

SCC4. CONDOM SELF-EFFICACY - MSM

USE WHEN YOU WANT TO EVALUATE:

Outcomes :

- ✓ Skills / competency and capacity of individuals
- ✓ Healthy behavior

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

Worked well with these populations:

- ✓ MSM

Interventions for:

- ✓ HIV
- ✓ STIs

DESCRIPTION

Self-efficacy is the level of confidence people have that they can perform healthy behaviors or make healthy choices. A short questionnaire measure that forms part of a set of tools widely used to predict condom use and other outcomes in HIV.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ Interventions that increase condom self-efficacy result in more frequent and regular condom use.
- ✓ Appropriate for use with all priority 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 less than 10 minutes to fill out each time.
- Tell participants why you are using the questionnaire, being clear that it is to evaluate the program and not them, to help make the program better.
- 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:** Create each person's total Condom Self-Efficacy score by calculating his or her [average](#) of the 11 questions. Average scores can range from 1 to 5. The higher the score the greater the self-efficacy.
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: *"Over the next six months, do you believe you will be able to use a condom every time you have anal sex with a partner whose HIV status is negative or unknown, even if your partner does not want to?"* AND *"Before the workshop, I believed I would be able to use a condom every time I have anal sex with a partner whose HIV status is negative or unknown, even if my partner did not want to".* (see an [example](#))

2. **SCORING:** Create each person's total Condom Self-Efficacy score by calculating his or her [average](#) of the 11 questions. Average scores can range from 1 to 5. The higher the score the greater the self-efficacy.
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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Over the next six months, do you believe you will be able to use a condom every time you have anal sex with a partner whose HIV status is negative or unknown, even if...					
	No none of the time	No only a few times	Some of the time	Yes Most of time	Yes every time
1. Your partner does not want to	1	2	3	4	5
2. You have trouble getting them for free or at low cost	1	2	3	4	5
3. Your partner tries to pressure you into not using it	1	2	3	4	5
4. You have to convince your partner to use it	1	2	3	4	5
5. You are sexually excited	1	2	3	4	5
6. You feel like you are really in love	1	2	3	4	5
7. You are under the influence of alcohol	1	2	3	4	5
8. You are under the influence of drugs	1	2	3	4	5
9. You are afraid of disappointing your partner	1	2	3	4	5
10. You are afraid of losing your partner	1	2	3	4	5
11. You have to take control of the encounter so that it remains safe	1	2	3	4	5

Sources:

Miranda, J., et al. (2013). **An internet-based intervention (condom-him) to increase condom use among HIV-positive men who have sex with men: Protocol for a randomized controlled trial.** Journal of Medical Internet Research, 15(10); Schutz, M Godin G, et al. **Determinants of condom use among HIV-positive men who have sex with men.** International Journal of STD & AIDS 2011; 22: 391–397