

## AK6. INFECTIOUSNESS BELIEFS SCALE

### USE WHEN YOU WANT TO EVALUATE:

**Outcomes :**

- ✓ Awareness and knowledge

**Intervention types:**

- ✓ 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:**

- ✓ People living with HIV or other STIs

**Interventions for:**

- ✓ HIV
- ✓ STI

### DESCRIPTION

**Description:**

This scale is intended for people living with HIV to assess their beliefs about their level of HIV infectiousness.

**WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS**

- ✓ This study showed that believing an undetectable viral load leads to lower infectiousness was associated with contracting a new STI; people with this belief were more likely to be infectious because of STI co-infection.
- ✓ Suitable for before and after testing of a program's effects
- ✓ Easily completed and analysed
- ✓ Could easily be programmed to be given electronically

**Developed in:**

- ✓ English

### ADMINISTRATION, DESIGN, SCORING and ANALYSIS CONSIDERATIONS

**ADMINISTRATION**

- These questions will take about 5 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 is similar to completing the survey so that 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 Infectiousness Beliefs score by calculating his or her [average](#) of the 4 questions. Scores can range from 1 to 6. Higher scores are better.
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 people with HIV who take HIV medications are less likely to infect their sex partners with another sexually transmitted infection during unprotected sex." AND "Before the workshop, I thought that people with HIV who take HIV medications are less likely to infect their sex partners with another sexually transmitted infection during unprotected sex." (See an [example](#) of a questionnaire with before and after versions)

2. **SCORING:** Create each person's total pre-program and post-program Infectiousness Beliefs score by calculating his or her [average](#) of the 4 questions. Scores can range from 1 to 6. Higher scores are better.
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.

**AK6. INFECTIOUSNESS BELIEFS SCALE**

	Strongly disagree					Strongly agree
People with HIV who take HIV medications are less likely to infect their sex partners with another sexually transmitted infection during unprotected sex.	6	5	4	3	2	1
HIV treatments make it easier to relax about unprotected sex.	6	5	4	3	2	1
It is safe to have sex without a condom when my viral load is undetectable.	6	5	4	3	2	1
People with an undetectable viral load do not need to worry so much about infecting others with another sexually transmitted infection.	6	5	4	3	2	1

Statements have been revised slightly based on expert reviewer feedback.

**Source:**

Kalichman, S. C., Eaton, L., & Cherry, C. (2010a). **Sexually transmitted infections and infectiousness beliefs among people living with HIV/AIDS: Implications for HIV treatment as prevention.** *HIV Medicine*, 11(8), 502-509