

SCC10. CAPACITY TO MANAGE SEX RISK SCALE

USE WHEN YOU WANT TO EVALUATE:

Outcomes :

- ✓ Increased individual capacity and competency

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

Priority populations:

- ✓ Youth

Interventions for:

- ✓ HIV
- ✓ STIs

DESCRIPTION

This short (4 –item) tool assesses youths’ plans and perceived capacity to manage sex and sex-related risk.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ The tool was developed for and used in, in an intervention study of ethnically –diverse high-risk youth (referred by community agencies: (“homeless and runaway youth, substance abusers, having dropped out of school, parenting youth”). The measure showed significant improvement on three of the four questions between the pre and post measures.
- ✓ 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

- This questionnaire should take less than 5 minutes to fill out each time.
- If the last statement in the questionnaire is not suitable, consider replacing it with “*After a few drinks and/or smoking pot, I feel I can refuse sex with my partner if I chose*”. Please note that this statement has **not** been validated.
- 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, 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 time that is similar to completing the questionnaire 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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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
3. **SCORING:** Each question to be scored on its own. Note that for the **first** two questions, the response of "strongly agree" shows greater capacity to manage sex risk, and for the **last** two questions, the response of "strongly disagree" shows greater capacity to manage sex risk.
4. **ANALYSIS:** Compare the pre and post answers on each question 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: "*I feel I can refuse to have sex with my partner if he/she doesn't want to use a condom.*" AND "*Before the workshop, I felt I could refuse to have sex with my partner if he/she didn't want to use a condom.*" (see an [example](#))
2. **SCORING:** Each question to be scored on its own. Note that for the **first** two questions, the response of "strongly agree" shows greater capacity to manage sex risk, and for the **last** two questions, the response of "strongly disagree" shows greater capacity to manage sex risk
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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I feel I can refuse to have sex with my partner if he/she doesn't want to use a condom	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I plan on using a condom every time I have sex with a new partner	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Having sex without a condom is OK if it is with someone I love	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Having a few drinks and smoking pot before having sex makes it more fun	Strongly disagree	Disagree	Not sure	Agree	Strongly agree

Source:

Zuniga, M. L., Blanco, E., Sanchez, L. M., Carroll, S. P., & Olshefsky, A. M. (Dec 2009). **Preventing human immunodeficiency virus (HIV) and other sexually transmitted infections and reducing HIV-stigmatizing attitudes in high-risk youth: Evaluation of a comprehensive community-based and peer-facilitated curriculum.** *Vulnerable Children and Youth Studies*, 4(4), 333-345.