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Application of the Information, Motivation and Behavioural Skills (IMB) model for targeting HIV-risk behaviour among adolescent learners in South Africa.

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ABSTRACT

The main aim of this study was to apply the Information, Motivation and Behavioural Skills (IMB) model in a school-based programme for the reduction of HIV-risk behaviour among adolescents in South Africa. The study also aimed at evaluating the effectiveness of the model in improving levels of information, motivation to act upon the information, and imparting behavioural skills aimed at reducing HIV-risk behaviour in high school adolescent learners.

Prior to the main study, a preliminary study was conducted to identify existing and prior intervention initiatives targeting HIV-risk behaviour within the schools in Alexandra township, Johannesburg. This was a qualitative study in which participating learners from two secondary schools reported on the HIV and AIDS education they were exposed to prior to the main study and intervention. The study sample consisted of 259 Grade 11 learners of which 123 were from School 1 (ES) and 136 from School 2 (CS). The findings from the preliminary study indicate that, while much HIV/AIDS education was done through the LoveLife campaigns, important gaps still existed in the levels of HIV/AIDS information, motivation and behavioural skills among the learners in the participating schools.

The main study was quantitative in nature, and involved the same sample as the preliminary study. Data was collected with the use of a questionnaire adapted from the Teen Health Survey instrument. School 1 (ES) was the Experimental group, while School 2 (CS) was the Control group. A baseline assessment (Time 1) was conducted at both schools.

This assessment was followed by a 3-week HIV/AIDS intervention programme at School 1 (ES) which focused on HIV/AIDS information, motivation and behavioural skills. A post-test (Time 2) was carried out at both schools. The intervention at School 1 (ES) was then repeated at School 2 (CS). This was followed by another post-test (Time 3) at both schools. A final test (Time 4) was done at both schools. This was followed by another post-test (Time 3) at both schools. A final test (Time 4) was done at both schools.

Data was analyzed using repeated measures ANOVA including univariate ANOVA and paired *t*-tests. The results show significant increases in information across time for both schools. However, while there was clear change, it was not directly linked to the intervention. Overall estimates for all three variables, for instance, indicate that the mean scores at School 2 (CS) rose at Time 2, despite the absence of the intervention between Times 1 and 2 at that school. The fluctuating pattern of mean scores further attests to the deviation of the mean scores from the hypothesized pattern. In some of these fluctuations, the results showed the same trend for both groups, irrespective of the difference in the timing of the intervention.

It is recommended, among other things, that when applied in the South African context, the IMB model should be used along with other HIV/AIDS prevention strategies to incorporate the social, cultural, economic and other structural challenges faced by learners.