

## SCC9. ABILITY TO REFUSE RISKY SEXUAL SITUATIONS SCALE

### USE WHEN YOU WANT TO EVALUATE:

**Outcomes :**

- ✓ Skills / competency and capacity of individuals:

**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

Short questionnaire assessing self-efficacy to refuse sex under pressure, without protection against HIV and STIs. 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**

- ✓ In a quasi-experimental study of an intervention for HIV and STI prevention in youth, trained peer educators showed significant increases in their ability to refuse risky sexual situations, compared to control youth
- ✓ 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 10 minutes to fill out each time.
- 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:** Create each person's total Ability to Refuse Risky Sexual Situations Score by calculating his or her [average](#) of the 10 questions. Average scores can range from 1 to 4.
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: *"If I decided to have sex with someone but did not have a condom, I am sure that I could stop myself from having sex until I got a condom."* AND *"Before the workshop, if I decided to have sex with someone but did not have a condom, I was sure that I could stop myself from having sex until I got a condom."* (see an [example](#))
2. **SCORING:** Create each person's total Ability to Refuse Risky Sexual Situations Score by calculating his or her [average](#) of the 10 questions for the BEFORE and AFTER questions. Scores on each can range from 1 to 4.
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.

**SCC9. Ability to Refuse Risky Sexual Situations Scale**

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. If I decided to have sex with someone but did not have a condom, I am sure that I could stop myself from having sex until I got a condom.	1	2	3	4
2. If I decided to have sex with someone but did not have any form of protection, I am sure that I could stop myself from having sex until one of us could get some protection.	1	2	3	4
3. I feel confident that I will be able to say “No” to my partner if he/she is not willing to use a condom.	1	2	3	4
4. If someone I liked a lot wanted me to have sex, I am sure I could say “No” if I was not ready to have sex.	1	2	3	4
5. If someone I liked a lot wanted me to have sex, I am sure I could say “No” even if it might hurt his/her feelings.	1	2	3	4
6. If someone I liked a lot wanted me to have sex and threatened to break up with me unless I had sex, I am sure I could say “No.”	1	2	3	4
7. If someone I liked a lot wanted me to have sex and I had been drinking alcohol, I am sure I could say “No.”	1	2	3	4
8. If I decided to have sex with someone, I am sure I could get my partner to agree to use condoms.	1	2	3	4
9. If my partner refused to use condoms, I could refuse to have sex.	1	2	3	4
10. I would have sex now if someone I cared about pressured me to have sex.	1	2	3	4

**Source:** Jennings, J. M., Howard, S., & Perotte, C. L. (2014). **Effects of a school-based sexuality education program on peer educators: The teen PEP model.** *Health Education Research, 29*(2), 319-329 (PEP stands for Peer Education Program)