

Sexual health in a Pacific campus: a pilot evaluation of a peer education approach

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Introduction

This paper outlines the development of a sexual health education project on the Laucala campus of the University of the South Pacific (U.S.P). Increasing students' awareness of the risks of the HIV/AIDS and STD infection had been the objective of two separate information events or 'Awareness Campaigns' organised by the Counselling Centre at the USP since 1994¹.

The introduction of peer education during the HIV/AIDS and STD Awareness Week at the end of July 1998 marked a new approach to sexual health promotion amongst students at USP. Peer educators, who are all current or past students at USP, were trained by the AIDS Task Force of Fiji. They also surveyed students during a 4 week period in the second semester using a simple questionnaire.

This paper reports the results of a questionnaire distributed to 476 students at the University of the South Pacific (USP) in the second semester of 1998. One of two regional universities in the world, USP draws students and staff from a unique range of ethnic, cultural, linguistic and religious backgrounds.

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The students at the Laucala campus come mostly from the traditionally conservative high-schools and would originate from cultures where the extended family still holds a central position and dictates decisions and behaviour patterns².

Method

Five peer educators trained by the AIDS Task Force of Fiji (ATFF) and current students or recent graduates of USP approached students in well-frequented places on campus.¹ The study sample was an equal number of men, women, ethnic Fijians, Indo-Fijians, and students from the other 11 USP constituent nations. To reassure anonymity to the participants, ethnicity and gender were not coded. Out of 476 contacted students, 440 interviews (53%) were completed. Reasons for refusal were discomfort due to religious beliefs and embarrassment to fill out the questionnaire in a public place. Out of 440 respondents, 155 (35%) were first year students, 118 (27%) were second year student, 158 (36%) were third year student, and the remaining 9 (2%) were postgraduate. The interviewers who were recruited and trained in awareness outreach methods by the AIDS Task Force of Fiji (Wright) were predominantly (80%) female. None of the interviewers were Indo-Fijian.

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The survey covered a range of open questions regarding student's knowledge of and attitudes towards aspect of sexual health. After a complete description of the study to the participants, including a consent letter, informal oral consent was obtained. We did not seek written consent to reassure anonymity.

To interpret the result and to obtain some ecological information of the context, we conducted two focus groups with students and one focus group with staff. The student focus group participants were sampled by the peer educators in the same manner as the survey participants had been approached. The staff were invited on the basis of their interest and participation in previous HIV-awareness weeks. Focus group participants received a free lunch.

Results

Although 67.3% of students were aware that condoms are an effective method of protection against STDs and HIV, 16.6% gave a vague, wrong, or no response to this question. Ten percent of the sample did not respond to the question at all. Some of the vague responses (2.3%) were "need research" or "education". Wrong responses (4.3%) included "pills", "oral sex", "injection", and "don't ejaculate".

Students were less clear about what methods are most effective. Condoms were considered as most effective by 48.0% of the students, followed by pills (29.5%). About 20% gave a vague, wrong, or no response.

Of all forms of contraception, the majority of students preferred condoms (54.8%). Twenty five percent did not indicate what method they have used or would use.

Almost half the students (48.6%) did not know that free condoms are available on campus. About 36.6% knew that free condoms are available at the Health Centre and 9.3% knew that they are available for free from the Counselling Centre or peer educators. Only 7 students (1.6%) knew that condoms are available from the campus' Community Resource Centre. Nearly half of the respondents (45.2%) indicated that they would not feel comfortable carrying condoms.

Focus groups

Two focus group discussions were organised for two different groups of students. There were twenty students for each group, equally divided by gender and representing different cultural groups from the university region. Eight questions were sent with the letters of invitation for members to come prepared for the two meetings. Each focus group discussions lasted two hours.

Among the wide variety of issues discussed and raised during the focus group discussions, one prominent issue constantly highlighted was that of tradition, culture and religion presenting barriers in any Sexual Health and AIDS/STD Awareness and Programme including Peer Education initiatives with the student community at the university.

Examples of such comments included...

...Any issue of sexuality or sex is very culturally and religiously sensitive, so needs to be treated with great care...

...Peer Education in sexual health among university students should take place in cultural groups instead of doing it openly like now...

...Have separate peer education sessions on sexual health, AIDS/STD for men and women because these are taboo topics and cannot or hard to talk and discuss openly...

...Peer Education should happen in student cultural groups so that they can discuss issues of sexuality in their own language...

A great number of students who have gone through the university learning environment still hold firmly to their former cultural and religious beliefs so that any discussion or awareness-raising regarding sexual health and AIDS/STD is still taboo, sensitive and should be done in private and not publicly.

Discussion

This pilot piece of action research shows that students' knowledge of contraceptive methods and of how to prevent the spread of STDs and HIV is inadequate. Some students specifically asked for sexual health information tailored to their needs. The peer educators have worked with staff

from ATFF and the USP Counselling Centre staff to produce a leaflet '10 Myths about HIV & AIDS' based on questions new students have asked during their orientation.

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Cultural attitudes and religious taboos are clearly a major barrier to the dissemination of sexual health education. Some Indian girls approached by the peer educators hesitated, and some refused to complete the questionnaires and expressed a fear of appearing too sexually knowledgeable quoting the saying, *"a naive bride is a suitable bride"*. Gender differences would need to be the focus of another research project exploring how in a traditionally male-dominated society, the double standards currently applied might be challenged.

A strength of this pilot study was the quality of the team of peer educators. They were approached by students with questions and anxieties and built a reassuring presence on campus. This was particularly valued when rumours of a student being tested positive for HIV began to circulate. A weakness of the project was our relative lack of preparedness to respond to a flood of questions about testing for HIV. As the rumours were confirmed and the media began to cover the story about the USP student who had been diagnosed HIV positive, the lack of a University policy on HIV/AIDS was also highlighted. This project has provided a focus for the various groups involved in HIV/AIDS issues on campus and will work to develop a co-ordinated response both to STD/HIV prevention and to the care and support and protection of the rights of those infected.

We would like to recommend that:

- The need for accurate data about students' sexual health is clearly only likely to be met by the Medical Centre taking a lead in creating a data base showing the incidence of STD diagnosed on campus.

- A sex education curriculum needs to be developed in relevant departments especially in B.Ed. and other education programmes. It is strongly recommended that materials and methods are a central part of the training of future teachers.

- Longitudinal studies are required to investigate behaviour change amongst student groups at USP. A recent UNAIDS/WHO initiative 'behavioural research Task Force' may provide a focus for this.

- The training of more peer educators is a priority. Also some 'awareness' training for cultural leaders would be very valuable.

Whilst students at USP give reasons for not practising safer sex such as

"It won't happen to me"

"Just this once"

"I was drunk and couldn't be bothered"

and still believe the symptoms of the HIV are visible, the critical need for more and more youth-friendly sexual health information and services is clear.

Information about sensitive issues is only valuable when, to quote from one of the focus groups, "... *people need it and are prepared for it*". Assertiveness training may then assist in ensuring that all students, both male and female, are able to make informed choices about their own sexuality.

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References

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2. Monsell-Davis M. *Cultural Factors and their influence on the transmission of HIV infection in the Pacific*. Background paper for the UN HIV/AIDS and Human Development Study. Mimeo. 1995. □

Men and their ceremonial object of value occupy the position between supernatural and the temporal, whereas women and their valued goods are relegated to the temporal, secular sector.

Asesela Ravuva – The Fijian Ethos (1987)