INTRODUCTION

Peer education is increasingly used as an HIV prevention strategy in various contexts. The Department of Basic Education is currently testing an implementation model for peer education to support curriculum implementation on sexuality education. The goal of the pilot peer education project is to reduce the risk of HIV infection amongst learners and to assist them to develop healthy lifestyles. The development of the intervention is based on the outcomes of a baseline assessment recently completed, as outlined in this poster presentation.

GOALS OF THE BASELINE STUDY

1. To identify behavioural patterns and potential underlying factors that influence risk behaviour
2. To understand the context and needs of young people to be addressed through peer education
3. To assess the functionality of school structures to support peer education
4. To establish baseline data for programme evaluation

METHODS

These methods of data collection were used as outlined in Figure 1.

1. Behavioural survey
   - A survey was conducted by 305 learners in 142 project schools in four provinces (Free State, KwaZulu-Natal, Mpumalanga, North West) and 524 learners from 12 similar control schools.
   - Sampling of participants: A 3-stage sampling process was used:
     1) Schools were selected from the 4 provinces using the following criteria:
        - High incidence of HIV/AIDS
        - Schools in a rural geographical location
        - Well functioning schools
     2) Classes were selected randomly
     3) Learners were selected systematically from class lists

2. Focus group discussions
   - Focus group discussions consisting of 8 to 10 participants were conducted with various role-players in eight schools, two per province.
   - Each group included learners, 4 with junior learners and 4 with senior learners
   - 6 groups with previous peer educators
   - 4 groups with mentors of peer educators
   - Interviews with parents

3. School performance review
   - Interviews were conducted with personnel of the 142 project schools to assess the state of school infrastructure and support systems available to implement and support a peer education programme.

RESULTS

The sample of learners in the project schools consisted of 42% boys and 58% girls. 28.7% of the learners were 13 years and younger while 31.3% were senior learners (17 and 18 years)

Sexual risk behaviour

• 30.4% of learners reported having sex in their lifetime 40.3% of boys and 23.0% of girls.
• Among senior learners (aged 14 years and older) 49.4% of boys and 35.0% of girls were sexually active versus 16.5% of boys and 13.5% junior learners.
• 31% of sexually active learners reported sexual debut by 15 years old (43.4% of the boys and 19.3% of the girls) 6.6% of sample as whole (16% of senior boys and 4% of senior girls).
• 31.3% of the sexually active boys older than 14 years reported having multiple sexual partners during the last three months (compared to 13% of girls) and use under the influence of alcohol (15%, compared to 9% of the girls).
• 52.6% of sexually active learners older than 14 years reported consistent condom use 71% reported condom use at last sex.
• Of the sexually active learners, 20.9% senior girls reported been pregnant in their life-time and 10.9% boys reported having fathered a child.

A sexual risk scale calculated for learners older than 14 years showed that 59.4% were currently not at risk of sexual transmission of HIV while 40.6% of learners reported sexual risk behaviour, of whom 20.7% were at high risk indicated by a score of 3 and more.

Factors that influence sexual risk behaviour

A stepwise linear multiple regression analysis with sexual risk behaviour as independent variable revealed that the following variables underlie sexual risk behaviour: For learners older than 14 years (n=3268) (explained 37.4% variance):

High sexual risk behaviour was predicted by:

Personal factors:
• Lack of intention to abstain from sex
• Negative attitude towards abstinence
• Older age group
• Being HIV-knowledgeable

Perceived social processes:
• Perception that social norms do not support abstinence
• Acceptance of traditional gender norms
• Perception that community has traditional gender norms
• Negative caregiver relationship

Other risk behaviour:
• Current high-risk alcohol use
• Current cigarette smoking

Variables such as psychological wellbeing, HIV knowledge and socio-economic status did not predict sexual risk behaviour.

Factors related to condom use

Learners that used condoms differed from those that did not in the following ways:

• Perceived that social norms supported condom use
• More positive attitude towards condom use
• More positive self-concept and to abstain from use condoms
• Positive relationship with caregivers

Results from focus group discussions

The analysis of school structures revealed:

- 63% of project schools showed evidence of basic functionality in managing and maintaining the school infrastructure.
- 34% of schools experienced challenges to establish health-promoting and health-seeking school environments.
- 55% of schools needed support to implement underlying principles of HIV and AIDS policy.
- 75% of project schools did not have psychosocial support systems and referral systems in place to assist learners with psycho-social needs.

CONCLUSIONS

Sexual risk behaviour amongst young people is influenced by personal and social factors that need to be addressed in HIV prevention interventions. Results revealed the relevance of the theory of planned behaviour and socio-ecological theory in understanding risk behaviour.

Peer education interventions should focus on the following factors to reduce/prevent risk behaviour among young people in schools:

- Provide accurate information on HIV
- Provide positive role models
- Offer support and referrals
- Emphasize personal responsibility and skills
- Raise awareness and advocate for change in peer group and gender norms
- Address the culture of abuse
- Provide training for parents to serve as role models
- Strengthen school supportive structures

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