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## TRAC SUMMARY REPORT PSI DASHBOARD

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

ROUND 1

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

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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 Suriname, where PSI-Caribbean is implementing a KFW-funded project (CARISMA II) targeting sexually active youth. The survey was conducted in three (3) project targeted districts – Nickerie, Paramaribo and Wanica.

### 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 Stichting Lobi supports a mobile health outreach where sexually active youth are able to access a 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 742 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<sup>1</sup>

### MAIN FINDINGS

The monitoring table highlights that:

- :: Consistent condom use varies according to partner type; consistent condom use among regular partners was reported at 45.9% and among non-regular partners it was reported at 72.7%.
- :: Ability to use condoms correctly is far from being universal as only 26.5% demonstrated correct condom use. Similarly, only 27% of those interviewed had a condom at the time of the interview.
- :: 27.5% of participants reported having received an HIV test in the last 12 months but an even lower percentage received an STI screening over the same period (19.9%).
- :: The share of female respondents who currently use modern contraceptives other than condoms stood at 44.1%. Also, is the reported number of respondents, who reported using the pill as a modern contraceptive method (31.1%) and those using injectables, (2%).
- :: 35.2% of respondents receive a medical check up at least once a year.
- :: Access to condoms did not appear to be a major issue as 91.7% of respondents reported that they can get a condom when they need one and a similar 94.7% indicated that the last time they bought or received a condom they got it from a

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

- non-traditional outlet. Notably however 64.6% of sexually active youth reported that it is easy to find a condom to purchase.
- :: Social Support and promoting condom use showed similar findings as 29.1% of respondents indicate that their friends think it is ok to have multiple partners whereas, only 13.9% of sexually active youth encourage friends to use condoms with their non-regular partners.
  - :: Self-efficacy variables were low; only 11% of respondents felt that they can convince their partners to use a condom and similarly only 13.4% felt that they know how to use a condom when they have sex.
  - :: Locus of control reports favourable results as only 13.3% of respondents drank alcohol before having sex with non-regular partners and an even lower 1.3% used drugs (other than alcohol) before having sex with non-regular partners.

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

- :: *Brand Appeal*. Sexually active 16 to 24 year old males and females who report that free condoms are just as good as commercial condoms are less likely to demonstrate correct condom use: 43.2% vs 57.0%, , on a scale from 1=totally disagree to 4=totally agree ( $p<0.01$ ).
- :: *Social Support Scale*. Sexually active 16 to 24 year old males and females who discuss with their friends the use of condoms and visiting a doctor if they suspect an infection are less likely to demonstrate correct condom use: 3.32 vs. 3.16, on a scale from 1=totally disagree to 4=totally agree ( $p<0.05$ ).
- :: *Intentions*. Respondents with reported intent to use condoms consistently with non-regular partners were less likely to demonstrate correct condom use (68% vs 77.7%,  $p<0.05$ ).
- :: *Exposure*. Respondents who participated in at least one PSI-C BCC activity were more likely to demonstrate correct condom use (36.4% vs 18.7%,  $p<0.001$ ).

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

- :: *Self Efficacy Scale*. Sexually active 16 to 24 year old males and females who had a delayed sexual debut were more likely to use condoms consistently (15.36 vs 14.86,  $p<0.01$ ).
- :: *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 consistently use condoms (3.40 vs. 3.19,  $p<0.001$ ).
- :: *Intention*. Respondents with higher mean levels of intent to consistently use condoms and to get tested for HIV and other STIs were more likely to use condoms consistently (77.8% vs. 64.3%,  $p<0.001$ ).

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

- :: *Behaviour*. Sexually active females who were tested for an STI in the past 12 months were more likely to be currently using modern contraceptives – other than condoms (29.7% vs. 11.8%,  $p<0.000$ ). Also, those respondents who had a genital discharge in the last 12 months were less likely to use modern contraceptives – other than condoms (5.2% vs. 12.1%,  $p<0.05$ ).

- :: *Behaviour.* Female youth who heard of emergency contraception were more likely to currently use modern contraceptives – other than condoms (22.9% vs. 13.0%,  $p<0.05$ ).
- :: *Behaviour.* Female youth who reported ever having used a male condom were more likely to report consistent condom use (96.9% vs. 92.1%,  $p<0.05$ ). Noteworthy, sexually active females 16 to 24 years who said that they can correctly use a condom were less likely to use condoms consistently (77.3% vs. 89.8%,  $p<0.000$ )

## 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.
- :: Use of modern contraceptive methods, receiving a medical check up and getting tested for STIs each reported similar findings. Efforts should continue to promote getting regular medical check ups, this emphasis should also be coupled with getting tested for HIV, other STIs and general sexual and reproductive health care.
- :: Self efficacy seems to be a driver of consistent condom use. Youth who feel that they are able to use condoms consistently 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.
- :: Social support appears to be a budding area to drive of correct condom use. 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.

The above recommendations will be implemented through the PSI-Caribbean Suriname 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 three districts (Nickerie, Paramaribo, Wanica) in Suriname, 2013

**Risk:** Sexually Active Males and Females 16 to 24 years

**Behavior:** Correct and Consistent Condom Use during the last 30 days

INDICATORS	January 2013 N=742
<b>BEHAVIOR/USE</b>	<b>% or Mean</b>
- Consistent condom use with regular partner/s in the last 30 days <sup>2</sup>	45.9%
- Consistent condom use with non-regular (commercial and/or casual partner/s) in the last 30 days <sup>3</sup>	72.7%
- Consistent condom use with all sexual partner/s in the last 30 days	46.5%
- I always use condoms from beginning of sexual intercourse to the end	60.9%
- Condom use at last sex with regular partner/s <sup>4</sup>	45.9%
- Condom use at last sex with non-regular partner/s <sup>5</sup>	76.2%
- Condom use at last sex with commercial partner/s <sup>6</sup>	100%
- • Condom use at last sex with any partner	60.8%
- Demonstrating correct condom use (8 items) <sup>7</sup>	26.5%
- Received HIV test in last 12 months	27.5%
- Have a male condom at present	27.0%
- Age at first sex	15.10
- Received STI Screening in last 12 months	19.9%
- • Current use of contraceptive methods – Pills (females only) <sup>8</sup>	39.4%
- • Current use of contraceptive methods – Injectables (females only) <sup>9</sup>	2.6%
- Current use of modern method of contraceptives – excluding condoms (females only) <sup>10</sup>	44.1%
- I get a general medical check up at least once per year	35.2%
<b>OPPORTUNITY</b>	<b>% or Mean</b>
<b>Availability</b>	
- Availability Scale (range 1-4) <sup>11</sup>	3.45
- It is easy to find a condom to purchase	64.6%
- • I can get a condom when I need one	91.7%
- The last time that I bought or received a condom I got it from a Non-traditional outlet	94.7%
<b>Brand Appeal</b>	
- The brand of condom really does not matter to me	50.0%
- Preferred brand of condom endorsed by GIGI	12.1%
- Free condoms are just as good as brand name condoms	53.0%
<b>Social Norm</b>	
- My friends like to use condoms with their non- regular partners	64.1%
<b>ABILITY</b>	<b>% or Mean</b>

<sup>2</sup> N = 616

<sup>3</sup> N = 308

<sup>4</sup> N = 614

<sup>5</sup> N = 281

<sup>6</sup> N = 17

<sup>7</sup> 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.

<sup>8</sup> N = 381

<sup>9</sup> N = 381

<sup>10</sup> N = 381

<sup>11</sup> 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

<b>Knowledge</b>	
- Knowledge Index (9 items) <sup>12</sup>	7.24
- • Consistent condom use reduces the risk of getting HIV/STIs	83.6%
<b>Social Support</b>	
- Social Support Scale - 1 (range 1-4) <sup>13</sup>	3.26
- Social Support Scale - 2 (range 1-4) <sup>14</sup>	3.21
- Friends think it is ok to have multiple partners	29.1%
- I encourage friends to use condoms with their non-regular partner(s)	13.9%
<b>Self-Efficacy</b>	
- I can convince my partner to use a condom	11.0%
- I know how to use a condom when I have sex	13.4%
- Self Efficacy Scale (range 1-4) <sup>15</sup>	3.28
<b>MOTIVATION</b>	% or Mean
<b>Beliefs</b>	
- Belief's scale (range 1-4) <sup>16</sup>	2.25
- I believe I can correctly use a condom	87.2%
<b>Intention</b>	
- I plan to use condoms consistently with my non-regular partners	74.8%
- I plan to use condoms consistently with my regular partners	68.0%
-	
<b>Locus of Control</b>	
- Drank alcohol before having sex with non-regular type of partner in the last month	13.3%
- Used drugs (other than alcohol) before having sex with non-regular type of partner in the last month	1.3%
- Engaging in sex under the influence of alcohol and/or drugs with all partners	30.3%
<b>Subjective Norm</b>	
- Subjective Norms Scale (range 1-4) <sup>17</sup>	3.48
<b>Threat</b>	
- Threat Scale (range 1-4) <sup>18</sup>	1.75
<b>Willingness to Pay</b>	
- Price of condom too expensive	\$ 6.50 SRD <sup>19</sup>

<sup>12</sup> 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;

<sup>13</sup> 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

<sup>14</sup> Social Support 2 Scale includes: 1. Friends who I hang out with feel comfortable talking to me if they suspect that they have an infection; 2. Friends who I hang out with encourage me to go to the doctor if I suspect that I have an infection; 3. Friends who I hang out with generally think it is okay to have more than one (1) sexual partner

<sup>15</sup> 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

<sup>16</sup> 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

<sup>17</sup> 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

<sup>18</sup> 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

<sup>19</sup> SRD refers to Suriname Dollar



- Price of condom too inexpensive	\$ 4.14 SRD
- Price of condom neither expensive nor inexpensive	\$ 5.65 SRD
<b>EXPOSURE</b>	<b>% or Mean</b>
- Have you seen 'GIGI' logo in your neighbourhood in last 3 months	31.0%
- Have seen this logo in the last three months	21.0%
- Have you seen one or more 'GIGI' promotional items	12.5%
- Has participated in at least one PSI-BCC activity	23.6%
- Have you participated in any activity that involved practicing putting on a condom on a penis model	37.9%
<b>POPULATION CHARACTERISTICS</b>	<b>% or Mean</b>
- Socio Economic Status (range 1-low SES to 5-highest SES)	3.12

Notes:

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

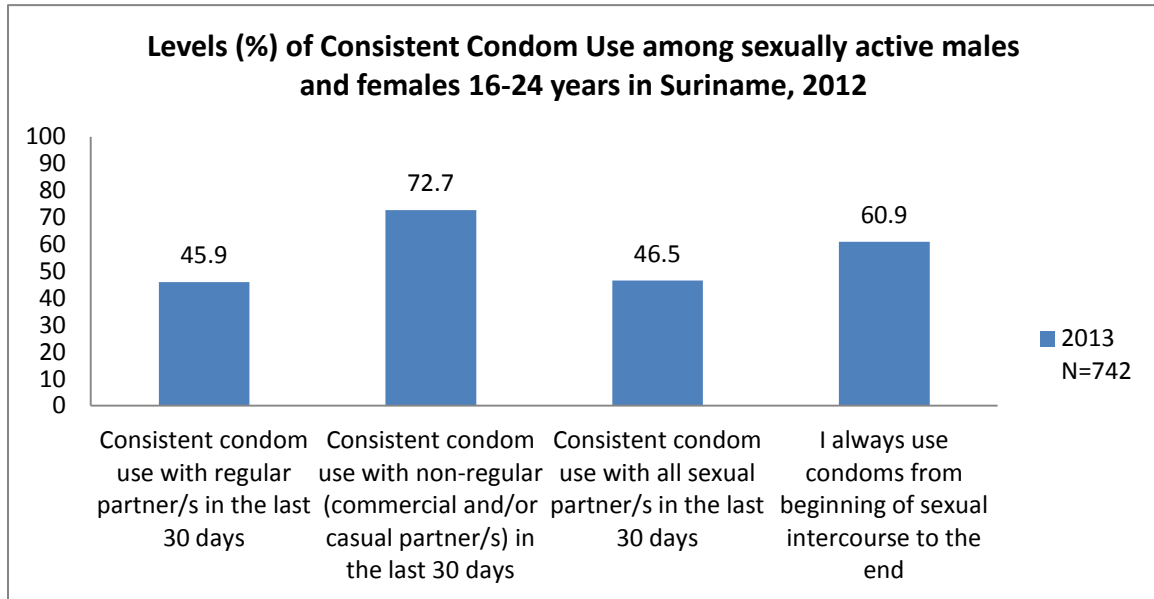
- Donor Indicator

(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

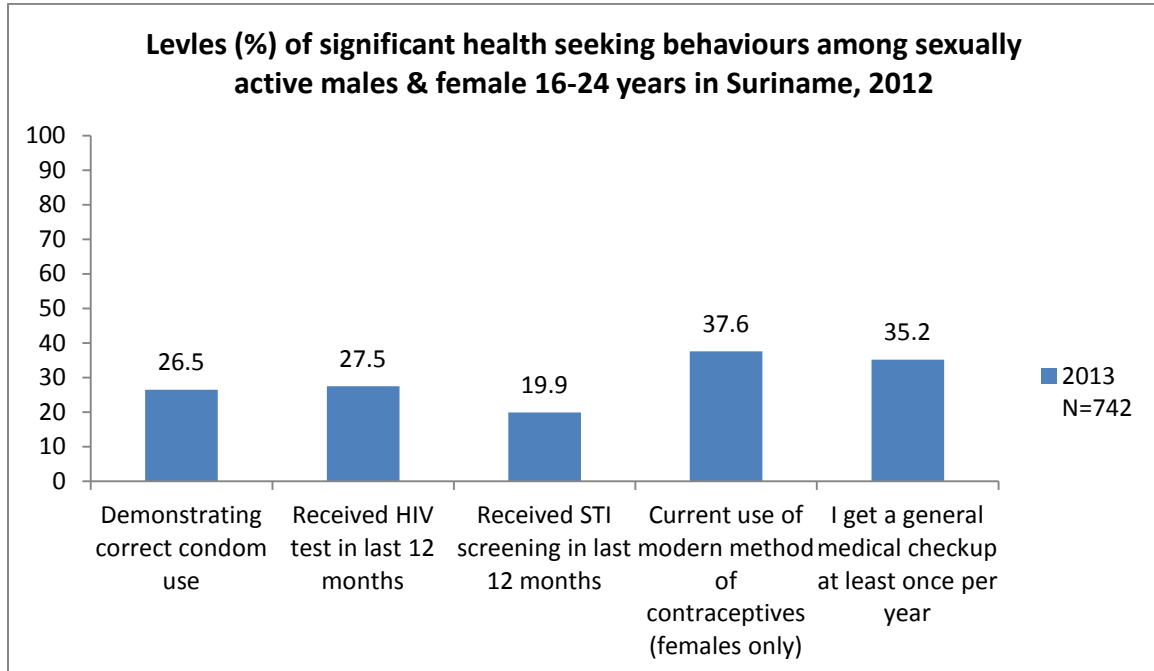
The scales which measured the determinants of OAM were 1 to 4 (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). No controls were applied. Simple percentages and means are presented.

## MONITORING GRAPHS

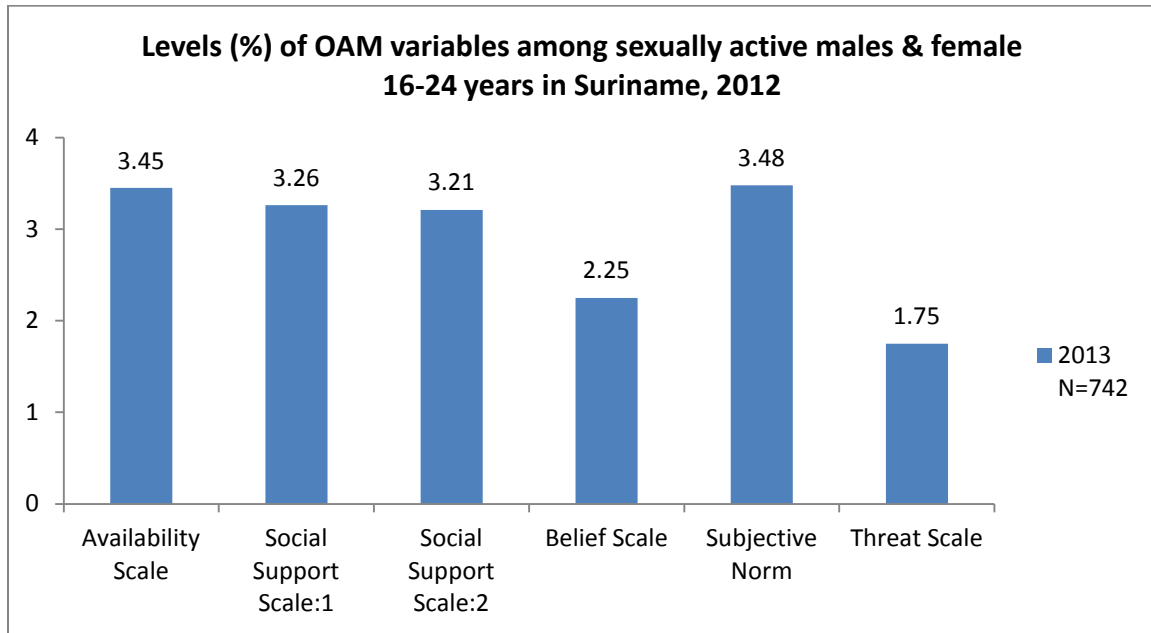
### MONITORING GRAPH 1:



### MONITORING GRAPH 2:



**MONITORING GRAPH 3:**



## SEGMENTATION TABLE 1:

Determinants of correct condom use in Suriname 2013

**Risk:** Sexually Active Males and Females 16 to 24 years

**Behavior:** Correct Condom Use (demonstrating correct condom use on penile model) in the past 30 days

INDICATORS	Correct N = 197 (26.5%)	Incorrect N = 545 (93.5%)	Odds Ratio (OR)	Sig.
<b>OPPORTUNITY</b>	% or mean	% or mean	OR	
<i>Brand Appeal</i>				
- Free are just as good as the ones available for sale	43.2%	57.0%	0.57	**
<b>ABILITY</b>	% or mean	% or mean	OR	
<i>Social Support</i>				
- Social Support Scale 2 (range 1-4) <sup>20</sup>	3.32	3.16	1.36	*
<b>MOTIVATION</b>	% or mean	% or mean	OR	
<i>Intention</i>				
- I plan to use condoms consistently with my non-regular partners	68.4%	77.6%	0.64	*
<b>EXPOSURE</b>	% or mean	% or mean	OR	
- Has participated in at least one PSI-BCC activity	36.4%	18.7%	2.65	***
<b>POPULATION CHARACTERISTICS</b>	% or mean	% or mean	OR	
<i>Districts</i>				
- Paramaribo vs.	-	-	-	-
- Nickerie	4.3%	12.8%	0.38	**
- Wanica	9.9%	27.8%	0.31	***
<i>Sex</i>				
- Male vs. Female	51.5%	47.9%	1.16	ns
<i>Age</i>				
- 16 to 19 years vs. 21 to 24 years	47.9%	49.6%	0.92	ns

Note:

\* p<0.05, \*\* p<0.01, \*\*\* p<0.001, ns= not significant  
 Hosmer-Lemeshow goodness-of-fit:  $\chi^2$  (df=8) = 17.01, p=0.03  
 Omnibus goodness-of-fit:  $\chi^2$  (df=8) = 73.83, p<0.000  
 Cox & Snell R<sup>2</sup>=0.10

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

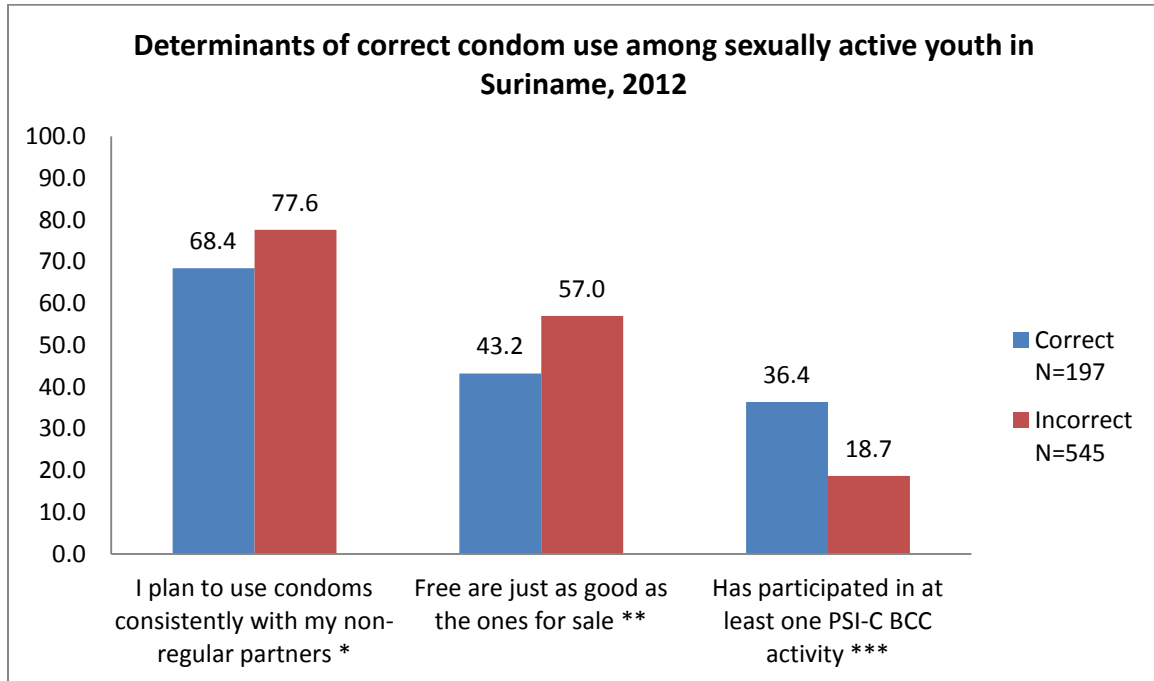
The percentages and adjusted means were obtained controlling for socio-demographic variables: district, age and sex.

The percentages were obtained through an analysis of 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.

<sup>20</sup> Social Support 2 Scale includes: 1. Friends who I hang out with feel comfortable talking to me if they suspect that they have an infection; 2. Friends who I hang out with encourage me to go to the doctor if I suspect that I have an infection; 3. Friends who I hang out with generally think it is okay to have more than one (1) sexual partner

## SEGMENTATION GRAPHS

### SEGMENTATION GRAPH 1:



## SEGMENTATION TABLE 2:

Determinants of consistent condom use in Suriname 2013

**Risk:** Sexually Active Males and Females 16 to 24 years

**Behavior:** Consistent Condom Use

INDICATORS	Behaviours Consistent N = 345 (46.5%)	Non-Behaviours Inconsistent N = 397 (53.5%)	Odds Ratio (OR)	Sig.
<b>BEHAVIOUR</b>	% or mean	% or mean	OR	
- Age at first sex	15.36	14.86	1.13	**
<b>OPPORTUNITY</b>	% or mean	% or mean	OR	
- <i>Self Efficacy Scale (range 1-4)</i> <sup>21</sup>	3.44	3.15	2.10	***
<b>MOTIVATION</b>	% or mean	% or mean	OR	
- <i>Belief's Scale (range 1-4)</i> <sup>22</sup>	2.13	2.38	0.73	**
<i>Intentions</i>				
- I plan to use condoms consistently with my regular partners	76.9%	60.2%	2.32	***
<b>POPULATION CHARACTERISTICS</b>	% or mean	% or mean	OR	
<i>Districts</i>				
- Paramaribo vs.	-	-	-	-
- Nickerie	11.0%	10.6%	1.04	ns
- Wanica	24.5%	22.1%	1.15	ns
<i>Sex</i>				
- Male vs. Female	55.3%	43.8%	1.67	**
<i>Age</i>				
- 16 to 19 years vs. 21 to 24 years	56.4%	41.8%	1.90	***

Note:

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

Hosmer-Lemeshow goodness-of-fit:  $\chi^2$  (df=8) = 12.60, p=0.13

Omnibus goodness-of-fit:  $\chi^2$  (df=8) = 114.10, p<0.000

Cox & Snell R<sup>2</sup>=0.15

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.

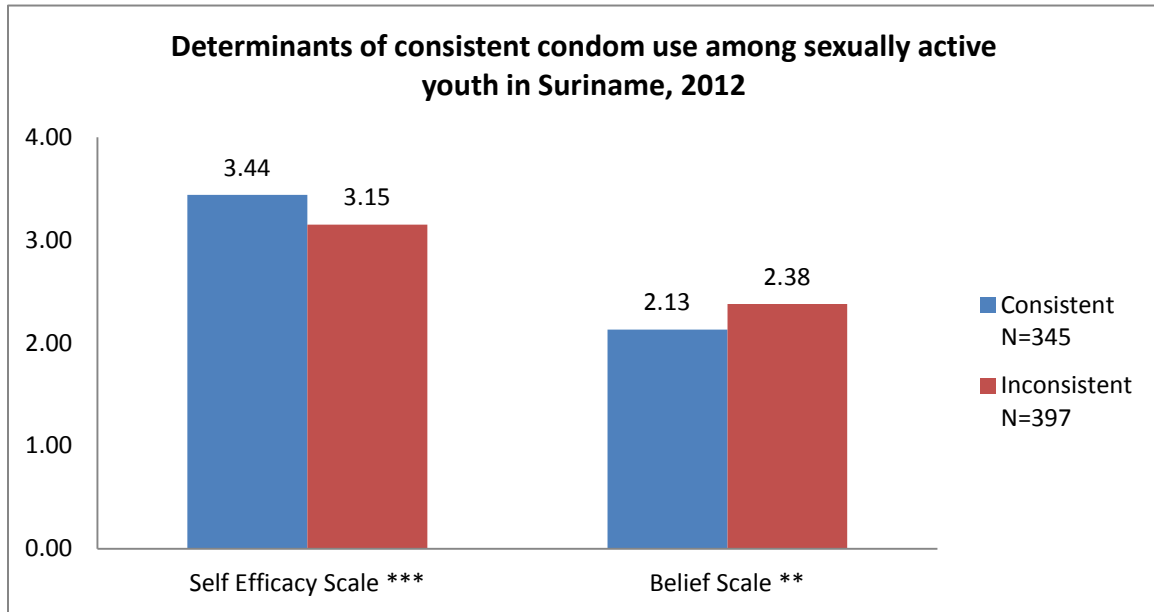
The percentages were obtained through an analysis of univariate, which can be appreciated from two rounds of study, there is no comparative. This can bring about a difference of several percentage points between the results presented/displayed in those then and contents in this report.

<sup>21</sup> 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

<sup>22</sup> Belief's Scale includes: 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

## SEGMENTATION GRAPHS

### SEGMENTATION GRAPH 2:



### SEGMENTATION TABLE 3:

Determinants of current use of modern contraceptives in Suriname 2013

**Risk:** Sexually Active Females 16 to 24 years

**Behavior:** Current use of Modern Contraceptives – other than condoms (females only)

INDICATORS	Behaviours Use Modern Contraceptives N = 168 (44.1%)	Non-Behaviours Does Not use Modern Contraceptives N = 213 (55.9%)	Odds Ratio (OR)	Sig.
<b>BEHAVIOUR</b>	% or mean	% or mean	OR	
- Have you ever heard of emergency contraception	22.9%	13.0%	2.01	*
- Have you ever been tested for an STI/STD in the last 12 months	29.7%	11.8%	3.51	***
- During the last 12 months have you had an abnormal genital discharge?	5.2%	12.1%	0.38	*
- Ever used a male condom	96.9%	92.1%	3.68	*
- Correctly use a male condom (response prior to condom demonstration)	77.3%	89.8%	0.27	***
<b>POPULATION CHARACTERISTICS</b>	% or mean	% or mean	OR	
<i>Districts</i>				
- Paramaribo vs.	-	-	-	-
- Nickerie	7.6%	11.6%	0.59	ns
- Wanica	14.4%	20.4%	0.59	ns
<i>Age</i>				
- 16 to 19 years 21 to 24 years	51.0%	55.4%	0.80	ns

Note:

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

Hosmer-Lemeshow goodness-of-fit:  $\chi^2$  (df=7) = 9.23, p=0.24

Omnibus goodness-of-fit:  $\chi^2$  (df=8) = 45.51, p<0.000

Cox & Snell R<sup>2</sup>=0.12

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

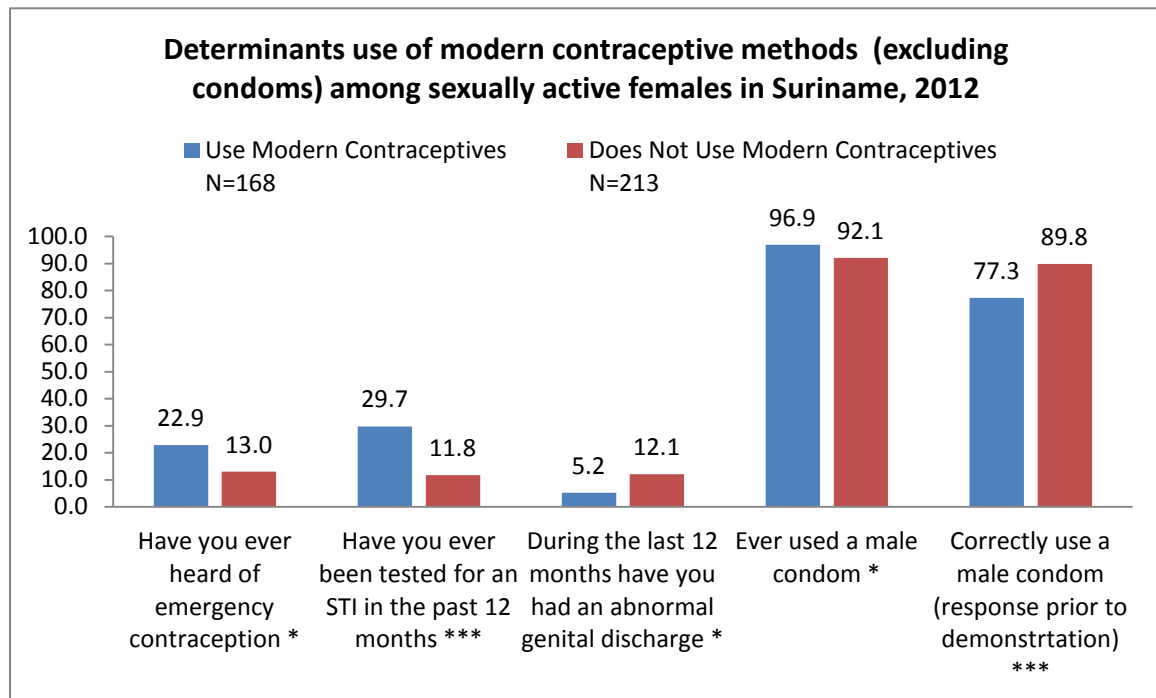
The percentages and adjusted means were obtained controlling for socio-demographic variables: district, age and sex.

The percentages were obtained through an analysis of 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 3:



## POPULATION CHARACTERISTICS

POPULATION CHARACTERISTICS	2013 N=742
Gender	% or mean
- Male	48.2%
- Female	51.8%
Age at last birthday	
- 17	12.7%
- 18	9.4%
- 19	13.2%
- 20	14.2%
- 21	16.9%
- 22	10.4%
- 23	12.8%
- 24	10.5%
- Average age	20.48
Marital Status	
- Unmarried living with sex partner	21%
- Single	72.5%
- Married living with spouse or sex partner	4.9%
- Married not living with spouse	0.7%
- Other	1.5%
Education	
- Never attended school	0.7%
- Did not finish primary school	1.2%
- Primary	3.5%
- Secondary	76.7%
- Tertiary	12.6%
- University	5.3%
Employed	
- No	41.4%
- Yes	58.6%
Monthly Income (SRD)	
- No income	21.5%
- 1 - 249	7.9%
- 250 – 499	11.7%
- 500 – 999	22.8%
- 1000 – 1499	18%
- 1500 – 1999	9.3%
- 2000 – 2999	3.9%
- 3000 and above	1.7%
- No response	3.3%
TV	
- No	33.7%
- Yes	66.3%
Radio	

- No	9.7%
- Yes	90.3%
DVD Player	
- No	14.4%
- Yes	85.6%
Computer – Desk Top	
- No	27.5%
- Yes	72.5%
Cell Phone	
- No	3.4%
- Yes	96.6%
MP3 Player	
- No	59.7%
- Yes	40.3%
Internet	
- No	32.5%
- Yes	67.5%
Cable/Satelite	
- No	79.4%
- Yes	20.6%
Car	
- No	60.1%
- Yes	39.9%
Do you have children?	
- No	76.6%
- Yes	23.4%

## RELIABILITY ANALYSIS

Composite Variables	2013 (N = 742) Cronbach's Alpha
<b>OPPORTUNITY</b> <b>Availability (1- strongly disagree to 4 – strongly agree)</b> 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	0.74
<b>ABILITY</b> <b>Social Support – discuss (1- strongly disagree to 4 – strongly agree)</b> 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	0.78
<b>Social Support – encouragement (1- strongly disagree to 4 – strongly agree)</b> 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 5. Friends who I hang out with generally think it is okay to have more than one (1) sexual partner	0.77
<b>Self Efficacy (1- strongly disagree to 4 – strongly agree)</b> 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	0.69
<b>MOTIVATION</b> <b>Subjective Norms (1- strongly disagree to 4 – strongly agree)</b> 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	0.82
<b>Threat (1- strongly disagree to 4 – strongly agree) - reverse</b> 1. I am at risk for HIV if I have unprotected sex with my non-regular partners 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 another STD/STI if I am already infected with one	0.73

5. I am more at risk for becoming pregnant/getting someone pregnant than contracting a STD/STI	
<b>Beliefs (1- strongly disagree to 4 – strongly agree)</b> 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	0.77