AK8. HIV TREATMENT KNOWLEDGE

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 reduction behaviors
- ✓ Outreach to priority populations for awareness and education
- ✓ Interventions to promote retention and care in treatment
- ✓ Activities to help people living with HIV/AIDS, hepatitis C or related communicable diseases access resources and services

Worked well with these populations:

✓ People living with or affected by HIV

Interventions for:

✓ HIV

DESCRIPTION

Description:

This scale is intended for people with HIV; it may be most useful for people who are newly diagnosed. Optional item can be used with pregnant women, for example in the context of preventing maternal transmission.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ A peer mentoring intervention for pregnant HIV+ women showed increased HIV treatment knowledge scores, particularly with regard to understanding the meaning and importance of viral load and CD4 test results.
- ✓ 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 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 using 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 HIV Knowledge Scores by adding up their correct answers, with a score of zero for wrong and a score of 1 for correct, to all 13 questions. All **except** questions 1 and 2 are **TRUE** as worded. Count "don't understand", "don't know" and "refuse to answer" responses as wrong. Scores can range from 0 to 13.
- 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: "<u>Now</u> I think since I have HIV, I'm going to die soon." AND "<u>Before</u> the workshop, I thought that since I have HIV, I am going to die soon" (See an <u>example</u> of a questionnaire with before and after versions)

- 2. **SCORING:** Create each person's total pre-program and post-program HIV Knowledge Scores by adding up their correct answers, with a score of zero for wrong and a score of 1 for correct, to all 13 questions. All **except** questions 1 and 2 are **TRUE** as worded. Count "don't understand", "don't know" and "Refuse to answer" answers as wrong. Scores can range from 0 to 13.
- 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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		True	False	Don't under- stand	Don't know	Refuse to answer
1.	Now that I have HIV, I'm going to die soon					
2.	If both partners are HIV infected it is ok not to use a condom during sexual intercourse.					
3.	Apart from the prevention of pregnancy and HIV infection, the condom prevents other sexually transmitted diseases such as gonorrhea, syphilis, HPV (Warts) etc.					
4.	(Optional: It is advisable that I use condoms during every sexual encounter especially during pregnancy)					
5.	A high viral load means my immune system is very weak					
6.	A low CD4 count means my immune system is very weak					
7.	A low viral load means that my immune system is strong					
8.	A high CD4 count means that my immune system is strong					
9.	ARV treatment and healthy living can improve my CD4 count and viral load results					
10.	I can be HIV positive and not have AIDS					
11.	I can live with HIV for a very long time and be healthy					
12.	When I am HIV infected I could have serious illness and get better if I receive proper care and treatment					
13.	Because I am HIV positive, when I'm ill I should seek health care as soon as possible					

Source:

Futterman, D., Shea, J., Besser, M., Stafford, S., Desmond, K., Comulada, W. S., & Greco, E. (2010). Mamekhaya: A pilot study combining a cognitive-behavioral intervention and mentor mothers with PMTCT services in South Africa. AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV, 22(9), 1093-1100.