

SCC8. SEXUAL HEALTH CAPACITY SCALE

USE WHEN YOU WANT TO EVALUATE:

Outcomes :

- ✓ Awareness and knowledge
- ✓ 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

Short questionnaire assessing knowledge and confidence in preventive sexual practices for HIV and STIs.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ Showed significant perceived after-workshop differences in an evaluation of a 4 to 6 session peer-educational workshop program for younger and older gay and bisexual men. It was used in three versions: before the workshops, after the workshops rating self before the workshops, and after the workshops rating self, post-workshop. While there appears to be a ceiling effect (high scores on both the before and after versions, especially among men who had already been tested for HIV), all items showed some self-rated improvement.
- ✓ Appropriate for 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, 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.
- If appropriate to your intervention, consider adding another question on new knowledge about viral load and transmission, but please note it has not been tested. *"I have a good understanding of what viral load means and how it is linked to HIV transmission"*.
- 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



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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.

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 Sexual Health Capacity score by calculating his or her [average](#) of the 6 questions. Average scores can range from 1 to 5. Higher score assumes greater capacity.
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: *"I have a good understanding of how HIV is transmitted"* AND *"Before the workshop, I had a good understanding of how HIV is transmitted."* (see an [example](#))
2. **SCORING:** Create each person's total Sexual Health Capacity score by calculating his or her [average](#) of the 6 questions. Average scores can range from 1 to 5. Higher score assumes greater capacity.
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.

SCC8. Sexual Health Capacity Scale

	Strongly disagree				Strongly agree
I have a good understanding of how HIV is transmitted.	1	2	3	4	5
I have a good understanding of what sexual activities are considered 'safe sex' and 'unsafe sex'.	1	2	3	4	5
I would be able to recognise the symptoms of a sexually transmissible infection (STI).	1	2	3	4	5
I know where to go to get a full sexual health check-up.	1	2	3	4	5
I know how to put a condom on properly.	1	2	3	4	5
I feel confident that I can negotiate the use of condoms with sexual partners.	1	2	3	4	5

Sources:

Bavinton, B. R., Gray, J., & Prestage, G. (2013). **Assessing the effectiveness of HIV prevention peer education workshops for gay men in community settings.** Australian and New Zealand Journal of Public Health, 37(4), 305-310.