pressures to have sex. Response options for the former were no chance at all, small chance, moderate chance or great chance. Perceived pressure to have sex was measured using a scale consisting of items asking students if they had ever felt pressured to have sex for the following reasons: their bodies had “pushed them”; their friends had encouraged them; an older person had encouraged them; their boyfriend or girlfriend had wanted to have sex; they would receive money or gifts; someone had arranged for them to have sex; they had not known how to resist their partner; they had watched someone else have sex; or someone had physically forced them. All items loaded on a single latent construct we call sexual pressure. Factor loadings ranged from 0.49 to 0.69; Cronbach’s alpha was 0.75. Higher positive values on this scale indicate pressure from a greater number of sources.

For the behavioral component of the IMB model, we used five items to assess respondents’ self-efficacy to abstain from sex and to use a condom. Youth were asked whether they believed that they could say no to sex, would be able to have a boyfriend or girlfriend for a long time without having sex, could tell their boyfriend or girlfriend that they planned to abstain from sex until marriage, could tell their boyfriend or girlfriend about condoms, or could insist on condom use during sex. Responses to these questions were on a five-point Likert scale ranging from “definitely yes” to “definitely no.” The first three items loaded on a latent construct that we term abstinence self-efficacy, while the last two items loaded on a construct we call condom use self-efficacy. Cronbach’s alpha for both scales was 0.59; factor loadings ranged from 0.54 to 0.79.

• **School and community-level measures.** Given that the majority of African youth begin having sex when they are of school-going age, schools are often considered an important site for HIV prevention programs. Moreover, schools and communities have established mechanisms for reaching students and promoting prevention programs. We measured community commitment to prevention by determining, through researcher observations and interviews with adult community members, whether HIV prevention information and motivational messages were incorporated into community festivals. Such messages included promotion of abstinence, monogamy and HIV testing, as well as messages about condoms (both those supporting condom use and those condemning it). A second variable assessed the nature of the predominant HIV prevention message within schools and communities; messages were coded as either promoting abstinence or other. The latter category included messages about the biology of HIV and AIDS, such as what the virus does once it enters the body; nonspecific behavior change; acceptance of people living with HIV and AIDS orphans; encouraging students to talk about HIV and AIDS, and condoms.

Community awareness of HIV and AIDS was measured using an item that asked students whether they lived in communities where AIDS deaths were publicly acknowledged would be more aware than other youth of the severity of the disease, which would motivate them to refrain from behaviors (such as early sexual debut) that could put them at risk of contracting HIV. In addition, we included in our analysis a number of school indicators that captured Campbell’s concept of “availability of resources for HIV prevention.” These included the number of parent-teacher association (PTA) meetings in the past year at which HIV or AIDS was discussed, whether the PSABH program had been implemented at the school and whether pupils had access to condoms in their communities.

Community awareness of social and cultural practices that contribute to HIV transmission was measured by asking community leaders to name community events and customs they believed exposed students to HIV infection. For example, respondents mentioned such cultural practices as circumcision, widow cleansing,* the use of herbs to dry a woman’s vagina in preparation for intercourse, choking a woman to make her more receptive to sex (and other types of sexual coercion), and holding student-oriented

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*This ritual requires widows to have unprotected sex with an inheritor, typically a relative of her deceased husband.