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BELIZE (2013): HIV/AIDS TRaC Study Evaluating Condom Use among Sexually Active Youth 16-24 years.

ROUND 1

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Belize (2013): HIV/AIDS TRaC Study Evaluating Condom Use among Sexually Active Youth 16-24 years. Round 1

PSI Research & Metrics
2013

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Acknowledgments This TRaC (Tracking Results Continuously) Survey was funded by the German Development Bank (KfW) in tantem with the Pan Caribbean Partnership on HIV/AIDS (PANCAP) and Options. The opinions expressed herein are those of the authors and do not necessarily reflect the views of KfW, PANCAP or Options. Additionally, this study has not been approved by the Belize Ministry of Health and as such is not available for widespread distribution.

Our gratitude goes out to PSI-Caribbean's Research Consultant Mr. Joel Joseph for designing the sample and study and construction of the report and analysis, to PSI-Caribbean's Technical Manager Ms. Ava Rampersad and PASMO Guatemala Regional Researcher Mr. Benjamin Nieto-Andrade who provided direct guidance and technical support throughout the undertaking. Additional gratitude is extended to PASMO Belize Country Manager Ms. Guadalupe Huitron and the Belize Family Life Association (BFLA) and Stephanie Quann.

Suggested citation of this work:

PSI Research & Metrics, "Belize (2013): HIV/AIDS TRaC Study Evaluating Condom Use among Sexually Active Youth 16-24 year. Round 1," TRaC Summary Report. <http://www.psi.org/resources/publications>.

TABLE OF CONTENTS

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 Belize, where PSI-Caribbean is implementing a KFW-funded project (CARISMA II) targeting sexually active youth. The survey was conducted in six (6) project targeted districts – Corozal, Orange Walk, Belize City, Cayo, Stann Creek and Toledo.

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 Belize Family Life Association 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 this baseline study. A total of 1121 interviews were conducted. 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 hot spots where youth hang out were controlled for in the analyses[1]

MAIN FINDINGS

The monitoring table highlights that:

- :: Consistent condom use varies according to partner type; consistent condom use among regular partners was reported at 45.3% and among non-regular partners (casual and commercial) it was reported at 69.1%. Noted as well is the relatively high condom use at last sex despite partner type. Condom use at last sex among regular partners was reported at 60.9%, non-regular partners: 69.4% and commercial partners: 73.5%.
- :: Ability to use condoms correctly was reported relatively low at 32.5%. Similarly, 39.5% of those interviewed had a condom at the time of the interview and, those who participated in an activity that involved putting a condom on a penis model was reported at 29.9%
- :: 39% of participants reported having received an HIV test in the last 12 months. Similarly 30.6% of sexually active youth received an STI screening during the same period.
- :: The share of female respondents who currently use modern contraceptives other than condoms stood at 47.8%. Also noteworthy is the reported number of sexually active females, who reported using the pill as a modern contraceptive method (32%) and those using injectables, (14.5%).

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

- :: While the reported numbers of regular and non-regular sexual partners in the last 30 days were similar (1.10 and 1.13 respectively) the number of sex acts during the same time period between these partners varied. The number of reported sex acts among regular partners stood at 9.72 and the comparative figure for non-regular partners is 2.70
- :: Access to condoms did not appear to be a major issue as 93.8% of respondents felt that they can get a condom when they need one this was further corroborated by the 77.3% of sexually active youth who reported that it is easy to find a condom to purchase.
- :: Self-efficacy variables were relatively high as 91% of respondents felt that they can convince their partners to use a condom and 88.7% reported that they know how to use a condom when they have sex.
- :: Locus of control reports 29.2% of respondents drank alcohol before having sex with non-regular partners and a further 32.3% of sexually active youth engaged in sex under the influence of alcohol and/or drugs with non-regular partners.

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

- :: *Behaviour.* Sexually active youth who ever used a condom were more likely to demonstrate correct condom use (94.8% vs. 90.5%, p<0.05).
- :: *Brand Appeal.* Respondents who are not brand conscious about condoms are less likely to use condoms correctly (37.9% vs. 49.2%, p<0.01).
- :: *Locus of Control.* Sexually active youth who report that they are in control using or not usong condoms were more likely to demonstrate correct condom use (92.0% behaviours vs. 87.8% non-behaviours, p<0.05).
- :: *Exposure.* Respondents who has seen at least one PSI-C promotional item were more likely to demonstrate correct condom use (70.6% vs 53.1%, p<0.001). Also, respondents who were exposed to the campaign's mass media (seen logo, seen TV advertisement or heard radio advertisement) were less likely to demonstrate correct condom use (1.48 vs. 1.67, p<0.01).

The results of segmentation analysis indicate that the probability of sexually active youth **using condoms consistently** increases with:

- :: *Behaviour.* Sexually active males and females who had a condom at the time of the interview were more likely to use condoms consistently (45.0% vs. 35.2%, p<0.01). Respondents who had a genital sore in the last 12 months were less likely to use condoms inconsistently (1.4% behaviours vs. 3.6% non-behaviours, p<0.01). Similarly, respondents who suspected themselves of having an STI within the last 12 months were less likely to use condoms consistently (7.2% behaviours vs. 12.4% non-behaviours, p<0.01)
- :: *Social Norms.* Respondents whose friends think that it is good to use condoms when having sex were more likely to use condoms consistently (81.8% behaviours vs. 77.3% non-behaviours, p<0.01)
- :: *Self Efficacy.* A higher mean number of sexually active males and females who believe that they can use condoms consistently were more likely to demonstrate this positive behaviour (3.53 vs. 3.28, p<0.001)
- :: *Intentions.* Respondents who plan to use condoms consistently with regular partners were more likely to use condoms consistently (83.8% vs. 67.7%, p<0.001).
- :: *Exposure.* Those respondents who saw at least one 'Got it. Get it' promotional item were more likely to use condoms consistently (74.8% behaviours vs. 54.3% non-

behaviours, p<0.001). Also, sexually active males and females 16 to 24 years who were exposed to mass media (saw "Got it.Get it" logo, saw TV ad and heard radio ad) were less likely to use condoms consistently (1.49 vs. 1.67, p<0.01). This finding can be attributed to the fact that radio and television advertisements focused on sexual and reproductive health issues and not condom use.

The results of segmentation analysis indicate that the probability of sexually active youth **using modern methods of contraception (excluding condoms)** increases with:

:: *Behaviour:* The share of female respondents who report having heard about emergency contraception were more likely to be using modern contraceptives – excluding condoms (73.0% vs. 60.7%, p<0.05). Also, female respondents who had more non-regular partners were more likely to use modern methods of contraception (excluding condoms).

:: *Outcome Expectation.* A higher mean number were less likely to agree that condoms as contraceptives is the best way to avoid unwanted pregnancies (3.11 behaviours vs 3.43 non-behaviours, p<0.01).

PROGRAMMATIC RECOMMENDATIONS

:: Consistent condom use among all partners and ability to use condoms are far from being universal. Future programmatic efforts should be placed on activities that continue to promote consistent condom use with all partners, develop the skills to use condoms correctly and, promote carrying a condom. These activities should continue to use didactic and interactive methodologies.

:: Although sexually active youth report being able to get a condom when they need one, finding a condom to purchase was relatively low. Sales efforts should focus on areas where members of the target population feel comfortable, safe and on places that are convieniently located to youth.

:: Self efficacy, intention and carrying a condom seem to be a major driver of consistent condom use. Those youth who feel that they are able to use condoms consistently and plan to use them are generally able to do so. Programmatically, this points to increasing ability and confidence of both males and females to use and negotiate condom use.

:: BCC efforts should be placed on the importance using condoms from the beginning to the end of each sexual episode as condoms are the only barrier method that offers dual protection. The dual protection role of condoms should be emphasized among females in discussion about contraceptive choices.

The above recommendations will be implemented through the PSI-Caribbean Belize youth program's main activities: maintaining access and availability to condoms by consistent restocking of sales outlets; Behaviour Change Communication (BCC) which focuses on improving sexual and reproductive health. 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 six districts (Corozal, Orange Walk, Belize City, Cayo, Stann Creek, Toledo) in Belize, 2013
Risk: Sexually Active Males and Females 16 to 24 years
Behavior: Correct and consistent Condom Use during the last 30 days

INDICATORS	February 2013 N=1121
BEHAVIOR/USE	**% or Mean**
- Consistent condom use with regular partner/s in the last 30 days[2]	45.3%
- Consistent condom use with non-regular (commercial and/or casual partner/s) in the last 30 days[3]	69.1%
- Consistent condom use with all sexual partner/s in the last 30 days	45.2%
- Condom use at last sex with regular partner/s[4]	60.9%
- Condom use at last sex with non-regular partner/s[5]	69.4%
- Condom use at last sex with commercial partner/s[6]	73.5%
- Condom use at last sex with any partner	77.3%
- Demonstrating correct condom use (8 items)[7]	32.5%
- Received HIV test in last 12 months	39.0%
- Have a male condom at present	39.5%
- Age at first sex	15.21
- Received STI Screening in last 12 months	30.6%
- Current use of contraceptive methods – Pills (females only)[8]	32.0%
- Current use of contraceptive methods – Injectables (females only)[9]	14.5%
- Current use of modern method of contraceptives – excluding condoms (females only)[10]	47.8%
NEED/RISK	
- Number of regular partner/s in the last 30 days	1.10
- Number of non-regular partner/s in the last 30 days	1.13
- Number of commercial partner/s in the last 30 days	0.12
- Number of any partner/s in the last 30 days	2.35
- Number of sex acts with regular partner/s in the last 30 days	9.72
- Number of sex acts with non-regular partner/s in the last 30 days	2.70
- Number of sex acts with commercial partner/s in the last 30 days	0.23
- Number of sex acts with any sexual partner/s in the last 30 days	12.65
OPPORTUNITY	**% or Mean**
Availability	
- Availability Scale (1-4)[11]	3.47
- It is easy to find a condom to purchase	77.3%
- I can get a condom when I need one	93.8%
- The last time that I bought or received a condom I got it from a Non-traditional outlet	24.1%

[2] N = 985
[3] N = 632
[4] N = 1021
[5] N = 777
[6] N = 136
[7] Demonstrating scale 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.
[8] N = 413
[9] N = 413
[10] N = 450
[11] Availability Scale includes: 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. I can get a condom when I need one

Brand Appeal	
- The brand of condom really does not matter to me	45.7%
- Preferred brand of condom endorsed by GIGI	20.4%
Social Norm	
- My friends like to use condoms with their non- regular partners	35%
ABILITY	**% or Mean**
Knowledge	
- Knowledge Index (9 items)[12]	6.71
Social Support	
- Social Support Scale (8 items)[13]	3.10
- Friends think it is ok to have multiple partners	73.2%
- I encourage friends to use condoms with their non-regular partner(s)	81.6%
Self-Efficacy	
- I can convince my partner to use a condom	91.9%
- I know how to use a condom when I have sex	88.7%
- Self Efficacy Scale (range 1-4)[14]	3.39
MOTIVATION	% or Mean
Beliefs	
- Belief's scale (range 1-4)[15]	2.55
Intention	
- I plan to use condoms consistently with my non-regular partners	87.5%
-	
Locus of Control	
- Drank alcohol before having sex with non-regular type of partner	29.2%
- Used drugs (other than alcohol) before having sex with non-regular type of partner	6.3%
- Engaging in sex under the influence of alcohol and/or drugs with non-regular partners	32.3%
- Engaging in sex under the influence of alcohol and/or drugs with regular partners	52%
Subjective Norm	
- Subjective Norms Scale (range 1-4)[16]	3.50
Threat	
- Threat Scale (9 items)[17]	2.27
Willingness to Pay	

[12] 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;

[13] 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

[14] 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

[15] Belief's Scale includes: Women who use contraception end up with health problems; 2. Women who use contraceptives should feel guilty; 3. Using contraceptives will make it difficult to become pregnant later; 4. Using contraceptives reduces sex drive

[16] Subjective Norms Scale: 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 tested for STIs

[17] Threat Scale includes: 1. I am at risk for HIV if I have unprotected sex with my non-regular partners; 2. I am not the kind of person who is likely to get HIV; 3. I am not at risk for HIV if I don't have anal sex; 4. I am not at risk for HIV if I don't have vaginal sex; 5 I am not at risk for HIV if I don't have oral sex; 6. I am not at risk for another STD/STI if I am already infected with one; 7. I am more at risk for becoming pregnant/getting someone pregnant than contracting STD/STI; 8. HIV is not a big deal as the media makes it out to be; 9. I am at a greater risk for contracting HIV if I already have an STD/STI

- Price of condom too expensive	$ 6.29 BLZ[18]
- Price of condom too inexpensive	$ 4.23 BLZ
- Price of condom neither expensive nor inexpensive	$ 4.86 BLZ
EXPOSURE	**% or Mean**
- Have you seen 'GIGI' logo in your neighbourhood in last 3 months	67.3%
- Has seen the GIGI logo in the last 3 months	50.6%
- Have you seen one or more 'GIGI' promotional items	58.9%
- Has participated in at least one PSI-BCC activitiy	28.1%
- Have you participated in an activity that involved practicing putting on a condom on a penis model	29.9%

Notes:

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

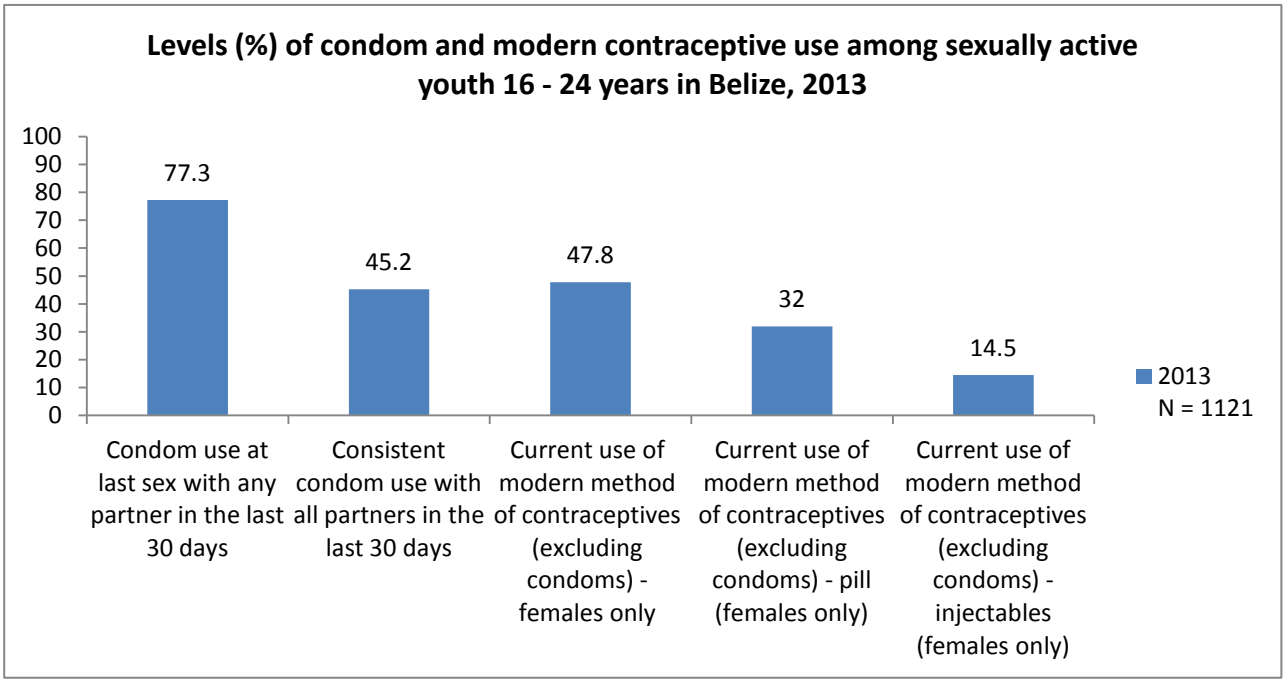
(r): These indicators were asked in the questionnaire in opposite direction, for aims of analysis of this table must of being interpreted as they are written here

The scales which measured the determinants of OAM were 1 to 4 (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). No controls were applied and percentages and adjusted means were obtained through an analysis of univariance.

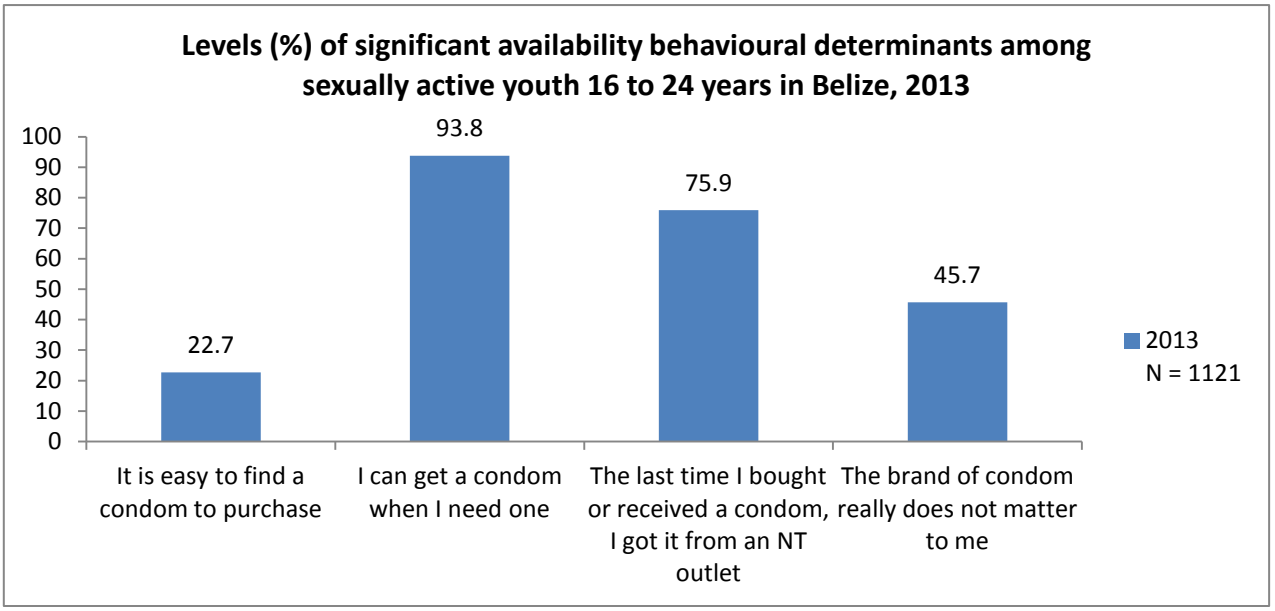
[18] BLZ refers to Belize Dollar

MONITORING GRAPHS

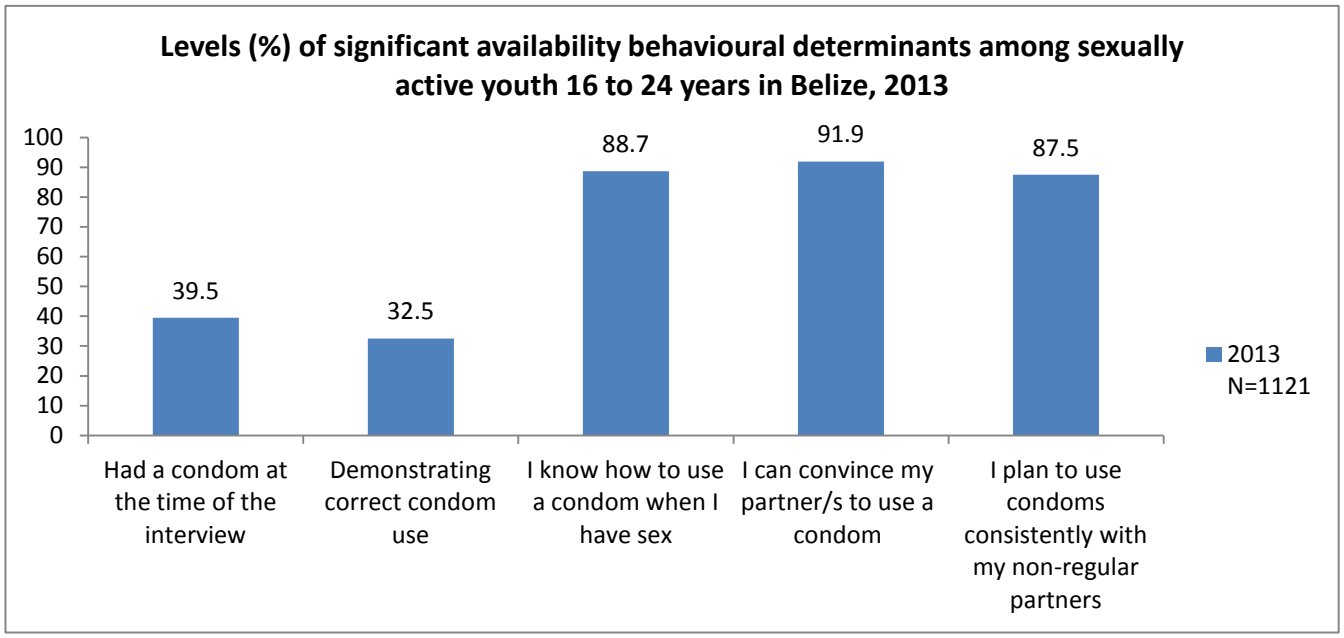
MONITORING GRAPH 1:



MONITORING GRAPH 2:



MONITORING GRAPH 3:



SEGMENTATION TABLE 1:

Determinants of correct condom use in six districts (Corozal, Orange Walk, Belize City, Cayo, Stann Creek, Toledo) in Belize 2013
Risk: Sexually Active Males and Females 16 to 24 years
Behavior: Correct Condom Use in the past 30 days (demonstrating correct condom use on a penile model)

INDICATORS	Correct N = 364 (32.5%)	Incorrect N = 757 (67.5%)	OR	Sig.
BEHAVIOURS	% or mean	% or mean		
- Have you ever used a male condom	94.8%	90.5%	2.40	*
OPPORTUNITY	% or mean	% or mean		
- Knowledge Index (9 items)[19]	7.02	6.58	1.30	***
ABILITY	% or mean	% or mean		
- Social Support Scale (range 1-4)	3.21	3.05	1.39	**
MOTIVATION	% or mean	% or mean		
Brand Appeal				
- The brand of condom really does not matter to me	37.9%	49.2%	0.63	**
Locus of Control				
- I am in control of using or not using condoms when I have sex	92.0 %	87.8%	1.85	*
EXPOSURE	% or mean	% or mean		
- Has seen at least one 'Got it. Get it' promotional item	70.6%	53.1%	2.70	***
- Mass Media (seen logo in neighbourhood, seen TV ad and heard radio ad)	1.48	1.67	0.82	**
POPULATION CHARACTERISTICS				
- *Do you have children*	0.25	0.34	0.55	***
Districts				
- Corozal vs.	-	-	-	-
- Orange Walk	21.4%	12.8%	5.83	***
- Belize	31.8%	26.0%	3.47	***
- Cayo	26.3%	19.9%	4.29	***
- Stann Creek	9.2%	11.3%	1.15	ns
- Toledo	12.3%	8.2%	4.11	***
Sex				
- Malve vs. Female	61.9%	58.6%	1.12	ns
Age				
- 16 to 19 years vs. 20 to 24 years	50.0%	61.7%	0.62	**

Note:
* p<0.05, ** p<0.01, *** p<0.001, ns= not significant
Hosmer-Lemeshow goodness-of-fit: $\chi 2$ (df=8) chi square = 8.38, p=0.40
Omnibus goodness-of-fit: $\chi 2$ (df=14) chi square = 195.00, p<0.000
Cox & Snell R2=0.16

[19] 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

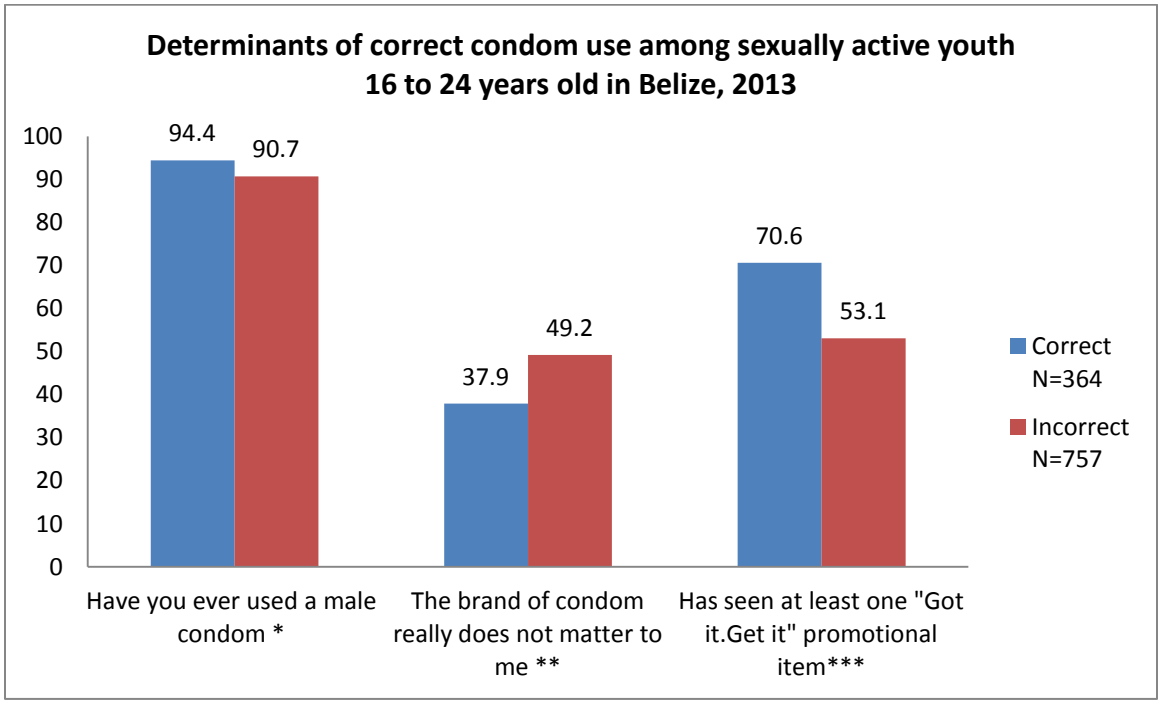
The scales which measured the determinants of OAM were 1 to 4 (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree).

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

The percentages were obtained through an analysis of univariance, 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 use in six districts (Corozal, Orange Walk, Belize City, Cayo, Stann Creek, Toledo) in Belize 2013
Risk: Sexually Active Males and Females 16 to 24 years
Behavior: Consistent Condom Use

INDICATORS	Behaviours Consistent N = 507 (45.2%)	Non-Behaviours Inconsistent N = 614 (54.8%)	OR	Sig.
BEHAVIOUR	% or mean	% or mean		
- Have had a genital sore/ulcer in the last 12 months	1.4%	3.6%	0.26	*
- Has suspected self of having an STI in the last 12 months	7.2%	12.4%	0.50	*
- Use of lubricant at last sex	14.9%	21.2%	0.65	*
- Had a male condom at time of interview	45.0%	35.2%	1.60	**
OPPORTUNITY	% or mean	% or mean		
Social Norm				
- My friends think that it is good to use condoms when having sex	81.8%	77.3%	1.74	*
ABILITY	% or mean	% or mean		
- Self Efficacy Scale[20] (range 1-4)	3.53	3.28	3.33	***
MOTIVATION	% or mean	% or mean		
Intentions				
- I plan to use condoms consistently with my regular partners	83.8%	67.7%	3.66	***
Subjective Norms				
- Subjective Norms Scale[21] (range 1-4)	3.55	3.47	1.61	**
Beliefs				
- Belief's Scale[22] (range 1-4)	2.46	2.62	0.79	*
EXPOSURE	% or mean	% or mean		
- Has seen at least one or more 'Got it. Get it' promotional item	74.8%	54.3%	2.03	***
- Mass Media (seen logo in neighbourhood, seen TV ad and heard radio ad)	1.54	1.67	0.84	*
POPULATION CHARACTERISTICS	% or mean	% or mean		
- *Do you have children*	0.25	0.34	0.55	***
Districts				
- Corozal vs.	-	-	-	-
- Orange Walk	16.2%	15.1%	1.08	ns
- Belize	26.7%	29.1%	0.67	ns
- Cayo	23.4%	20.3%	1.68	ns
- Stann Creek	8.4%	12.2%	0.48	*

[20] 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
[21] Subjective Norms Scale: 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 tested for STIs
[22] Belief's Scale includes: Women who use contraception end up with health problems; 2. Women who use contraceptives should feel guilty; 3. Using contraceptives will make it difficult to become pregnant later; 4. Using contraceptives reduces sex drive

- Toledo	11.5%	7.9%	1.69	ns
Sex				
- Male vs. Female	60.0%	58.9%	1.19	**
Age				
- 16 to 19 years vs. 20 to 24 years	63.6%	53.5%	1.56	**

Note:
* p<0.05, ** p<0.01, *** p<0.001, ns= not significant
Hosmer-Lemeshow goodness-of-fit: $\chi 2$ (df=8) chi square = 11.13, p=0.20
Omnibus goodness-of-fit: $\chi 2$ (df=19) chi square = 387.38, p<0.000
Cox & Snell R2=0.30

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: district, age and sex.

The percentages were obtained through an analysis of univariance, 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

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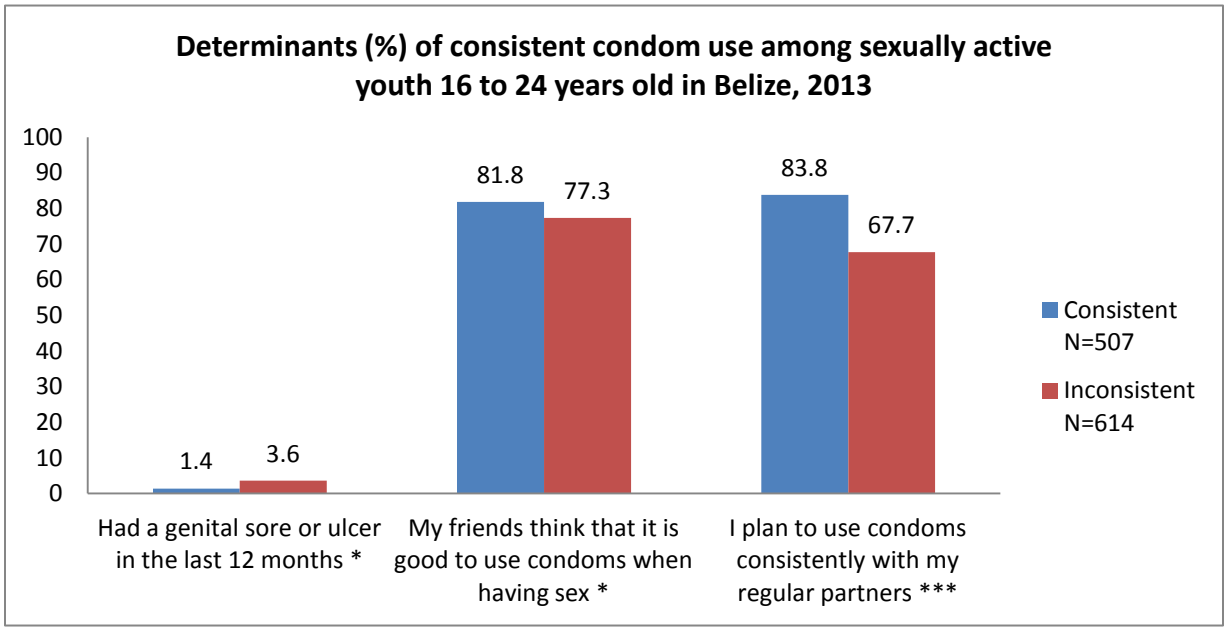


SEGMENTATION TABLE 3:

Determinants of correct condom use in use in six districts (Corozal, Orange Walk, Belize City, Cayo, Stann Creek, Toledo) in Belize 2013
Risk: Sexually Active Females 16 to 24 years
Behavior: Current use of Modern Contraceptives – excluding condoms (females only)

INDICATORS	Behaviours Use Modern Contraceptives N = 215 (47.8%)	Non-Behaviours Does Not use Modern Contraceptives N = 235 (52.2%)	OR	Sig.
BEHAVIOUR	% or mean	% or mean		
- Heard about emergency contraception	73.0%	60.7%	1.79	*
- Number of non-regular partners	0.74	0.64	1.65	*
MOTIVATION	% or mean	% or mean		
Outcome Expectations				
- Condoms as contraceptives is the best way to avoid unwanted pregnancies	3.11	3.43	0.67	**
POPULATION CHARACTERISTICS	% or mean	% or mean		
- *Do you have children*	43.6%	24.9%	2.43	***
Districts				
- Corozal vs.	-	-	-	-
- Orange Walk	12.9%	16.0%	0.63	ns
- Belize	30.1%	28.2%	1.20	ns
- Cayo	26.2%	19.5%	2.26	*
- Stann Creek	7.7%	11.7%	0.45	ns
- Toledo	9.8%	12.4%	0.64	ns
Age				
- 16 to 19 years vs. 20 to 24 years	50.1%	64.3%	1.52	**

Note:
* p<0.05, ** p<0.01, *** p<0.001, ns= not significant
Hosmer-Lemeshow goodness-of-fit: $\chi 2$ (df=8) chi square = 4.59, p=0.80
Omnibus goodness-of-fit: $\chi 2$ (df=10) chi square = 99.72, p<0.000
Cox & Snell R2=0.20

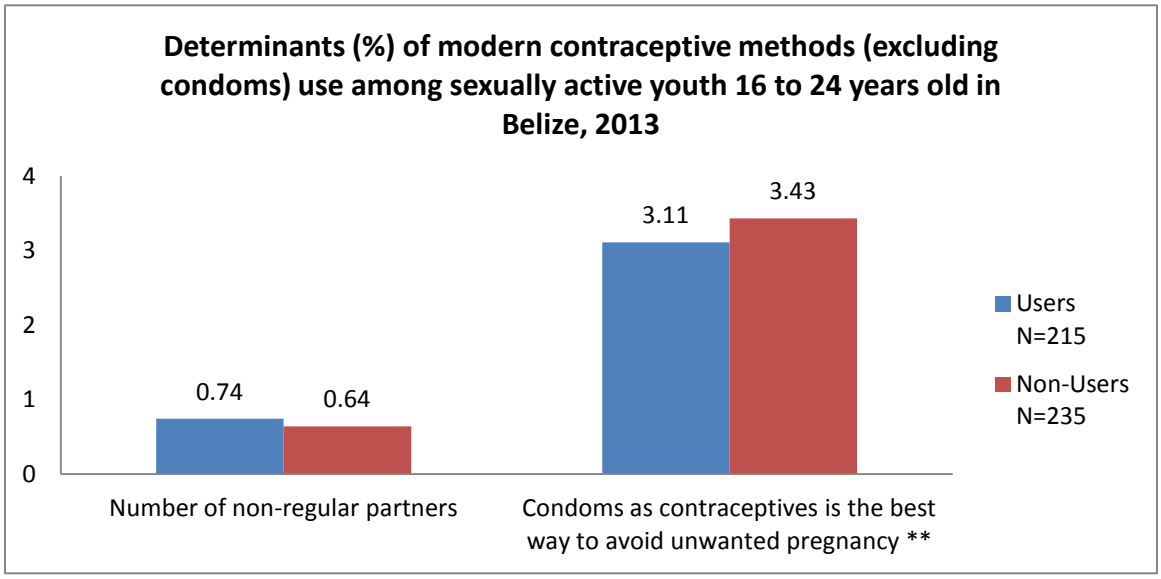
The scales which measured the determinants of OAM were 1 to 4 (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree).

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

The percentages were obtained through an analysis of univariance, 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 3:



POPULATION CHARACTERISTICS

POPULATION CHARACTERISTICS	2013 N=1121
Gender	% or mean
- Male	671
- Female	450
Age at last birthday	
- 16	2
- 17	213
- 18	146
- 19	165
- 20	120
- 21	128
- 22	122
- 23	121
- 24	97
- Average age	20.02
Marital Status	
- Unmarried living with sex partner	18%
- Single	69.1%
- Married living with spouse or sex partner	7.6%
- Married not living with spouse	2.7%
- Other	2.6%
Education	
- Never attended school	2%
- Did not finish primary school	3.7%
- Primary	17.3%
- Secondary	50.3%
- Tertiary	19.4%
- University	7.4%
Employed	
- No	47%
- Yes	53%
Monthly Income (BLZ)	
- No income	22%
- 1 - 249	17.5%
- 250 – 499	17.7%
- 500 – 999	14.2%
- 1000 – 1499	12.5%
- 1500 – 1999	3.6%
- 2000 – 2999	2.3%
- 3000 and above	2.3%
- No response	7.8%
TV	
- No	18.2%
- Yes	81.7%

Radio	
- No	23.3%
- Yes	76.7%
DVD Player	
- No	37.1%
- Yes	62.9%
Computer – Desk Top	
- No	43.1%
- Yes	56.9%
Cell Phone	
- No	9.9%
- Yes	90.1%
MP3 Player	
- No	58.6%
- Yes	41.4%
Internet	
- No	58.5%
- Yes	41.5%
Cable/Satelite	
- No	27.8%
- Yes	72.2%
Car	
- No	73.7%
- Yes	26.3%
Do you have children?	
- No	70.1%
- Yes	29.9%

RELIABILITY ANALYSIS

Composite Variables	2013 (N = 1121) Cronbach's Alpha
OPPORTUNITY	
Availability (1- strongly disagree to 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	0.78
ABILITY	
Social Support – discuss (1- strongly disagree to 4 – strongly agree) 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 6. I encourage friends who I hang out with to use condoms when they are going to have sex with their non regular partner/s 7. Friends who I hang out with feel comfortable talking to me if they suspect that they have an infection 8. I encourage friends who I hang out with to go to a doctor if they suspect that they have an infection 9. Friends who I hang out with encourage me to go to a doctor if I suspect that I have an infection	0.92
Self Efficacy (1- strongly disagree to 4 – strongly agree) 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	0.76
MOTIVATION	
Subjective Norms (1- strongly disagree to 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 my getting tested for HIV 4. My partner will approve of my getting testing for STIs	0.84
Threat (1- strongly disagree to 4 – strongly agree) - reverse 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 3. I am not at risk for HIV if I don't have vaginal sex 4. I am not at risk for HIV if I don't have oral sex 5. I am not at risk for another STD/STI if I am already infected with one 6. I am more at risk for becoming pregnant/getting someone pregnant than contracting a STD/STI 7. HIV is not a big deal as the media makes it out to be	0.84
Beliefs (1- strongly disagree to 4 – strongly agree)	0.79

1. Women who use contraception end up with health problems 2. Women who use contraceptives should feel guilty 3. Using contraceptives will make it difficult to become pregnant later 4. Using contraceptives reduces sex drive	