

B8. DISCLOSURE PRACTICES SCORE

USE WHEN YOU WANT TO EVALUATE:

Outcomes :

- ✓ Skills / competency and capacity of individuals
- ✓ Healthy behavior: increasing preventive practices among people living with HIV

Intervention types:

- ✓ Skill building sessions to increase capacity to engage in risk reduction behaviors
- ✓ Outreach to priority populations to increase their capacity to engage in risk reduction behaviors

Worked well with these populations:

- ✓ People living with HIV

Interventions for:

- ✓ HIV

DESCRIPTION

Description: Calculated risk assessment score of the likelihood of people living with HIV disclosing their HIV status to sexual partners, based on two questions. Used in a randomized trial evaluation of a program aiming to increase HIV status disclosure and condom use among women living with HIV, including mostly Black women. The intervention involved messages from health care providers, group workshops led by a health educator and peer-led support groups. The messages, workshops and support groups increased the likelihood that participants disclosed their HIV status to sexual partners.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ Suitable for before and after testing of a program's effects
- ✓ Two questions and easily completed
- ✓ Could easily be converted to a self-completed questionnaire
- ✓ Could easily be programmed to be given electronically

Developed in:

- ✓ English

ADMINISTRATION, DESIGN, SCORING and ANALYSIS CONSIDERATIONS

ADMINISTRATION

- This questionnaire or interview questions should take less than 5 minutes 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 or participate in an interview, and 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 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 recommended option for this because it measures actual change. Measuring only at the only after the end of the intervention is not recommended because people's memories are not reliable for this type of behavior over a long period)

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.
3. **SCORING:** Divide the number of partners disclosed to question (A) by the number of partners noted in question (B) and multiply by 100, to get the percentage of partners disclosed to in the last 6 months.
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.

B8. Disclosure practices score

A. In the last six months, how many of your sexual partners knew you were HIV-positive because you told them you were HIV-positive?	_____ Number
B. How many sexual partners did you have in the last six months?	_____ Number

Source: Teti, M., Bowleg, L., Cole, R., Lloyd, L., Rubinstein, S., Spencer, S., . . . Gold, M. (2010). **A mixed methods evaluation of the effect of the protect and respect intervention on the condom use and disclosure practices of women living with HIV/AIDS.** *AIDS and Behavior*, 14(3), 567-579