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9. A person can get an STD through oral sex. True False Don’t Know

10. An HIV+ person is less likely to transmit HIV to a sexual partner if he is the insertive partner (top) than if he is the receptive partner (bottom). True False Don’t Know

11. Transmission of drug-resistant HIV to HIV-negative sexual partners is more common than transmission of drug-resistant HIV to HIV+ partners. True False Don’t Know

12. If you’re HIV positive, infections like gonorrhea and chlamydia in your penis can decrease the amount of HIV in your semen. True False Don’t Know

13. Syphilis is a bacterial STD. True False Don’t Know

14. It is a good idea to use Vaseline or baby oil with latex condoms. True False Don’t Know

15. Gonorrhea can be found in the throat. True False Don’t Know

16. For two HIV+ partners, STDs are less of a concern than contracting drug-resistant HIV. True False Don’t Know

17. HIV can be transmitted through oral sex, but the risks are much lower than for anal or vaginal sex. True False Don’t Know

18. An HIV+ person who has sex with another HIV+ person should still use a condom to avoid new health problems. True False Don’t Know

Adolescent AIDS Knowledge Scale

GREGORY D. ZIMET, Indiana University School of Medicine

The Adolescent AIDS Knowledge Scale (AAKS) was developed as part of a comprehensive questionnaire to evaluate adolescents’ knowledge, beliefs, and attitudes about acquired immunodeficiency syndrome (AIDS; Zimet et al., 1989). The knowledge scale was developed with two principal issues in mind. First, we wanted to ensure that the scale covered relevant material. To accomplish this goal, item content was derived from a 1988 informational brochure distributed to every household by the U.S. Government (Centers for Disease Control, 1988). As a result, the scale addresses multiple AIDS-related domains, including modes of transmission, high-risk behaviors, mortality, the existence of a cure, prevention of transmission, and the appearance of persons with AIDS (PWAs).

A second issue considered during scale development was that most existing AIDS knowledge scales confounded knowledge (i.e., awareness of scientific facts about AIDS) with beliefs. It seemed likely that a person might “know” the facts according to experts, but not believe them. In considering the design of AIDS education interventions, it appeared particularly important to assess AIDS awareness/knowledge separately from AIDS beliefs. To address this issue, each item on the AAKS was constructed to begin with the phrase “Do most experts say . . .?”. A separate but parallel AIDS Beliefs scale was developed to evaluate the extent to which adolescents believed what experts were saying.

Description

The AAKS has 22 items. Each item takes the form of a question (e.g., “Do most experts say you can get AIDS by giving blood?”). Transmission-related items cover true modes of transmission (e.g., sharing needles), low- or no-risk behaviors (e.g., sharing a glass of water), behaviors that increase risk of transmission (e.g., prostitution), and transmission of human immunodeficiency virus (HIV) without clinical AIDS. Two protection items address effective (i.e., condom use) and ineffective (i.e., eating healthy foods) protective behaviors. Finally, single items cover such topics as the mortality associated with AIDS, whether there is a cure for AIDS, and whether it is possible to determine if someone has AIDS by looking at him or her.

Response Mode and Timing

To each question, respondents are asked to circle yes, no, or don’t know. Response times vary, but typically the scale requires less than 5 minutes to complete.

Scoring

A correct response receives a score of 1. An incorrect answer or a don’t know response each receives a score of 0. For the following items, no is the correct response: 1, 3,
4, 5, 9, 11, 13, 15, 17, and 19. For the following items, yes is the correct response: 2, 6, 7, 8, 10, 12, 14, 16, 18, 20, 21, and 22. The total score for the scale, which is calculated by summing across items, can range from 0 to 22.

Reliability

An AIDS-knowledge scale such as this one represents multiple content areas, not a single construct. Therefore, standard measures of internal reliability that assess overall internal consistency (e.g., Cronbach’s coefficient alpha or Kuder-Richardson formula 20) are inappropriate (Anastasi, 1982; Zimet, 1992b). A more useful approach involves a specialized form of Spearman-Brown split-half reliability in which items from one half are matched for content with items from the other half (Zimet, 1992b). Given that the AAKS was not designed with this approach to reliability in mind, it is not possible to match all items perfectly (e.g., only one item addresses mortality associated with AIDS). Nonetheless, in a sample of 721 junior and senior high school students, the Spearman-Brown matched-item split-half method resulted in a coefficient of .82, indicating good internal reliability (Zimet, 1992b).

Validity

The content validity of the scale was established through the use of the U.S. government brochure on AIDS to guide item selection (Centers for Disease Control, 1988). Furthermore, in addressing major AIDS-related domains (i.e., HIV transmission, protection, mortality, appearance, etc.), the scale demonstrates good face validity.

Support for the construct validity of the AAKS is demonstrated by expected relationships with other variables. For example, it may be expected that older students have more accurate knowledge about AIDS than younger students. For the AAKS, analysis of variance indicated a linear increase in scores across grade level among 617 7th to 12th graders, \( F(5, 611) = 8.8, p < .0001 \) (Zimet, DiClemente, et al., 1993).

Another expectation is that greater AIDS knowledge is likely to be negatively correlated to inaccurate beliefs about AIDS. Among 438 junior and senior high school students, increases in scores on the AAKS, in fact, were associated significantly with decreases in inaccurate beliefs about AIDS, \( r = -.65, p < .001 \) (Zimet et al., 1991).

Finally, it is reasonable to expect that more accurate knowledge about AIDS will be negatively related to fears about interacting with PWAs. Among the same 438 students, AAKS scores correlated significantly and negatively with anxiety about interacting with PWAs, \( r = -.28, p < .001 \) (Zimet et al., 1991).

### References


### Exhibit

*Adolescent AIDS Knowledge Scale*

**Instructions:** Experts on AIDS have talked about the spread and prevention of AIDS. Please circle your answer for each question.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do most experts say there’s a high chance of getting AIDS by kissing someone on the mouth who has AIDS?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do most experts say AIDS can be spread by sharing a needle with a drug user who has AIDS?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do most experts say you can get AIDS by sharing blood?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do most experts say there’s a high chance that AIDS can be spread by sharing a glass of water with someone who has AIDS?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do most experts say there’s a high chance you can get AIDS from a toilet seat?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do most experts say AIDS can be spread if a man has sex with a woman who has AIDS?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do most experts say AIDS can be spread if a man has sex with another man who has AIDS?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do most experts say a pregnant woman with AIDS can give AIDS to her unborn baby?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. Do most experts say you can get AIDS by shaking hands with someone who has AIDS?  
10. Do most experts say a woman can get AIDS by having sex with a man who has AIDS?  
11. Do most experts say you can get AIDS when you masturbate by yourself?  
12. Do most experts say using a condom (rubber) can lower your chance of getting AIDS?  
13. Do most experts say that there’s a high chance of getting AIDS if you get a blood transfusion?  
14. Do most experts say that prostitutes have a higher chance of getting AIDS?  
15. Do most experts say that eating healthy foods can keep you from getting AIDS?  
16. Do most experts say that having sex with more than one partner can raise your chance of getting AIDS?  
17. Do most experts say that you can always tell if someone has AIDS by looking at them?  
18. Do most experts say that people with AIDS will die from it?  
19. Do most experts say there is a cure for AIDS?  
20. Do most experts say that eating healthy foods can keep you from getting AIDS?  
21. Do most experts say that you can have the AIDS virus without being sick from AIDS?  
22. Do most experts say that if a man or woman has sex with someone who shoots up drugs, they raise their chance of getting AIDS?  

Modern Homonegativity Scale

MELANIE A. MORRISON AND TODD G. MORRISON, University of Saskatchewan

The Modern Homonegativity Scale (MHS; M. A. Morrison & Morrison, 2002) is a brief measure designed to assess contemporary negative attitudes toward gay men and lesbian women. Unlike many measures of homonegativity, items on the MHS do not assess traditional, moral, or religious objections to lesbian women and gay men, but rather objections to members of these social groups based on the following beliefs: (a) gay men and lesbian women are making unnecessary or illegitimate demands for changes to the status quo (e.g., the right to legally wed and to parent an adopted child), (b) discrimination against homosexual men and women is a thing of the past, and (c) gay men and lesbian women exaggerate the importance of their sexual orientation and, in so doing, prevent themselves from assimilating into mainstream culture (i.e., they are responsible for their own marginalization given their participation in events such as “Gay Pride” parades).

Description

The MHS is suitable for use both with students (M. A. Morrison & Morrison, 2002; M. A. Morrison, Morrison, & Franklin, 2009; T. G. Morrison, Kenny, & Harrington, 2005) and with nonstudents (M. A. Morrison & Morrison, 2009). The items were originally developed via input from members of organizations serving sexual minority men and women, members of academic faculty, and gay, lesbian, and heterosexual graduate students. The 50-item version of the MHS was then distributed to both university and college students. Using specific scale item reduction criteria, principal components analysis, and reliability assessments, the number of items was ultimately reduced to a 12-item version (M. A. Morrison & Morrison, 2002). Factor analyses were conducted on the 12-item MHS, with results indicating that the scale was both unidimensional and conceptually distinct from measures of “old-fashioned” homonegativity (e.g., the Homonegativity Scale; T. G. Morrison, Parriag, & Morrison, 1999). There are two parallel forms of the MHS: one focusing on gay men (MHS-G) and the other focusing on lesbian women (MHS-L). Results from M. A. Morrison and Morrison (2002) indicate that both 12-item forms are reliable (alphas exceeded .90), unidimensional, and construct valid (total scale scores correlated in anticipated directions with constructs that are theoretically linked such as modern racism and modern sexism).