



PEER EDUCATION AS AN HIV PREVENTIVE STRATEGY IN SCHOOLS: FINDINGS OF A BASELINE STUDY

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

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

METHODS

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

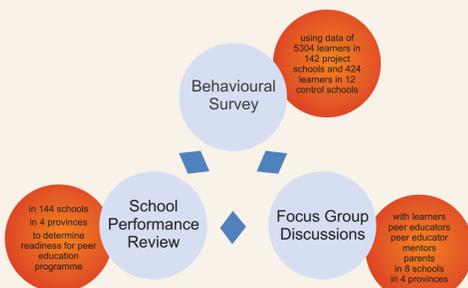


Figure 1: Methods of Data Collection

Behavioural survey

A behavioural survey was completed by 5 305 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:

- Schools were selected from the 4 provinces using the following criteria:
 - High incidence of HIV/AIDS in the target provinces
 - Schools in a central geographical location
 - Well functioning schools
 - Low socio-economic environment
- Classes were selected randomly
- Learners were selected systematically from class lists

Table 1: Measures used in the survey

Variable	Items	Reliability
Biographical and demographic information		
Psychological well-being:		
life satisfaction ³	5	-
depression ⁴	7	α=0.68
HIV-related knowledge ⁵ - UNGASS indicator	9	α=0.59
Behavioural intention ⁶		
Attitude towards abstinence	7	α=0.60
Attitude towards condom use	8	α=0.66
Perceived social norms towards abstinence		
Perceived social norms towards condom use	8	α=0.71
Personal control to abstain		
Personal control to use condoms	5	α=0.71
Caregiver relationship ⁷		
Personal gender norms	11	α=0.80
Perceived community gender norms ⁸	9	α=0.72
Culture of substance abuse - substances used the past year		
High risk sexual indicators ^{9,10,11}	7	α=0.74

Survey

The survey assessed risk behaviour and potential factors underlying risk behaviour using the theory of planned behaviour¹ and socio-ecological theory². The primary measures used in the survey are outlined in Table 1.

Focus group discussions

Focus group discussions consisting of 8 to 10 participants were conducted with various role-players in eight schools, two per province:

- 14 groups with learners: 6 with junior learners and 8 with senior learners
- 6 groups with previous peer educators
- 6 groups with mentors of peer educators
- 8 groups with parents

Discussions were held about reasons for risk behaviour and how peer education could make a difference. Focus group discussions were transcribed and thematically analysed.

School performance review

Interviews were conducted with personnel of the 142 project schools to assess the state of school structures and support systems available to implement and support a peer education programme.

RESULTS

Results of the survey

The sample of learners in the project schools consisted of 44.2% boys and 55.8% girls; 28.7% of the learners were 13 years and younger, while 31.3% were senior learners (17 and 18 years) (Figure 2).

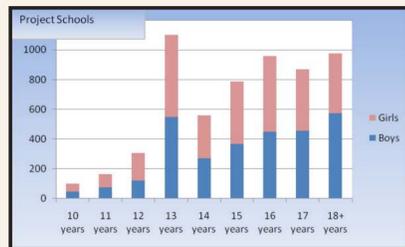


Figure 2: Age and gender of learners

HIV knowledge

Learners' knowledge of HIV was low – 37.8% had accurate knowledge about HIV (Figure 3a). Significantly more girls than boys answered all the items correctly (40.5% compared to 33.9%). Knowledge level increased with age, ranging from 5.7% amongst ten-year-olds to 46.1% amongst 17-year-olds (Figure 3b).

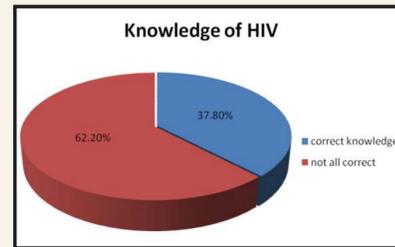


Figure 3a: Knowledge of HIV

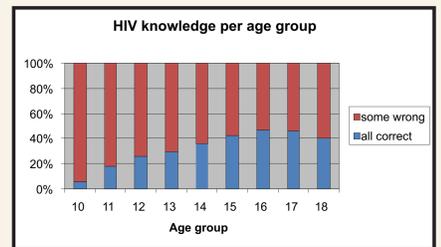


Figure 3b: HIV knowledge per age group

Sexual risk behaviour

- 30.6% of learners reported **having sex** in their life time: 40.3% of boys and 23.0% of girls.
- Among senior learners (aged 14 years and older) 49.4% of boys and 30.5% of girls were sexually active, compared to 16.1% junior boys and 5.5% junior girls.
- 33% of sexually active learners reported **sexual debut under 15 years old** (43.4% of the boys and 19.3% of the girls) - 6.7% of sample as whole (16% of senior boys and 3.4% of senior girls).
- 31.3% of the sexually active boys older than 14 years reported having had **multiple sexual partners** during the last three months (compared to 13% of girls) and sex under the influence of **alcohol** (15.7% compared to 9.2% of the girls).
- 56.2% 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 score 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.

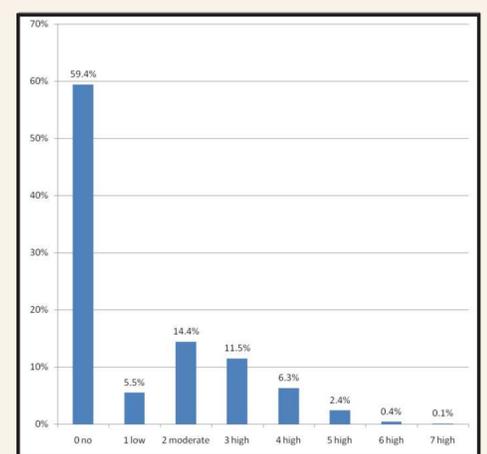


Figure 4: Sexual risk scale

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=3369) (explained 27.4% variance).

High risk sexual behaviour was predicted by:

Personal factors:

- Lack of intention to abstain from sex
- Negative attitude towards abstinence
- Older age group
- Being male

Perceived social processes:

- Perception that social norms do not support abstinence
- Acceptance of traditional gender norms
- Perception that community have traditional gender norms
- Negative caregiver relationship

Other risk behaviour

- Current excessive 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
- Higher HIV knowledge
- More self-control to abstain and to use condoms
- Positive relationship with caregivers

Results from school performance reviews

The analysis of school structures revealed:

- 63% of project schools showed evidence of basic functionality in managing and maintaining the school infrastructure.
- 36% of schools experienced challenges to establish health-promoting and health-seeking school environments.
- 55% of schools needed support to implement workplace 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.

Results from focus group discussions

The qualitative data confirmed the quantitative findings. The following factors were identified as reasons for sexual risk behaviour: Results are outlined in Figure 5.

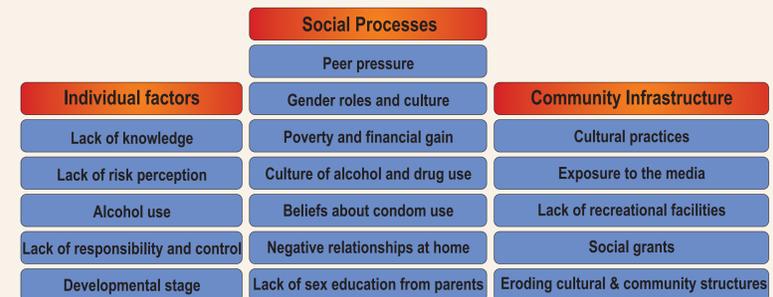


Figure 5: Key risk factors identified in the focus group discussions

Peer education could assist young people in the following ways:

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

CONCLUSIONS

Sexual risk behaviour amongst young people is influenced by personal and social factors that need to be addressed in HIV prevention interventions. The 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 amongst young people in schools:

- Provide accurate HIV knowledge, especially among younger learners
- Promote positive attitudes and skills towards abstinence and condom use
- Raise critical awareness of the influence of cultural, gender and peer group norms and challenge the social norms that support risk behaviour
- Increase young people's sense of self-control
- Address other risk behaviours such as alcohol use and cigarette smoking
- Support young people and help them to deal with their psycho-social needs

Peer education should not focus on young people's behaviour in isolation.

- Parents need to be involved to improve caregiver relationships and to strengthen their position as positive role models
- School support structures need to be developed to assist young people with psycho-social needs.