AK7. HIV TESTING AND COUNSELLING BELIEFS SCALE

USE WHEN YOU WANT TO EVALUATE:

Outcomes :

- ✓ Awareness and knowledge
- ✓ Healthy behavior: HIV testing

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:

✓ Youth

Interventions for:

✓ HIV

DESCRIPTION

Short questionnaire assessing knowledge (beliefs) about HIV testing and counselling services.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ Has been used to assess the gaps between high levels of HIV knowledge and poor awareness and uptake of HIV testing in youth.
- ✓ Can be adapted for other STIs.
- ✓ Would be appropriate to use with other sexually active, at-risk populations.
- ✓ Suitable for before and after testing of a program's effects.
- ✓ Short scale, easily completed and analysed.
- ✓ Could easily be programmed to be given electronically.

Developed in:

✓ English

ADMINISTRATION, DESIGN, SCORING and ANALYSIS CONSIDERATIONS

ADMINISTRATION

- This questionnaire should 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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DESIGN OPTIONS

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 <u>Tips for passwords</u>).

3. **SCORING:** Create each person's total pre-program and post-program HIV Testing and Counselling Beliefs Scale score by calculating their total number of correct answers, with a score of zero for wrong and a score of 1 for correct. Questions 6, 8 and 9 are **TRUE** as worded and questions 1, 2, 3, 4, 5, 7, and 10 are **FALSE**. Count 'don't know answers' as wrong. Scores can range from 0 to 10.

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: "Anyone who tests positive for HIV will be hospitalized" AND "Before the workshop, I thought anyone who tests positive for HIV will be hospitalized" (See an <u>example</u> of a questionnaire with before and after versions)

2. **SCORING:** Create each person's total HIV Testing and Counselling Beliefs Scale score by calculating their total number of correct answers, with a score of zero for wrong and a score of 1 for correct. Questions 6, 8 and 9 are **TRUE** as worded and questions 1, 2, 3, 4, 5, 7, and 10 are **FALSE**. Count 'don't know answers' as wrong. Scores can range from 0 to 10.

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.

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| 1. | Anyone who tests positive for HIV will be hospitalized. | □ Yes | 🗆 No | D Don't know |
|-----|---|-------|------|--------------|
| 2. | Anyone who tests positive for HIV will for sure die of AIDS. | □ Yes | 🗆 No | D Don't know |
| 3. | You can get infected with HIV by taking the HIV test. | □ Yes | 🗆 No | Don't know |
| 4. | Only those who are sick need to take an HIV test. | □ Yes | 🗆 No | Don't know |
| 5. | You only need to get tested for HIV once in your life. | □ Yes | 🗆 No | Don't know |
| 6. | Counselors will always keep your test results confidential. | □ Yes | 🗆 No | Don't know |
| 7. | An HIV test is usually done for everyone who goes to any doctor. | □ Yes | 🗆 No | Don't know |
| 8. | Drugs are now available for the treatment of anyone who tests positive for HIV. | □ Yes | 🗆 No | Don't know |
| 9. | A HIV test can be easily done in any medical clinic. | □ Yes | 🗆 No | D Don't know |
| 10. | . HIV tests are meant for those who are not in committed relationships. | □ Yes | 🗆 No | Don't know |

Source: Adapted from: Ajuwon, A., Titiloye, M., Oshiname, F., & Oyewole, O. (2010). **Knowledge and use of HIV** counseling and testing services among young persons in Ibadan, Nigeria. International Quarterly of Community Health Education, 31(1), 33-50.