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ST LUCIA (2012): HIV/AIDS TRaC Study Evaluating Condom Use among Sexually Active Youth 16-24 years.

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**Saint Lucia (2012): HIV/AIDS TRaC Study Evaluating Condom Use
among Sexually Active Youth 16-24 years. Round 2**

PSI Research & Metrics
2012

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SUMMARY

BACKGROUND & RESEARCH OBJECTIVES

The purpose of this study is to provide an assessment of the key health behaviors, determinants, and exposure to PSI-Caribbean programming among sexually active youth 16 to 24 years in St Lucia, where PSI-Caribbean is implementing a KFW-funded project (CARISMA II) targeting sexually active youth. The survey was conducted in all ten (10) Parishes in St Lucia.

DESCRIPTION OF INTERVENTION

PSI-Caribbean's program targeting sexually active youth 16 to 24 years, delivers didactic and interactive BCC outreach activities, group sessions and face to face interventions combined with mass media. These activities are delivered by experienced Peer Educators trained by PSI-Caribbean. PSI-Caribbean in conjunction with the St Lucia Planned Parenthood (SLPPA) supports a health voucher system where sexually active youth are able to access a first time health service free of charge.

METHODOLOGY

Time-location sampling (TLS) was used to recruit sexually active males and females 16 to 24 years at known hot spots in the baseline and follow-up. A total of 501 and 517 interviews respectively were completed for the baseline and follow-up studies. Analyses consisted of logistic regression and anovas to examine trends over time, to ascertain which determinants are correlated with key behaviors, and to examine the association between program exposure and changes in health behaviors and determinants. Socio-demographic characteristics and geographic location were controlled for in the analyses¹

MAIN FINDINGS

The monitoring table highlights that:

- :: The share of respondents who report having any type of sexual partners declined from 4.73 to 2.83 ($p < 0.001$). Yet findings show an increase from 18.59 to 31.06 ($p < 0.001$) in the number of sex acts with any sexual partner/s in the last month; this suggests that sexually active youth are having fewer partners but more sexual encounters.
- :: Consistent condom use is far from being universal and varies by the type of partner. In 2010, consistent condom use with regular partners was a reported 33.3% this drastically declined to 1.7% in 2012 ($p < 0.001$). However, consistent condom use with non-regular/commercial partners increased from 52.0% to 70.7% ($p < 0.001$) between the comparative years. There were no significant changes in condom use at last sex with any partners. It can be inferred that the decline in consistent condom use with regular partners can be attributed to a programmatic shift in 2012 to focus on sexual and reproductive health issues, and consistent condom use with non-regular/commercial partners.
- :: Access to condoms from a non-traditional outlet significantly increased from 2% in 2010 to 26.2% in 2012 ($p < 0.001$). A preferred brand of condom endorsed by the "Got it?Get it." campaign also increased from 8.2% to 12.8% ($p < 0.05$). This

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

- finding suggests that the demand for condoms at convenient locations to youth such as neighbourhood shops and bars are being addressed.
- :: Respondents who reported having received an HIV test in the past 12 months declined from 52.2% in 2010 to 36.7% in 2012 ($p < 0.001$). Similarly, the share number of respondents who received an STI screening in the past 12 months also dropped from 32.2% in 2010 to 25% in 2012 ($p < 0.05$).
 - :: The socio-economic status (SES) of respondents was higher in 2012 than 2010 from 2.79 to 3.07 ($p < 0.01$). 2012 findings show that youth are now willing to pay an average of 5.03 EC for a pack of three condoms in comparison to 4.90 EC for same in 2010 ($p < 0.001$) which may be attributable to the higher SES of respondents.

The results of segmentation analysis indicate that the probability of sexually active youth using condoms consistently with regular, non-regular and commercial partners increases with

- :: *Social Support (discuss) Scale*. Respondents who have friends that discuss and encourage the use of condoms are more likely to use condoms consistently with non-regular and commercial partners than those who have friends who do not encourage condom use (3.12 vs. 2.92, $p < 0.05$).
- :: *Self Efficacy Scale*. Sexually active 16 to 24 year old males and females who are confident in their ability to use condoms consistently are more likely to use consistently use condoms with non-regular and commercial partners (3.03 vs. 2.51, $p < 0.001$).
- :: *Intention Scale*. Respondents with higher mean levels of intent to consistently use condoms with regular and non-regular partners and to get tested for HIV and other STIs were more likely to use condoms consistently with non-regular and commercial partners (3.14 vs. 2.83, $p < 0.001$).

The results of segmentation analysis indicate that the probability of sexually active youth using condoms correctly (demonstrating correct use on a penile model) increases with:

- :: *Having a condom present*. Almost 41.0% of those carrying a condom at the time of an interview demonstrated correct condom use, the respective figure for non-users is 23.7% ($p < 0.01$).
- :: *Social Norms*. Sexually active 16 to 24 year old males and females who feel that it is common for their friends to have multiple partners are more likely to demonstrate correct condom use (2.57 vs. 2.17, $p < 0.001$).
- :: *Self Efficacy*. Sexually active 16 to 24 year old males and females who are confident in their ability to use a condom when they have sex are more likely to demonstrate correct condom use (3.78 vs. 3.56, $p < 0.01$).
- :: *Population Characteristics*. Being from a higher socio-economic background was associated with higher levels of correct condom use than those who were from a lower socio-economic background (3.49 vs. 2.99, $p < 0.01$).

The results of the evaluation analysis reveal that PSI program exposure is associated with:

- :: A greater likelihood of being tested for HIV ($p < .001$) and STI's ($p < 0.001$). This can be attributed to the fact that in 2012 there was a greater emphasis on the uptake of services at the St Lucia Planned Parenthood. This focus was accompanied by an SRH campaign with television, radio and billboard advertisements focusing on service uptake.

PROGRAMMATIC RECOMMENDATIONS

- :: Although there was an increase in consistent condom use with non-regular and commercial partners and a reduction in number of sexual partners, there was a significant decline in consistent condom use and an increase in sexual encounters among regular partners. Future programmatic efforts should be placed on activities that continue to target partner reduction and enable youth to correctly and consistently use condoms with all sexual partners.
- :: Social support appears to be a driver of consistent condom use with all partners. Efforts should place emphasis on the the promotion of support among friends to use condoms and the open discussions of HIV and STIs among their peers.
- :: Self efficacy also seems to be a driver of both correct and consistent condom use. Those youth who feel that they are able to use condoms correctly and consistently are generally able to do so with their non-regular and commercial partners. Programmatically, this points to the increasing ability and confidence of both males and females to negotiate condom use with their sexual partners.
- :: While there was a decline in the average number of sexual partners in the past 30 days there was a noted increase in the number of sexual encounters with regular partners. This indicates that understanding condom use with all partners is important. In particular the dynmaics that exists within relationships with regular partners should be researched further to improve the development of strategies that can promote consistent condom use within all sexual relationships.
- :: There seems to be a positive relationship between mass media and uptake of services. Mass media should continue to focus on uptake of services through St Lucia Planned Parenthood.

The above recommendations will be implemented through the PSI/C St Lucia youth program's main activities: maintaining access and availability to condoms by consistent restocking of sales outlets; Behaviour Change Communication (BCC) which focuses on increasing condom use with all partners. BCC approaches should also include: building the capacity to use condoms, signs of sexually transmitted infections, factors that assist with the analysis of self-risk perception and increasing uptake of SRH services including testing for HIV and other sexually transmitted infections.

MONITORING TABLE

Trends in behaviours, OAM determinants of behaviours and exposure among sexually active youth 16 to 24 years old in St Lucia, 2012

Risk: Sexually Active Males and Females 16 to 24 years

Behavior: Consistent Condom Use during the last 30 days with non-regular partners

INDICATORS	March 2010 N=501	November 2012 N=492	Sig.
BEHAVIOR/USE	% or Mean	% or Mean	*, **, or ***
- Consistent condom use with regular partner/s in the last 30 days ²	33.3%	1.7%	***
- ● Consistent condom use with non-regular (commercial and/or casual partner/s) in the last 30 days ³	52.0%	70.7%	***
- Consistent condom use with all sexual partner/s in the last 30 days	28.1%	7.1%	***
- Condom use at last sex with regular partner/s ⁴	49.8%	56.1%	ns
- ● Condom use at last sex with non-regular partner/s ⁵	73.6%	79.2%	ns
- Condom use at last sex with commercial partner/s ⁶	83.5%	80.3%	ns
- Condom use at last sex with any partner	79.1%	81.2%	ns
- ● Demonstrating correct condom use (8 items)	36.5%	18.4%	***
- Received HIV test in last 12 months	52.2%	36.7%	***
- Had a male condom at the time of the interview	39.1%	28.0%	***
- Age at first sex	14.5	15.21	***
- Received STI Screening in last 12 months	32.2%	25.0%	*
- ● St Lucia Planned Parenthood Association (SLPPA) was used for last health service ⁷	1.7%	4.2%	*
- ● St Lucia Planned Parenthood Association (SLPPA) as preferred service provider	93% ⁸	98%	ns
NEED/RISK	% or Mean	% or Mean	*, **, or ***
- Number of regular partners in the last 30 days	2.06	1.33	***
- Number of non-regular partners in the last 30 days	1.76	1.32	***
- Number of commercial partners in the last 30 days	0.90	0.18	***
- Number of any sexual partners in the last 30 days	4.73	2.83	***
- Number of sex acts with regular partners ⁹	11.60	30.09	***
- Number of sex acts with non-regular partners ¹⁰	7.79	5.82	***
- Number of sex acts with commercial partners ¹¹	9.37	5.0	*
- Number of sex acts with any sexual partners	18.59	31.06	***
OPPORTUNITY	% or Mean	% or Mean	*, **, or ***
Availability			
- It is not difficult to find a condom	43.3%	74.3%	***
- ● I can get a condom when I need one	93%	95%	ns
- The last time that I bought or received a condom I got it from a Non-traditional outlet	2.0%	26.2%	***
Brand Appeal			
- The brand of condom really does not matter to me	70.7%	54.2%	***
- Preferred brand of condom endorsed by GIGI	8.2%	12.8%	*
Social Norm			

² (2010 N= 421: 2012 N = 437)

³ (2010 N= 449: 2012 N = 361)

⁴ (2010 N= 418: 2012 N = 429)

⁵ (2010 N= 375: 2012 N = 324)

⁶ (2010 N= 198: 2012 N = 61)

⁷ (2010 N= 12: 2012 N = 20)

⁸ Note small sample size

⁹ (2010 N= 399: 2012 N = 433)

¹⁰ (2010 N= 359: 2012 N = 323)

¹¹ (2010 N= 189: 2012 N = 60)

- Social Norms Scale ¹² (range 1-4)	2.39	2.66	***
- My friends like to use condoms with their non- regular partners	53.3%	75.8%	***
ABILITY	% or Mean	% or Mean	*, **, or ***
Knowledge			
- Knowledge Index - 9 items ¹³ (range 1-4)	6.67	6.85	ns
- Consistent condom use reduces the risk of getting HIV/STIs	90.9%	89.9%	ns
Social Support			
- Social Support Scale ¹⁴ (range 1-4)	2.96	3.09	*
- Friends think it is ok to have multiple partners	62.2%	67.7%	ns
- ● Friends encourage me to use condoms with my partner/s	73.5%	80.3%	*
Self-Efficacy			
- I can convince my partner to use a condom	83.1%	92.6%	***
- I feel comfortable asking my partner/s to use a condom	81.6%	87.6%	*
- I know how to use a condom when I have sex	85.2%	92.3%	***
- I feel comfortable refusing to have sex if my partner or I do not have a condom	61.3%	63.3%	ns
- Self Efficacy Scale ¹⁵ (range 1-4)	3.22	3.38	**
MOTIVATION	% or Mean	% or Mean	*, **, or ***
Intention			
- I plan to get tested for HIV within the next three months	72.9%	62.0%	**
- I plan to get tested for STIs within the next three months	67.5%	62.3%	ns
- I plan to use condoms consistently with my non-regular partners	81.7%	88.6%	**
- I plan to use condoms consistently with my regular partners	77.7%	76.4%	ns
- Intentions Scale ¹⁶ (range 1-4)	3.10	3.07	ns
Locus of Control			
- During the last month how many times did you drink alcohol before having sex with non-regular and commercial type of partner	39.5%	34.2%	ns
- During the last month how many times did you use drugs (other than alcohol) before having sex with non-regular and commercial type of partner	17.3%	7.4%	***
- Engaging in sex under the influence of alcohol and/or drugs	56.8%	54.7%	ns
- I am in control of when to use condoms	85.0	90.1	*
Subjective Norm			
- My partner will approve of using condoms	85.1%	87.7%	ns
Threat			
- I am at risk for HIV if I have unprotected sex with my non-regular partners	90.8%	90.5%	ns
Willingness to Pay			

¹² Social Norms Scale includes: 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 more than one sexual partner; 4. It is common for my friends to use traditional remedies rather than medically trained professionals

¹³ 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 do not swallow; 7. Douching after sex will prevent a woman 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;

¹⁴ Social Support 1 Scale includes: 1. Friends who I hang out with encourage me to use condoms with my partners; 2. I can discuss with my friends the possibility of a person contracting an STD/STI if he/she has sexual intercourse without using a condom; 3. My friends and I discuss the use of condoms with non-regular partners; 4. My friends and I discuss the use of condoms with regular partners; 5. I encourage friends who I hang out with to use condoms when they are going to have sex with their non regular partners; 6. Friends who I hang out with feel comfortable talking to me if they suspect that they have an infection; 7. Friends who I hang out with encourage me to go to the doctor if I suspect that I have an infection; 8. Friends who I hang out with generally think it is okay to have more than one (1) sexual partner

¹⁵ Self Efficacy Scale includes: 1. I can convince my partner/s to use a condom; 2. I feel comfortable asking my partner to use a condom; 3. I would feel comfortable refusing to have sex if my partner or I do not have a condom; 3. I know how to use a condom when I have sex

¹⁶ Intentions Scale includes: 1. I plan to get tested for HIV within the next three (3) months; 2. I plan to get tested for STIs within the next three (3) months; 3. I plan to use condoms consistently with my regular partners; 4. I plan to use condoms consistently with my non-regular partners

- Price of condom too expensive	\$5.77 EC ¹⁷	\$6.39 EC	***
- Price of condom too inexpensive	\$4.46 EC	\$4.15 EC	***
- Price of condom neither expensive nor inexpensive	\$4.90 EC	\$5.03 EC	*
EXPOSURE	% or Mean	% or Mean	*, **, or ***
- Have you seen 'GIGI' television advertisements in last 3 months	61.8%	56.5%	ns
- Have you seen 'GIGI' logo in your neighbourhood in last 3 months	64.0%	40.0%	***
- Have you heard a 'GIGI' radio advertisement in last 3 months	29.0%	24.2%	ns
- Have you seen one or more 'GIGI' promotional items	75.0%	61.7%	***
POPULATION CHARACTERISTICS	% or Mean	% or Mean	*, **, or ***
- Socio Economic Status (range 1-low SES to 5-highest SES)	2.79	3.07	**

Notes:

*=p<0.05 **=p<0.01 ***=p<0.001 ns= no significance

• Donor Indicator

(r): These indicators were asked in the questionnaire in opposite direction, for aims of analysis of this table must of being interpreted as they are written here

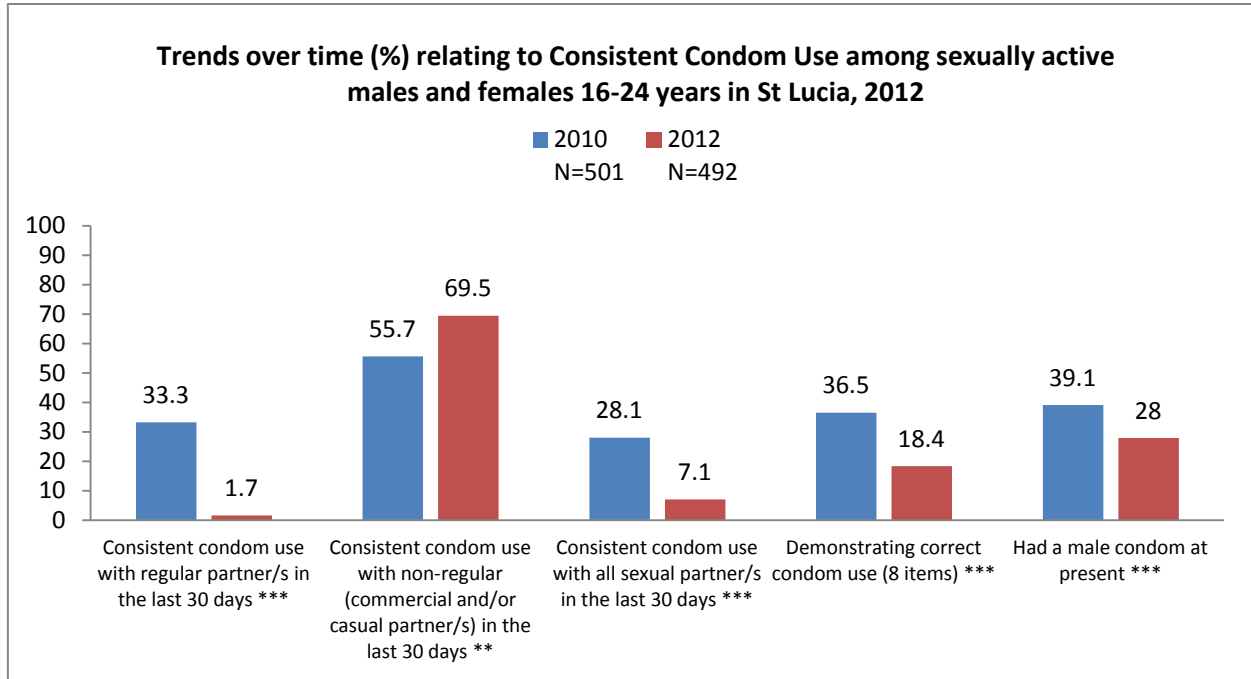
The scales which measured the determinants of OAM were 1 to 4 (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). The percentages and adjusted means were obtained controlling for socio-demographic variables following two surveys (2010 and 2012): sex, location and age.

The percentages were obtained through an analysis of univariate, which can be appreciated from two rounds of study hence, in 2010 (first measurement) there is no comparative. This can bring about a difference of several percentage points between the results presented/displayed in those then and contents in this report.

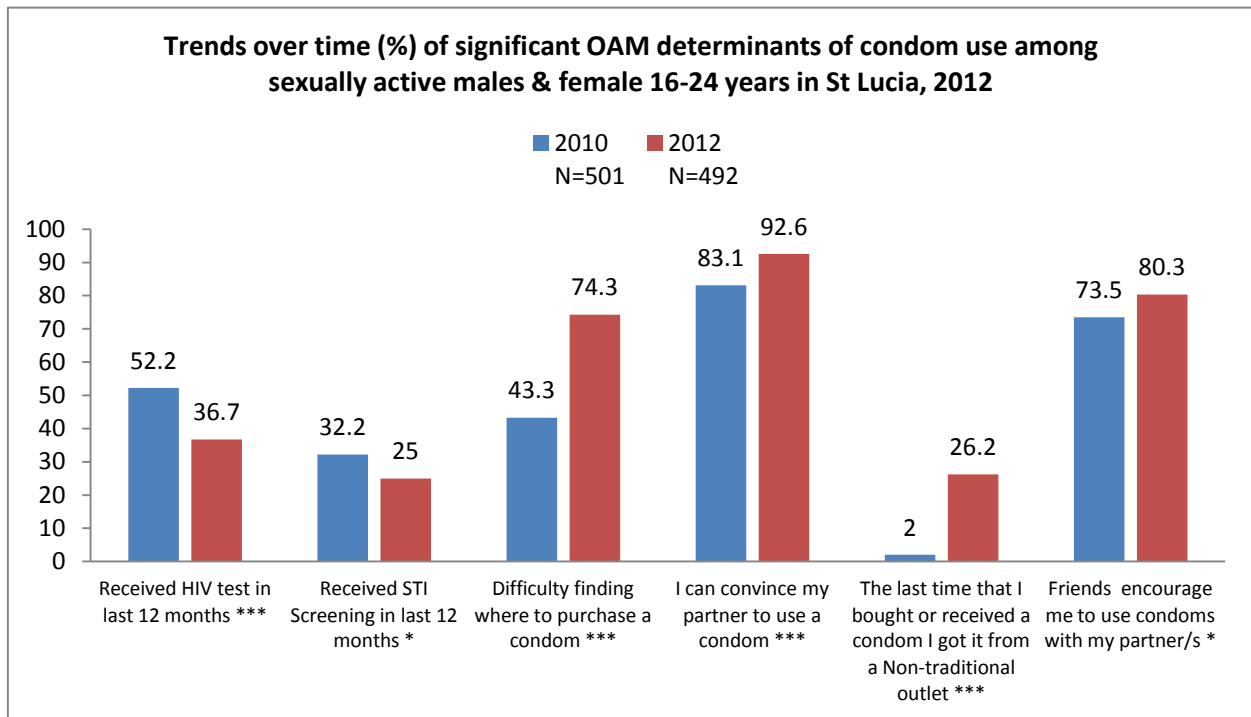
¹⁷ EC refers to Eastern Caribbean Dollars

MONITORING GRAPHS

MONITORING GRAPH 1:



MONITORING GRAPH 2:



SEGMENTATION TABLE 1:

Determinants of consistent condom use in St Lucia 2012

Risk: Sexually Active Males and Females 16 to 24 years

Behavior: Consistent condom use with any partner (regular, non-regular, commercial) in the past 30 days

INDICATORS	Behaviours Consistent N=246 68.1%	Non-Behaviours Inconsistent N=115 31.9%	OR	Sig.
OPPORTUNITY				
Social Norms				
- My friends like to use condom with their regular partners	2.15	2.49	0.66	**
ABILITY				
Social Support				
- Social Support (discuss) Scale ¹⁸ (range 1-4)	3.12	2.92	1.70	*
Self Efficacy				
- I would feel comfortable refusing to have sex if I or my partner do not have a condom	3.03	2.51	1.56	***
MOTIVATION				
Intentions				
- Intention Scale ¹⁹ (range1-4)	3.14	2.83	2.53	***
Locus of Control				
- I am in control of using condoms or not when I have sex	3.42	3.62	0.62	*
POPULATION CHARACTERISTICS				
Parishes				
- Castries vs.	-	-	-	-
- Anse La Raye	19.7%	30.1%	0.42	*
- Canaries	0.8%	8.4%	0.08	**
- Soufriere	4.7%	9.2%	0.35	ns
- Choiseul	1.0%	0.6%	1.69	ns
- Laborie	6.2%	3.2%	1.92	ns
- Vieux Fort	5.1%	6.5%	0.69	ns
- Micoud	4.0%	4.3%	0.89	ns
- Dennery	7.4%	8.9%	0.81	ns
- Gros Islet	18.3%	18.6%	0.98	ns
Age				
- 16 to 19 years vs 20 to 24 years	38.0%	40.4%	0.91	ns
Sex				
- Male vs. Female	59.1%	56.5%	1.11	ns

Note:

* p<0.05, ** p<0.01, *** p<0.001, ns= not significant

Hosmer-Lemeshow goodness-of-fit: χ^2 (df=8) chi square = 4.39, p=0.82

Omnibus goodness-of-fit: χ^2 (df=16) chi square = 84.61, p<0.000

Cox & Snell R²=0.23

The scales which measured the determinants of OAM were 1 to 4 (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree).

¹⁸ Social Support 1 Scale includes: 1. Friends who I hang out with encourage me to use condoms with my partners; 2. I can discuss with my friends the possibility of a person contracting an STD/STI if he/she has sexual intercourse without using a condom; 3. My friends and I discuss the use of condoms with non-regular partners; 4. My friends and I discuss the use of condoms with regular partners;

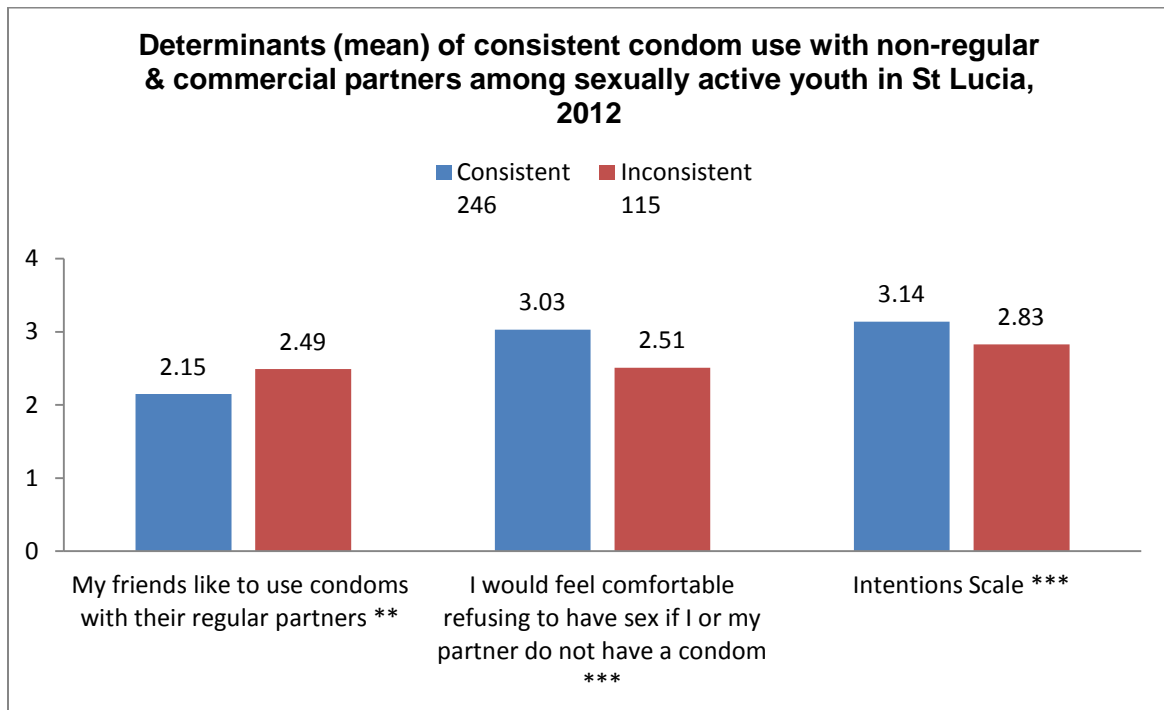
¹⁹ Intentions Scale includes: 1. I plan to get tested for HIV within the next three (3) months; 2. I plan to get tested for STIs within the next three (3) months; 3. I plan to use condoms consistently with my regular partners; 4. I plan to use condoms consistently with my non-regular partners

The percentages and adjusted means were obtained controlling for socio-demographic variables: district, age and sex.

The percentages were obtained through an analysis of univariate, which can be appreciated from two rounds of study, there is no comparative. This can bring about a difference of several percentage points between the results presented/displayed in those then and contents in this report.

SEGMENTATION GRAPHS

SEGMENTATION GRAPH 1:



SEGMENTATION TABLE 2:

Determinants of correct condom use in St Lucia 2012

Risk: Sexually Active Males and Females 16 to 24 years

Behavior: Correct Condom Use (demonstrating correct use on a penile model)

INDICATORS	Correct N=90 18.3%	Incorrect N=402 81.7%	OR	Sig.
BEHAVIOUR				
- Had a male condom at time of interview	41.0%	23.7%	2.28	**
OPPORTUNITY				
Social Norm				
- It is not common for my friends who I hang out with to have more than one sexual partner (range 1 – 4)	2.57	2.17	1.53	***
ABILITY				
Self Efficacy				
- I know how to use a condom when I have sex (range 1 – 4)	3.78	3.56	2.30	**
POPULATION CHARACTERISTICS				
Socio-Economic Status	3.49	2.99	1.30	**
Parishes				
- Castries vs.	-	-	-	-
- Anse La Raye	22.5%	22.8%	0.74	ns
- Canaries	1.3%	2.5%	0.41	ns
- Soufriere	9.0%	3.7%	2.61	ns
- Choiseul	0.8%	1.6%	0.00	ns
- Laborie	6.3%	3.3%	2.11	ns
- Vieux Fort	8.8%	4.0%	2.69	ns
- Micoud	6.0%	3.6%	1.44	ns
- Dennery	8.1%	6.5%	1.09	ns
- Gros Islet	22.9%	17.9%	1.29	ns
Age				
- 16 to 19 years vs 20 to 24 years	31.9%	40.8%	0.63	ns
Sex				
- Male vs. Female	51.9%	52.7%	1.03	ns

Note:

* p<0.05, ** p<0.01, *** p<0.001, ns= not significant

Hosmer-Lemeshow goodness-of-fit: χ^2 (df=8) = 8.81, p=0.36

Omnibus goodness-of-fit: χ^2 (df=15) = 62.55, p<0.000

Cox & Snell R²=0.13

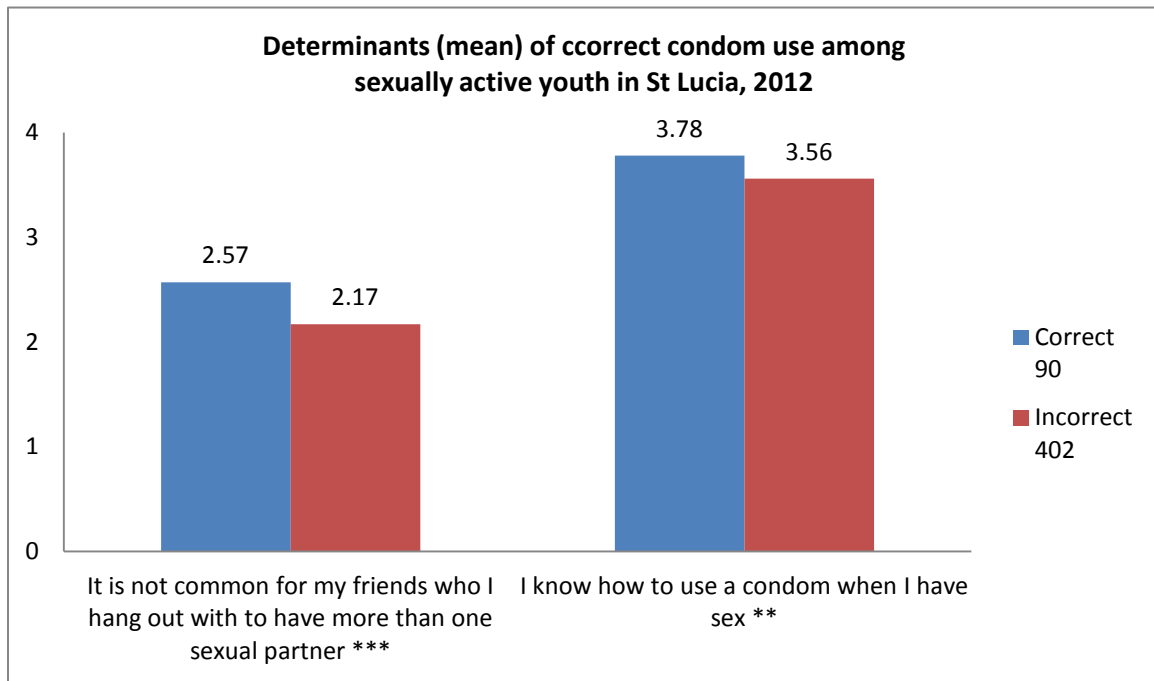
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SEGMENTATION GRAPHS

SEGMENTATION GRAPH 2:



EVALUATION TABLE

Impact of PSI's GIGI mass media²⁰, St Lucia, 2012
 Risk: Sexually Active Males and Females 16 to 24 years
 Behavior: Correct and Consistent Condom Use

INDICATORS	BASELINE 2010		FOLLOW UP 2012		Sig *, **, *** or ns
	Non-Exposed N=278	Exposed N=305	Non-Exposed N=133	Exposed N=277	
BEHAVIOUR/USE					
- Received HIV test in last 12 months	41.3% ^a	56.5% ^b	24.3% ^c	43.6% ^a	***
- Have a male condom at present	39.4% ^a	36.9% ^{a,c}	24.4% ^b	29.8% ^{b,c}	*
- Received STI Screening in last 12 months	24.3% ^a	37.7% ^b	12.0% ^c	30.6% ^{a,b}	***
- Number of any sexual partners in the last 30 days	3.97 ^a	4.34 ^a	3.44 ^{a,b}	2.90 ^b	***
- Consistent condom use with all partners in the last 30 days	19.8% ^a	27.6% ^b	6.4% ^c	7.4% ^c	***
AVAILABILITY					
- It is easy to find a condom	61.6% ^a	39.8% ^b	69.0% ^{a,d}	75.9% ^{c,d}	***
- The last time that I bought or received a condom I got it from a Non-traditional outlet	11.7% ^a	2.6% ^b	28.6% ^c	25.7% ^c	***
BRAND APPEAL					
- The brand of condom really does not matter to me	56.1% ^a	74.3% ^b	55.1% ^c	57.8% ^c	***
- Preferred brand of condom endorsed by 'GIGI'	15.3%	7.8%	12.2%	11.7%	ns
INTENTION					
- I plan to get tested for HIV within the next three months	63.1% ^a	79.6% ^b	60.0% ^a	65.0% ^a	***
- I plan to get tested for STI within the next three months	58.9% ^a	74.3% ^b	59.0% ^a	65.8% ^a	**
- I plan to use condoms consistently with my non-regular partners	85.7%	86.8%	82.6%	92.0%	ns

Note:

* p<0.05, ** p<0.01, *** p<0.001, ns= not significant

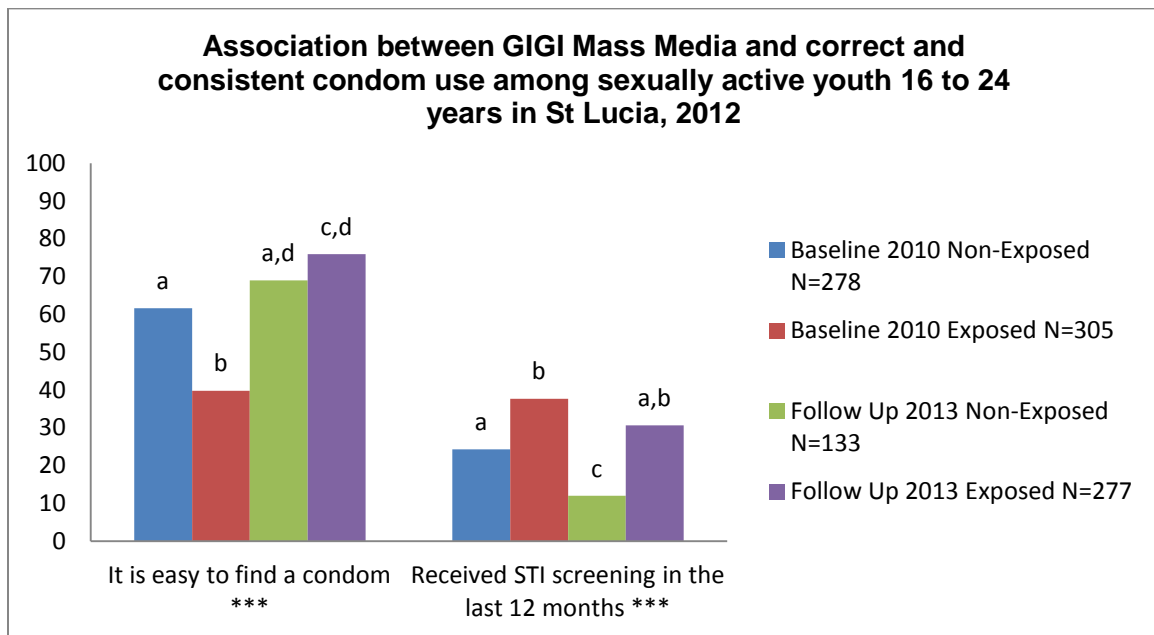
The percentages and adjusted means were obtained controlling for socio-demographic variables: gender, marital status, education, district, age, employment, exposure to promotional items (t-shirts, wrist bands, dog tags).

Pair-wise comparisons were calculated to reflect significant differences in the exposure variable. Values with the same letter in their superscripts do not differ significantly from one another according to a Least Significant Distance (LSD) test with a .05 limit on family wise error rate.

²⁰ Mass Media consists of: heard a radio advertisement, seen the Got it. Get it Logo, seen a television advertisement

EVALUATION GRAPHS

EVALUATION GRAPH 1:



SUMMARY OF EFFECT TABLE: DASHBOARD INTERPRETATION

Program: St Lucia HIV/AIDS Program, 2012

Study Population: Sexually active males and females 16 to 24 years

Outcomes: Correct and consistent condom use

INDICATORS	Change over time (Monitoring)	Association with program exposure (Evaluation)	Programmatic effect ²¹
	+, -, or not sig.	+, -, or not sig.	Positive, Negative, or no impact
BEHAVIOUR/USE			
- Received HIV test in last 12 months	-	+	Positive/Mitigation
- Have a male condom at present	-	ns	No impact
- Received STI Screening in last 12 months	-	+	Positive/Mitigation
- Number of any sexual partners in the last 30 days	+	ns	No impact
- Consistent condom use with all partners	-	ns	No Impact
AVAILABILITY			
- It is easy to find a condom	+	ns	No impact
- The last time that I bought or received a condom I got it from a Non-traditional outlet	+	ns	No impact
BRAND APPEAL			
- The brand of condom really does not matter to me	-	ns	No impact
- Preferred brand of condom endorsed by 'GIGI'	+	ns	No impact
MOTIVATION			
- I plan to get tested for HIV within the next three months	-	ns	No impact
- I plan to get tested for STI within the next three months	-	ns	No impact
- I plan to use condoms consistently with my non-regular partners	+	ns	No impact

²¹ Note that the conclusion will be different depending on whether preventive behaviors (e.g. condom use) or risk behaviors (sharing of injection equipment) are being measured. If you are unsure how to complete this table, reference the toolkits chapter on TRaC Summary Report.

POPULATION CHARACTERISTICS

POPULATION CHARACTERISTICS	2010 N=501	2012 N=517
Gender	% or mean	% or mean
- Male	53.5%	52.7%
- Female	46.5%	47.3%
Age at last birthday		
- 16	6.6%	5.61%
- 17	9.4%	9.0%
- 18	12.4%	11.2%
- 19	13.0%	13.7%
- 20	10.8%	11.6%
- 21	11.8%	11.4%
- 22	9.8%	12.7%
- 23	14.2%	11.8%
- 24	12.2%	12.4%
- Average age	20.30	20.34
Marital Status		
- Unmarried living with sex partner	33.7%	19.0%
- Single	58.0%	77.5%
- Married living with spouse or sex partner	2.4%	1.7%
- Married not living with spouse	0.4%	1.5%
- Other	5.4%	0.4%
Education		
- Never attended school	0.2%	0.0%
- Did not finish primary school	10.2%	3.5%
- Primary	15.6%	17.5%
- Secondary	59.8%	62.9%
- Tertiary	13.2%	15.1%
- University	1.0%	1.0%
Employed		
- No	51.6%	50.3%
- Yes	48.4%	49.7%
Monthly Income		
- No income	11.7%	24.2%
- 1 - 249	2.6%	4.8%
- 250 – 499	7.0%	7.2%
- 500 – 999	13.1%	13.5%
- 1000 – 1499	16.1%	14.9%
- 1500 – 1999	13.6%	9.3%
- 2000 – 2999	10.0%	4.8%
- 3000 and above	3.0%	8.1%
- No response	22.9%	13.3%
TV		
- No	10.3%	11.8%
- Yes	89.7%	88.2%

RELIABILITY ANALYSIS

Composite Variables	2010 (N=501) Cronbach's Alpha	2012 (N=492) Cronbach's Alpha
OPPORTUNITY		
Availability (1- strongly disagree to 4 – strongly agree)		
<ol style="list-style-type: none"> 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 	0.88	0.83
ABILITY		
Social Support – discuss (1- strongly disagree to 4 – strongly agree)		
<ol style="list-style-type: none"> 1. Friends who I hang out with encourage me to use condoms with my partner/s 2. I can discuss with my friends the possibility of a person contracting an STD/STI if he/she has sexual intercourse without using a condom 3. My friends and I discuss the use of condoms with non-regular partners 4. My friends and I discuss the use of condoms with regular partner/s 5. I encourage friends who I hang out with to use condoms when they are going to have sex with their regular partner/s 	0.89	0.82
Social Support – encouragement (1- strongly disagree to 4 – strongly agree)		
<ol style="list-style-type: none"> 1. I encourage friends who I hang out with to use condoms when they are going to have sex with their non regular partner/s 2. Friends who I hang out with feel comfortable talking to me if they suspect that they have an infection 3. I encourage friends who I hang out with to go to a doctor if they suspect that they have an infection 4. Friends who I hang out with encourage me to go to a doctor if I suspect that I have an infection 	0.87	0.78
MOTIVATION		
Intentions (1- strongly disagree to 4 – strongly agree)		
<ol style="list-style-type: none"> 1. I plan to get tested for HIV within the next three (3) months 2. I plan to get tested for STIs within the next three (3) months 3. I plan to use condoms consistently with my regular partners 4. I plan to use condoms consistently with my non-regular partners 	0.87	0.73
Subjective Norms (1- strongly disagree to 4 – strongly agree)		
<ol style="list-style-type: none"> 1. My partner will approve of using condoms 2. My peers will approve of me using condoms 3. My peers will approve of my getting tested for HIV 4. My partner will approve of my getting testing for STIs 	0.89	0.91
Threat (1- strongly disagree to 4 – strongly agree)		
<ol style="list-style-type: none"> 1. I am not the kind of person who is likely to get HIV 2. I am not at risk for HIV if I don't have anal sex 	0.78	0.82

<ol style="list-style-type: none">3. I am not at risk for HIV if I don't have vaginal sex4. I am not at risk for HIV if I don't have oral sex5. I am not at risk for another STD/STI if I am already infected with one6. I am more at risk for becoming pregnant/getting someone pregnant than contracting a STD/STI		
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