representation of the interplay and modulation among psychological, physiological and cognitive variables. It is a circular and open model, that can easily be updated, and that does not conflict with similar models. Further, it is suited to be used for research and in clinical assessments, since it accounts for the singularity of each one's experience and can accommodate both functional and dysfunctional experiences

Conclusion: This work highlights the existent interplay among psychological, physiological and cognitive determinants. However, the nature and extent of these interactions are still unclear and in need of more empirical evidence. Hopefully, this integrative work will allow for a more consistent, systematized and transversal research regarding female sexual response and orgasm.

Socio-Demographic Factors, Marital Characteristics and HIV Prevention Knowledge as Predictors of Condom Use Negotiation Self-Efficacy Among Mozambican Women at Sexual Risk

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Introduction & Objectives: Negotiation self-efficacy is one of the main predictors of effective use of a condom. Therefore, it is essential to identify the factors that influence condom use negotiation self-efficacy in vulnerable women. The aim of this paper is to examine whether socio-demographic and marital factors, and HIV prevention knowledge are associated with condom use negotiation self-efficacy among Mozambican women at sexual risk.

Method(s) & Sample: 173 women, patients at a Mozambican public Hospital and at risk for HIV infection, completed measures of sociodemographic and marital characteristics, HIV prevention knowledge, and condom use negotiation self-efficacy. Measures included the Mozambican version of the "Women's Health Study Questionnaire", and its psychometric characteristics were evaluated in this sample.

Results: The results of the hierarchical regression analyses showed that demographic variables (age and education) explained 20% of the variance ($\Delta F_{(2, 170)} = 20.92$, p<.001) in condom use negotiation self-efficacy, and the marital variables, "marital status" and "talking about AIDS with partner", explained 30% of the variance in the outcome ($\Delta F_{(2, 168)} = 50.06$, p<.001). Women who were younger, had a higher level of education, were single or not living with partner, and talked more about HIV/AIDS with their partners, had higher levels of condom use negotiation self-efficacy. In the final model (with HIV knowledge), education was no longer a significant predictor, probably due to its overlap with knowledge. Lower levels of HIV prevention knowledge were associated with lower levels of condom use negotiation self-efficacy. HIV prevention knowledge explained 13% of additional variance in the outcome. The final model explained 50% of the variance in condom use negotiation self-efficacy. ($\Delta F_{(1, 167)} = 4.53$, p = .035).

Conclusion & recommendations: These results support an exploratory predictive model of condom use negotiation self-efficacy that can inform interventions directed at behavioral change among Mozambican women at sexual risk.