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St. Vincent (2008): HIV/AIDS TRaC Study among Male Youth On the Block

First Round

The PSI Dashboard

St. Vincent
August 2008

Research Division
Population Services International
1120 Nineteenth Street NW, Suite 600
Washington, D.C. 20036

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Male Youth on the Block**

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PSI Research and Metrics
2008

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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. Benjamin Nieto-Andrade, regional researcher, wrote the segmentation analysis, and in conjunction with Pamela Faura and Julia Roberts, Regional Directors, reviewed the final version of this report. Finally, thank you to Earle and Earle Associates, the research agency that collected the data.

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 actvities that would increase preventative behaviors among high risk groups, including, youth in difficult circumstances (*on the block*) in St. Vincent/the Grenadines, Grenada and Dominica. PSI conducted the first round of the TRaC (Tracking Results Continuoulsy) survey in June 2008 among male youth on the block (MYOB). 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 youth on the block over time.

Description of Intervention PSI's strategy was designed to increase informed demand for condoms among male youth on the block 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 peer educators, including one-to-one outreach and small group presentations, with the addition of radio, print posters (Got it? Get it!) and educational pamphlets. 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 select locations on each island.

Methodology This baseline study consisted of respondents from the target population: sexually active men between 16 and 26 years old. A time location sampling (TLS) was utilized to select

the target population from the districts of Charlotte, St. Patrick, St. George and St. Andrews in St. Vincent. These respondents were interviewed at identified locations known to be frequented by the target population.

Main Findings: Condom use at last sex with regular partner was much less than condom use with casual partner (52% vs. 81%). Consistent condom use over the past 30 days within this target population was also found to be low with regular partners as compared to casual partners (47% vs. 77%). As the length of time for consistent condom use extended to 6 months, only 32% still consistently used condoms with their regular partners. For casual partners, the target population tended to consistently use condoms with these partners even after an extended period of time (70%).

Not all male youth on the block (MYOB) carry condoms with them (only 34% had one at the moment of the survey), although they do tend to have multiple sex partners: 3 on average in the last 30 days, some of which are casual partners. In spite of the multiple partners, only 9% of respondents were able to put a condom correctly on a wooden penis. Knowledge about modes of preventing HIV transmission still needs to be reinforced among these youth: only 52% of informants were able to spontaneously cite at least three correct modes of preventing HIV.

Youth exposure to at least one TV advertisement and to two or more channels of the 'Got it? Get it!' campaign was very high (93% and 85%, respectively). Participation in PSI activities tended to be much lower (25% or less).

The indicators associated to condom use with a casual partner were: self-efficacy to use condoms, social support between respondents and friends to use condoms, positive attitudes towards condom's reliability and its effectiveness to prevent HIV, and locus of control.

Programatic Recommendations: Since MYOB report multiple partners and at least 23% report inconsistent condom use with casual partners, program activities need to work on self-efficacy, social support and perceptions of condoms reliability, to at least maintain the current level of condom use with casual partners. Results also indicate that outreach activities should focus on correct condom use, allowing participants to actively practice in this activity. Since media messages reach a large number of the target group, it should also be used as a strong medium to reach MYOB with messages about proper use of condoms. .

Monitoring Table

Trends in Behaviours, OAM determinants of behaviours and exposure among Male Youth between 16 to 26 years old on the Block in St. Vincent, 2008
Risk: Sexually Active Male Youth on the Block
Behavior: Condom use

INDICATORS	June 2008 (N= 281)
BEHAVIOR/USE/RISK	% or Mean
Age first time had sex	13.51
Condom use at last sex with regular partner	52%
*Condom use at last sex with causal partner	81%
♥ Consistent condom use in last 30 days with regular partner	47%
♥ Consistent condom use in last 30 days with causal partner	77%
Carrying condom at the time of survey	34%
Number of sexual partners in the past 30 days	2.75
Number of regular sexual partners over past 30 days	1.06
*Number of casual sexual partners over past 30 days	1.70
♦ Consistent condom use in the past 6 months with regular partner	32%
* ♦ Consistent condom use in the past 6 months causal partner	70%
* ♣ Demonstrates that he can correctly use a condom	9%
Suspected of having an STI/STD over past 12 months	3%
Had an STI/STD over past 12 months	1%
OPPORTUNITY	Mean
Availability	
Condoms are available within 10 minutes of where I hang out	3.37
It's difficult to always get a condom when I need one	2.13
Shops near to where I hang out always have condoms for sale	2.89
Supermarkets near to where I hang out always have condoms for sale	2.83
Condoms are easily available at all times of the day	3.21
Condoms are difficult to find at all times of the night	2.50
ABILITY	%
Knowledge	
Spontaneously cited at least three correct modes of preventing HIV transmission	52%
*Consistent condom use reduces the risk of HIV transmission during sexual intercourse	94%
Having an STI can increase the likelihood of contracting HIV	80%
A healthy looking person can be HIV positive	94%
You can get infected with HIV through a mosquito bite	10%
You cannot get HIV by shaking hands with someone who is HIV positive	74%
Partner reduction as a means of reducing the risk of HIV transmission	83%
You can tell if someone is infected with HIV	18%
Using condoms correctly all the time will prevent the transmission of HIV	89%
The use of creams, oils or Vaseline as lubricants can damage the condom	44%

Social Support	Mean
● Scale of Social Support (values 1 thru 4)	3.32
Discuss possibility of contracting an STD/STI when condom not used	3.30
Discuss with friends using condoms with casual partners	3.28
My friends encourage me to use condoms with my casual partners	3.33
I encourage friends who I hang out with to use condoms when they are going to have sex with their casual partner/s	3.39
Self-Efficacy	
I can always insist on condom use with a casual partner	3.72
MOTIVATION	Mean
Attitude	
Condoms are reliable	3.46
Outcome Expectations	
Condoms effectively prevent HIV transmission	3.52
Locus of Control	
I am the one who proposes condom use to my casual partners	3.63
EXPOSURE	%
Have you participated in PSI/SFH activities in the past six months	17%
Have you seen PSI/SFH print material in the past six months	32%
Exposure to two or more channels of "Got It? Get It" campaign	85%
Aware of "condom friendly" sales outlets	71%
Seen at least one TV ad	93%
Participated in activity "choose your destiny"	6%
Participated in an UNO card game on STIs	10%
Participated in putting a condom on a dildo	25%
Participated in a Bingo game on STI's	4%

*Donor Indicators

♥ Consistent condom use in last 30 days was measured by comparing the number of times a male youth on the block reported sex (either vaginal or anal) in the last 30 days, against the number of times they reported condom use in the same period of time.

♦ Consistent condom use in the last 6 months was measured through the question: how often did you use a condom when having sex with "friends" in the last 6 months?

♣ Demonstration of condom use was measured through the correct response to a total of 8 items: checking 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.

● Scale of Social Support to Use Condoms with Casual Partner/s includes the following items:
- Friends who I "hang out" with encourage me to use condoms with my casual partner/s
- I can discuss with my friends the possibility of a person contracting an STD&STI if he/she has sexual intercourse without using condom
- My friends and I discuss the use of condoms with casual partner/s
- I encourage friends who I hang out with to use condoms when they are going to have sex with their casual partner/s

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

Monitoring Analysis
Trends in behavious and OAM determinants of condom use among Male Youth on the
Block in St. Vincent 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/Risk

The average age of respondents when they first had sex was 14 years. Half of the males interviewed indicated that they used a condom at their last sexual encounter with a regular partner while a much higher percent of males used a condom at last sex with a casual partner (81%). Males were more likely to consistently use condoms with their casual partners than with their regular partners over the last 30 days (77% vs. 47%) or over the las 6 months (70% vs. 32%).

One third of the males were carrying condoms with them at the time of the survey, however, only 9% were able to demonstrate the correct use of a condom. Males tended to report that they had multiple partners over the past 30 days with the average number of sexual partners amounting to 3, which comprised of 1 regular and 2 casual partners.

Three percent of the respondents suspected that they had an STI/STD over the past twelve months and 1% reported that they actually had an STI/STD over the past twelve months.

Opportunity

MYOB reported highg endorsement to views that "condoms were easily available during the day" (mean value of 3.21 out of 4) and "in places where they hang out" (mean value of 3.37). In general, youth also agreed that "shops and supermarkets nearby tend to have condoms for sale" (mean values of 2.89 and 2.83, respectively). Nevertheless, adherence to condom availability at

night was lower (2.50). Almost two thirds of youth indicated that their preferred condom brand is also easily available in nearby shops and supermarkets (59% and 60%, respectively).

Ability

Although knowledge of HIV transmission among the MYOB tended to be high overall, only 52% of the respondents were able to spontaneously cite at least three correct modes of preventing HIV transmission, and 18% still felt that they could tell if someone is infected. Less than half of the MYOB were aware that the use of creams, oils etc. could damage a condom.

In general, MYOB reported high adherence to the scale of social support to use condoms with casual partners (mean value of 3.32). For example, youth reported strong endorsement to encouraging friends to use condoms with casual partners (3.39) and to be encouraged by friends to do the same (3.33). They also agreed on discussing with friends the risks of getting HIV when these don't use condoms with casual partners (3.30). Finally, MYOB also strongly endorse to the view that they can always insist on condom use with casual partners (3.72)

Motivation

On average, motivational factors to use condoms are high among MYOB. They highly endorsed that condoms are reliable (3.46) and that condoms effectively prevent HIV transmission (3.52). They also showed a high level of locus of control: strong adherence to the view that they propose condom use to their casual partners (3.63).

Exposure

Exposure to mass media campaigns was higher than PSI related activities. Over 80% of the MYOB were exposed to two or more channels of the "Got it? Get it!" campaign, while 93% reported seeing at least one of the "Got it? Get it!" television advertisements. Just under 20% of youth indicated that they had participated in PSI/SFH activities in the past six months. Awareness of condom friendly sales outlets was high at 71%.

Segmentation Table 1

OAM determinants of condom use with casual partner at last sex within the last 30 days among male youth on the block, St. Vincent (2008).

Risk: Having sex with casual partner

Behavior: Condom use at last sex with casual partner within the last 30 days

INDICATORS	Condom Use (N=231)		OR	Sig.
	Yes (N=187) 81.0%	No (N=44) 19.0%		
ABILITY				
Self-Efficacy				
I can always insist on condom use with a casual partner	3.81	3.47	2.5	**
Social Support				
● Scale of Social Support to Use Condoms with Casual Partner/s	3.42	2.95	2.1	**
MOTIVATIÓN				
Attitudes				
Condoms are reliable	3.53	3.17	1.7	*
Outcome Expectations				
Condoms effectively prevent HIV transmission	3.58	3.30	1.6	*
POPULATION CHARACTERISTICS				
*** Parish of Residence**				
St Patrick vs Charlotte	10.0	16.6	0.5	ns
St George vs Charlotte	23.5	13.8	2.1	ns
St Andrews vs Charlotte	34.6	30.2	1.5	ns

*:$p<0.05$; **:$p<0.01$; ***:$p<0.001$; ns: none significant.
Hosmer-Lemeshow goodness-of-fit: χ^2 (df=7) = 12.496, $p<0.085$
Omnibus goodness-of-fit: χ^2 (df=7) = 56.149, $p<0.000$
Cox & Snell R^2=0.216

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

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

●*Scale of Social Support to Use Condoms with Casual Partner/s:*
 - Friends who I "hang out" with encourage me to use condoms with my casual partner/s
- I can discuss with my friends the possibility of a person contracting an STD&STI if he/she has sexual intercourse without using condom
- My friends and I discuss the use of condoms with casual partner/s
- I encourage friends who I hang out with to use condoms when they are going to have sex with their casual partner/s

Segmentation Analysis 1
OAM determinants of condom use at last sex with a casual partner
within the last 30 days among male youth on the block, St. Vincent (2008).

The present report includes two segmentation tables. In the segmentation table 1, male youth on the block (MYOB) between 16 and 26 years old were segmented in two categories: those who reported having used condom at last sex with a casual partner and those who reported not having used condom. A logistic regression analysis was conducted to identify the Opportunity, Ability and Motivational (OAM) variables that were statistically associated to condom use at last sex. The Segmentation Table 1 shows the OAM variables included in the final logistic regression model, controlling for the study design variable: parish 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 strongly disagree and 4 is equal to strongly agree. A scale of social support to use condoms with casual partner/s was part of the final logistic regression model (Cronbach's alpha: 0.857). The results of the reliability index are in appendix 3.

Ability
Two indicators (variables) of ability were significantly associated to condom use at last sex with a casual partner within the last month. The first indicator refers to self-efficacy: male youth on the block who reported condom use at last sex adhered more to the idea that they can always insist on condom use with a casual partner, compared to male youth who reported not having used condom at last sex (mean values of 3.81 vs 3.47, $p<0.01$). The second indicator is a scale of social support: mutual encouragement between respondent and their friends to use condoms. Male youth who reported condom use at last sex had a higher mean value in the scale of social support compared to youth who did not report condom use (3.42 vs 2.95, $p< 0.01$).

Motivation
Under motivation, two indicators were significantly associated to condom use at last sex. Male yout who reported condom use at last sex were more likely to say that condoms are reliable, compared to respondents who did not report condom use (3.53 vs 3.17, $p< 0.05$). Condom users at last sex were also more likely to think that conodoms effectively prevent HIV transmission, compared to respondents who did not use condoms (3.58 vs 3.30, $p< 0.05$).

Segmentation Table 2

OAM Determinants of consistent condom use over the last six months with a casual partner among male youth on the block, St. Vincent (2008).

Risk: Having sex with casual partner

Behavior: Consistent condom use over the last 6 months

INDICATORS	Consistent Condom Use (N=267)		OR	Sig.
	Yes (N=188) 70.4%	No (N=79) 29.6%		
ABILITY	Mean	Mean		
Self-Efficacy				
I can always insist on condom use with a casual partner	3.85	3.47	2.8	***
Social Support				
● Scale of Social Support to Use Condoms with Casual Partner/s	3.53	2.89	3.3	***
MOTIVATIÓN				
Attitudes				
Condoms are reliable	3.63	3.10	2.0	***
Locus of Control				
I am the one who proposes condom use to my casual partner	3.72	3.48	1.6	*
STUDY DESIGN VARIABLE				
Parish of Residence				
St Patrick vs Charlotte	10.4	14.5	0.6	ns
St George vs Charlotte	24.7	18.4	1.4	ns
St Andrews vs Charlotte	35.0	31.9	1.3	ns

*:p<0.05; **:p<0.01; ***:p<0.001; ns: none significant.
Hosmer-Lemeshow goodness-of-fit: χ^2 (df=7) = 5.947, p<0.546
Omnibus goodness-of-fit: χ^2 (df=7) = 97.349, p<0.000
Cox & Snell R^2=0.306

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

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

● *Scale of Social Support to Use Condoms with Casual Partner/s:*
 - Friends who I "hang out" with encourage me to use condoms with my casual partner/s
- I can discuss with my friends the possibility of a person contracting an STD&STI if he/she has sexual intercourse without using condom
- My friends and I discuss the use of condoms with casual partner/s
- I encourage friends who I hang out with to use condoms when they are going to have sex with their casual partner/s

Segmentation Analysis 2
OAM determinants of consistent condom use over the last 6 months
with a casual partner among male youth on the block, St. Vincent (2008).

The segmentation table 2 divides the study population, male youth on the block (MYOB), in two categories: those who reported consistent condom use with a casual partner over the last 6 months and those who reported inconsistent condom use. A logistic regression analysis was conducted to identify the Opportunity, Ability and Motivational (OAM) variables that were statistically associated to consistent condom use. The table shows the OAM variables included in the final logistic regression model, controlling for the study design variable: parish of residence. It also 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 strongly disagree and 4 is equal to strongly agree. A scale of social support to use condoms with casual partner/s was part of the final logistic regression model (Cronbach's alpha: 0.857). The results of the reliability index are in appendix 3.

Results of Segmentation Table 2 were very similar to table 1: self-efficacy, scale of social support and positive attitudes about the reliability of condoms were significantly associated to condom use. In table 2 the association was even strongler: $p < 0.001$ instead of $p < 0.01$. Other differences are that in table 2, locus of control was associated to condom use, while outcome expectations (beliefs that condoms effectively prevent HIV) were not associated (unlike table 1).

Ability

MYOB who reported consistent condom use with a casual partner over the last 6 months were more likely to say that they can always insist on condom use with a casual partner, compared to MYOB who reported inconsistent condom use (3.85 vs 3.47, $p<0.001$). The mean value on the scale of social support to use condoms with casual partner/s was also higher on MYOB who reported consistent condom use, compared to those who reported inconsistent condom use (3.53 vs 2.89, $p < 0.001$).

Motivation

MYOB who reported consistent condom use were more likely to say that condoms are reliable, compared to those who reported inconsistent condom use (3.63 vs 3.10, $p < 0.001$). Consistent users were also more likely to say that they are the ones who propose condom use to their casual partners (higher level of locus of control) than inconsistent users (3.72 vs 3.48, $p < 0.05$).

Programmatic Recommendations

Communications Activities

1. Segmentation analysis showed that self-efficacy, social support and beliefs about the reliability of condoms were associated to condom use with casual partner/s, whether at last sex or consistently over the last 6 months. The program can work on these indicators to at least maintain the level of condom use with a casual partner. It should be noted that the previous indicators are already high among the MYOB (above 80%), so it may be difficult to increase them in a short period of time, and that the strategy may consist on keeping them at least at the same level.

2. The average number of sexual partners in last 30 days was three, including one regular and two casual partners. Given this high amount of partnering and that 30% report inconsistency of condom use over the last 6 months with a casual partner, work needs to be done for MYOB to understand their risk in not using condoms in every sexual event with all partners. Another interesting point is that over 90% of their friends have more than one sexual partner and think it is okay to do so, pointing to the need to work with friends in a group.

2. Overall knowledge of HIV transmission among MYOB is high, although only half could spontaneously name at least three correct modes of transmission. This suggests that some information on HIV needs clarifying. For example, 18% felt they could tell if a person is infected with HIV and less than half were aware that creams, vaseline, oils, etc. could damage a condom.

3. Since very few MYOB were able to put a condom on a dildo (9%), the project should conduct correct condom use demonstrations as well as didactic training that allows MYOB to practice putting the condom on the dildo correctly and implement activities that visually demonstrate that condoms don't break easily or leak.

5. MYOB strongly endorsed to the view that they propose condom use to their casual partners. This indicator, related to locus of control, was also associated to condom use. Since its level is already high, the program could develop acitivities around it only to maintain current levels of condom use with casual partners. In this task the program should be careful and avoid promoting

that only men decide about condom use. The program should also work on promoting communication among partners and getting MYOB to accept females promoting condom use.

Condom Access Activities

1. Although MYOB felt for the most part that condoms were easily available and close to where they hang out, condoms were not readily available at night by practically half of the respondents. These findings suggest the need to identify and establish condom sales outlets that are open at night in the areas where youth tend to hang out.

Population Characteristics

POPULATION CHARACTERISTICS	
Average Age	20
Income	
TT *$0-$999*	72%
Above TT $999	28%
Marital Status	
Single	84%
Highest Level of Education	
Some Secondary or Higher	72%
Primary or Lower	28%
Employed	61%
Ethnicity	74%
African	26%
Other	
N	281

Methodology

Sampling and participants: The study population for this tracking survey was male youth on the block between ages 16-26 who gathered in front of shops, houses and other popular locales for young men. Four districts were covered Charlotte, St. Patrick, St. George and St. Andrews.

Males were included if they were; 1) between 16-26 years old, 2) had sexual intercourse over the past 12 months, and 3) had sexual intercourse with a casual partner. A sample of 281 males were recruited for the baseline study (June 2008) using a time location sampling (TLS) technique.

This survey used a multi-stage cluster sampling to collect data. First, the location of each hot zone was identified; along with the number of youth who usually congregate at these locations. Youth who congregated at these locations in the community were approached by interviewers and using a random process selected to participate in the study. Twenty clusters were selected according to random sampling in St. Vincent and then 15 or 16 interviewees were taken from each cluster according to random sampling.

Each "hot zone" was considered a cluster. At the first stage, 20 "hot zones" were selected using a simple random process. All hot zones were put into an Excel sheet and a random selection was made by the computer of the required hot zones.

At the next stage, eligible respondents were randomly selected from groups of MYOB by the selection of a number from a hat. Those youth who selected corresponding numbers to the interviewer were selected to participate in the study. If the selected individual did not meet the criteria; between 16-26 years or had never engaged in sexual intercourse then another member from the group was randomly selected.

Survey Instrument(s) The PASMO 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 Caribbean 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 or means. All analysis was performed using SPSS software.
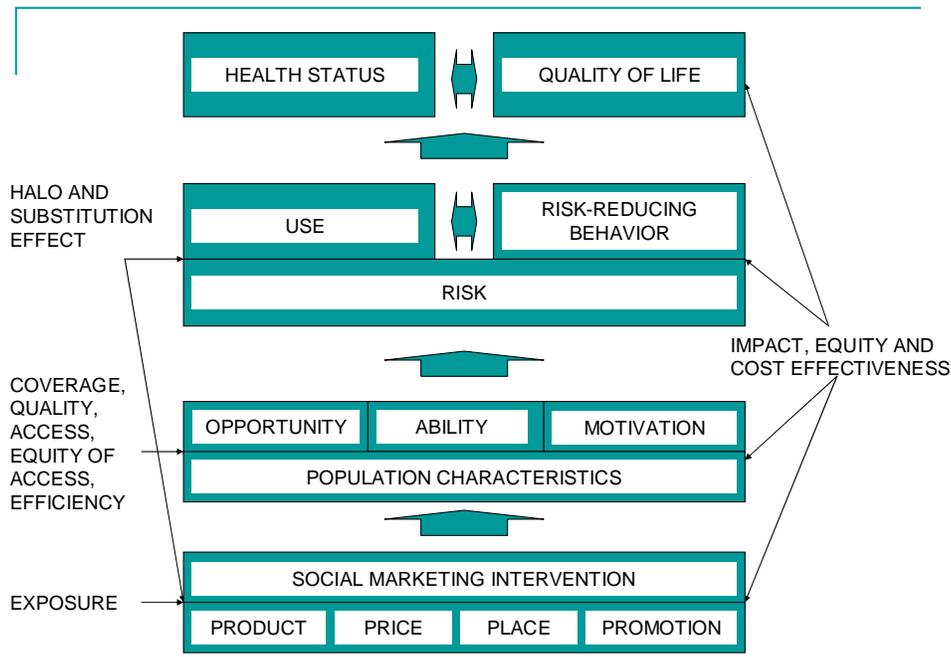
Challenges One of the main challenges was to assure total confidentiality during fieldwork. Since the survey was carried out in open spaces, sometimes friends would stand close and make comments during the condom demonstration, which could affect interviewee's performance. Another challenge was to ensure that youth responded truthfully to the question of whether they were already sexually active. This question was part of the inclusion criteria and responding that you were a virgin would have led to an early termination of the survey where the person would return quickly to their group of friends, thus suggesting to their friends that they were virgins and were not suitable candidates for the survey. It is believed that some respondents who were virgins may have felt the pressure to say that they were already sexually active. A third challenge was that 30% of interviewers were women in a survey about sexuality with male youth. The lack of male interviewers led to contact female interviewers to do fieldwork. It would be interesting to see if there is a difference in responses between youth who responded to a male interviewer and youth who responded to a female interviewer.

Reliability Analysis

OAM Determinants	2008 (N=281)
	Cronbach´s Alpha
MOTIVATIÓN	
Social Support	
Q421: Friends who I "hang out" with encourage me to use condoms with my casual partner/s Q423: I can discuss with my friends the possibility of a person contracting an STD&STI if he/she has sexual intercourse without using condom Q424: My friends and I discuss the use of condoms with casual partner/s Q426: I encourage friends who I hang out with to use condoms when they are going to have sex with their casual partner/s	0.857

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

Performance Framework for Social Marketing

HALO AND SUBSTITUTION EFFECT	HEALTH STATUS ⟷ QUALITY OF LIFE
	USE ⟷ RISK-REDUCING BEHAVIOR
	RISK
COVERAGE, QUALITY, ACCESS, EQUITY OF ACCESS, EFFICIENCY	OPPORTUNITY ABILITY MOTIVATION
	POPULATION CHARACTERISTICS
EXPOSURE	SOCIAL MARKETING INTERVENTION
	PRODUCT PRICE PLACE PROMOTION

IMPACT, EQUITY AND COST EFFECTIVENESS

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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