

SCC7. SELF-EFFICACY FOR PREVENTION MEASURE

USE WHEN YOU WANT TO EVALUATE:

Outcomes :

- ✓ Skills / competency and capacity of individuals
- ✓ Skills / competency and capacity of practitioners
- ✓ 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
- ✓ Outreach to priority populations to increase their capacity to engage in risk reduction behaviors
- ✓ Outreach to priority populations for awareness and education

Worked well with these populations:

- ✓ Health workers

Interventions for:

- ✓ HIV
- ✓ STIs

DESCRIPTION

Short questionnaire assessing confidence in ability to engage in prevention through safer sex and talking with people. It was developed for health workers but can be used for any population engaged in prevention work. Self-efficacy is the level of confidence people have that they can perform healthy behaviors or make healthy choices.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ People working with people living with HIV who participated in a peer support intervention had greater self-efficacy for prevention after the intervention
- ✓ 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 about 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 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 a unique identifier that respondents generate and remember
3. **SCORING:** Create each person's total Self-Efficacy for Prevention score by calculating his or her [average](#) of the 10 questions. If participants do not have children, tell them to answer not applicable (N/A) for questions 9 & 10, and calculate their average from the completed 8 questions. Average scores can range from 1 to 3. Higher scores suggest greater 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: *"How confident are you that you can abstain if you decide not to have sex?"* AND *"Before the workshop, how confident were you that you could abstain if you decided not to have sex?"* (see an [example](#))

2. **SCORING:** Create each person's total Self-Efficacy for Prevention score by calculating his or her [average](#) of the 10 questions. If participants do not have children, tell them to answer not applicable (N/A) for questions 9 & 10, and calculate their average from the completed 8 questions. Average scores can range from 1 to 3. Higher scores suggest greater 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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How confident are you that you :	Not confident	Somewhat confident	Very Confident	N/A
1. Can abstain if you decide not to have sex?	1	2	3	
2. Can talk about safer sex with your partner?	1	2	3	
3. Can get your partner to agree to use condoms?	1	2	3	
4. Can refuse to have sex without a condom?	1	2	3	
5. Can get condoms?	1	2	3	
6. Can use condoms correctly?	1	2	3	
7. Can talk about HIV prevention your friends & relatives?	1	2	3	
8. Can talk about safer sex with your friends & relatives?	1	2	3	
9. Can talk about HIV prevention with your own children?	1	2	3	0
10. Can talk about safer sex with your own children?	1	2	3	0

Sources:

Norr, K. F., etal. (2012). **Peer group intervention for HIV prevention among health workers in Chile.** Journal of the Association of Nurses in AIDS Care, 23(1), 73-86.