

SCC6. SELF-EFFICACY FOR CONDOM USE IN EMOTIONAL DISTRESS SCALE

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:

- ✓ Youth

Interventions for:

- ✓ HIV
- ✓ STIs

DESCRIPTION

Self-efficacy is the level of confidence people have that they can perform healthy behaviors or make healthy choices.

Short questionnaire assessing confidence in capacity to use condoms when feeling upset or down, developed for high-risk youth with mental health/emotional challenges.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ Low levels of self-efficacy for condom use when feeling upset or down were associated with lower condom use and other self-harm behaviors. An intervention focussing on managing emotions showed a positive effect on this type of self-efficacy
- ✓ Appropriate to use with all sexually active populations
- ✓ Suitable for before and after testing of a program's effects
- ✓ Questions fit together well and produce stable results (reliable)
- ✓ Short scale that is 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.
- 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 paper) 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 Self-Efficacy for Condom Use in Emotional Distress Scale score by calculating his or her [average](#) of the 4 questions. Average scores can range from 1 to 4. Higher score suggests greater self-efficacy for condom use even with emotional distress.
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: *"How sure are you that you could use a condom when you are depressed?"* AND *"Before the workshop, how sure were you that you could use a condom when you were depressed?"* (see an [example](#))

2. **SCORING:** Create each person's total Self-Efficacy for Condom Use in Emotional Distress Scale score by calculating his or her [average](#) of the 4 questions. Average scores can range from 1 to 4. Higher score suggests greater self-efficacy for condom use even with emotional distress.
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.

SCC6. Self-Efficacy for Condom Use in Emotional Distress Scale

How sure are you that you could use a condom when:	Very sure I could not	kind of sure I could not	kind of sure I could	very sure I could
You are depressed?	1	2	3	4
You are feeling angry?	1	2	3	4
You are upset?	1	2	3	4
You are feeling bad about yourself?	1	2	3	4

Sources:

Brown, L. K., Houck, C., Lescano, C., Donenberg, G., Tolou-Shams, M., & Mello, J. (2012). **Affect regulation and HIV risk among youth in therapeutic schools.** *AIDS and Behavior*, 16(8), 2272-2278.; Brown, L. K., Houck, C., Donenberg, G., Emerson, E., Donahue, K., & Misbin, J. (2013). **Affect management for HIV prevention with adolescents in therapeutic schools: The immediate impact of project balance.** *AIDS and Behavior*, 17(8), 2773-2780.