau & Ng, 1989). Therefore, the findings of this study were expected to refer to other Taiwanese students at other universities in America. The findings of this study would have implications for future

research about AIDS and any campaign for AIDS prevention in the future.

Eighty-nine Taiwanese students at the University of North Texas were recruited in this study with a response rate of 49.4 percent. On average, these students had been in America for 37.8 months. Their mean age was 27.5 with 45.5 percent of them being males. In addition, 83.1 percent of them were single. This study found that the respondents had high knowledgeability about AIDS although it has been demonstrated by the previous related research that Asians had lower overall knowledge and knowledge of transmission via sex than their American, African American, and Hispanic counterparts (Strunin, 1991). However, 91.9 percent of the respondents reported "definitely true" or "probably true" to the item that "There is a vaccine available to the public that protects a person from getting the AIDS virus." Baldwin (1988) has indicated a similar finding that some of the adolescents were misinformed about the ability of a vaccine to prevent AIDS.

Furthermore, this study found that the majority of the Taiwanese students at the University of North Texas had low susceptibility. In addition, 78.5 percent of the respondents worried about contracting AIDS as "not at all" or "a little bit." For the variable of optimistic bias, it was found that the overwhelming majority, 84.1 percent,

considered that they were less likely than the total population of the United State to contract AIDS. Thus, the presence of optimistic bias among the university students in this study confirmed the previous research (Adame et al., 1991; Mickler, 1993). The perceived severity, regarding body situation and social relationships, was demonstrated to be high overall. Also, this study found that the respondents could not recognize an effective way to protect themselves from contracting AIDS although they were knowledgeable about overall AIDS transmission. For example, only 39.5 percent of the respondents considered using a condom during sex as "very effective." In addition, perceived barrier to the adoption of AIDS preventive behavior was found to be very low. It might be related to the respondents' high self-efficacy about AIDS preventive behavior in this study. In addition, it could be speculated that while the respondents perceived fewer barriers to AIDS preventive behavior, they were more likely to consider themselves as efficacious in AIDS preventive behavior.

For the variable, cue to act, this study found that compared with active cues, passive cues including seeing Public Service Announcements on TV and reading articles, brochures, or pamphlets, played a larger part in the access to AIDS information for the respondents. However, only few of the respondents, 10.1 percent, received up-to-date

information by reading brochures or pamphlets in the past month. This study suggested that compared with radio, the respondents were more likely to receive AIDS information on TV. It implied that to prevent the spread of AIDS, the AIDS preventive campaign should enhance their programs on TV, as it is the most accessible medium the respondents could reach for up-to-date information about AIDS.

With regard to behavior variables, current AIDS-risk behavior and AIDS-risk behavior change were included in this study. This study found that while 59.3 percent of the respondents reported having no sexual partner in the past two months, and 39.5 percent had only one sexual partner. Only 1 reported having multiple sexual partners. Besides, for those ever having sex in the past two months, around 80 percent of them indicated not having sex with someone not known very well or not sure of his/her AIDS status. It appeared that the overwhelming majority of the Taiwanese students at the University of North Texas were abstaining from sex or practicing monogamy. This finding suggested that the sexual life of the majority of the Taiwanese students at the University of North Texas exposed them to AIDS infection less than their America counterparts. Although only 18.9 percent of those having sex in the past two months reported using a condom during every sexual intercourse, it could be speculated that to prevent AIDS

infection, the Taiwanese students were more likely to choose their sexual partners seriously than to use a condom during sex with a stranger. It has been indicated by the previous research on AIDS that decreasing the number of sexual partners and increasing the perception of sexual partners' sexual history have been the most likely chosen acts by most of the respondents to reduce or eliminate their perceived risk or fear for contracting AIDS. In contrast, condom use and abstaining from sex have been the least likely adopted behavior of AIDS prevention (Baldwin & Baldwin, 1988; McDonnell et al., 1992; Yep, 1993b).

Concerning the variable of AIDS-risk behavior change, it was found that the majority of the respondents reported that they had not changed their AIDS-risk behavior since they became aware of AIDS infection while the most of the remaining reported decreasing their risk behavior. Since the overwhelming majority of the respondents did not have multiple sexual partners or did not have sex with a stranger in the past two months, the "no change" in AIDS-risk behavior change might imply that the majority of the respondents did not have AIDS-risk behavior both before and after their awareness of AIDS disease.

In addition to the descriptive statistics, Pearson's correlation coefficient and multiple regression analysis were applied to measure the bivariate relation between the

independent variables and the dependent variables, current AIDS-risk behavior and AIDS-risk behavior change. Because those respondents who had never had sexual experience were excluded from the measure of current AIDS-risk behavior and AIDS-risk behavior change, 31 respondents were used in the analysis of relationships between independent and dependent behavior variables. In addition, the independent variables, such as common knowledgeability, perceived seriousness in common, powerlessness, and passive cues to act, were excluded from Pearson's correlation coefficient and multiple regression analysis because of their weak reliabilities under .60 (*Alpha*).

The results of Pearson correlation coefficient and multiple regression analysis have partly supported the previous research (Glick, 1983; Goldman & Harlow, 1993). By Pearson's correlation coefficient, this study demonstrated the hypothesis that among the modifying factors, the psychological factors, including impulsiveness, disinhibition, Life Regard Index, subject competence, and purpose in life, would significantly affect the respondents' current AIDS-risk behavior. It suggested that the more the respondents felt impulsive, disinhibited, or powerless in their lives, the more likely the respondents currently adopted AIDS-risk behavior, including having multiple sexual partners, having sex without using a condom, having sex with

someone not very well known, and having sex with someone unsure of his/her AIDS status. In contrast, the more the respondents indicated purpose or subject competence in their life or agreed with Life Regard Index, the less likely they would adopt AIDS-risk Behavior. In spite of the predictive ability of the five independent variables in Pearson's correlation coefficient analysis, they were not significantly related to current AIDS-risk behavior although they could significantly explain 40 percent of the variance in multiple regression analysis.

This study provided the additional support that impulsiveness, purpose in life and optimistic bias were significantly related to the respondents' AIDS-risk behavior change by Pearson' correlation coefficient, and they could explain 28 percent of variance in multiple regression analysis. By multiple regression analysis, impulsiveness and optimistic bias were demonstrated to be the most important predictors to the respondents' AIDS-risk behavior change among the independent variables. It was found that impulsiveness was associated with AIDS-risk behavior change in a positive linear relation. Thus, the more the respondents felt impulsiveness in their lives, the more likely they would decrease their AIDS-risk behavior when they became aware of AIDS. In addition, the linear relation between optimistic bias and AIDS-risk behavior was mild and

negative. While the respondents considered themselves as less likely than the total population of the United States in contracting AIDS infection, the more likely they would increase their AIDS-risk Behavior.

On the other hand, this study offered the support that the variables of individual perception and the likelihood of acting in Health Belief Model, were not significantly related to either current AIDS-risk behavior or AIDS-risk behavior change. Consistent with the previous research (Baldwin & Baldwin, 1988; Mickler, 1993; Yep, 1993b; Zimmerman & Olson, 1994), this study demonstrated that knowledgeability about AIDS, perceived susceptibility, and perceived benefit were not predictors of AIDS preventive behavior. However, this study did not find the significant and inverse relations between perceived barriers and AIDS preventive behavior found by the previous researchers (Strunin, 1991; McDonnell et al., 1992; Yep, 1993b).

Several limitations in this study should be noted in representing its findings. One was the limited number of the respondents which might influence the normal distribution. Also, because the number of the respondents who ever had sex was only around 30, the analysis of Pearson's correlation coefficient and multiple regression for AIDS-risk Behavior was not utilized completely. The second limitation was the retrospective nature of this

study. Because of that nature, it was difficult to discuss the dynamic relationships between the independent cognitive variables and dependent behavior variables. In retrospective research, the dependent behavior variables might affect the cognitive variables which were hypothesized to influence the behavior. For example, the perceived susceptibility which was predicted to affect the subsequent AIDS preventive behavior in this study might, in contrast, be influenced by the respondents' AIDS-risk behavior itself. Therefore, this study suggested that future research about AIDS should be conducted on a longitudinal basis which could determine the causation between the cognitive and behavior variables. The third limitation was about the analysis of Pearson's correlation coefficient and multiple regression, both of which premised the relationship between the measured independent variables and dependent variables being linear. However, as a matter of fact, the relationship between cognitive and behavior variables might be a curve, especially for the extremely severe diseases. While a respondent perceived little possibility in contracting AIDS, he/she might not adopt AIDS preventive behavior, but for those perceiving very high susceptibility in contracting AIDS, they might not utilize the AIDS preventive behavior either. Therefore, the analysis suggesting the non-linear relation between cognitive and behavior variables was

suggested for the future analysis of this study. On the other hand, the inclination of adopting each kind of AIDS preventive behavior for the respondents might depend on the distinct difficulties and emotional arousal created by each AIDS preventive behavior, such as decreasing the number of sexual partners and using a condom during sex. Thus, in combining the values of different AIDS-risk behavior to obtain an index of total values, this study neglected the distinction for each AIDS-risk behavior.

Finally, this study had some recommendations for the future research on AIDS and AIDS preventive campaign. First, for the future AIDS research, based on Health Belief Model, the study suggested that the use of longitudinal measurement might clarify the causation between the cognitive and behavior variables. Furthermore, more research should be conducted on each distinct AIDS-risk behavior. This study found that TV was the main source of AIDS information, used by most of the respondents, so it could play an active role in spreading the up-to-date information on AIDS prevention in the future. The last recommendation was that basic education inspiring students' purpose in life and promoting their subject competence should be valued and included in the AIDS preventive campaign since this study found that the psychological

variables rather than the cognitive variables influenced AIDS preventive behavior significantly.

APPENDIX A
QUESTIONNAIRE

QUESTIONNAIRE
UNIVERSITY STUDENTS' AIDS PREVENTIVE BEHAVIOR

YA-CHIEN WANG
DENTON, TX 76203

MARCH 1, 1996

****Instruction: The following is to measure your personality. Please indicate how each applies to you.**

11. I sometimes like doing things that are a bit frightening.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

12. I quite enjoy taking risks.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

13. I welcome new exciting experiences and sensations, even if they are a little frightening.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

14. To broaden my horizons, I am willing to take some risks.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

15. I like doing some risky things, especially when I can do them with others.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

16. I am an adventurous person.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

17. I like it when others see me as daring and adventurous.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

18. I generally do and say things without stopping to think.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

19. I often get into a jam because I do things without thinking.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

20. I often speak before thinking things out.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

21. I usually think carefully before doing anything.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

22. I often get so "carried away" by new and exciting things that I never think of possible snags.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

23. Before making up my mind, I consider all of the advantages and disadvantages.

- | | |
|--|--|
| 1 <input type="checkbox"/> very much like me | 5 <input type="checkbox"/> unlike me |
| 2 <input type="checkbox"/> much like me | 6 <input type="checkbox"/> much unlike me |
| 3 <input type="checkbox"/> like me | 7 <input type="checkbox"/> very much unlike me |
| 4 <input type="checkbox"/> Don't know | |

24. Keeping the drinks full is the key to a good party.
1 very much like me 5 unlike me
2 much like me 6 much unlike me
3 like me 7 very much unlike me
4 Don't know
25. I feel better after taking a few drinks.
1 very much like me 5 unlike me
2 much like me 6 much unlike me
3 like me 7 very much unlike me
4 Don't know
26. I enjoy the company of real partiers.
1 very much like me 5 unlike me
2 much like me 6 much unlike me
3 like me 7 very much unlike me
4 Don't know
27. I like wild and uninhibited parties.
1 very much like me 5 unlike me
2 much like me 6 much unlike me
3 like me 7 very much unlike me
4 Don't know

****Instruction: For the following items, please indicate how frequency each experience has occurred in the last six months.**

28. I feel I am not in control of my life
1 never
2 rarely
3 sometimes
4 often
5 always
29. I succeed because of me, not because of luck.
1 never
2 rarely
3 sometimes
4 often
5 always

30. I feel that others are running my life.

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

31. I can change my life if I want to.

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

32. I feel that things just happen to me.

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

****Instruction: Below are a set of statements regarding one's attitudes and feelings about their life. Please read each one and indicate how each one applies to you.**

33. I feel like I have found a really significant meaning for leading my life.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

34. I have really come to terms with what's important for me in my life.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

35. I have a system or framework that allows me to truly understand my being alive.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

36. I have a very clear idea of what I'd like to do with my life.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

37. There are things that I devote all of my life's energy to.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

38. I have a philosophy of life that really gives my living significance.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

39. I have some aims and goals that would personally give me a great deal of satisfaction if I could accomplish them.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

40. I just don't know what I really want to do with my life.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

41. I really don't have much of a purpose for living, even for myself.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

42. I need to find something that I can really be committed to.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

43. I get completely confused when I try to understand my life.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

44. There honestly isn't anything that I totally want to do.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

45. I really don't believe in anything about my life very deeply.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

46. Other people seem to have a much better idea of what they want to do with their lives than I do.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

47. I have real passion in my life.
1 does not apply
2 rarely applies
3 sometimes applies
4 usually applies
5 strongly applies
48. I really feel good about my life.
1 does not apply
2 rarely applies
3 sometimes applies
4 usually applies
5 strongly applies
49. Living is deeply fulfilling.
1 does not apply
2 rarely applies
3 sometimes applies
4 usually applies
5 strongly applies
50. I feel that I am living fully.
1 does not apply
2 rarely applies
3 sometimes applies
4 usually applies
5 strongly applies
51. I feel that I'm really going to attain what I want in life.
1 does not apply
2 rarely applies
3 sometimes applies
4 usually applies
5 strongly applies
52. I get so excited by what I'm doing that I find new stores of energy I didn't know that I had.
1 does not apply
2 rarely applies
3 sometimes applies
4 usually applies
5 strongly applies

53. When I look at my life, I feel the satisfaction of really having worked to accomplish something.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

54. I don't seem to be able to accomplish those things that are really important to me.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

55. Other people seem to feel better about their lives than I do.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

56. I have a lot of potential that I don't normally use.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

57. I spend most of my time doing things that really aren't very important to me.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

58. Something seems to stop me from doing what I really want to do.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

59. Nothing very outstanding ever seems to happen to me.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

60. I don't really value what I'm doing.

- 1 does not apply
- 2 rarely applies
- 3 sometimes applies
- 4 usually applies
- 5 strongly applies

****Instruction: For the following items, please indicate how frequency each experience has occurred in the last six months.**

61. The future is certain and clear to me.

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

62. When faced with a dilemma, I usually know what to do.

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

63. I feel that I have a sense of inner control over myself

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

64. I experience a certain degree of independence in my life.

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

65. I am able to form rewarding personal relationships.
1 never
2 rarely
3 sometimes
4 often
5 always
66. I am able to cope with pressing problems.
1 never
2 rarely
3 sometimes
4 often
5 always
67. I am able to perform tasks in stressful situations.
1 never
2 rarely
3 sometimes
4 often
5 always
68. I am able to express feelings appropriately when under stress.
1 never
2 rarely
3 sometimes
4 often
5 always
69. When necessary, I am able to turn a situation around for the better.
1 never
2 rarely
3 sometimes
4 often
5 always
70. I usually am able to meet the expectations of others.
1 never
2 rarely
3 sometimes
4 often
5 always

71. I am able to take action to correct a situation when necessary.

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

72. I am a self-confident person.

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

73. I possess a degree of self-determination.

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

74. I get satisfaction from successfully performing a task.

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

75. I am happy and content with my life.

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

****Instruction: Indicate your amount of agreement or disagreement with the following statements.**

76. I am usually completely bored.

- 1 strongly disagree
- 2 disagree
- 3 don't know
- 4 agree
- 5 strongly disagree

77. Life to me seems always exciting.
- 1 strongly disagree
 - 2 disagree
 - 3 don't know
 - 4 agree
 - 5 strongly disagree
78. In life I have no goals or aims at all.
- 1 strongly disagree
 - 2 disagree
 - 3 don't know
 - 4 agree
 - 5 strongly disagree
79. My personal existence is utterly meaningless and without purpose.
- 1 strongly disagree
 - 2 disagree
 - 3 don't know
 - 4 agree
 - 5 strongly disagree
80. Every day is constantly new and different.
- 1 strongly disagree
 - 2 disagree
 - 3 don't know
 - 4 agree
 - 5 strongly disagree
81. If I could choose, I would prefer never to have been born.
- 1 strongly disagree
 - 2 disagree
 - 3 don't know
 - 4 agree
 - 5 strongly disagree
82. After retiring, I would do some of the exciting things I have always wanted to do.
- 1 strongly disagree
 - 2 disagree
 - 3 don't know
 - 4 agree
 - 5 strongly disagree

83. In achieving life goals I have made no progress whatsoever.
- 1 strongly disagree
 - 2 disagree
 - 3 don't know
 - 4 agree
 - 5 strongly disagree
84. My life is empty, filled only with despair.
- 1 strongly disagree
 - 2 disagree
 - 3 don't know
 - 4 agree
 - 5 strongly disagree
85. If I should die today, I would feel that my life has been very worthwhile.
- 1 strongly disagree
 - 2 disagree
 - 3 don't know
 - 4 agree
 - 5 strongly disagree
86. In thinking of my life, I often wonder why I exist.
- 1 strongly disagree
 - 2 disagree
 - 3 don't know
 - 4 agree
 - 5 strongly disagree
87. As I view the world in relation to my life, the world completely confuses me.
- 1 strongly disagree
 - 2 disagree
 - 3 don't know
 - 4 agree
 - 5 strongly disagree
88. I am a very irresponsible person.
- 1 strongly disagree
 - 2 disagree
 - 3 don't know
 - 4 agree
 - 5 strongly disagree

89. Concerning man's freedom to make his own decisions, I believe man is absolutely free to make all life choices.

- 1 strongly disagree
- 2 disagree
- 3 don't know
- 4 agree
- 5 strongly disagree

90. With regard to death, I am prepared and unafraid.

- 1 strongly disagree
- 2 disagree
- 3 don't know
- 4 agree
- 5 strongly disagree

91. With regard to suicide, I have thought of it seriously as a way out.

- 1 strongly disagree
- 2 disagree
- 3 don't know
- 4 agree
- 5 strongly disagree

92. I regard my ability to find a meaning, purpose, or mission in life as very great.

- 1 strongly disagree
- 2 disagree
- 3 don't know
- 4 agree
- 5 strongly disagree

93. My life is in my hands and I am in control of it.

- 1 strongly disagree
- 2 disagree
- 3 don't know
- 4 agree
- 5 strongly disagree

94. Facing my daily tasks is a source of pleasure and satisfaction.

- 1 strongly disagree
- 2 disagree
- 3 don't know
- 4 agree
- 5 strongly disagree

104. Looking at a person is enough to tell if he or she has the AIDS virus.

- 1 def. true 3 prob. false 9 don't know
2 prob. true 4 def. false

105. ANY person with the AIDS virus can pass it on to someone else through sexual intercourse.

- 1 def. true 3 prob. false 9 don't know
2 prob. true 4 def. false

106. A person who has the AIDS virus can look and feel well and healthy.

- 1 def. true 3 prob. false 9 don't know
2 prob. true 4 def. false

107. A pregnant woman who has the AIDS virus can give the AIDS virus to her baby.

- 1 def. true 3 prob. false 9 don't know
2 prob. true 4 def. false

108. There is a vaccine available to the public that protects a person from getting the AIDS virus.

- 1 def. true 3 prob. false 9 don't know
2 prob. true 4 def. false

109. There is no cure for AIDS at present.

- 1 def. true 3 prob. false 9 don't know
2 prob. true 4 def. false

****Instruction: How likely do you think it is that a person will get AIDS or the AIDS virus infection from---? Please answer these questions by "your best sense". If you don't really know, please answer "don't know".**

110. living near a home or hospital for AIDS patients.

- 1 very likely 5 somewhat unlikely
2 likely 6 unlikely
3 somewhat likely 7 very unlikely
4 don't know

111. working near someone with the AIDS virus.

- 1 very likely 5 somewhat unlikely
2 likely 6 unlikely
3 somewhat likely 7 very unlikely
4 don't know

112. eating in a restaurant where the cook has the AIDS virus.

- | | |
|--|--|
| 1 <input type="checkbox"/> very likely | 5 <input type="checkbox"/> somewhat unlikely |
| 2 <input type="checkbox"/> likely | 6 <input type="checkbox"/> unlikely |
| 3 <input type="checkbox"/> somewhat likely | 7 <input type="checkbox"/> very unlikely |
| 4 <input type="checkbox"/> don't know | |

113. kissing - with exchange of saliva - a person who has the AIDS virus.

- | | |
|--|--|
| 1 <input type="checkbox"/> very likely | 5 <input type="checkbox"/> somewhat unlikely |
| 2 <input type="checkbox"/> likely | 6 <input type="checkbox"/> unlikely |
| 3 <input type="checkbox"/> somewhat likely | 7 <input type="checkbox"/> very unlikely |
| 4 <input type="checkbox"/> don't know | |

114. shaking hands, touching, or kissing on the cheek of someone who has AIDS virus.

- | | |
|--|--|
| 1 <input type="checkbox"/> very likely | 5 <input type="checkbox"/> somewhat unlikely |
| 2 <input type="checkbox"/> likely | 6 <input type="checkbox"/> unlikely |
| 3 <input type="checkbox"/> somewhat likely | 7 <input type="checkbox"/> very unlikely |
| 4 <input type="checkbox"/> don't know | |

115. sharing plates, forks, or glasses with someone who has the AIDS virus.

- | | |
|--|--|
| 1 <input type="checkbox"/> very likely | 5 <input type="checkbox"/> somewhat unlikely |
| 2 <input type="checkbox"/> likely | 6 <input type="checkbox"/> unlikely |
| 3 <input type="checkbox"/> somewhat likely | 7 <input type="checkbox"/> very unlikely |
| 4 <input type="checkbox"/> don't know | |

116. using public toilets.

- | | |
|--|--|
| 1 <input type="checkbox"/> very likely | 5 <input type="checkbox"/> somewhat unlikely |
| 2 <input type="checkbox"/> likely | 6 <input type="checkbox"/> unlikely |
| 3 <input type="checkbox"/> somewhat likely | 7 <input type="checkbox"/> very unlikely |
| 4 <input type="checkbox"/> don't know | |

117. sharing needles for drugs use with someone who has the AIDS virus.

- | | |
|--|--|
| 1 <input type="checkbox"/> very likely | 5 <input type="checkbox"/> somewhat unlikely |
| 2 <input type="checkbox"/> likely | 6 <input type="checkbox"/> unlikely |
| 3 <input type="checkbox"/> somewhat likely | 7 <input type="checkbox"/> very unlikely |
| 4 <input type="checkbox"/> don't know | |

118. being coughed on or sneezed on by someone who has the AIDS virus.

- | | |
|--|--|
| 1 <input type="checkbox"/> very likely | 5 <input type="checkbox"/> somewhat unlikely |
| 2 <input type="checkbox"/> likely | 6 <input type="checkbox"/> unlikely |
| 3 <input type="checkbox"/> somewhat likely | 7 <input type="checkbox"/> very unlikely |
| 4 <input type="checkbox"/> don't know | |

119. attending school with a child who has the AIDS virus.
1 very likely 5 somewhat unlikely
2 likely 6 unlikely
3 somewhat likely 7 very unlikely
4 don't know

120. mosquitoes or other insects.
1 very likely 5 somewhat unlikely
2 likely 6 unlikely
3 somewhat likely 7 very unlikely
4 don't know

****Instruction: Please answer the next questions according to the amount of your agreement or disagreement.**

121. You can't get AIDS because your sexual partner(s) is (are) very clean.
1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

122. You are not the kind of person who is likely to get AIDS.
1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

123. You are less likely than most of people to get AIDS.
1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

124. Given your lifestyle, there is a chance you could get AIDS.
1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

125. You are afraid you could get AIDS from your sexual partner(s).
1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

126. What is the degree of your worry about contracting AIDS?

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

127. Compared to the total population of the United State virus, what is your own risk of contracting the AIDS virus?

- 1 very likely 5 somewhat unlikely
2 likely 6 unlikely
3 somewhat likely 7 very unlikely
4 don't know

****Instruction: Please answer the next questions according to the amount of your agreement or disagreement.**

128. AIDS is a life-threatening disease.

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

129. You are not worried about getting AIDS.

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

130. AIDS is not as bad as venereal disease (VD).

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

131. AIDS can be cured if treated early.

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

132. You are afraid of getting AIDS.

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

133. Your body could fight off AIDS because you are very healthy.

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

134. AIDS breaks the relationship between you and your family and friends.

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

135. AIDS decreases the opportunities of schooling.

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

136. AIDS decreases the opportunities of working.

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

****Instruction: How effective do you think of the following AIDS preventive behavior? If you don't know the AIDS preventive technique, please answer "don't know."**

137. During sex intercourse, using a diaphragm.

- 1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective

138. During sex intercourse, using a condom.

- 1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective

139. During sex intercourse, using a spermicidal jelly, foam or cream.

- 1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective

140. During sex intercourse, having a vasectomy.

- 1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective

141. Reducing the number of sexual partners.
1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective
142. Abstaining from sex.
1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective
143. Reducing the frequency of sex.
1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective
144. Avoiding anal sex with exchange of body fluid..
1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective
145. Avoiding vaginal sex with exchange of body fluid.
1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective
146. Avoiding oral sex with exchange of body fluid.
1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective
147. Do not have drug or alcohol before or during sex.
1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective
148. Do not have sex with someone you don't know very well.
1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective
149. Do not have sex with someone you don't know his/her
AIDS status.
1 very effective 4 not at all effective
2 somewhat effective 9 don't know
3 a little bit effective

****Instruction: Please answer the next questions according to the amount of your agreement or disagreement.**

150. The quality of your sex life would suffer if you did all the things that are important to protect yourself from getting AIDS.

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

151. Protecting yourself against AIDS would be hard to do, given your lifestyle.

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

152. If you tries hard to protect yourself against AIDS, it would be a hassle.

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

153. It would be embarrassing for you if you were to do all the things you have to do to protect yourself from getting AIDS.

- 1 strongly agree 4 disagree
2 agree 5 strongly disagree
3 don't know

****Instruction: The following is to understand what the resource of AIDS information you access to is.**

154. In the past month, have you seen any Public Service Announcements about AIDS on television?

- 1 Yes 2 No 9 Don't know

155. In the past month, have you heard any Public Service Announcement about AIDS on the radio?

- 1 Yes 2 No 9 Don't know

156. Do you know any of those Public Service Announcements called "America Responds to AIDS"?

- 1 Yes 2 No 9 Don't know

157. In the PAST MONTH, have you read any articles about AIDS in magazines or newspapers?

- 1 Yes 2 No 9 Don't know

158. In the PAST MONTH, have you read any brochures or pamphlets about AIDS? Do include articles in magazines or newspapers.

1 Yes 2 No 9 Don't know

159. Have you EVER read any brochures or pamphlets about AIDS? Again, do not include articles in magazines or newspapers.

1 Yes 2 No 9 Don't know

160. In the past twelve months, have you ever received counseling or had a talk with a health professional about taking the AIDS virus test?

1 Yes 2 No 9 Don't know

161. During that discussion, did you receive information about how to avoid getting or passing on the AIDS virus?

1 Yes 2 No 9 Don't know

162. Have you had your blood tested for the virus infection?

1 Yes 2 No 9 Don't know

If answer "No", please skip questions 163, 164, 165, 166, and 167.

163. How many times have you had your blood tested for the AIDS virus infection? Total times _____

164. How many times in the PAST 12 MONTHS have you had your blood tested for the AIDS virus infection?

Number times in past 12 Months _____

165. Did you get the results of your test?/any of your tests?

1 Yes 2 No 9 Don't know

166. When you received your test results, did you received counseling or talk with a health professional about how to lower your chances of becoming infected with the AIDS virus or how to avoid passing it to another person?

1 Yes 2 No 9 Don't know

167. Were you referred to a health professional to get counseling about the AIDS virus infection?

1 Yes 2 No 9 Don't know

168. Have you ever discussed AIDS with a friends or relative?

- 1 Yes 2 No 9 Don't know

If "No", please skip question 169.

169. When was the last time you discussed AIDS with a friend or relative?

- 1 Today 4 Months ago
 2 Days ago 5 Years ago
 3 Weeks ago 9 DK

170. The number of individuals you knew who were known to be infected with HIV or have AIDS.

Number persons _____

If you don't know anyone infected with AIDS virus, please skip questions 171 and 172. If you know more than one person infected with AIDS virus, answer the next questions with the person you know best.

171. How long has it been since you saw this person?

- 1 Within the past two weeks
 2 Two weeks to less than one month
 3 One month to less than 3 months
 4 3 months to less than 6 months

172. How well do you know this person?

Would you say---

- 1 Very well, it is a close relationship?
 2 Fairly, but it is not a close relationship?
 3 Not very well, it is only an acquaintance or casual relationship?
 4 You don't really know them personally, such as a friend of a friend?

****Instruction: if the next statements were to describe you, indicate the amount of your agreement or disagreement.**

173. I believe I can take steps to prevent myself from getting AIDS.

- 1 strongly agree 5 somewhat disagree
 2 agree 6 disagree
 3 somewhat agree 7 strongly disagree
 4 don't know

174. I am fairly selective of my sexual partner(s).

- 1 strongly agree 5 somewhat disagree
 2 agree 6 disagree
 3 somewhat agree 7 strongly disagree
 4 don't know

175. I am cautious and careful about not getting myself into situations that could lead to getting the AIDS virus.

- 1 strongly agree 5 somewhat disagree
 2 agree 6 disagree
 3 somewhat agree 7 strongly disagree
 4 don't know

176. I (would) make it a point to ask questions about my partner's sexual history.

- 1 strongly agree 5 somewhat disagree
 2 agree 6 disagree
 3 somewhat agree 7 strongly disagree
 4 don't know

****Instruction: Please answer the following questions according to your sexual activities in "the PAST TWO MONTHS". If you did not have any sex activity, please answer "0".**

177. The numbers of sex partners?

Number of persons _____

178. How frequently did you have sex in one month?

Number of times _____

If you have never had sex, please skip questions 179, 180, 181, and 182.

179. What percentage of time did you engaged in intercourse with condom?

Percentage of times _____

180. Did you have any sexual activity with someone you don't know very well, such as someone you just met or your casual acquaintance?

- 1 Yes 2 No 9 Don't know

181. Did you have sex with someone who you did not know whether he or she had AIDS or not?

- 1 Yes 2 No 9 Don't know

182. Did you use using a diaphragm during sex intercourse.
1 Yes 2 No 9 Don't know

****Instruction: Please answer the following questions according to how you have "changed" those behavior since becoming aware of AIDS disease. If you have never had sex intercourse, please skip questions 183, 184, 185, 186, and 187.**

- 183 How have you changed the number of sexual partners?
1 Much more 4 Less
2 More 5 Much less
3 No change

184. How have you changed the frequency of having sex?
1 Much more 4 Less
2 More 5 Much less
3 No change

How have you changed the frequency of ...

185. having sex with someone you don't know very well, such as someone you just met or your casual acquaintance?

1 Much more 4 Less
2 More 5 Much less
3 No change

186. using condom during sexual intercourse?

1 Much more 4 Less
2 More 5 Much less
3 No change

187. having sex with someone you don't know whether he or she had AIDS?

1 Much more 4 Less
2 More 5 Much less
3 No change

****Instruction:** When you adopt actions to prevent AIDS infection, what is your consideration? If you have never had the idea of preventing AIDS infection, please indicate your consideration when adopting the following action.

188. When I am deciding whether to use a condom or have my partner use a condom, the risk to my health is a major concern.

- 1 strongly agree 5 somewhat disagree
 2 agree 6 disagree
 3 somewhat agree 7 strongly disagree
 4 don't know

189. When I am deciding with whom to have sex, the risk to my health is a major consideration.

- 1 strongly agree 5 somewhat disagree
 2 agree 6 disagree
 3 somewhat agree 7 strongly disagree
 4 don't know

190. When I am deciding with whom to have sex, pleasure seeking is a major consideration.

- 1 strongly agree 5 somewhat disagree
 2 agree 6 disagree
 3 somewhat agree 7 strongly disagree
 4 don't know

191. When I am deciding whether to use a condom or have my partner use a condom, maintaining the relationship is a concern.

- 1 strongly agree 5 somewhat disagree
 2 agree 6 disagree
 3 somewhat agree 7 strongly disagree
 4 don't know

192. When I am deciding whether to use a condom or have my partner use a condom, pleasure seeking is a major consideration.

- 1 strongly agree 5 somewhat disagree
 2 agree 6 disagree
 3 somewhat agree 7 strongly disagree
 4 don't know

193. If my partner insists, I will use a condom because I want to engage in sexual intercourse.

- 1 strongly agree 5 somewhat disagree
2 agree 6 disagree
3 somewhat agree 7 strongly disagree
4 don't know

194. If my partner insists, I will use a condom because I want to maintain the psychological relationship.

- 1 strongly agree 5 somewhat disagree
2 agree 6 disagree
3 somewhat agree 7 strongly disagree
4 don't know

**Thank you for your participation.

APPENDIX B
QUESTIONNAIRE IN CHINESE VERSION

問卷
大學校園學生預防愛滋病的行爲

王雅倩
北德大社會學系
丹頓，德州 76203

March 1, 1996

1. 國籍 國籍_____
2. 已在美國的時間長度 _____年 _____月
3. 性別 1 男 2 女
4. 年齡 年齡_____
5. 你(妳)目前的教育程度 1 大一 4 大四 7 其它 _____
 (如果你(妳)是 IELI 的學生， 2 大二 5 研究所
 請回答你(妳)完成 IELI 的課 3 大三 6 博士班
 後計畫參與的課程)
6. 父親接受正式教育的累積年數 _____年
 (假設，你(妳)的父親的最高學歷是小學畢業，那麼他的正式教育的累積年數就是六年。如是國中畢業，累積年數就是九年。若是國三即輟學，小學六年加上國中完成的二年，所累積的年數就是八年。補習不包含在正式教育的範圍內)
7. 母親接受正式教育的累積年數 _____年
8. 家庭全部成員的年收入(美金) 1. 10,000 美元以下 5. 40 to 50,000 美元
 2. 10 to 20,000 美元 6. 50 to 60,000 美元
 3. 20 to 30,000 美元 7. 超過 60,000 美元
 4. 30 to 40,000 美元
9. 參與宗教活動的平均次數 1 從未參與 4 一個月一次
 2 曾經參與 5 兩個禮拜一次
 3 兩個月一次 6 一個禮拜一次
 7 超過一個禮拜一次
10. 婚姻 1 單身，從未結婚 2 已婚 3 已婚但獨居，或已離婚 4 喪偶

**說明：下面的敘述是在測驗你(妳)的一般人格特點，請根據它們形容你(妳)貼切的程度來回答。

11. “有時候我喜歡做有點驚人的事”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
12. “我相當樂於冒險”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
13. “縱使令人興奮的新經驗和感覺有些嚇人，我仍樂於接受它們”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
14. “爲了擴展我的視界，我願意冒一些險”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
15. “當我能夠和其他人做冒險的事時，我特別喜歡去做這些事”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
16. “我是個喜歡冒險刺激的人”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
17. “我喜歡其他人認爲我是大膽、勇於嘗新的”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
18. “我在做事和說話的時候，通常不會停下來想一想”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
19. “我常常因爲做事缺乏考慮而陷入困境”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
20. “通常在還未考慮這些話的可能後果時，我就脫口而出”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我

21. “在做任何事之前，我會很小心地考慮”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
22. “我很容易被新鮮刺激的事情吸引，以致於我不會考慮到它們可能導致的後果”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
23. “在做決定之前，我會考慮所有的優缺點”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
24. “參加 party 時，我喜歡一直把酒添滿，才感到盡興”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
25. “喝一些酒讓我覺得輕鬆、自然些”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
26. “我很樂意和時常參加美式 party 的人為伍”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我
27. “我喜歡亂哄哄，可以讓人為所欲為的 party”
1 非常像我 2 像我 3 有點像我 4 不知道 5 不太像我 6 不像我 7 非常不像我

****說明：**請回想你(妳)在“過去六個月內”的情況，指出下列的經驗發生在你(妳)身上的次數多寡。

在過去的六個月裏...

28. “我覺得我沒有掌握好我自己的生命”
1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)
29. “我成功是因為我自己，而不是因為好運”
1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)
30. “我覺得別人正操控著我的生命”
1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)

31. “只要我想，我就能夠改變自己的生命”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)

32. “我覺得事情會無法預測地突然發生在我身上”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)

****說明：**下面的敘述是有關於一個人對於生命的態度和感覺。請判斷這些敘述適用在你(妳)身上的程度。

33. “我覺得我已發現可以引導我生命的特殊意義”
 1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

34. “我已經真的認知，在我的生活中，什麼對我來說是重要的”
 1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

35. “我有一個讓我自己了解我是存在著的標準”
 1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

36. “我非常清楚地知道，在我的生命裏我想做什麼”
 1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

37. “我有值得貢獻我全部生命精力去做的事”
 1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

38. “我有個可以給我特殊生存意義的人生觀”
 1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

39. “我有些目標，如果可以實現的話，將帶給我很大的滿足”
 1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

40. “我就是不知道，在我的生命裏，我真正想做的是什麼”
 1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

41. “我對於生命甚至於對我自己真的都沒有長遠的目標”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用
42. “我需要去發現可以讓我真正投注的事”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用
43. “當我嘗試去了解我的生命時，我感到完全地迷惑 ”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用
44. “坦白說，沒有任何事情是我十分想做的”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用
45. “我不是真的完全相信任何有關我生命的事”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用
46. “其他人似乎比我更知道生命中想做的事”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用
- 47 “我對我的生活充滿熱愛”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用
48. “我真的覺得我活得很好”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用
49. “生命就是徹底的實踐”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用
50. “我覺得我活得很充實”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用
51. “我覺得我正在實現生命中我所想要的事”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

52. “我現在所做的事讓我覺得很興奮，它們讓我發現自己前所未有的活力”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

53. “當我回顧我的生活時，我對已真正實踐某些事情而感到滿足”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

54. “我似乎不能夠實現那些對我來說真的重要的事”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

55. “我覺得，其他人似乎比我活得滿意”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

56. “我有很多的潛能尚未發揮”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

57. “我花大部份的時間做一些對我並不是真的很重要的事”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

58. “有些事似乎會阻止我去做我真的想做的事”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

59. “似乎沒有什麼非常出色的事情曾經發生在我身上”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

60. “我不是真的看重我正在做的事”
1 不適用 2 很少適用 3 有時候適用 4 通常適用 5 非常適用

**說明：請回想你(妳)在“過去六個月內”的情況，指出下列經驗發生在你(妳)身上的次數多寡。在過去的六個月裏...

61. “我很清楚和確定我的未來”
1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)

62. “當我面對左右為難的事情時，我通常知道該怎麼做”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)
63. “我覺得我有一種內在自制的的能力”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)
64. “在某種程度上，我能夠獨立決定我的生活”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)
65. “我能夠建立讓我心裏感到滿足的人際關係”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)
66. “我能夠應付緊迫的問題”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)
67. “在有壓力的情況下，我也能夠做我該做的工作”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)
68. “在有壓力的情況下，我也能夠適當地表達我的情緒”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)
69. “在必要的時候，我能夠把局勢轉變得更好”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)
70. “我通常能夠滿足別人對我的期望”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)
71. “在必要的時候，我能夠採取行動去糾正一些情況”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)
72. “我是一個有自信的人”
 1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)

73. “我具有一定程度的果斷力”

1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)

74. “成功地完成件工作會帶給我滿足”

1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)

75. “我對我的生活覺得既快樂又滿足”

1 從未如此 2 很少如此 3 有時如此 4 通常如此(often) 5 總是如此(always)

**說明：當下列的敘述被用來形容你(妳)時，請指出你(妳)的同意程度。

76. “我常常覺得十分地無聊”

1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意

77. “對我來說，生活似乎總是令人興奮的”

1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意

78. “我的生命沒有一點目標”

1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意

79. “我個人的存在是完全沒有意義也沒有任何目標的”

1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意

80. “每天都是嶄新不同的”

1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意

81. “如果我有選擇的話，我寧願我從來沒有被生下來過”

1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意

82. “退休後，我將做一些令人興奮的事。那些是我一直想做但沒有做的事”

1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意

83. “對於實現我的生命目標，我沒有任何進步”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意
84. “我空虛的生命只充滿著絕望”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意
85. “萬一我今天死了，我也會覺得我已經有一個很有價值的生命”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意
86. “當我想到我的生命時，我常常不明白為什麼我是存在的”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意
87. “當我檢視這世界和我生命之間的關係時，我感到十分的困惑”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意
88. “我是一個非常不負責任的人”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意
89. “若論人可以做自己決定的自由，我相信人有完全的自由去做所有生命的選擇”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意
90. “對於死亡我是有準備的，而且我也不懼怕”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意
91. “我已經嚴肅地考慮以自殺為解脫的方法”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意
92. “我認為我在尋找生命的意義、目的或使命方面，具有很強的能力”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意
93. “我的生命掌握在我自己的手上”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意

94. “面對每日的工作是讓我愉快、滿足的一個來源”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意

95. “我發現我的生命沒有使命或目的”
1 非常不同意 2 不同意 3 不知道 4 同意 5 非常同意

****說明：**下面是一些有關 AIDS 的知識，請儘量根據你(妳)的常識和感覺來判斷它們的正確性。

96. 就你(妳)所知，感染 AIDS 的病毒和得到 AIDS 病是否有所不同？
1 是 2 否 9 不知道

97. AIDS 能夠降低身體對抗疾病的自然保護力。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道

98. AIDS 特別常見發生在老人身上。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道

99. AIDS 通常會導致心臟類疾病。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道

100. AIDS 是一種被病毒所導致的疾病。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道

101. 十幾歲的青少年不可能得到 AIDS。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道

102. AIDS 導致死亡。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道

103. 一個人可能被傳染 AIDS 的病毒，但是沒有得到愛滋病。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道
104. 端看一個人的外表就足以判斷是否他(她)已被感染 AIDS 的病毒。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道
105. “任何”帶有 AIDS virus 的人都能夠透過性行為傳染 AIDS virus 給他人。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道
106. 一個帶有 AIDS virus 的人能夠看起來很健康，他本人也覺得自己很健康。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道
107. 一個帶有 AIDS virus 的孕婦能夠傳染 AIDS virus 給她腹內的嬰兒。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道
108. 目前社會上還未發展出防禦 AIDS virus 感染的疫苗。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道
109. 目前還沒有發展出治癒愛滋病的方法。
1 非常真實 2 可能是真的 3 可能是錯誤的 4 絕對錯誤 9 不知道

****說明：**請判斷“透過下列各種的傳染途徑，一個人得到 AIDS virus 的可能性有多大？”回答這些問題時，請儘可能根據你(妳)的常識和感覺加以判斷。如果你(妳)實在是無法判斷，請回答“不知道”。

110. 住得很靠近 AIDS 病人的收容所或醫院。
1 非常可能 2 可能 3 有些可能 4 不知道 4 有些不可能 5 不可能 6 非常不可能
111. 工作時很接近某個帶有 AIDS virus 的人。
1 非常可能 2 可能 3 有些可能 4 不知道 4 有些不可能 5 不可能 6 非常不可能
112. 在一個廚師帶有 AIDS virus 的餐廳飲食。
1 非常可能 2 可能 3 有些可能 4 不知道 4 有些不可能 5 不可能 6 非常不可能

113. 跟某個帶有 AIDS virus 的人親吻時，帶有口水的交換。

1 非常可能 2 可能 3 有些可能 4 不知道 4 有些不可能 5 不可能 6 非常不可能

114. 握手、碰觸或是親吻某個帶有 AIDS virus 的人的臉頰。

1 非常可能 2 可能 3 有些可能 4 不知道 4 有些不可能 5 不可能 6 非常不可能

115. 跟某個帶有 AIDS virus 的人合用碗盤、叉子或杯子。

1 非常可能 2 可能 3 有些可能 4 不知道 4 有些不可能 5 不可能 6 非常不可能

116. 使用公共廁所。

1 非常可能 2 可能 3 有些可能 4 不知道 4 有些不可能 5 不可能 6 非常不可能

117. 爲了注射毒品，跟某個帶有 AIDS virus 的人共用針頭。

1 非常可能 2 可能 3 有些可能 4 不知道 4 有些不可能 5 不可能 6 非常不可能

118. 帶有 AIDS virus 的人對著你(妳)咳嗽或打噴涕。

1 非常可能 2 可能 3 有些可能 4 不知道 4 有些不可能 5 不可能 6 非常不可能

119. 跟某個帶有 AIDS virus 的兒童一起上課。

1 非常可能 2 可能 3 有些可能 4 不知道 4 有些不可能 5 不可能 6 非常不可能

120. 被蚊子或其它昆蟲傳染。

1 非常可能 2 可能 3 有些可能 4 不知道 4 有些不可能 5 不可能 6 非常不可能

****說明：請根據你(妳)的環境或行爲，指出你(妳)同意下列敘述的程度。若你(妳)從未有過性行爲，也請儘可能判斷。**

121. 因爲你(妳)(未來)的性伴侶非常地純潔(clean)，你不會得到 AIDS 。

1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意

122. 你(妳)不是那種可能會得到 AIDS 的人。

1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意

123. 你比大多數的人還要不可能得到 AIDS 。
- 1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意
124. 因為你(妳)的生活型態，你有感染 AIDS 的機會。
- 1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意
125. 你(妳)害怕你(妳)會從你(妳)(未來)的性伴侶那裏感染 AIDS 。
- 1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意
126. 你擔心感染 AIDS virus 的程度？
- 1 非常擔心 2 有些擔心 3 一點點擔心 4 一點也不擔心 9 不知道
127. 和在美國的所有人比較起來，你感染 AIDS virus 的可能性有多大？
- 1 非常可能 2 可能 3 有些可能 4 不知道 4 有些不可能 5 不可能 6 非常不可能

****說明：請根據你(妳)同意的程度回答下列的問題。請儘最大的可能判斷。**

128. AIDS 是一種對生命具有威脅性的疾病。
- 1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意
129. 你(妳)並不憂慮你(妳)會感染 AIDS 。
- 1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意
130. 感染 AIDS 並不比感染一般的性病還要嚴重。
- 1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意
131. 如果處理得早，AIDS 可以被治癒。
- 1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意
132. 你(妳)害怕得到 AIDS 。
- 1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意

133. 因為你(妳)非常地健康，你(妳)的身體可以抵抗 AIDS 的侵入。

1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意

****說明：**假設你(妳)不幸被傳染了 AIDS virus，“你(妳)認為”下列的事情會發生在你(妳)身上嗎？

134. AIDS 破壞你(妳)和家人、朋友間的關係。

1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意

135. AIDS 會減少你(妳)學校教育的機會。

1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意

136. AIDS 會減少你(妳)工作的機會。

1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意

****說明：**下面是一些可能可以預防 AIDS 的行為，請判斷他們防止 AIDS virus 感染的有效程度。當你(妳)在回答時，請根據每個敘述的本身加以判斷，不要考慮或比較其它 AIDS 的傳染途徑。如果你(妳)不曾有過性經驗，請根據你(妳)對 AIDS 的認識，儘最大的可能猜測。若是無法猜測，請回答“不知道”。

137. 兩個不帶 AIDS virus 的人只和彼此有性行為。

1 非常有效 2 有些有效 3 一點點有效 4 完全無效 9 不知道

138. 在性交時，使用子宮避孕膜(diaphragm: 它的功能類似保險套)。

1 非常有效 2 有些有效 3 一點點有效 4 完全無效 9 不知道

139. 在性交時，使用保險套。

1 非常有效 2 有些有效 3 一點點有效 4 完全無效 9 不知道

140. 在性交時，使用殺精劑(spermicidal jelly, foam, or cream)。

1 非常有效 2 有些有效 3 一點點有效 4 完全無效 9 不知道

141. 在性交時，體外射精(vasectomy)。
- 1 非常有效 2 有些有效 3 一點點有效 4 完全無效 9 不知道
142. 減少性伴侶的數目。
- 1 非常有效 2 有些有效 3 一點點有效 4 完全無效 9 不知道
143. 禁慾，不要有性行爲。
- 1 非常有效 2 有些有效 3 一點點有效 4 完全無效 9 不知道
144. 減少性行爲的次數。
- 1 非常有效 2 有些有效 3 一點點有效 4 完全無效 9 不知道
145. 避免肛交。
- 1 非常有效 2 有些有效 3 一點點有效 4 完全無效 9 不知道
146. 避免陰道性交。
- 1 非常有效 2 有些有效 3 一點點有效 4 完全無效 9 不知道
147. 避免口交。
- 1 非常有效 2 有些有效 3 一點點有效 4 完全無效 9 不知道
148. 在性交前或性交時，不使用毒品或酒精飲料。
- 1 非常有效 2 有些有效 3 一點點有效 4 完全無效 9 不知道
149. 不和你(妳)不熟識的人有性行爲。
- 1 非常有效 2 有些有效 3 一點點有效 4 完全無效
150. 不和你(妳)不確定他(她)是否有 AIDS 的人有性行爲。
- 1 非常有效 2 有些有效 3 一點點有效 4 完全無效

**如果下列的敘述被用來形容你(妳)的情形，請指出你(妳)的同意程度。

151. 如果你(妳)採取了所有對於防止 AIDS 感染來說會是很重要的措施，它將會降低你(妳)的生活品質。

1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意

152. 因為你(妳)自己的生活型態，保護你(妳)自己不要感染 AIDS 將是件困難的事。

1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意

153. 如果你(妳)很努力地保護你(妳)自己不要感染 AIDS，那將是件令你(妳)掙扎的事

1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意

154. 如果你(妳)必須採取所有對於防止 AIDS 感染來說會是很必要的措施，它會讓你(妳)覺得難堪、困窘。

1 非常同意 2 同意 3 不知道 4 不同意 5 非常不同意

**說明：下面的題目主要在測試你(妳)瞭解 AIDS 的消息來源。

155. 在“過去的一個月”裏，你曾經在電視上看過任何有關 AIDS 的公共服務宣言 (Public Service Announcement)嗎？ (註：任何大眾廣播媒體上，有關 AIDS 的廣告、新聞都包括在 Public Service Announcement 的範圍內。不包括 talk show 或類似 talk show 的節目)

1 是 2 否 9 不知道

156. 在“過去的一個月”裏，你(妳)曾經在收錄音機上聽過任何有關 AIDS 的公共服務宣言 (Public Service Announcement)嗎？

1 是 2 否 9 不知道

157. 你(妳)知道任何的公共服務宣言叫作“America Responds to AIDS”嗎？

1 是 2 否 9 不確定

158. 在“過去的一個月”裏，你(妳)曾經在雜誌或報紙上讀過任何有關 AIDS 的文章嗎？

1 是 2 否 9 不知道

159. 在“過去的一個月”裏，你(妳)曾經讀過任何有關 AIDS 的小冊子嗎？(不包括在雜誌或報紙上的文章)

1 是 2 否 9 不知道

160. 你(妳)曾經讀過任何有關 AIDS 的小冊子嗎？(不包括在雜誌或報紙上的文章)

1 是 2 否 9 不知道

161. 在“過去的十二個月”裏，你(妳)曾經和健康專業人員有過“做 AIDS 病毒測試”的談話或諮詢嗎？ 1 是 2 否 9 不知道

若你(妳)回答“否”，請跳過 162 題。

162. 在這個談話或諮詢裏，你(妳)獲得了如何避免 AIDS 的病毒感染或避免傳染 AIDS 的病毒給其他人的資訊嗎？

1 是 2 否 9 不知道

163. 你(妳)曾做過 AIDS 病毒血液測試嗎？ 1 是 2 否 9 不知道
假如“否”請跳過 164、165、166、167、168 題。

164. 到目前為止，你(妳)已做過多少次的 AIDS 病毒血液測試？

次數_____

165. 在“過去的十二個月”裏，你(妳)做過多少次的 AIDS 病毒血液測試？

次數_____

166. 你(妳)已經得到 AIDS 病毒血液測試的任何結果嗎？若是“否”，請跳過 167、168 題。

1 是 2 否 9 不知道

167. 當你(妳)收到 AIDS 病毒血液測試的結果時，你(妳)曾經就如何降低感染 AIDS 病毒的機會或如何避免傳染 AIDS 病毒給其他人等問題和健康人員有過談話或諮詢嗎？

1 是 2 否 9 不知道

168. 你(妳)曾經被建議去找某個健康專業人員有個關於 AIDS 病毒感染的諮詢嗎?

1 是 2 否 9 不知道

169. 你(妳)曾經和你(妳)的朋友或親戚討論過 AIDS 嗎?

1 是 2 否 9 不知道

若是“否”，請跳過 170 題。

170. 上次你(妳)和你(妳)的朋友或親戚討論 AIDS 是在什麼時候?

1 今天 2 幾天前 3 幾個禮拜前 4 幾個月前 5 幾年前 9 不知道

171. 你已經知道在你(妳)周遭多少人已感染 AIDS 的病毒或得到愛滋病?

人數_____

如果你不知道任何人已感染 AIDS 病毒或得到愛滋病,請跳過 172、173 題。

如果你已知道不只一人感染 AIDS 病毒或得到愛滋病，請根據你在其中最了解的人回答 172、173 題。

172. 你(妳)已多久沒見到這個人?

- 1 在過去二個禮拜內
- 2 在二個禮拜到一個月間
- 3 在一個月到三個月間
- 4 在三個月到六個月間

173. 你(妳)了解這個人到如何的程度?

- 1 非常了解，是一種密切的關係
- 2 相當了解，不是一種密切的關係
- 3 不是相當了解，只是相識的人或是一種淡薄的關係
- 4 不是真知道他(她)這個人，例如他只是個朋友的朋友

**說明：請判斷下列敘述形容你(妳)的恰當程度。

174. “我相信我能夠採取行動來保護自己不要得到 AIDS”

1 非常同意 2 同意 3 有點同意 4 不知道 5 不太同意 6 不同意 7 非常不同意

175. “我對我的性伴侶(將)有相當的選擇性”

1 非常同意 2 同意 3 有點同意 4 不知道 5 不太同意 6 不同意 7 非常不同意

176. “我(將)謹慎小心地不讓自己陷入可能感染 AIDS 病毒的情況”

1 非常同意 2 同意 3 有點同意 4 不知道 5 不太同意 6 不同意 7 非常不同意

177. “我(將)堅持問我性伴過去的性經驗(sexual history)”

1 非常同意 2 同意 3 有點同意 4 不知道 5 不太同意 6 不同意 7 非常不同意

****說明：請根據你(妳)在“過去二個月內”的性行爲，回答下列的問題。若你(妳)從未有性行爲，請回答“0”。**

178. 你(妳)的性伴侶的人數

人數_____

179. 你(妳)在一個月裏的性交次數

次數_____

如果你(妳)從未有過性行爲,請跳過 180、181、182 和 182a 題。

180. 在你(妳)從事性交時, 有多少百分比的時間你或你的性伴侶會使用保險套。

百分比_____

181. 你(妳)和那些你不是很了解的人有過任何性行爲嗎?例如那些你剛碰面或是你普通認識的人。

1 是 2 否 9 不知道

182. 你(妳)曾經和某個你(妳)不知道他(她)是否帶有 AIDS 的人有性行爲嗎?

1 是 2 否 9 不知道

182a. 在性行爲時，使用避孕丸或子宮避孕膜(diaphragm)。

1 是 2 否 9 不知道

****說明：**下面的問題是有關於“自從你(妳)知道 **AIDS disease** 的存在後，你(妳)已如何改變你(妳)的行爲？”如果你(妳)從未有過性行爲，請跳過 **183**、**184**、**185**、**186** 和 **187** 題。

183. 在你(妳)知道 AIDS 之後，你(妳)的性伴侶人數...

1 變多很多 2 變得較多 3 沒有改變 4 變得較少 5 變少很多

184. 在你(妳)知道 AIDS 之後，你(妳)的性行爲次數...

1 變多很多 2 變得較多 3 沒有改變 4 變得較少 5 變少很多

自從你(妳)知道 AIDS 的存在後，你(妳)已經如何改變下列行爲的次數？

185. 和你(妳)剛碰面，或是普通認識的人有性行爲。

1 變多很多 2 變得較多 3 沒有改變 4 變得較少 5 變少很多

186. 在性交時使用保險套。

1 變多很多 2 變得較多 3 沒有改變 4 變得較少 5 變少很多

187. 跟某些你(妳)不知道是否他們有 AIDS 的人有性行爲。

1 變多很多 2 變得較多 3 沒有改變 4 變得較少 5 變少很多

****說明：**你(妳)在採取一些行動以防止感染 **AIDS** 時，你(妳)的主要考慮是什麼？若你(妳)從未有過避免感染 **AIDS** 的想法或你(妳)從未有過性行爲，也請儘量判斷你(妳)在採取下列的行動時有可能產生的考慮。

188. “當我決定是否要使用保險套，或要求我的性伴侶使用保險套時，我主要關心的是它對我的健康是否造成危險”
1 非常同意 2 同意 3 有點同意 4 不知道 5 不太同意 6 不同意 7 非常不同意
189. “當我決定是否和人有性行爲時，我主要關心的是它對我的健康是否造成危險”
1 非常同意 2 同意 3 有點同意 4 不知道 5 不太同意 6 不同意 7 非常不同意
190. “當我決定和人有性行爲時，我主要考慮的是享樂的追求(pleasure seeking)”
1 非常同意 2 同意 3 有點同意 4 不知道 5 不太同意 6 不同意 7 非常不同意
191. “當我決定是否要使用保險套或要求我的性伴侶使用保險套時，我主要關心的是能否維繫良好的關係(maintaining the relationship)”
1 非常同意 2 同意 3 有點同意 4 不知道 5 不太同意 6 不同意 7 非常不同意
192. “當我決定是否要使用保險套或要求我的性伴侶使用保險套時，我主要考慮的是享樂的追求(pleasure seeking)”
1 非常同意 2 同意 3 有點同意 4 不知道 5 不太同意 6 不同意 7 非常不同意
193. “如果我的性伴侶堅持，我會因為想要有性行爲而使用保險套”
1 非常同意 2 同意 3 有點同意 4 不知道 5 不太同意 6 不同意 7 非常不同意
194. “如果我的性伴侶堅持，我會因為想要保持和協的關係(maintain psychological relationship)而使用保險套”
1 非常同意 2 同意 3 有點同意 4 不知道 5 不太同意 6 不同意 7 非常不同意

****謝謝你(妳)的參與。請將問卷裝入 A 信封寄回北德大社會學系。**

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