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ABSTRACT

During summer 1989, 30 Hispanic American (15 female, 15 male) and 34 African American (17 female, 17 male) adolescents and young adults from Detroit (Michigan) participated in face-to-face interviews designed to identify condom beliefs that may influence condom use in young minority populations. Also of interest were AIDS knowledge, the accessibility of condom intentions and AIDS susceptibility, and actual condom use and AIDS risk behaviors. Results suggest that most participants believed that condoms protect against AIDS and that condoms break. Almost all knew that AIDS could be transmitted sexually or by needle sharing. More African American than Hispanic American participants perceived themselves as susceptible to AIDS, but this difference was not significant. Condom intentions were accessible in more African American than Hispanic American respondents. AIDS susceptibility was approximately equally accessible in African American and Hispanic American participants. Across a set of measures of condom use, Hispanic American females were least likely to have used condoms. Implications for AIDS prevention pertain to participants' direct experience with condom breakage and the low level of knowledge concerning reproductive health among Hispanic American female participants. The paper includes statistical data in six tables and one graph and a list of 44 references. (AF)

Factors Affecting Condom Use in Detroit Black & Hispanic Communities

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Abstract

During Summer, 1989, 30 Hispanic (15 male, 15 female) and 34 African American (17 male, 17 female) adolescents and young adults from Detroit participated in face-to-face interviews designed to identify condom beliefs that may influence condom use in young minority populations. Also of interest was AIDS knowledge, the accessibility of condom intentions and AIDS susceptibility, and actual condom use and AIDS risk behaviors. Results suggest most participants believed condoms protect against AIDS and that condoms break. Almost all knew that AIDS could be transmitted sexually or by needle sharing. More African American than Hispanic participants perceived themselves as susceptible to AIDS, but this difference was not significant (p = .20). Condom intentions were accessible in more African American than Hispanic respondents (Fisher's exact, $p < .01$). AIDS susceptibility was approximately equally accessible in African American and Hispanic participants (p = .30). Across a set of measures of condom use, Hispanic females were least likely to have used condoms, but the Gender by Ethnicity interaction was not statistically significant (p = .29). Condom use for this 12 month period was also associated with the accessibility of condom intentions (Fisher's exact, $p < .02$), but was not associated with perceived susceptibility to AIDS (p = .55). Results are discussed in terms of the Health Belief Model, Theory of Reasoned Action, and the Accessibility Model. Implications for AIDS prevention pertain to participants' direct experience with condom

breakage, many participants being unaware of the ineffectiveness of non-latex condoms, and the low level of knowledge concerning reproductive health among Hispanic female participants.

key words: AIDS, minorities, condom beliefs, accessibility of condom intentions

Factors Affecting Condom Use in Detroit Black & Hispanic Communities

Since 1985, there has been a growing awareness of the disproportionate representation of minorities (especially Hispanics and African Americans) among diagnosed AIDS cases in the United States[1, 2, 3]. Adolescents and young adults in these populations may be especially vulnerable. Persons in this age group are often sexually active, not in long term relationships, and not effective contraceptive users. AIDS is currently rare among adolescents. Nevertheless, they have a high rate of sexually transmitted diseases[4, 5], causing concern that they may be at risk of developing AIDS. Thus, it is critical to understand what factors influence condom use in urban adolescent and young adult Hispanic and African American populations.

Current research regarding minorities and AIDS and condoms suggests that ethnicity has significant effects upon reproductive knowledge[6-9], AIDS knowledge [7-14] and behavior[15-18]. African Americans tend to be less knowledgeable than Whites, but more knowledgeable than Hispanics. In addition, among Hispanics, a higher level of acculturation (assimilation into the majority culture) is associated with increased AIDS knowledge[19-21], more liberal sexual behavior norms[10], and a higher fertility rate[10].

Little data are available regarding the effects of ethnicity on beliefs about condoms. Marin and Marin[22] found that Hispanics on the West Coast believe that condoms are for

prostitutes or unclean people, and that they are uncomfortable, inconvenient, and diminish sensation. Other authors have found that Hispanics are less likely that African Americans to believe that condoms can prevent AIDS.[7, 8, 14, 21] However, most studies[23, 24] that have more intensively examined beliefs regarding condoms have done so using subject populations that included minorities, but without reporting on ethnic differences in condom beliefs. Clearly the beliefs held by African American and Hispanic youth regarding AIDS and condoms have not been sufficiently specified.

This paper reports on the pilot phase of a research project designed to identify what attitudes and beliefs influence condom use in African American and Hispanic adolescents and young adults living in Detroit. The research project involves a major collaborative effort between university researchers and community groups. The purpose of this pilot phase was to identify condom beliefs for study in later phases of the research project, and to obtain some preliminary descriptive data of the study population.

The research project is guided by three models: the Health Belief Model (HBM),[25] Theory of Reasoned Action (TRA),[26, 27] and the Accessibility Model (AM).[28, 29] Both the HBM and the TRA identify constructs (e.g., beliefs, attitudes) that predict behavior. The HBM includes beliefs about susceptibility to and severity of health threats. The TRA emphasizes the need to measure constructs at the same level of specificity as that used for the behavior to be predicted, and identifies social norms as an important potential influence on behavioral intention.

The AM is derived from the construct accessibility perspective,[30-33] and complements both the HBM and the TRA. While the HBM and TRA focus on **what** constructs (e.g., social norms, susceptibility) guide behavior, the AM focuses on the **process** whereby these constructs guide behavior.

The AM holds that constructs are most likely to influence behavior when they are accessible (activated) in memory. For example, while the TRA identifies intention as an important determinant of behavior, the AM predicts that the intention to engage in a particular health behavior is not likely to be acted upon unless that intention is in an accessible state. Constructs become accessible when use during information processing causes them to become highly activated.[31, 32] Thus, the AM would predict that the act of perceiving a condom package would make condom related constructs accessible. Alternatively, constructs can become accessible when activation from an associated construct spreads.[34-36] Thus, an individual with a strong association between sex and condoms should have condom related constructs accessible when activation created by daydreaming about engaging in sexual intercourse with a desired partner spreads. Accessible constructs have been identified using an open ended question format,[37] a report of how frequently a particular issue is thought about,[38] or a reaction time task methodology.[39, 40].

Of primary interest in the present study was the (1) beliefs about condoms (2) AIDS knowledge and perceived susceptibility to AIDS, (3) accessibility of condom intentions and AIDS

susceptibility, and (4) actual condom use in a convenience sample of Detroit African American and Hispanic adolescents and young adults. Accessibility was measured in terms of how often participants reported thinking about "getting AIDS" or "using condoms."

METHOD:

Sample. During Summer, 1989, a convenience sample of Hispanic (15 male, 15 female) and African American (17 male, 17 female) Detroit residents were recruited at two community agencies from populations served by the agencies. One agency targeted its services to Hispanics and the other targeted its services to African Americans. Both agencies were general social service agencies with close ties to the community. In addition, the African American agency provided specialized programs designed to decrease infant mortality and the Hispanic agency provided specialized services designed to assist with immigration problems.

All participants were between the ages of 15 and 21 (sample demographics summarized in Table 1). About 87% of the Hispanic and 79% of the African American sample had been employed in the 12 month period preceding the interview. Although many participants said they did not practice religion, most (83%) of the Hispanic and almost all (99%) of the African American sample said that religion was fairly to very important to them.

INSERT TABLE 1 ABOUT HERE

The majority of Hispanic participants had parents who came from Puerto Rico. The mean Acculturation Score[1] [42] for the Hispanic sample was 3.5 (see Figure 1). Males ($\underline{M}$ = 3.6; SD = .78) and female ($\underline{M}$ = 3.5; SD = 1.05) participants did not differ significantly (p = .876) in their Acculturation Scores. The majority of the sample (83%) scored high on acculturation (i.e., score > 3.0). All parents of African American participants were born in the United States.

INSERT FIGURE 1 ABOUT HERE

Procedure. The community agencies informed potential participants that they had an opportunity to participate in a study of people's beliefs about AIDS and condoms, sexual behavior and drug use, and that they would be paid $10 for their participation. Persons who were interested signed up at the agency for an interview appointment. Interviewers met participants at the agency. To insure privacy, the interview took place in a room where the interviewer and participant could not be overheard.

Interviewers and participants were matched on gender and ethnicity where possible. The age of interviewers ranged from 19 - 28. Four interviewers were used: 1 African American male, 1 African American female, 1 White male, 1 Hispanic female. Both Hispanic interviewers (White male, Hispanic female) were fluent in

spanish. The White male interviewer had previously worked for the Hispanic agency in a direct service capacity.

Interview. The interview was face-to-face, structured, and predominately comprised of open ended questions. The length of the interview varied with amount of sexual experience (range: 20-60 minutes). The interview assessed (1) negative and positive beliefs about condoms, (2) knowledge and beliefs about AIDS, (3) how often participants think about getting AIDS and how often they think about using condoms, (4) whom participants talk to about condoms and AIDS, how often they talk with these people, and what they are learning from these individuals,[2] (5) sexual behavior, and condom use.

Responses to open ended questions were content analyzed by coders who had not participated in the study. Intercoder reliability was good: Cohen's kappa was significant at $p \leq .03$. Validity was supported by reporting of socially undesirable behavior (e.g., use of illicit substances, experiences with abortion) and interviewer ratings of participant's truthfulness.

RESULTS:

Beliefs about condoms. The belief that "condoms provide protection" was the most common positive belief participants spontaneously reported (94% African American, 67% Hispanic). Other less common, positive beliefs are listed in Table 2. When asked directly whether condoms protect against AIDS, most participants (94% African American, 87% Hispanic) reported "yes." However, only

47% of the African American and 13% of the Hispanic participants knew that non-latex condoms do not provide effective protection.

INSERT TABLE 2 ABOUT HERE

Several negative beliefs about condoms emerged. The most common negative belief was that condoms break: 38% of the African American and 60% of the Hispanic participants reported this belief. Other common negative beliefs included condoms decrease sexual pleasure (23% African Americans, 3% Hispanics) and condoms are uncomfortable (3% African Americans, 13% Hispanics). Rare negative beliefs that we have not seen reported in the literature include: condom can come off and be retained in the receptive partner's body, and condoms come off when lubricants are used (see also Table 2).

Participants were also asked when condoms should be used. The majority of participants (82.4% African American; 77% Hispanic) answered that condoms should be used for sex. A few participants specified that condoms should be used if the couple does not desire a pregnancy (6% African American (6% male, 6% female); 10% Hispanic (7% male, 13% female)), for STD prevention (12% African American (6% male, 18% female); 10% Hispanic (6% male, 13% female)), and for casual sex (3% African American (0% male, 6% female); 7% Hispanic (13% male, 0% female)).

AIDS knowledge and perceived susceptibility. Participants were accurate in their knowledge of AIDS transmission: all but one

(recently immigrated, Hispanic female) participant knew AIDS was transmitted by needles or sexual intercourse. This participant was the only non-English speaking participant (Acculturation score was 1 indicating no acculturation) in the study. This participant like several other Hispanic female participants appeared to have a low level of knowledge regarding physiology and reproduction. Indeed, many Hispanic female participants were unfamiliar with anatomical terms and these had to be explained to them. No similar explanations of anatomical terms was required for Hispanic males or African American participants.

Participants in both ethnic groups believed they were susceptible to AIDS. However, more African Americans (50% of males; 71% of females) than Hispanics (26% of males; 20% of females) believed they were susceptible. Only one of the five (20%) Hispanics who were low in acculturation believed they were susceptible to AIDS (Table 3).

INSERT TABLE 3 ABOUT HERE

Accessibility of condom intentions and AIDS susceptibility. Responses to the accessibility items suggest that condom intentions are accessible in more African American than Hispanic participants (Fisher's exact, $p < .01$). No African American male and only one African American female reported never thinking about using condoms as compared to 20% of the Hispanic male and 20% of the Hispanic female participants. Curiously, when only Hispanics who are low in

acculturation are considered, all but the one female who had not experienced intercourse had condom intentions accessible (see Table 3). When only sexually active participants are considered (see Table 4), it becomes clear that condom intentions are accessible in almost all sexually active participants with the exception of Hispanic females. Only 50% of the sexually active Hispanic females reported thinking about using condoms.

INSFRT TABLE 4 ABOUT HERE

AIDS susceptibility followed a pattern similar to that observed for condom intentions accessibility. AIDS susceptibility was accessible in more African American (35% males; 47% females) than Hispanic participants (20% males; 33% females), but this difference was not significant (Fisher's exact, $p = .29$). When only sexually active participants are considered, this pattern of differences persists (see Table 4). No Hispanic participant who was low in acculturation had AIDS susceptibility accessible (see Table 3).

Condom use. After controlling for sexual activity, it was found that only 25% of Hispanic females as compared with 92% of Hispanic males, 71% of African American females, and 86% of African American males (86%) had ever used condoms (Mantel-Haenszel chi-square = 1.15, df = 1, $p = .29$). Condom use at first intercourse differed greatly as a function of gender and ethnicity (see Table 5), but Hispanic females again showed the least condom use (0%).

As can be seen in Table 3, condom use among Hispanic participants did differ with level of acculturation, but these differences did not follow any consistent pattern.

INSERT TABLE 5 ABOUT HERE

Data for condom use during the 12 months preceding the interview are listed in Table 6. These data are limited in that not all sexually active participants were involved in a relationship during the past year. Also, some participants were involved in more than one type of relationship, but were not likely to use a condom in both of these relationships. No Hispanic and only 27% (3/11) of the African American males and 6% (1/17) of the African American females used a condom in 2 or more different types of relationships. Nevertheless when any use in the past year is considered or when use in a particular type of relationship is evaluated, use by Hispanic females tends to be lower than use by other groups.

INSERT TABLE 6 ABOUT HERE

When condom use is broken down for each type of relationship, there is an intriguing pattern of gender differences. These data are tentative given the small number of participants involved in each of the different types of relationships. Yet, these data argue the need for continued research on gender and ethnic

differences in condom use. Both African American (33%) and Hispanic (0%) females reported the least amount of condom use for casual sex, and the most use in relationships where they were married to or lived with their partner (80% African American; 50% Hispanic). In contrast, both African American (0%) and Hispanic males (33%) reported the least amount of condom use for this latter type of relationship.

Any participants who had ever used a condom were also asked about specific negative experiences with condoms. Almost half (48%) of the African American and a quarter (25%) of Hispanic participants reported having a condom break.[3] Fifty-two percent of the African American and 42% of the Hispanic participants reported that the condom reduced sensation. In addition, 24% of the African American participants reported that the condom caused too much friction during sex, and 17% of the Hispanics reported that the condom slipped off. These negative experiences parallel some of the negative beliefs participants expressed about condoms (see Table 2).

DISCUSSION:

Much of these data are consistent with other findings in the literature regarding minority populations and AIDS. Similar to participants in other studies[22, 23] our participants believed condoms were uncomfortable. As in studies of East Coast[14, 15] and West Coast[7, 8, 21, 23] populations, some but not all of our participants expressed the belief that condoms protect against

AIDS. Although we found fewer individuals using condoms consistently than others,[15] we also found more recent condom use than previous authors.[44] Unfortunately, we replicated other work[10] that suggests Hispanic women have less reproductive knowledge than Hispanic men and other minority men and women.

Two aspects of these data are new. First, although many researchers have found Hispanic youth to be lower in AIDS knowledge when compared with African American and White youths,[7-14] we found that our male Hispanic participants were comparable in their knowledge level to our African American participants. It was only female Hispanic participants who appeared to lack knowledge in anatomy and physiology of sex and reproduction.

Second, we have not seen any discussion in the literature of the beliefs that condoms break, that condoms can come off and be retained in the receptive partner's body, or that condoms come off when lubricants are used. Nor have we seen reports by condom users of condom breakage or condoms "slipping off". While these beliefs and experiences may be unique to our study participants, they are worth further investigation and consideration. These beliefs could act as barriers to condom use and dissuade individuals from using condoms, and may suggest real problems with condom quality control, use of appropriate lubricants, or knowledge of how to use condoms (e.g., need to hold onto condom while withdrawing penis, need to withdraw penis while still erect).

In addition to contributing to the literature regarding AIDS and minorities, these data may also tell us something about our

theoretical models. As can be seen in Table 6, use of condoms in the past year was higher among African American than Hispanic participants, and higher among males than females. This pattern of condom use is consistent with HBM and AM predictions. More African Americans believed they were susceptible to AIDS, and more had condom intentions accessible as compared to Hispanic participants. Also more males had condom intentions accessible. Although the association between condom use and perceived susceptibility to AIDS was not significant (Fisher's exact, $p = .20$), there was a significant association between the accessibility of condom intentions and condom use (Fishers' exact, $p < .02$).

These data do not allow a full test of the TRA. Nevertheless, certain aspects of these data seem inconsistent with the TRA. For example, more female than male participants expressed the belief that condoms should be used for casual sex, yet more males than females reported using condoms for casual sex. Also, gender and ethnic differences in beliefs about condoms do not seem to follow patterns similar to those observed for condom use. Additional research is needed to clarify whether these findings have any implications for the TRA.

CONCLUSIONS:

Further research is needed to substantiate and explore the implications of these results particularly given the limitations inherent in our sampling and interview methodology. The open ended question format may have limited the expression of beliefs and

attitudes to only those that were most accessible. Other beliefs may not have been accessible in the interview situation, and thus would not have been verbalized. The use of a convenience sample may have produced misleading or misrepresentative results.

Given these limitations we cannot use these data to draw conclusions regarding specific ethnic differences in AIDS knowledge, AIDS risk behavior, condom knowledge and use, etc. except where the data seem to replicate those of previous researchers. Despite these limitations we can use these data to formulate recommendations for health educators, professionals, and researchers interested in AIDS prevention. First, professionals should take care to distribute only those condoms that have a high record for quality control. Many of the participants who experienced condom breakage mentioned getting their condoms for free from doctors and clinics (see note 3). Second, educators and professionals work to insure that individuals have a clear understanding of which condoms have a good record for quality control, which lubricants erode latex and which do not, and of the specific steps involved in applying and using condoms effectively. Educators and professionals may thus be able to prevent or effectively counter the belief that "condoms break."

Third, educators and professionals should educate sexually active individuals as to how to use lubricants and foreplay to arouse their partners, and how to apply condoms as part of foreplay. Such education would decrease the likelihood that these individuals would associate increased friction and decreased

pleasure with condom use. This belief that condoms decrease pleasure and sensation needs to directly challenged. Potential condom users need to be taught to find and attend to erogenous zones, other than the penis and the vagina, in order to appreciate the minimal effect condom use should have on sensation. Moreover, it should be stressed that any effect on sensation is minimal and well worth the benefits of protection from AIDS and other sexually transmitted diseases, and from unplanned pregnancy.

Fourth, educators and professionals should continue to present information about the ineffectiveness of non-latex condoms, and to work to increase Hispanic women's knowledge of their own reproductive health. Many participants did not know that non-latex condoms are ineffective. Many Hispanic females were unfamiliar with anatomical terms, and these terms had to be explained before they could answer questions about their sexual behavior. Fifth, health professionals and researchers need to be careful when they assess sexual behavior, particularly when questioning Hispanic women, to ensure that the client or research participant truly understands the type of behavior about which s/he is being questioned. Last, researchers should further investigate the role of accessible constructs in condom use and AIDS risk avoidant actions. These data suggest that the accessibility of condom intentions may be associated with condom use.

Authors Notes

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NOTES

1. The Acculturation Score is calculated by summing respondents answers to five questions which assess use of Spanish relative to English in different activities (e.g., thinking, reading/speaking) and situations (e.g., at home, with friends), and then dividing this sum by the number of questions (5). A five level response scale is used for each question, and response options range from "speak only Spanish" (1) to "speak only English" (5). The Acculturation score, itself, can range potentially from 1.0 (speaks only Spanish) to 5.0 (speaks only English). Marin and Marin[41] treat 3.0 as the score cut-point: scores equal to or greater than 3.0 are considered to indicate a high level of acculturation; scores less than 3.0 are considered to indicate a low level.

2. These data are presented elsewhere.[43]

3. More than half of the participants who reported condom breakage (57%) also reported obtaining free condoms from doctors and from clinics. All but one of the participants who reported condom breakage reported not using any lubrication with the condom. The one participant who reported using a lubricant reported using an petroleum based lubricant (vaseline).

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Table 1: Sociodemographic characteristics of participants

Characteristic		Ethnicity: African American (n=34)	Ethnicity: Hispanic (n=30)
Age	range	15-21 years	15-20 years
	median	18.5 years	18.5 years
	mean	18.5 years	18.0 years
Education	10 or fewer years	35%	43%
	11 years	26%	43%
	12 or more years	38%	13%
	currently in school	50%	59%
Marital Status	Ever Married	24%	23%
Religion	Catholic	0%	33%
	Baptist	50%	3%
	Pentecostal	0%	20%
	Other groups[1]	12%	3%
	No particular group	15%	0%
	Does not practice	24%	37%
Parents origin	Puerto Rico	0%	47%
	Mexico	0%	13%
	Puerto Rico & Mexico	0%	10%
	Dominican Republic	0%	3%
	Columbia	0%	3%
	United States	100%	23%
Experienced Vaginal Intercourse	males	82%	80%[2]
	females	100%	53%[3]
Age of First Intercourse	males	13.1 years	14.5 years
	females	15.0 years	16.5 years
Pregnancy Rate (females only)	prior to interview	41%	33%
	at interview	88%	7%

[1] One Hispanic subject reported being a Seventh Day Adventist. Two African American subjects reported being Muslim, and two reported being Jehovah Witnesses.

[2] Both males who were low in acculturation had experienced vaginal intercourse.

[3] Two of the three (66%) females low in acculturation had experienced vaginal intercourse.

Table 2: Percent of African American and Hispanic Adolescents and Young Adults Who Reported Specific Beliefs About Condoms

	Ethnicity			
	African American		Hispanic	
Condom Beliefs	Male (n=17)	Female (n=17)	Male (n=15)	Female (n=15)
Positive Beliefs				
Provide Protection (type of protection not specified)	0%	0%	27%	7%
Protect from AIDS	53%	12%	33%	60%
Prevent Pregnancy	71%	82%	60%	73%
Protect from STD	71%	94%	27%	73%
Certain Features	0%	0%	13%	7%
Delay Orgasm	6%	0%	0%	7%
Don't Know Any	0%	0%	0%	13%
Negative Beliefs				
Break	47%	29%	53%	67%
Uncomfortable	0%	6%	13%	13%
Decrease Pleasure	29%	12%	7%	0%
Stay in Partner's Body	6%	6%	0%	7%
Come Off if Lubricant Used	0%	0%	7%	7%
Not Very Effective Contraceptive	0%	6%	0%	7%
Disposal Problem	0%	0%	7%	0%
Not Manly	0%	0%	7%	0%
Implies Casual Sex	0%	0%	0%	7%
Certain Features	0%	0%	13%	0%
Expensive	12%	0%	0%	0%
No Bad Features	18%	41%	7%	20%
Condom Use Beliefs				
for sex	88%	59%	87%	100%
for pregnancy prevention	6%	6%	7%	13%
for STD prevention	6%	18%	6%	13%
for casual sex	0%	6%	13%	0%

Note: Participants were free to verbalize as many positive or negative beliefs about condoms as they wished. Hence percentages listed for each gender-ethnicity subgroup do not necessarily sum to 100%.

Table 3: Sexual behavior and experiences, AIDS susceptibility, accessibility of condom intentions and AIDS susceptibility, and condom use among Hispanics scoring low (score < 3.0) and high (score ≥ 3.0) in acculturation

	Low Acculturation		High Acculturation	
Characteristic/Behavior	Male (n=2)	Female (n=3)	Male (n=13)	Female (n=12)
Experienced Vaginal Intercourse	100%	66%	77%	50%
Prior Pregnancy	---	33%	---	33%
AIDS Susceptibility	0%	33%	23%	17%
Accessible Condom Intentions	100%	66%	8%	8%
Accessible AIDS Susceptibility	0%	0%	23%	42%
Condom Use[4]				
Ever	100% (100%)	33% (50%)	69% (90%)	8% (17%)
First Intercourse	0% (0%)	0% (0%)	23% (30%)	0% (0%)
Past 12 Months[5]				
Vaginal Intercourse	100%	66%	62%	31%
Condom Use	0% (0%)	33% (50%)	54% (88%)	0% (0%)

[4] Percentages contained in parentheses represent the percentage of condom use among sexually active participants.

[5] Percentages contained in parentheses represent the percentage of condom use among participants who were sexually active in the 12 months preceding the interview.

Table 4: Accessibility of AIDS susceptibility & condom intentions in sexually active participants

	Ethnicity			
	African American		Hispanic	
Accessibility Item	Male (n=14)	Female (n=17)	Male (n=12)	Female (n=8)
AIDS susceptibility (Think about getting)	43%	47%	25%	38%
Condom Intentions (Think about using)	100%	94%	100%	50%

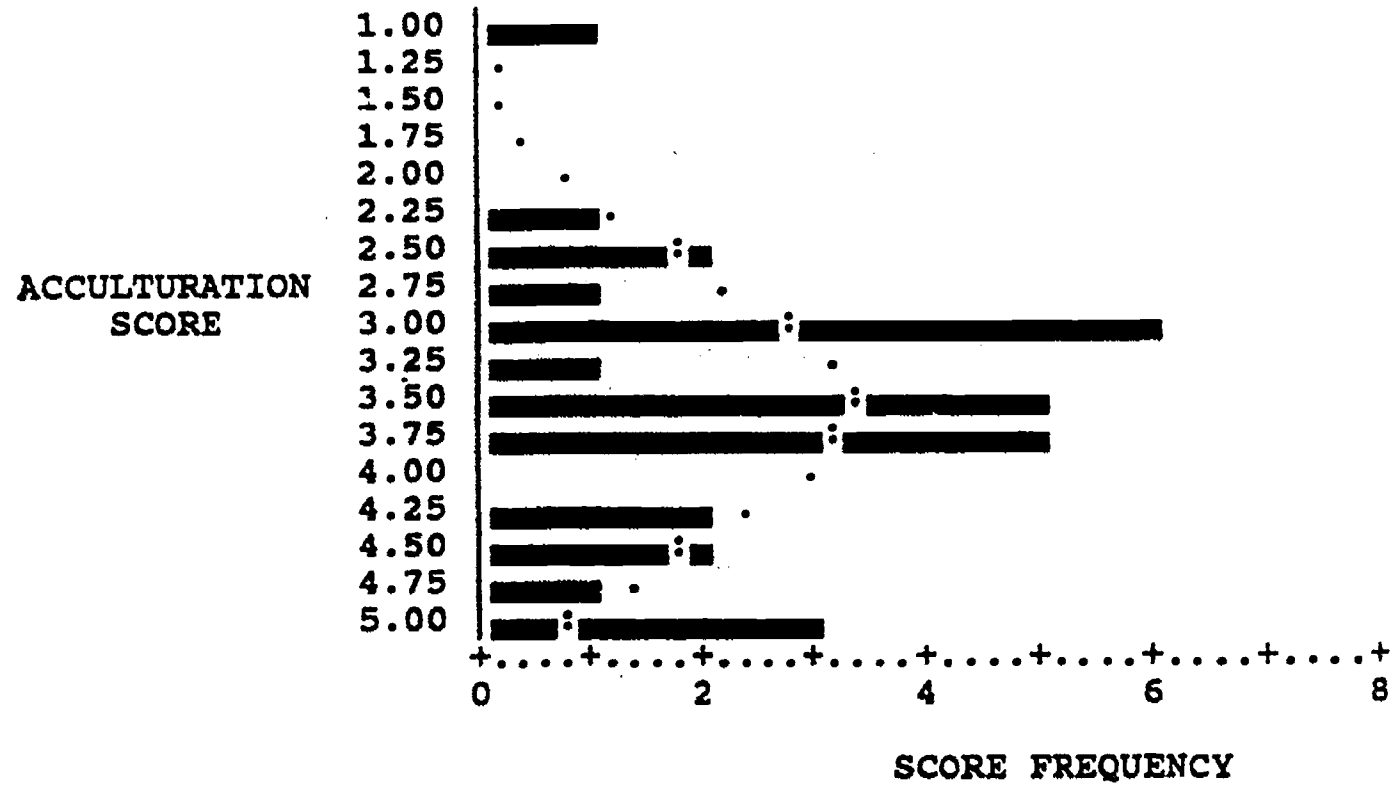
Table 5: Condom use among sexually active participants

	Ethnicity			
	African American		Hispanic	
Condom Use	Male (n=14)	Female (n=17)	Male (n=12)	Female (n=8)
Ever	86%	71%	92%	25%
At First Intercourse	14%	53%	25%	0%

Table 6: Condom use ever and in different relationship contexts during the past year

	Ethnicity			
	African American		Hispanic	
Condom Use	Males	Females	Males	Females
Use Ever in Past Year	91% (10/11)	59% (10/17)	70% (3/10)	17% (1/6)
Use in Different Relationship Contexts in Past Year				
married or living together	0% (0/2)	80% (4/5)	33% (1/3)	50% (1/2)
cared about, but not living together	100% (6/6)	50% (6/12)	43% (3/7)	0% (0/5)
casual sex	78% (7/9)	33% (1/3)	57% (4/7)	0% (0/1)

Note: The fraction listed under the percentage is the actual number of condom users given the number of participants who reported involvement in the type of relationship/condition listed in the left hand column.



SCORE STATISTICS

Mean	3.533	Std Err	.166	Median	3.600
Mode	3.000	Std Dev	.909	Variance	.826
Kurtosis	.786	SE Kurt	.833	Skewness	-.403
S E Skew	.427	Range	4.000	Minimum	1.000
Maximum	5.000	Sum	106.000		

Figure 1: Histogram of acculturation scores and score statistics for Hispanic sample

Note: A normal curve (represented by the dotted line) is superimposed over histogram.