

AK5. HIV/AIDS TRANSMISSION MISCONCEPTIONS (2 tools)

USE WHEN YOU WANT TO EVALUATE:

Outcomes :

- ✓ Awareness and knowledge

Intervention types:

- ✓ Social marketing campaign on HIV/AIDS, hepatitis C or related communicable diseases
- ✓ Social media intervention on HIV/AIDS, hepatitis C or related communicable diseases
- ✓ Targeted education activities for priority population
- ✓ Targeted awareness activities for priority population
- ✓ Skill building sessions to increase capacity to engage in risk mitigation behaviors
- ✓ Outreach to priority populations for awareness and education

Worked well with these populations:

- ✓ Ethnocultural (Latinos in US context)
- ✓ Low-income adults (in US context)

Interventions for:

- ✓ HIV

DESCRIPTION

Description:

These short questionnaires assess the extent to which participants have common misconceptions about HIV transmission.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ Misconceptions affect behavior and are associated with stigmatizing views, disclosure decision, decisions to be tested and to access care.
- ✓ Would be appropriate to use with all priority populations.
- ✓ Suitable for before and after testing of a program's effects.
- ✓ Easily completed and analysed.
- ✓ Could easily be programmed to be administered electronically.

Developed in:

- ✓ English

ADMINISTRATION, DESIGN, SCORING and ANALYSIS CONSIDERATIONS

ADMINISTRATION

- These questions will take about 10 minutes to fill out each time.
- Tell participants why you are using the questionnaire, being clear that it is to evaluate the intervention, to help make it better and not them.
- Participation should be voluntary, so tell participants that it is ok if they do not complete the questionnaire. Assure participants that there are no negative consequences if they don't want to complete it. Give them a way to do something else at the same time that looks similar to completing the questionnaire so that the confidentiality of this decision is protected. (For further information on ethical considerations in carrying out evaluations, see [Ethics Resources](#))
- If used in a group setting, ensure that people feel safe and that the space is confidential; no one can see their answers (can see their screen or papers), and put completed questionnaires into a sealed envelope.

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Measuring before and after intervention (this is the best option because it measures real change)

1. **WHEN TO USE:** Have the questionnaires filled out before the intervention or at the very beginning of it, and again after, as close to the end as possible (often the very last session is not suitable because it may be a celebration, or have low attendance).
2. **LINKING RESULTS:** Include a way to match the same person's pre and post questionnaires while protecting confidentiality, for example using a password or unique identifier that respondents generate and remember (see [Tips for passwords](#)).
3. **SCORING:** Create each person's total pre-program and post-program Misconception Score by adding up the number of '1' answers. Scores can range from 0 to 5 for questionnaire (A), and from 0-14 for questionnaire (B). The lower the score the fewer misconceptions.
4. **ANALYSIS:** Compare the pre and post scores for each individual, noting how many people improve, how many stay the same, and how many get worse.

Measuring change only after the end of an intervention: (this is the second best option, because people often think the intervention has had more effect than it really did)

1. Adapt all the questions so that they ask people what their answer is now and what it was before the intervention

For example, for question 1 ask: "Now I think that a person can get HIV, the virus that causes AIDS, from being bitten by a mosquito or other animal was" AND "Before the workshop, I thought a person can get HIV, the virus that causes AIDS, from being bitten by a mosquito or other animal was...." (See an [example](#) of a questionnaire with before and after versions)

2. **SCORING:** Create each person's total pre-program and post-program Misconception Score by adding up the number of "1" answers. Scores can range from 0 to 5. Scores can range from 0 to 5 for questionnaire (A), and from 0-14 for questionnaire (B). The lower the score the fewer misconceptions.
3. **ANALYSIS:** Compare the pre and post scores for each individual, noting how many people say they improve, how many stay the same, and how many get worse.

AK5. (A) HIV/AIDS TRANSMISSION MISCONCEPTIONS

How likely is it that a person can get HIV, the virus that causes AIDS, from:					
	Definitely not possible	Not very likely	Somewhat likely	Very likely	Don't know how likely it is
Being bitten by a mosquito or other animal	0	0	1	1	1
Using public toilets	0	0	1	1	1
An HIV-positive person at school or at work	0	0	1	1	1
Kissing someone on the cheek	0	0	1	1	1
Using public facilities like a bus or subway	0	0	1	1	1

Source: Adapted slightly from Ritieni A, Moskowitz J, Tholandi M. **HIV/AIDS misconceptions among Latinos: findings from a population-based survey of California adults.** Health Educ Behav. 2008 Apr;35(2):245-59

AK5. (B) HIV/AIDS TRANSMISSION MISCONCEPTIONS

Getting infected by HIV can be prevented by	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
A man not ejaculating inside his partner	0	0	1	1
Washing your genitals with bleach after having sex	0	0	1	1
Washing your genitals with alcohol after having sex	0	0	1	1
Washing your genitals with soap after having sex	0	0	1	1
Urinating after having sex	0	0	1	1
A woman douching before sex	0	0	1	1
A woman douching after sex	0	0	1	1
A woman taking birth control pills	0	0	1	1
Taking antibiotics	0	0	1	1
Having sex only with healthy looking people.	0	0	1	1
You can get HIV from:				
Drinking fountains	0	0	1	1
Food	0	0	1	1
Mosquitoes	0	0	1	1
Public toilets	0	0	1	1

Source: Adapted slightly from: Beck, D. et al. **HIV Prevention and Transmission Myths Among Heterosexually Active Adults in Low-Income Areas of South Florida.** AIDS Behav (2012) 16:751–760.