



**Antigua/Barbuda (2008): HIV/AIDS  
TRaC Study Among Spanish-Speaking  
Sex Workers**

**First Round**

**The P S I D a s h b o a r d**

**Antigua/Barbuda  
August 2008**

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Spanish-Speaking Sex Workers**

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PSI Research and Metrics  
2008

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### **Suggested citation of this work:**

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*<[http://www.psi.org/research/cat\\_socialresearch\\_smr.asp](http://www.psi.org/research/cat_socialresearch_smr.asp)>.*

## Summary

**Acknowledgements** We would like to thank the German Development Bank (KfW) and the Pan Caribbean Partnership Against HIV and AIDS (PANCAP) for the funding provided for this report. The report represents the work of many individuals. A special thank you goes to Kim Longfield, PSI Research and Metrics Director, for her guidance on the study design and questionnaire. Training of interviewers and the supervision of the data collection was conducted by Julia Hasbún who ensured that both interviewers and interviewees felt comfortable. Benjamin Nieto-Andrade wrote the segmentation analysis, and in conjunction with Pamela Faura and Julia Roberts, Regional Directors, reviewed the final version of this report.

**Background & Research Objectives** In July 2007, PSI was awarded a total of €350,000 for 13 months from KfW and PANCAP to implement social marketing activities that would increase preventative behaviors among high risk groups, including, Spanish-speaking migrant female sex workers in Antigua/Barbuda (Antigua), Dominica and Sint Maarten. PSI conducted the first round of the TRaC (Tracking Results Continuously) survey in April 2008 among migrant Spanish-speaking female sex workers in Antigua. The aim of this study was to provide evidence for monitoring and implementation of PSI Caribbean's HIV Prevention Program. The data gathered also served to monitor the levels and trends evident in key behavior, risk, OAM constructs and exposure to PSI activities among Spanish speaking FSWs.

**Description of Intervention** PSI's strategy was designed to increase informed demand for condoms among Spanish-speaking migrant FSW through behavior change communication (BCC) activities and messages designed to: a) reinforce condom use during every sex act; b) increase personal risk perception; and c) improve their ability to negotiate condom use with a partner. The primary means of diffusion of messages is via interpersonal BCC activities conducted with the target population by trained BCC Spanish-speaking educators, including one-to-one outreach and small group presentations, with the addition of print posters and educational pamphlets. The female condom is to be distributed and promoted for trial use. PSI methodologies are interactive and encourage participants to reflect on their current behaviours that increase their risk of contracting HIV. BCC activities began in October 2007 in selected locations around the capital, St. John's.

**Methodology** This baseline study consisted of 203 respondents from the target population. A respondent driven sampling technique (RDS) was utilized to select the target population from the capital of Anigua, St. John's, and neighbouring cities. These respondents were interviewed at predetermined arranged locations. Due to the clandestine nature of their activities and the fact that these females may be illegal immigrants most of the target population is said to engage in both sex in exchange for money and sex in exchange for gifts. The difficulty then is to tease apart sex work from transactional sex. Based on these difficulties and the reports from the women themselves it was proposed that a more suitable term for clients was "amigos" or "friends" which within the target population would be understood as those partners whom they have sex in exchange for money or gifts.

**Main Findings** Condom use at last sex among the FSWs with their "friends" was high at 93%. Consistent condom use over the last 3 months within this target population was also found to be high (75%), but it shows that there is still an important percentage of women who are at risk of HIV transmission (around 25%). Despite the relatively high result of high consistent condom use among the target population, almost all of the female respondents (99.5%) could not put the condom on the dildo correctly. FSWs also said that condoms are unreliable and break frequently (47% and 48%).

FSWs were found to have relatively high knowledge with regard to HIV transmission, although an important percentage of informants still believe that HIV can be transmitted through mosquito bite (35%) or by shaking hands with someone with HIV (96%). Less than 20% participated in any PSI activities or were exposed to any PSI media messages. Forty-two percent of FSWs reported that condoms are difficult to find at night.

Finally, FSWs who reported consistent condom use over the last 3 months were more likely than inconsistent users to: (a) perceive that condoms are available when needed, (b) to have higher levels of knowledge about HIV, (c) refuse sex without condoms even if a man offers to pay more money –locus of control-, and (d) believe that condoms are used by people who care about their health.

**Programatic Recommendations** The results indicate that outreach activities should focus on correct condom use with all the partners, allowing participants to actively practice in this activity. PSI could continue promoting the knowledge about HIV transmission, perceptions of condom availability and locus of control since these variables have been associated to consistent condom use. Although the levels of most of these indicators are already high, efforts could be done to at least keep their current levels and avoid a reduction in condom use. Some basic myths also need to be addressed. PSI should also take care to ensure that condoms and mass media in Spanish are made available in outlets that are open at night near where sex workers gathered.

**Monitoring Table**

Trends in Behaviours, OAM determinants of behaviours and exposure among sex workers in Antigua, 2008

**Risk:** Female Spanish Speaking Sex Workers between 18-45 years old

**Behavior:** Condom use

INDICATORS	April 2008 (N=203)
<b>BEHAVIOR/USE</b>	%
* The last time you had sex with a “friend” did you use a condom?	93%
* ♠ Consistent condom use with “friend” in the last 30 days	76%
* ♥ Consistent condom use with “friend” in the last 30 days (of those reporting having had a friend in the last 30 days)	89%
♦ Consistent condom use with “friends” in the last 3 months	75%
Carrying male condom at the time of survey	8%
Has used a female condom with a “friend” / client	9%
* ♣ Correctly demonstrates how to use a condom	0.5%
<b>OPPORTUNITY</b>	Mean
<i>Availability</i>	
Condoms are available within 10 minutes of where I meet “friends”	3.68
It’s NOT difficult to get a condom when I need one	2.61
Nearby pharmacies where I meet “friends” always have condoms for sale	3.73
Nearby supermarkets where I meet “friends” always have condoms for sale	3.62
Condoms are NOT difficult to find at all times of the night	2.78
<b>ABILITY</b>	
<i>Knowledge</i>	Mean
• Knowledge index (from 0 to 5)	3.25
* Consistent condom use reduces the risk of HIV transmission during sexual intercourse	87%
Having an STI can increase the likelihood of contracting HIV	82%
A healthy looking person can be HIV positive	92%
You can get infected with HIV through a mosquito bite	35%
You cannot get HIV by shaking hands with someone who is HIV positive	4%
<i>Self-Efficacy</i>	%
I am capable of correctly using a condom	95%
<b>MOTIVATION</b>	Mean
<i>Belief</i>	
Condoms are used by people who care about their health	3.87
<i>Locus of Control</i>	
If some one offers me a lot of money to have sex without condoms I WOULD NOT accept	3.81
<b>EXPOSURE</b>	%

Have you ever heard on a Spanish radio programme with a person talking about STIs?	5%
Have you participated in a PSI/SFH organized event/ activity in the past six months?	0.5%
Have you seen PSI/SFH print material in the past six months?	1%
Have you ever participated in an activity called "Got It! Get it?"	19%
Have you seen this sticker in the last 6 months? (show sticker)	13%
Have you seen this poster in the last 6 months? (show poster)	6%
Have you seen this picture in the last 6 months? (show picture)	13%
Have you ever participated in an activity concerning HIV called "Choose your destiny"?	2%
Have you ever participated in UNO card game concerning STDs?	2%
Have you participated in any activity which involved practicing placement of a condom on a wooden penis?	14%
Have you ever participated in a BINGO game concerning STDs?	2%
Has seen at least one mass media message in the last 6 months	19%
Has participated in at least one PSI activity in the last 6 months	21%
*Has heard of the female condom	64%

\* Donor Indicators

♣ Here, “consistent condom use in last 30 days”, was measured through the question: how often did you use a condom when having sex with “friends” in the last 30 days? It includes 21 cases that presumably did not have a friend/client in the last 30 days (missing cases on the questions on how many times did you have sex with this type of partner (friend) in the last 30 days).

♥ Here, consistent condom use in last 30 days, was measured by comparing the number of times a FSW reported sex (either vaginal or anal) in the last 30 days with a “friend/client”, against the number of times they reported condom use with that type of partner in the same period of time .

♦ Consistent condom use in the last 3 months was measured through the question: how often did you use a condom when having sex with “friends” in the last 3 months?

♣ Demonstration of condom use was measured by checking at informant’s performance in 8 items: expiration date, opening notch, opening of the condom packaging, identifying correct side to put on the condom, pinching the end of the condom, unrolling the condom on the wooden penis, taking off the condom, and throwing away the condom.

For OAM variables the range of scale responses is from 1 to 4: “1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree”.

• The Knowledge Index was built with 5 true/false questions. The range goes from 0 (none of the 5 questions were responded correctly) to 5 (all questions were responded correctly). The 5 questions used are:

- Having an STI can increase the probability of getting HIV? (0=false, 1=true)
- A healthy looking person can have HIV? (0=false, 1=true)
- HIV cannot be transmitted through mosquito bite? (0=false, 1=true)
- HIV/AIDS cannot be transmitted by shaking hands with an HIV-positive person? (0=false, 1=true)
- Using condoms all the time reduces the risk of HIV transmission? (0=false, 1=true)

**Monitoring Analysis****Trends in behaviour and OAM determinants of condom use among Migrant FSWs in St. John's, Antigua 2008**

The preceding monitoring dashboard table presents trends in behavior as well as logframe indicators of interest to donors and for PSI internal monitoring. The table was prepared in accordance with PSI's behavior change framework, PERForM (see appendix). It presents frequencies for behavioral indicators, knowledge and exposure; while it presents means or proportions for most of the opportunity, ability, and motivational (OAM) constructs. The means represent the average value on a scale of disagreement/agreement on several statements, where 1=strongly disagree, 2=disagree, 3=agree, and 4=strongly agree. The higher the value of the mean, the higher agreement with a particular OAM statement.

**Behavior/Use**

Condom use with a "friend/client" is very high: 93% of all FSWs reported condom use at last sex and 89% of those who had a "friend/client" in the last month reported consistent condom in that period of time. Consistent condom use over the last 3 months among FSWs with "friends" however is lower: 75% used condoms with "friends" in that period of time.

FSWs tend not to walk around with condoms (8%) and do not appear to know how to correctly use a male condom, measured through informant's correct performance in 8 items (99.5%). Also, a small percentage of the women have ever used a female condom (9%).

**Opportunity**

Perceptions of condom availability is high among FSWs, especially in places where they usually meet their "friends", whether in pharmacies or supermarkets: the score on "nearby pharmacies where I meet friends always have condoms for sale" was 3.73 out of 4 points, and the score on "nearby supermarkets where I meet friends always have condoms for sale" was 3.63. These values, as they get close to 4, represent a high agreement with the previous statements. However, the level of agreement with "it's not difficult to get a condom when I need one" and "condoms are not difficult to find at all times of the night" is not that high: 2.61 and 2.78, respectively.

**Ability**

FSWs are quite knowledgeable when it comes to certain modes of HIV transmission. Most FSWs were well aware that consistent condom use reduces the risk of HIV transmission during sexual intercourse (87%), that having an STI can increase the likelihood of contracting HIV (82%), and that a healthy looking person can be HIV positive (92%). Nevertheless, an important percentage of FSWs mistakenly reported that someone can get infected with HIV through a mosquito bite (35%) and very few knew that shaking hands with an HIV-positive person is not a mode of transmission (4%).

An index comprised of five indicators was created to see the overall knowledge that people have about HIV transmission (Knowledge index). With a range from 0 (failure to respond correctly to each one of the five indicators) to 5 (correct answer to all 5 indicators). The mean value of the index was 3.25. This means that on average people know the correct answer to 3 out of 5 of these indicators.

Most FSWs felt that they could correctly use a condom (95%) which contrasts with how many demonstrated correct condom use (0.5%). Less FSWs felt that they were capable of correctly being able to put on a condom in the dark (67%).

**Motivation**

On average, FSWs adhered to views that “condoms are used by people who care about their health” (mean value of 3.87), and most of them also agreed that “they would not have sex without condoms if someone offers them more money” (3.81).

**Exposure**

Only 19% of FSWs have seen one or more of PSI mass media messages in the last six months, with very few having heard a Spanish radio program about STIs (5%). At most 13% of FSWs reported having seen stickers, posters of pictures with the “Got it? Get it!” logo, which promotes condom use. A few more FSWs (21%) have actually participated in at least one PSI activity in the last six months, the most popular being condom demonstration on a wooden penis (14%). Most PSI activities were called by FSWs just as “Got it? Get it!”, making it difficult to identify which specific activity they were exposed to. Few participated in the BINGO or the UNO card games (2%).

## Segmentation Table

OAM determinants of consistent condom use over the last 3 months with a friend/client among Spanish-Speaking sex workers, Antigua/Barbuda (2008).

**Risk:** Having sex with friend/clients (in exchange for money)

**Behavior:** Consistent condom use over the last 3 months with a friend/client

INDICATORS	Consistent Condom Use (N=194)		OR	Sig.
	Yes (N=145) 74.7%	No (N=49) 25.3%		
<b>OPPORTUNITY</b>				
<i>Availability</i>	Mean	Mean		
Condoms are available within 10 minutes from where I have sex with friends/clients	3.78	3.38	2.0	*
It is NOT difficult to get a condom when I need one	2.82	2.18	1.7	**
<b>ABILITY</b>				
<i>Knowledge</i>				
• Knowledge Index	3.41	3.07	1.7	*
<b>MOTIVACIÓN</b>				
<i>Beliefs</i>				
Condoms are used by people who care about their health	3.92	3.73	2.5	*
<i>Locus of Control</i>				
If someone offers me a lot of money to have sex without condoms I WOULD NOT accept	3.87	3.71	2.4	*
<b>POPULATION CHARACTERISTICS</b>	%	%		
** <i>City of Residence</i>				
Villa vs Gray's Farm	29.6	24.7	1.7	Ns
St Johns vs Gray's Farm	24.3	21.9	1.1	Ns
Johnsons vs Gray's Farm	7.1	17.7	0.2	*
Point vs Gray's Farm	9.9	13.6	0.6	Ns
Other vs Gray's Farm	6.6	6.6	0.9	Ns

\*.p<0.05; \*\*.p<0.01; \*\*\*.p<0.001; ns: none significant.

Hosmer-Lemeshow goodness-of-fit:  $\chi^2$  (df=8) = 8.95, p<0.346

Omnibus goodness-of-fit:  $\chi^2$  (df=10) = 49.919, p<0.000

Cox & Snell R<sup>2</sup>=0.227

The range of scale items is from 1 to 4: "1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree".

• The Knowledge Index was built with 5 true/false questions. The range goes from 0 (none of the 5 questions were responded correctly) to 5 (all questions were responded correctly). The 5 questions used are:

- Having an STI can increase the probability of getting HIV? (0=false, 1=true)
- A healthy looking person can have HIV? (0=false, 1=true)
- HIV cannot be transmitted through mosquito bite? (0=false, 1=true)
- HIV/AIDS cannot be transmitted by shaking hands with an HIV-positive person? (0=false, 1=true)
- Using condoms all the time reduces the risk of HIV transmission? (0=false, 1=true)

\*\* City of residence was used as the study design variable. It was included in every step of the regression analysis regardless of its association with consistent condom use

**Segmentation Analysis****OAM determinants of consistent condom use over the last 3 months with a friend/client among Spanish-Speaking sex workers, Antigua/Barbuda (2008).**

The study population, Spanish-speaking sex workers, was segmented in two categories: (a) those who reported consistent condom use over the last three months with a “friend/client and those who reported inconsistent condom use. Consistent condom use was defined as having used condoms every time FSWs had vaginal or anal intercourse in the last 3 months, while inconsistent condom use was defined by not having used condoms at least once in the same period of time. A logistic regression analysis was conducted to identify the Opportunity, Ability and Motivational (OAM) variables that were statistically associated to consistent condom use over the last three months. The segmentation table shows the OAM variables included in the final logistic regression model, controlling for the study design variable: city of residence. It shows the adjusted means or proportions for those OAM variables, as well as their corresponding odds ratios (OR). The adjusted mean values reflect individual variables measured on likert style scales with a range between 1 to 4, where 1 is equal to totally disagree and 4 is equal to totally agree. An index of knowledge about HIV transmission was also constructed with 5 true-false questions, with a range from 0 (none of the 5 questions was responded correctly) to 5 (all questions were responded correctly).

**Opportunity**

Two opportunity indicators were significantly associated with consistent condom use over the last three months with a “friend/client.” Spanish speaking sex workers who reported consistent condom use were more likely to say that condoms are available within 10 minutes from where they have sex with their friends, when compared to sex workers that reported inconsistent condom use: mean values of 3.78 vs 3.38, respectively ( $p < 0.05$ ). Spanish speaking sex workers who reported consistent condom use also adhered more to the idea that it is not difficult to get a condom when they need it, compared to inconsistent condom users (2.82 vs 2.18,  $p < 0.01$ ).

**Ability**

One indicator of ability was significantly associated to consistent condom use over the last three months with a “friend/client”. Spanish-speaking sex workers who reported consistent condom use

had a higher level of knowledge about HIV transmission (knowledge index) than sex workers who reported inconsistent condom use (mean values of 3.41 vs 3.07,  $p < 0.05$ ).

**Motivation**

Under motivation, two indicators were associated to consistent condom use over the last three months with a “friend/client”. The first indicator refers to beliefs about people who use condoms: sex workers who reported consistent condom use adhered more to the idea that “condoms are used by people who care about their health,” compared to sex workers who did not use condoms consistently (3.92 vs 3.73,  $p < 0.05$ ). The second indicator refers to locus of control: consistent condom users were more likely to report that they would not accept having sex without condoms even if someone pays them more money, when compared to inconsistent condom users (3.87 vs 3.71,  $p < 0.05$ ).

**Population Characteristics**

Compared to Spanish-speaking sex workers who live in Gray’s Farm, living in most other cities did not make a difference in terms of consistent condom use over the last 3 months with a “friend/client:” residents of Villa, St Johns, Point and other cities were equally likely to use condoms consistently when compared to sex workers living in Gray’s Farm. Only sex workers living in Johnsons’ City were less likely to report consistent condom use when compared to sex workers living in Gray’s Farm (7.1 vs 17.7,  $p < 0.05$ ).

**Programmatic Recommendations**

**Communications Activities**

1. Migrant, Spanish-speaking females engaging in sex for money or goods in Antigua/Barbuda have relatively high levels of knowledge on modes of HIV transmission. Nevertheless some misconceptions still prevail that need to be addressed by educational programs: for example, 63% still believe that HIV can be transmitted through mosquito bites and 96% by shaking hands with someone with HIV. In addition, the combined knowledge index comprised of 5 items, including the previous two, was associated to consistent condom use with a friend/client over the last 3 months. This reinforces the idea of continuing improving the knowledge of people about HIV transmission.
2. Spanish-speaking females reported relatively high levels of consistent condom use with a friend/client over the last 3 months (75%), but such levels still leaves room for improvement: 25% did not use condoms consistently. Locus of control was one variable associated to consistent condom use: respondents who would not accept unprotected sex even if they were paid more money, were more likely to have used condoms consistently over the last 3 months. Although the percentage of females in the survey who reported they would not accept unprotected sex for more money was very high (97%), program activities could still address this and other locus of control indicators to at least maintain the current level of consistent condom use.
3. Although most FSWs felt confident putting a condom on (95%), very few were able to do it correctly on a dildo (0.5%). This suggests that the project should conduct correct condom use demonstrations and implement activities that visually demonstrate that condoms don't break easily or leak. Use of the female condom should also be taught in this way.
4. No more than 21% of FSWs have been exposed to PSI activities or have heard/seen PSI advertisements. This relatively small percentage of exposure may be due to the rotary character of FSWs, who usually move from city to city every three to six months. Campaigns should take into account the migratory pattern of these women and look for having presence in the different places where women move. At the same time, campaigns should increase the use of Spanish to better reach these women.

**Condom Access Activities**

1. Although condoms were for the most part felt to be easily available and close to where they usually meet their “friends,” they were not found to be as readily available at night when they need one most. There is a need to identify and establish condom sales outlets in these areas that are open at night or closer to where sexual interaction takes place. This is important because FSWs who reported that it is difficult to get a condom when it is needed, were less likely to use condoms consistently over the last 3 months.

## Population Characteristics

POPULATION CHARACTERISTICS	
Average Age	31
Average Income (TT \$)	1,580
Years Living in Antigua	4.5
Marital Status	
<i>Not Married</i>	95%
<i>Married</i>	5%
Highest Level of Education	
<i>Some Secondary or Higher</i>	53%
<i>Primary or Lower</i>	47%
Number of Children Living (1 or more)	19%
N	203

## **Methodology**

**Sampling and participants:** The study population for this tracking survey was Spanish speaking migrant sex workers between ages 18-45 who worked in St. John's and neighbouring cities in Antigua. These areas included Gray's Farm, Villa, Johnsons and Points. Females were not included if they were not 1) between 18-45 years old, 2) Spanish speaking migrants, 3) did not have sexual intercourse over the past 3 months, 4) did not have more than one "friend" with whom they exchange sex for money or gifts 5) were not living in Antigua for more than 3 months. A sample of 203 FSWs were recruited for the baseline study (April 2008) using a respondent driven sampling (RDS) technique.

First six seeds were selected based on the number of years that they were living in the country, their age, and the area that they work in. These seeds were then used to recruit others to participate in the study. Each recruit had to fulfil the criteria listed above before being able to participate in the study. This process of existing sample members recruiting future sample members continued until the desired sample size of 203 Spanish speaking migrant sex workers was attained.

**Survey Instrument(s)** The PSI Central American FSW questionnaire was used for this study after it was modified to include all relevant logframe indicators and context specific multi-item scales. This questionnaire was used to collect data on concepts in PERForM that are relevant for identifying determinants of behavior, monitoring logframe indicators and assessing program impact. This questionnaire included modules in the following areas: population characteristics, OAM determinants of behavior including output level logframe indicators, behavior as specified by purpose level logframe indicators, and exposure PSI/SFH interventions. This questionnaire was twelve pages long.

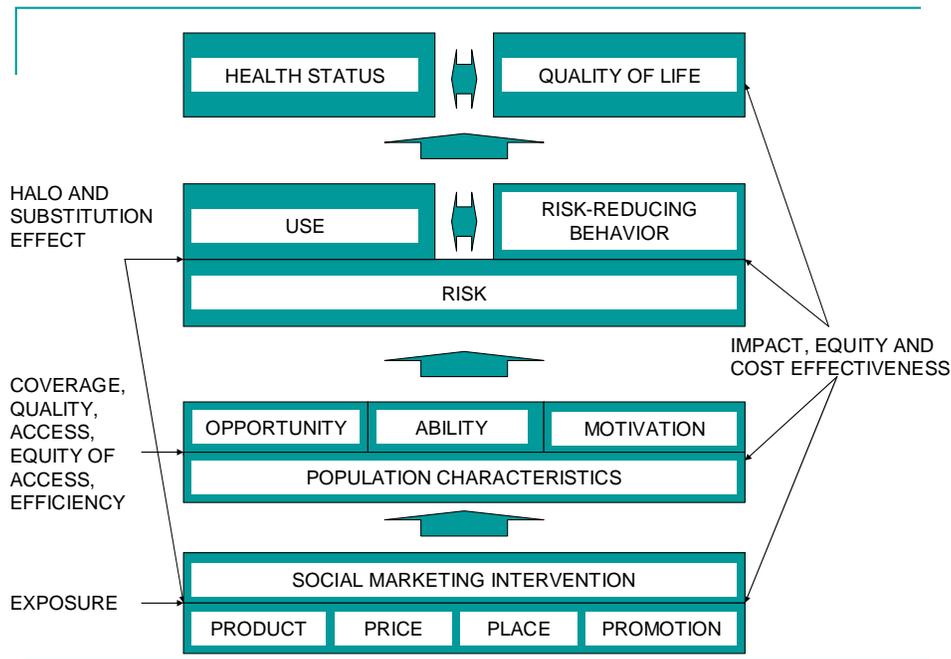
**Analytic Technique** The monitoring table was produced based on the baseline data set. The monitoring table tracked trends in behavior, OAM indicators, and project exposure. It portrayed frequencies of indicators for 2008 figures for the baseline TRaC as percentages. All analysis was performed using SPSS software.

**Challenges** Recruiting FSWs in a timely maner was one of the main challenges during fieldwork. Several factors explain this situation: (a) due to the fears of being deported for being illegally in

the country and the lack of knowledge about PSI, many FSWs refused to participate in the study; (b) the existence of a lot of mobility among FSWs made also difficult an extended network of peers from which to recruit; (c) for many FSWs the economic incentive was below what they make per sex act with a “friend” or a client, so they were not willing to come to a central location for an interview; (d) some interviewers seemed not to be reliable/trusted among FSWs, making some potential participants refusing to be interviewed for fears of lack of confidentiality.

The lessons learned from these problems are that to gain trust from FSWs, the initial seeds in the study most come from well respected peers to motivate other women to participate. In small communities where everybody knows each other, recruiting well respected peers as interviewers or even FSWs that are not from the community, may improve perceptions of confidentiality and facilitate participation.

Performance Framework for Social Marketing



This study design is guided by PSI’s PERForM framework. PERForM describes the social marketing research process, identifies key concepts important for designing and evaluating social marketing interventions and mirrors the four levels and concepts in the logical framework.

The top level consists of the goal of social marketing for any health promotion intervention, namely improved health status and/or for interventions relating to coping with sickness or disability, quality of life.

The second level consists of the objectives of social marketing stated as product or service use on the left side and/or other risk-reducing behaviours that do not involve the use of a product or service on the right side. The adoption or maintenance of these behaviours in the presence of a given risk or need for health services is causally antecedent to improving or maintaining health and or quality of life.

The third level consists of the determinants of PSI Behaviour Change framework summarised in terms of opportunity, ability and motivation that may differ by population characteristics such as age and sex. The fourth level consists of the characteristics of the social marketing intervention.

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