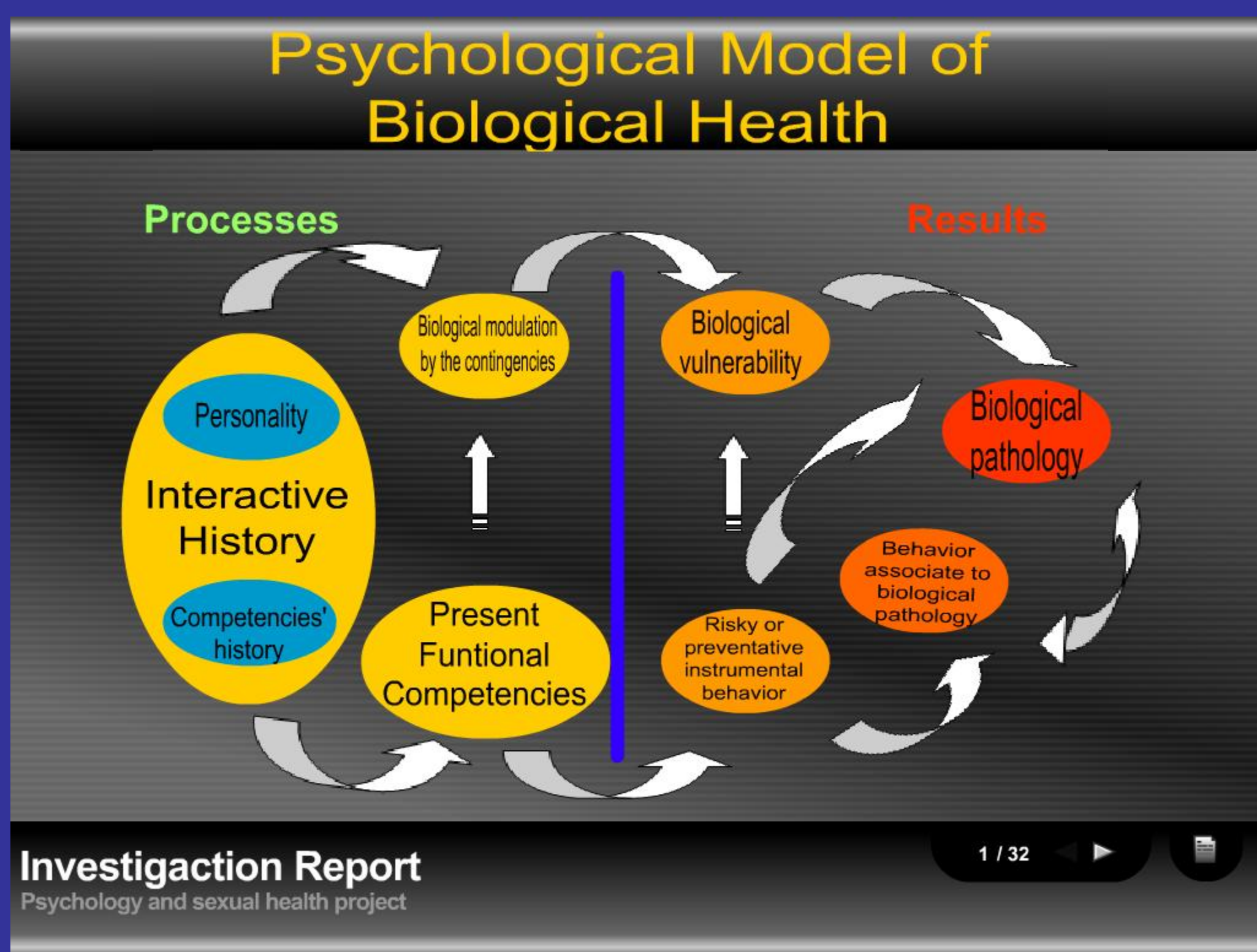


Questionnaire for the assessment of functional health competencies in HIV prevention.

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A different way to approach preventive health problems is the Psychological Model of Biological Health (Ribes, 1990). This model has its basis in previous interbehavioral psychology studies (Ribes y López, 1985; Kantor 1967). In this theory psychological health dimensions are conceive as *processes* and its *results*. A *fundamental* part in the process is relative to funtional behavior competencies, which are define as people's capacity to confront various situations in reference to a specific demand. In other words, the set of abilities and skills present that facilitate or interfere with certain behaviors.

In order to structure effective preventative programs, it is necessary to develop new behavioral applied technology in HIV prevention, to identify the functional role of the behavioral process in relation to HIV infection. To this end, the methodology necessary to identify the functional roles of the behavioral process is Contingential Analysis (Ribes, DíazGonzález, Rodríguez and Landa, 1986). The concepts and categories of Contingential Analysis allow for the study of *functional competencies* in relation to health and illness.

The focus of this study was to identify the measurable properties internationality accepted in the construction of measurable scale of an instrument to evaluate functional competencies related to HIV transmission

HIV/AIDS PREVENTION COMPETENCIES QUESTIONNAIRE

A questionnaire designed consisting of 60 items, aimed at assessing functional competencies. These items represent examples of situations where HIV infection risk exists

Categories of analysis	Competencies Level			
	Beliefs and Knowledge (information)	Specific preventive behaviors	Social Competencies	Particular preventive behavior (Condom Use)
	Part I	Part II		
<u>Morphology</u>	Items 1-4	Items 1-4	Items 17-20	Items 33-26
<u>People</u>	Items 5-8	Items 5-8	Items 21-24	Items 37-40
<u>Situations</u>	Items* 9-12	Items** 9-12	Items*** 25-28	Items**** 41-44
<u>Consequences</u>	Items 13-16	Items 13-16	Items 29-32	-----

* I think that having sexual intercourse (including caresses, masturbation and/or penetration of any kind), when I have been drinking or am under the influence of any drug, is a behavior with:

Maximum risk Zero risk

** I suggest alternative sexual behaviors when I have been drinking or am under the influence of any drug and I have the opportunity for sexual intercourse (penetration of any kind):

*** When I have been drinking or am under the influence of any drug and I have the opportunity for sexual intercourse (masturbation and/or penetration of any kind) I wait for my sexual partner to suggest the use of preventive measures:

**** I use a condom when I have been drinking or am under the influence of any drug and I have the opportunity to have sexual intercourse (including penetration of any kind):

Method

The instrument was applied in two versions (in print and via Internet)

Participants

238 participants; they were distributed in two groups of 119 participants.

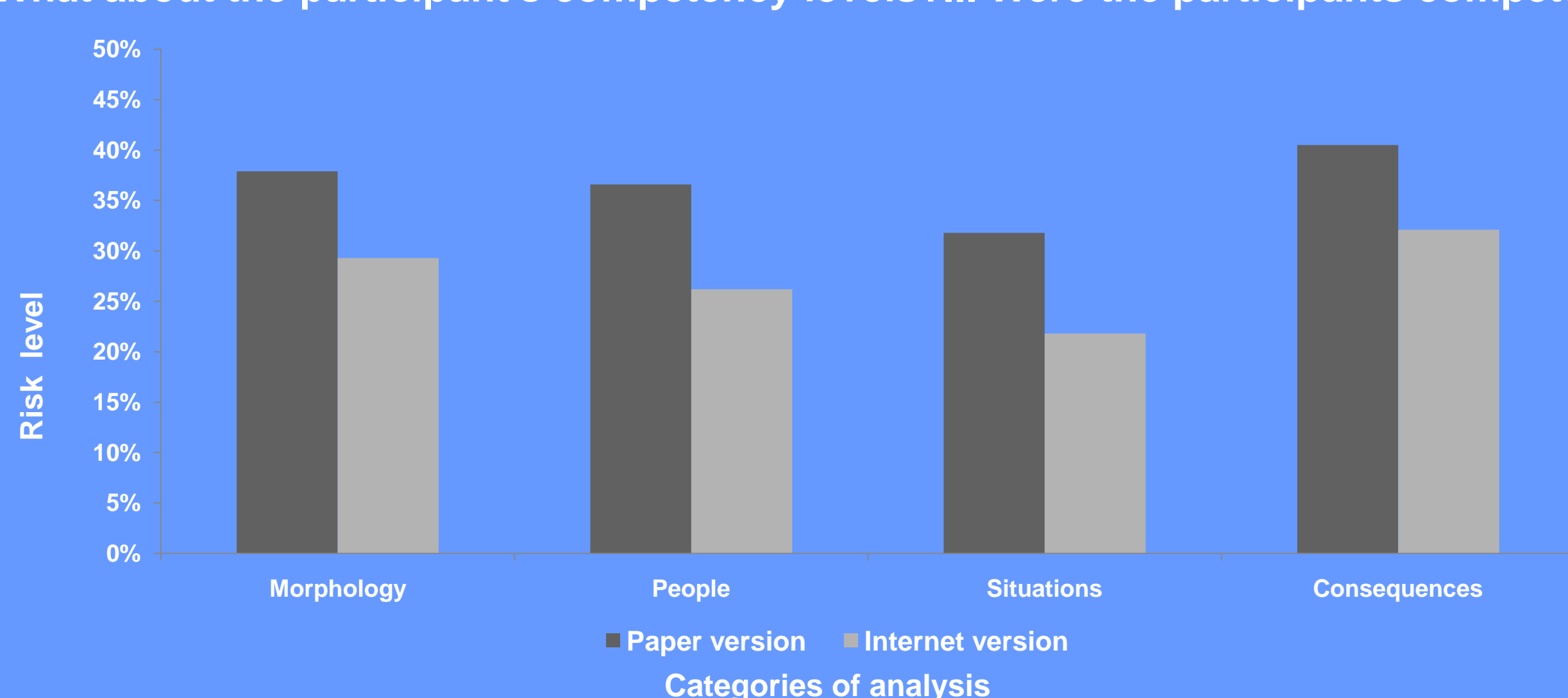
Sample selection

The sample was intentionally selected (not random). For the print version, the participants were students from 3 different Universities in Mexico City, participation was voluntary. For the Internet version, an e-mail invitation was sent to all the contacts in the principal author's contact list.

Data analysis

Exploratory Factor Analysis (method Principal component analysis and VARIMAX rotation) to get the construct validity
 α de Cronbach, like indirect indicator about the reliability of test's data

What about the participant's competency levels?... Were the participants competent?...



Results

Sample Characteristics

	Group 1		Group 2	
	Paper version		Electronic version	
N	119		119	
Age range	16-45		16-48	
Age average	23		26	
Men	50.4%		31.1%	
Women	49.6%		68.9%	
	Frequency	Percentage	Frequency	Percentage
Level of education				
Elementary	1	.8%	1	0.8%
Middle School	14	11.8%	1	0.8%
High School	35	29.4%	17	14.3%
Undergraduate	64	53.8%	89	74.8%
Postgraduate	2	1.7%	11	9.2%
Not answered	3	2.5%	----	----
Profession				
Student	76	63.9%	27	22.5%
Employee	38	31.9%	93	75.5%
Not answered	5	4.2%	---	---
Marital Status				
Single	101	84%	92	77.3%
Married	12	10.1%	16	13.4%
Cohabitation	3	2.5%	10	8.4%
Divorced	2	1.7%	1	0.8%
Not answered	1	.8%	--	----

Factor Analysis

Components	% variation explained	Alfa Cronbach's Coefficient
Group 1 (paper version)		
Factor 1. Social competencies level (4 situations/4 people)	25.2	0.923
Factor 2. Specifically Preventive Behaviors (3 people /3 situations /1 morphology)	8.5	0.868
Factor 3. Particular preventive behavior (Condom use, 2 people/2 situations)	6.2	0.864
Factor 4. Couple (3 morphology/ 2 people)	5	0.747
Factor 5. Social Competencies (4 effects)	4.6	0.924
Factor 6. Beliefs and Knowledge (3 people/ 2 situations)	4	0.846
Factor 7. Beliefs and Knowledge (4 effects)	3.6	0.824
Factor 8. Specifically Preventive Behaviors (3 situations)	3	0.785
Total	60.5	0.877
Group 2 (internet version)		
Factor 1. Particular preventive behavior (Condom use, 3 people /3 situations/1 morphology)	18.5	0.9
Factor 2. Beliefs and Knowledge (3 people/2 morphology /1 situations)	9.9	0.877
Factor 3. Social competencies level (4 people / 4 situations)	7.7	0.89
Factor 4. Social competencies level (effects)	5.6	0.889
Factor 5. Specifically Preventive Behaviors I (3 situations / 1 people)	4.9	0.868
Factor 6. Beliefs and Knowledge (effects)	3.9	0.856
Factor 7. Specifically Preventive Behaviors II (2 morphology / 1 people / 1 effects).	3.8	0.853
Factor 8. Specifically Preventive Behaviors III (2 effects / people)	3.2	0.702
Total	57.9	0.833

Discussion

The results showed a high reliability in both samples ($\alpha = 0.877$ and $\alpha = 0.868$), with a high internal consistency, besides having a construct validity. With these results and considering that sexual behavior is a taboo topic, we are considering the possibility to continue using electronic resources.

We believe that the anonymous status of the internet lets the participants express real behavior, this way we can get reliable data and clarify those factors that underlie sexual behavior.

Finally it is convenient to emphasize the way the data collected fits the theoretical model used, this is possible to observe by the variation of percentage explained by the components analyzed with the factor analysis.

We confirm the appropriateness of the model used in the explanation of risky sexual behavior.

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