



**St. Lucia (2010): HIV/AIDS
TRaC Study Evaluation Condom Use
Among Males at Risk 25-49 Years
in St. Lucia
Round 1**

T h e P S I D a s h b o a r d

**St. Lucia
May 2010**

PSI's Core Values

Bottom Line Health Impact * Private Sector Speed and Efficiency * Decentralization, Innovation,
and Entrepreneurship * Long-term Commitment to the People We Serve

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

**St. Lucia (2010): HIV/AIDS TRaC Study Evaluating Condom Use
Among Males at Risk 25-49 Years in St. Lucia. Round 1**

PSI Research Division
Year 2010

© Population Services International, 2010

Contact Information:

Joel Joseph
Consultant
13 Henry Pierre Street
Woodbrook
Port of Spain
Trinidad and Tobago W.I.
Phone: 868.628.7318
Fax: 868.628.1783
Email: jjoseph@qureltd.com

Julia Roberts
PSI Regional Representative
13 Henry Pierre Street
Woodbrook
Port of Spain
Trinidad and Tobago W.I.
Phone: 868.628.7318
Fax: 868.628.1783
Email: jroberts@psicarib.org

Acknowledgments This TRaC (Tracking Results Continuously) Survey was funded by KfW and CIDA. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the KfW or CIDA. Our gratitude goes out to PSI/Caribbean's Technical/Research Officer Ms. Ava Rampersad for designing the sampling and study and to Mr. Joel Joseph for the construction of the report and analysis of the findings. Additional gratitude is extended to Ms. Tamara Felicien, Mr. Egbert Felix and the research team, the St. Lucia Planned Parenthood Association (SLPPA), the National AIDS Programme, Mr. Benjamin Nieto-Andrade (PSI Regional Researcher) and the PSI Caribbean Team.

Suggested citation of this work:

PSI Research Division, "St. Lucia (2010): HIV/AIDS TRaC Study Evaluating Condom Use Among Males at Risk 25-49 Years in St. Lucia. Round 1," PSI Social Marketing Research Series, (2010)

<http://www.psi.org/research/cat_socialresearch_smr.asp>.

Summary

Background & Research Objectives The purpose of the Tracking Results Continuously (TRaC) survey is to provide an assessment of key behaviours, behavioural determinants and exposure to a KfW and CIDA funded PSI/SFH HIV prevention programme among males 25-49 years old who have three or more sexual partners in the past 30 days in St. Lucia. The study was conducted throughout the ten (10) parishes: Castries, Anse La Raye, Canaries, Soufriere, Choiseul, Laborie, Vieux Fort, Micoud, Dennery and Gros Islet.

Description of Intervention PSI/SFHs HIV prevention programme targeting males 25-49 years with three (3) or more sexual partners promotes safer sexual behaviours through increased condom use among sexually active males 25-49 years in St. Lucia using peer education, mass media and behaviour change communication activities.

Methodology Time location sampling was used to recruit 854 males 25-49 years old from known "hot spots." These "hot spots" were defined as areas where males are known to congregate; e.g. community blocks, beaches, clubs, bars, shopping areas, and sporting events. Analyses consisted of logistic regression to ascertain which determinants are correlated with key behaviours and anovas to estimate the adjusted means/proportions of each explanatory variable by condom use (consistent with any type of partner in the last month). Geographic location was controlled for in the analyses.¹

Main Findings

The monitoring table highlights that:

- Only 37% of participants correctly demonstrated how to use a condom, while 38% reported carrying a condom with them at the time of the interview.
- 62% of participants reported being tested for HIV in the past 12 months but a lower percentage 37% of participants indicated that they received STI screening over the same period.
- Condom use at last sex was moderate at 60% and was relatively the same for consistent condom use with any partner type (54%).
- The average number of sexual partners in the past 30 days was almost 4 partners (3.85).
- Males who had male sexual partners were most likely to have concurrent partners in the past 30 days (2.03).
- Preference for PSI endorsed condom brands was very low at 10%.
- Access to condoms from a non-traditional outlet was very low at 6%.
- Knowledge among participants was generally high at 10.47 (on an index from 0-14) when assessing modes of transmission of HIV and STIs.
- A small percentage (37%) of participants indicated that they heard the GIGI radio advertisements over the past 3 months. A larger percent of participants did however indicate that they saw the GIGI advertisement/s (56%) over the past 3 months. 64% of participants were exposed to GIGI promotional items such as wristbands, t-shirts etc. in the past 3 months.
- Accessibility to condoms did not appear to be a major issue as most persons agreed that they could get a condom when they needed one (mean=3.57).

¹ For more details about the methodology and data collection, please contact the first author for a copy of the study design document.

- Overall participants had a high level of self-efficacy where there was a high level of agreement that they know how to use a condom when they have sex (mean=3.39) and they can convince their partner/s to use a condom (mean=3.40).
- Social norms among friends regarding pro-condom, having less than two sexual partners and seeking medically trained professionals was moderate at 2.55 with social support from friends higher at 2.90.

The results of segmentation analysis indicate that the probability of “males at risk” reporting consistent condom use with non-regular partners increases with:

- *Demonstrating correct condom use:* 44% of those who consistently use condoms demonstrate correct condom use, the respective figure for inconsistent users is 29% ($p<0.01$).
- *Brand appeal:* Males who do agree that the brand of the condom does not matter to them are more likely to use condoms inconsistently as compared to their counterparts who are brand conscious (2.96 vs. 2.56, $p<0.001$).
- *Knowledge:* Respondents who are knowledgeable about modes of HIV transmission and prevention are more likely to consistently use condoms with their sexual partners than those who are not as knowledgeable (10.68 vs. 10.20 $p<0.05$).
- *Need/Risk:* Males who have on average less female partners with benefits are more likely to use condoms consistently than those who have more female partners with benefits (0.72 vs. 1.03, $p<0.001$).
- *Social Support-Discussing the use of condoms with friends:* Respondents who have friends who discuss using condoms with their different types of partners are more likely to consistently use condoms than those who do not discuss with their friends (3.05 vs. 2.80, $p<0.001$).
- *Exposure:* Males who were exposed to GIGI logo more often over the past 3 months were more likely to consistently use condoms than their counterparts who were not as exposed to GIGI logo (2.24 vs. 1.95, $p<0.01$). However, males who have high rates of exposure of mass media were more likely to use condoms inconsistently than those males having lower rates of exposure (1.05 vs. 0.90, $p<0.01$). Important to note is that mass media messages were specific to youth and not directly targeted to males at risk. *Social Norms:* Males who feel that their friends use condoms with their partners or do not have more than two sexual partners are more likely to consistently use condoms with their sexual partners than those who do not feel this way (2.62 vs. 2.40, $p<0.001$).
- *Locus of Control:* Participants who felt that they are directly responsible for their health were interestingly less likely to use condoms consistently than those who did not feel directly responsible for their health (3.78 vs. 3.87, $p<0.05$). As expected participants who indicated that they can do things to prevent themselves from becoming infected were associated with higher levels of consistent condom use than those who did not (3.47 vs. 3.29, $p<0.05$).
- *Beliefs:* Males at risk who held the beliefs that condom use was not necessary were more likely to use condoms inconsistently (1.86 vs. 2.10, $p<0.01$). In addition, men who reported greater adherence to the idea that “using condoms makes sex less adventurous” were also more likely to use condoms inconsistently (2.70 vs. 2.84, $p<0.05$).
- *Risk Perception:* Males who reported that they are not the kind of person who is likely to get HIV (lower risk perception) were more likely to use condoms inconsistently than those who feel that they are likely to get HIV (2.41 vs. 1.95, $p<0.01$).

Programmatic Recommendations

- Marketing and sales efforts will build upon past efforts and include increase access to condoms, support of current non-traditional outlets, increasing the number of non-traditional outlets.
- Behaviour Change Communication (BCC) efforts will build upon past efforts, but increased emphasis and focus will be placed on social support and relationships: developing the ability to use condoms will continue to be fundamental. While the scientific understanding of condom use is critical, factors – such as developing confidence in use, carrying condoms and different ways of putting on a condom (for example, having partner roll on the condom and having partner put on the condom with their mouth) and peer support – that promote the probability of consistently using a condom are essential.
- Program messages should continue to focus on importance of condom use with all partners at every sexual contact regardless of partner type.
- Social support appears to be one of the major drivers of consistent condom use with partners. Efforts should place emphasis on the promotion of support among friends to use condoms and the open discussions of HIV and STIs amongst their peers. Through the media via television and radio advertisements targeting young persons can stimulate such open discussions of topics relating to sex and STIs. Further, the use of the internet and social networking sites can also be developed as forums in which young persons can openly discuss their views with their peers.
- The relatively large average number of sexual partners in the past 30 days indicates that understanding condom use with all partners is important.
- IPC activities should be developed bearing in mind that those males who hold the beliefs that condom use is not necessary tend to be those who use condoms inconsistently. Therefore working on this belief can reduce risky behaviour among the males at risk target population.

The above recommendations will be implemented through the PSI/C St. Lucia males at risk program's main activities: focus on the increasing access and availability to condoms by increasing the number of sales outlets; Behaviour Change Communication (BCC) which focuses on increasing condom use with partners within concurrent and multi-partner relationships. BCC approaches also include building the capacity to use condoms, signs of sexually transmitted infections and factors that assist with the analysis of self-risk perception.

Monitoring Table

Trends in behaviors, OAM determinants of behaviors and exposure among sexually active males 25 to 49 years old with three (3) or more partners in St. Lucia, 2009

Risk: Sexually Active Males aged 25 to 49

Behavior: *Consistent condom use during the last 30 days*

INDICATORS ²	May /2010 (N=845)
BEHAVIOR/USE	
	%
- Condom use at last sex	60.4
- Demonstrating correct condom use ³	36.6
- Received HIV test in last 12 months	61.9
- Received STI screening in last 12 months	37.4
- Carrying a condom	47.1
- Anal sex in the last 3 months	25.8
NEED/RISK	
- Consistent condom use during last 30 days – Any type of partner	53.7
- Consistent condom use during last 30 days – Regular ⁴	27.3
- Consistent condom use during last 30 days – Female partner with no benefits. ⁵	64.3
- Consistent condom use during last 30 days – Female partner with benefits. ⁶	76.4
- Consistent condom use during last 30 days – Male partner ⁷	74.7
All males interviewed (N=1,511)	
Males 25-49 having 3 or more partners in past 30 days (N=1,405)	60%
<i>Average number of sexual partners</i>	3.86
- Regular female partner during the last 30 days	1.42
- Female partners with no benefits during the last 30 days	1.41
- Female partners with benefits during the last 30 days	0.84
- Male partners during the last 30 days	0.18
- Total number of partners during the last 30 days	3.85
All males who indicated they had this type of partner	
<i>Average number of sexual partners</i>	
- Regular female partner during the last 30 days ⁸	1.58
- Female partners with no benefits during the last 30 days ⁹	1.87
- Female partners with benefits during the last 30 days ¹⁰	1.61

² Unless otherwise stated the value of multi-item scales range from 1 to 4.

³ All demonstration scale items had to be correctly completed to be considered correct condom use the items include: 1) Checked for expiration date and package integrity, 2) Looked for opening notch, 3) Correctly opened package, 4) Identified the correct side to roll on the condom, 5) Pinched the end of the condom, 6) Unrolled the condom on the wooden penis, 7) Correctly took off the condom, 8) Correctly threw away condom.

⁴ N=755

⁵ Female partners with no benefits refers to anyone that you have had sex with that is not your regular partner and with whom you have no emotional attachment and with whom you did not exchange money for sex (e.g. one night stands) (N=638)

⁶ Female partners with benefits refers to anyone with whom there has been an exchange of sex for money/gifts (N=437) N=75

⁸ N=762

⁹ N=639

¹⁰ N=441

- Male partners during the last 30 days ¹¹	2.03
OPPORTUNITY	
<i>Availability (Condoms)</i>	% or Mean
- Availability Scale (1-4) ¹²	3.43
- I can get a condom when I need one (strongly agree and agree)	92.3
- The last time that I bought or received a condom I got them from a Non-Traditional Outlet	6.3
<i>Brand Appeal (Condoms)</i>	
- Preference for PSI endorsed brand of condom	9.5
- The brand of condom really does not matter to me (strongly agree and agree)	35.8
<i>Social Norm (Condom Use)</i>	
- Negative Social Norms Scale ¹³ (1-4)	2.5
- My friends think that it is good to use condoms when having sex (strongly agree and agree)	75.9
ABILITY	
<i>Knowledge (Transmission of STIs and Condom Use)</i>	% or Mean
- Knowledge Index ¹⁴ (0-14)	10.47
- Consistent condom use reduces the risk of getting HIV, STI. (strongly agree and agree)	90.3
<i>Social Support</i>	
- Positive Social Support ¹⁵ Scale (Condom use with partners) (1-4)	2.92
- Positive Social Support Scale ¹⁶ (STIs Awareness of risks and seeking professional help if suspects having an infection) (1-4)	2.88

¹¹ N=74

¹² Availability Scaled Items:

1. Condoms are available where I live/hang out during the night
2. Shops nearby here always have condoms for sale
3. Condoms are available where I live/hang out during the day
4. My preferred condom is always available in nearby shops/supermarkets
5. I can get a condom when I need one

¹³ Social Norms Scaled Items:

1. My friends do not like to use condoms with their regular partners
2. My friends do not like to use condoms with their non regular partners
3. It is common for my friends who I hang out with to have at least three (3) sexual partners

¹⁴ Knowledge Index consisted of 14 True/False type questions: 1) Having an STI can increase the likelihood of contracting HIV, 2) Correct condom use reduces the risk of getting HIV/STI, 3) Consistent condom use reduces the risk of getting HIV/STI, 4) The use of creams, oils, or Vaseline as a lubricant can damage a condom, 5) Anal sex has the highest risk for contracting HIV, 6) Oral sex is safe if partners "don't swallow", 7) Douching after sex will prevent a women from contracting an STI, 8) HIV is small enough to pass through condoms, 9) If a man ejaculates enough before sex he cannot pass on HIV, 10) HIV can be prevented by reducing the number of sexual partners, 11) HIV can be prevented by being mutually faithful, 12) HIV can be prevented by abstinence, 13) HIV can be transmitted through mosquito bites, 14) HIV can be transmitted by shaking hands with someone with HIV.

¹⁵ Social Support Scale Items:

1. My friends and I discuss the use of condoms with non regular partners
2. My friends and I discuss the use of condoms with regular partner/s
3. My friends and I discuss the use of condoms with commercial partner/s
4. I encourage friends who I hang out with to use condoms when they are going to have sex with their regular partner/s
5. I encourage friends who I hang out with to use condoms when they are going to have sex with their non regular partner/s
6. My friends and I discuss the use of condoms with commercial partners

¹⁶ Social Support Scale Items:

1. Friends who I hang out with encourage me to use condoms with all my partners

- Friends who I hang out with encourage me to use condoms with my partner/s (strongly agree and agree)	67.7
Self-Efficacy (Condom use)	
- Self-Efficacy Scale ¹⁷ - encouraging condom use (1-4)	3.48
- I can convince my partner/s to use a condom (strongly agree and agree)	91.8
MOTIVATION	
Beliefs (Condom Use)	
- Beliefs Scale Condoms are unnecessary (1-4) ¹⁸	1.95
- Using condoms makes sex less adventurous (strongly agree and agree)	64%
Intention (Condom Use)	
- Intentions Scale consistent condom use with any partner (1-4) ¹⁹	3.35
- I plan to use condoms consistently with my non-regular partners. (strongly agree and agree)	86.6
Locus of Control	
- During the last month how many times did you drink alcohol before having sex with this type of partner	2.77
- I am directly responsible for the maintenance of my health (strongly agree and agree)	97%
- There is not much that I can do to prevent becoming infected with HIV (strongly agree and agree)	17%
- During the last month how many times did you use drugs (other than alcohol) before having sex with this type of partner	2.37
Subjective Norm	
- My peers will approve of my using condoms (strongly agree and agree)	75.0
Threat	
- Threat Scale ²⁰ -Risk Perceptions of Contracting HIV having Unprotected Sex with any Partner Type (1-4)	3.46
- Threat Scale-Risk perception of contracting HIV through Risky Sexual Behaviour (1-4) ²¹	1.86

2. I can discuss with my friends the possibility of a person contracting an STD/STI if he has sexual intercourse without using a condom
3. Friends who I hang out with feel comfortable talking to me if they suspect that they have an infection
4. I encourage friends who I hang out with to go to a doctor if they suspect that they have an infection
5. Friends who I hang out with encourage me to go to a doctor if I suspect that I have an infection

¹⁷ Self Efficacy Scale:

1. I can convince my partner/s to use a condom
2. I feel comfortable asking my partner/s to use a condom
3. I would feel comfortable refusing to have sex if my partner or I do not have a condom
4. I know how to use a condom when I have sex

¹⁸ Beliefs Scale:

1. If my partner comes from a good family I am less likely to use condoms
2. If my casual partner says that they use condoms with other partners there is no need to use condoms
3. Condom use is only necessary with a commercial partner
4. Condom use is only necessary with a casual partner

¹⁹ Intentions Scale:

1. I plan to use condoms consistently with my regular partners
2. I plan to use condoms consistently with my non-regular partners
3. I plan to use condoms consistently with my commercial partners

²⁰ Threat Scale

1. I am at risk for HIV if I have unprotected sex with my regular partners
2. I am at risk for HIV if I have unprotected sex with my non-regular partners
3. I am at risk for HIV if I have unprotected sex with my commercial

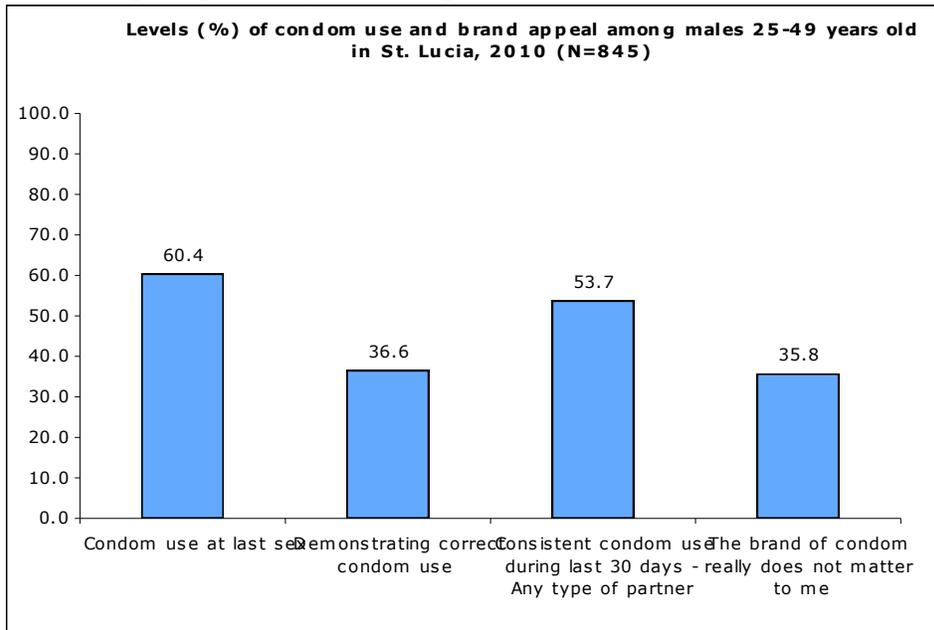
- I am at risk for HIV if I have unprotected sex with my non-regular partners (strongly agree and agree)	91.1
- I am not the kind of person who is likely to get HIV (strongly agree and agree)	50.6
<i>Willingness to Pay</i>	
- Price of a pack of condoms containing 3 is too expensive	\$5.92
- Price of a pack of condoms containing 3 is too inexpensive	\$4.55
- Price of a pack of condoms containing 3 is neither expensive nor inexpensive	\$4.62

EXPOSURE	%
- How would you describe the number of times that you have seen the “Got it Get it” logo in the last three (3) months (always and most times)	55.7
- How would you describe the number of times that you have heard the “Got it Get it” radio advertisements in the last three (3) months (always and most times)	37.3
- How would you describe the number of times that you have seen the “Got it Get it” promotional item in the last three (3) months (always and most times)	63.6

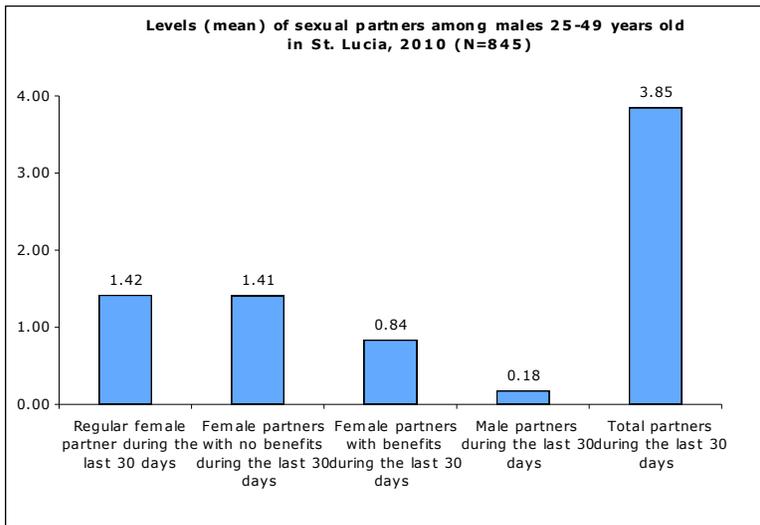
²¹ Threat Scale

1. I am not at risk for HIV if I don't have anal sex
2. I am not at risk for HIV if I don't have vaginal sex
3. I am not at risk for HIV if I don't have oral sex
4. I am not at risk for STD/STI if I am already infected with one
5. I am more at risk for getting someone pregnant than contracting a STD/STI
6. HIV is not as big a deal as the media makes it out to be

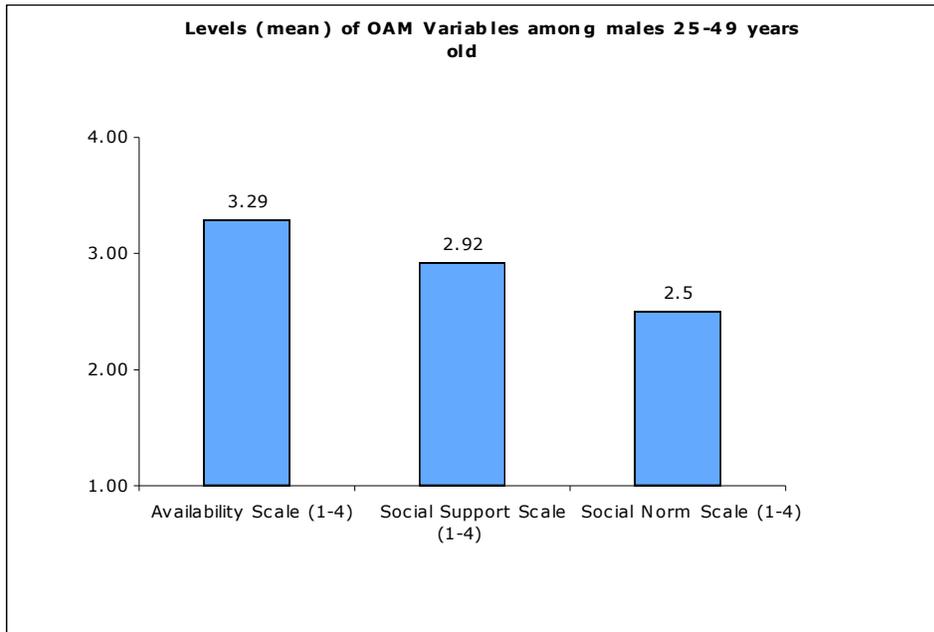
Monitoring Graph 1: Key Percentage Results



Monitoring Graph 2: Mean Results



Monitoring Graph 3: Key Mean Results



Segmentation Table

Title: Determinants of Consistent Condom use in St. Lucia 2010

Risk: Males at Risk aged 25-49 years

Behavior: *Consistent condom use with non-regular partners*

INDICATORS	Consistent (N=450) 53.7%	Inconsistent (N=388) 46.3%		
			OR	Sig
Behaviour	Mean/ %	Mean/ %		
Correct demonstration of condom use ²²	44	29	2.19	***
OPPORTUNITY				
Brand Appeal				
Brand of condom does not matter to me (1-Strongly disagree to 4-Strongly agree)	2.56	2.96	0.70	***
NEED/RISK				
Female with benefits(anyone with whom there has been an exchange of sex for money/gifts) over past 30 days	0.72	1.03	0.71	***
Social Norms				
Social Norms Scale (1-4) ²³	2.40	2.62	0.71	***
ABILITY				
Knowledge				
Knowledge Index ²⁴ (1-14)	10.68	10.20	1.10	*
Social Support				
Positive Social Support Scale (1-4) ²⁵	3.05	2.80	1.46	***

²² All demonstration scale items had to be correctly completed to be considered correct condom use the items include: 1) Checked for expiration date and package integrity, 2) Looked for opening notch, 3) Correctly opened package, 4) Identified the correct side to roll on the condom, 5) Pinched the end of the condom, 6) Unrolled the condom on the wooden penis, 7) Correctly took off the condom, 8) Correctly threw away condom.

²³ Social Norms Scale

1. My friends do not like to use condoms with their regular partners
2. My friends do not like to use condoms with their non regular partners
3. It is common for my friends who I hang out with to have at least three (3) sexual partners

²⁴ Knowledge Index consisted of 14 True/False type questions: 1) Having an STI can increase the likelihood of contracting HIV, 2) Correct condom use reduces the risk of getting HIV/STI, 3) Consistent condom use reduces the risk of getting HIV/STI, 4) The use of creams, oils, or Vaseline as a lubricant can damage a condom, 5) Anal sex has the highest risk for contracting HIV, 6) Oral sex is safe if partners "don't swallow", 7) Douching after sex will prevent a women from contracting an STI, 8) HIV is small enough to pass through condoms, 9) If a man ejaculates enough before sex he cannot pass on HIV, 10) HIV can be prevented by reducing the number of sexual partners, 11) HIV can be prevented by being mutually faithful, 12) HIV can be prevented by abstinence, 13) HIV can be transmitted through mosquito bites, 14) HIV can be transmitted by shaking hands with someone with HIV.

²⁵ Social Support Scale

1. My friends and I discuss the use of condoms with non regular partners
2. My friends and I discuss the use of condoms with regular partner/s
3. My friends and I discuss the use of condoms with commercial partner/s
4. I encourage friends who I hang out with to use condoms when they are going to have sex with their regular partner/s
5. I encourage friends who I hang out with to use condoms when they are going to have sex with their non regular partner/s
6. My friends and I discuss the use of condoms with commercial partners

MOTIVATION				
<i>Locus of Control</i>				
Directly responsible for the maintenance of my health (1-Strongly disagree to 4-Strongly agree)	3.78	3.87	0.61	*
There is much that I can do to prevent becoming infected with HIV (1-Strongly disagree to 4-Strongly agree)	3.47	3.29	1.23	*
<i>Beliefs</i>				
Negative Beliefs Scale ²⁶	1.86	2.10	0.68	***
Using condoms makes sex less adventurous (1-Strongly disagree to 4-Strongly agree)	2.70	2.84	0.83	*
<i>Risk Perception</i>				
I am not the kind of person who is likely to get HIV. (1-Strongly disagree to 4-Strongly agree)	2.41	2.65	0.83	**
EXPOSURE				
Exposure to Got it Get it Logo (created from the sum of 9 yes/no type responses items range 0-9).	2.24	1.95	1.23	**
Exposure to Mass Media (measured by exposure to radio advertisements and television advertisements yes/no type responses range 0-2)	0.90	1.05	0.65	**

*:p<0.05; **:p<0.01; ***:p<0.001

Hosmer-Lemeshow goodness-of-fit: χ^2 (df=8) =10.35, p=0.24

Omnibus goodness-of-fit: χ^2 (df=21) = 239.79, p<0.000

Cox & Snell R²=0.26

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

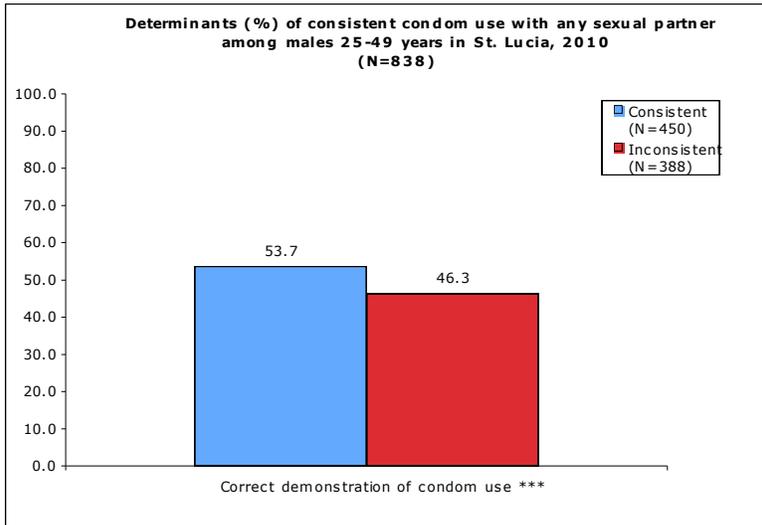
** City of residence was used as the study design variable. It was included in every step of the regression analysis regardless of its association with consistent condom use

7.

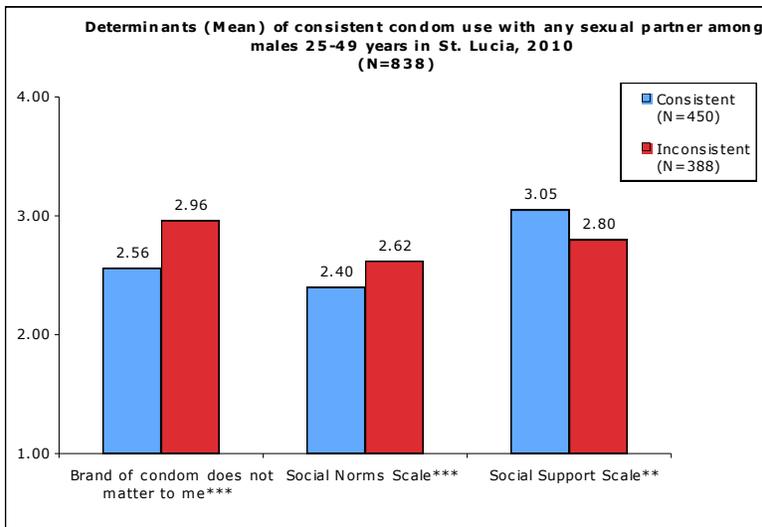
²⁶ Belief's Scale:

1. If my partner comes from a good family I am less likely to use condoms
2. If my casual partner says that they use condoms with other partners there is no need to use condoms
3. Condom use is only necessary with a commercial partner
4. Condom use is only necessary with a casual partner

Segmentation Graph 1: Key Percentage Results



Segmentation Graph 2: Key Mean Results



Population Characteristics

POPULATION CHARACTERISTICS	2010
	N=845 % or mean
Age at Last Birthday	%
18-19	0%
20-24	0%
25-29	32%
30-34	21%
35-39	19%
40-44	15%
45-49	11%
Marital Status	%
Unmarried living with sex partner	32%
Single	42%
Married living with spouse/sex partner	17%
Married not living with spouse/sex partner	7%
Other	1%
Education	%
Never attended school	1%
Did not finish Primary	8%
Primary	19%
Secondary/high school	54%
Technical/vocational	15%
University	3%
Employment Status	%
No	15%
Yes	85%
Average Monthly income/allowance (over last year)	%
No Income	2%
\$1-\$249	1%
\$250-\$499	1%
\$500-\$999	13%
\$1000-\$1499	23%
\$1500-\$1999	18%
\$2000-\$2999	16%
\$3000 or above	12%
No response	15%

Area Live	%
Castries	23%
Anse La Raye	11%
Canaries	4%
Soufriere	4%
Choiseul	5%
Laborie	3%
Vieux Fort	12%
Micoud	8%
Dennery	17%
Gros Islet	14%
TV	%
No	6%
Yes	94%
Radio	%
No	9%
Yes	91%
DVD Player	%
No	20%
Yes	80%
Computer Desktop/Laptop	%
No	46%
Yes	54%
Cell Phone	%
No	7%
Yes	93%
MP3 Player	%
No	58%
Yes	42%
Internet	%
No	55%
Yes	45%
Cable/Satellite	%
No	24%
Yes	76%
Car	%
No	57%
Yes	43%

Reliability Analysis

Composite Variables	2010 (N=845)
	Cronbach's Alpha
OPPORTUNITY	
Availability (1: strongly disagree; 4: strongly agree): 1. Condoms are available where I live/hang out during the night 2. Shops nearby here always have condoms for sale 3. Condoms are available where I live/hang out during the day 4. My preferred condom is always available in nearby shops/supermarkets 5. I can get a condom when I need one	0.87
Social Norm (1: strongly disagree; 4: strongly agree): 1. My friends do not like to use condoms with their regular partners 2. My friends do not like to use condoms with their non regular partners 3. It is common for my friends who I hang out with to have at least three (3) sexual partners	0.72
MOTIVATION	
Intentions (1: strongly disagree; 4: strongly agree): 1. I plan to use condoms consistently with my regular partners 2. I plan to use condoms consistently with my non-regular partners 3. I plan to use condoms consistently with my commercial partners	0.87
Beliefs (1: strongly disagree; 4: strongly agree): 1. If my partner comes from a good family I am less likely to use condoms 2. If my casual partner says that they use condoms with other partners there is no need to use condoms 3. Condom use is only necessary with a commercial partner 4. Condom use is only necessary with a casual partner	0.82
Subjective Norms (1: strongly disagree; 4: strongly agree): 1. My partner will approve of using condoms 2. My peers will approve of me using condoms 3. My peers will approve of me getting tested for HIV 4. My partner will approve of my getting testing for STIs	0.89
Threat-Risk perception of contracting HIV with different types of partners (1: strongly disagree; 4: strongly agree): 1. I am at risk for HIV if I have unprotected sex with my regular partners 2. I am at risk for HIV if I have unprotected sex with my non-regular partners 3. I am at risk for HIV if I have unprotected sex with my commercial	0.75
Threat-Risk of perception contracting HIV with different types of sexual activities (1: strongly disagree; 4: strongly agree): 1. I am not at risk for HIV if I don't have anal sex 2. I am not at risk for HIV if I don't have vaginal sex 3. I am not at risk for HIV if I don't have oral sex 4. I am not at risk for STD/STI if I am already infected with one 5. I am more at risk for getting someone pregnant than contracting a STD/STI 6. HIV is not as big a deal as the media makes it out to be	0.83
ABILITY	
Social Support –Discussing use of condoms with friends (1: strongly disagree; 4: strongly agree): 1. My friends and I discuss the use of condoms with non regular partners 2. My friends and I discuss the use of condoms with regular partner/s	0.94

<ol style="list-style-type: none"> 3. <i>My friends and I discuss the use of condoms with commercial partner/s</i> 4. <i>I encourage friends who I hang out with to use condoms when they are going to have sex with their regular partner/s</i> 5. <i>encourage friends who I hang out with to use condoms when they are going to have sex with their non regular partner/s</i> 6. <i>My friends and I discuss the use of condoms with commercial partners</i> 	
<p>Social Support- Discussing infections and STIs with friends (1: <i>strongly disagree</i>; 4: <i>strongly agree</i>):</p> <ol style="list-style-type: none"> 1. <i>Friends who I hang out with encourage me to use condoms with all my partners</i> 2. <i>I can discuss with my friends the possibility of a person contracting an STD/STI if he has sexual intercourse without using a condom</i> 3. <i>Friends who I hang out with feel comfortable talking to me if they suspect that they have an infection</i> 4. <i>I encourage friends who I hang out with to go to a doctor if they suspect that they have an infection</i> 5. <i>Friends who I hang out with encourage me to go to a doctor if I suspect that I have an infection</i> 	0.93
<p>Self Efficacy (1: <i>strongly disagree</i>; 4: <i>strongly agree</i>):</p> <ol style="list-style-type: none"> 1. <i>I can convince my partner/s to use a condom</i> 2. <i>I feel comfortable asking my partner/s to use a condom</i> 3. <i>I would feel comfortable refusing to have sex if my partner or I do not have a condom</i> 4. <i>I know how to use a condom when I have sex</i> 	0.77