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Examining Peer Communication and it's influence on HIV/AIDS Awareness, Attitudes, and Behaviours among Youth in Malaysia

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ABSTRACT

This study examines the influence of peer groups on HIV/AIDS awareness, attitudes, and behaviors among youth. Adolescents aged 10 to 24 are highly vulnerable to peer influence, which can shape both positive and risky behaviors related to HIV/AIDS. Despite ongoing awareness campaigns, many young people continue to engage in unsafe practices such as unprotected sex and substance abuse, increasing their risk of HIV infection. Therefore, this study aims to assess the level of HIV/AIDS awareness among youth, examine the influence of peer groups on attitudes and behaviors, and evaluate the effectiveness of positive peer influence in HIV/AIDS prevention. A quantitative research design was used, involving 108 respondents from various educational and community settings in Malaysia. Data were collected through structured questionnaires distributed online and offline and analyzed using SPSS version 27. The findings revealed that respondents generally had a high level of HIV/AIDS awareness, particularly regarding transmission through unprotected sex and needle sharing. Peer influence was also found to significantly affect attitudes and behaviors, with many respondents reporting that peers encouraged positive health practices such as condom use and health awareness. The study concludes that peer-led and youth-centered strategies are essential for strengthening HIV/AIDS prevention efforts among youth.

Keywords: Peer Influence; HIV; AIDS; Youth; Malaysia.

Mengkaji Komunikasi Teman Sebaya dan pengaruhnya terhadap Pengetahuan, Sikap, dan Perilaku HIV/AIDS di Kalangan Remaja di Malaysia

ABSTRAK

Penelitian ini mengkaji pengaruh komunikasi teman sebaya terhadap pengetahuan, sikap, dan perilaku terkait HIV/AIDS di kalangan belia di Malaysia. Remaja berusia 10 hingga 24 tahun merupakan kelompok yang sangat rentan terhadap pengaruh teman sebaya, yang dapat membentuk perilaku kesehatan baik yang positif maupun berisiko terkait HIV/AIDS. Meskipun berbagai program kesadaran telah dilaksanakan, masih terdapat sebagian belia yang terlibat dalam perilaku berisiko seperti hubungan seksual tanpa perlindungan dan penggunaan zat terlarang, yang meningkatkan risiko infeksi HIV. Oleh karena itu, penelitian ini bertujuan untuk menilai tingkat pengetahuan HIV/AIDS di kalangan belia, mengkaji pengaruh kelompok teman sebaya terhadap sikap dan perilaku terkait HIV/AIDS, serta mengevaluasi peran pengaruh positif teman sebaya dalam pencegahan HIV/AIDS. Penelitian ini menggunakan pendekatan kuantitatif dengan melibatkan 108 responden dari berbagai latar belakang pendidikan dan komunitas di Malaysia. Data dikumpulkan melalui kuesioner terstruktur yang disebarkan secara daring dan luring, kemudian dianalisis menggunakan SPSS versi 27. Hasil penelitian menunjukkan bahwa responden memiliki tingkat pengetahuan HIV/AIDS yang relatif tinggi, khususnya terkait penularan melalui hubungan seksual tanpa perlindungan dan penggunaan jarum suntik bersama. Selain itu, pengaruh

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teman sebaya ditemukan secara signifikan memengaruhi sikap dan perilaku responden, di mana banyak responden melaporkan bahwa teman sebaya mendorong praktik kesehatan positif seperti penggunaan kondom dan peningkatan kesadaran kesehatan. Penelitian ini menyimpulkan bahwa strategi berbasis teman sebaya dan berpusat pada belia sangat penting dalam memperkuat upaya pencegahan HIV/AIDS di kalangan belia.

***Kata-Kata Kunci**: Pengaruh Teman Sebaya;* HIV; AIDS*; Remaja; Malaysia*

INTRODUCTION

Youth nowadays bear a significant portion of the global HIV/AIDS burden, particularly in areas with high prevalence rates like in sub-Saharan Africa. Adolescence is a time of transition during which people become more independent from their families and depend more on their peer networks for identity formation and social support which generally refers to individuals between the ages of 10 to 24. Because of this change, teenagers tend to be vulnerable to peer pressure, which can take the form of direct encouragement to partake in risky behaviours or indirect impact through social norms and modelling.

Despite many HIV/AIDS awareness programs, a significant number of young people are still involving themselves in high-risk activity that increases their chances of contracting HIV/AIDS. This is a major health issue worldwide, especially among young people who are at the crucial stage of developing habits and attitudes that can affect their health in the future. While campaigns and formal programs try to raise awareness and encourage preventive actions, they often miss one of the strongest influences towards adolescent behaviour which is peer pressure.

Peer groups, particularly during adolescence and early adulthood, greatly affect the choices and actions of young people, including health-related risks like HIV/AIDS. At this stage of life, individuals are particularly open to the views, actions, and attitudes of their peers. These groups can either promote healthy behaviors, such as using condoms and getting tested for HIV, or they can encourage risky actions, such as unprotected sex and drug use. Both of these can increase the risk of HIV exposure. Peer pressure, whether positive or negative, is a key in shaping sexual attitudes, knowledge about HIV/AIDS and decisions about prevention.

Previous research on HIV/AIDS awareness often focuses on personal knowledge (Rajikan et al., 2017). However, there is limited study on the complex dynamics of peer influence and its direct link to risky behaviors around HIV. Peer groups are complex social networks where individuals share information, establish norms and influence each other's behaviours. The dynamics in these groups, including the pressure to fit in, the spread of both correct and incorrect information and the reinforcement of particular sexual practices, are not well-explored in HIV/AIDS prevention.

Furthermore, despite the efforts of HIV/AIDS awareness campaigns, these programs can be less effective due to strong opposing narratives formed by peer groups. In many communities, particularly among young people, stigmas and misconceptions about HIV still thrive. These peer-driven attitudes can negatively impact how individuals view HIV risks and take preventive steps. There must be a better understanding on how peer influence shapes both the awareness and actions of youth regarding HIV/AIDS, as well as how this can be

used to lower risky behaviors and improve health results.

This study aims to fill these gaps by looking into how peer influence affects young people's attitudes, knowledge and behaviours related to HIV/AIDS. Specifically, the research will investigate the interactions within peer groups and how these influence individual decisions regarding HIV risks. It will also examine how peer networks help spread accurate information about HIV/AIDS, while also reinforcing harmful myths and actions that increase HIV exposure. By understanding these peer influences, the study hopes to guide more effective, culturally relevant, and peer-targeted HIV/AIDS prevention strategies that make use of youth social networks to lower HIV transmission risks and enhance public health outcomes. This study is grounded in the Knowledge–Attitude–Practice (KAP) model, which suggests that knowledge influences attitudes and subsequently shapes behavioural practices. In this study, HIV/AIDS awareness represents knowledge, attitudes toward HIV/AIDS represent attitudes, and peer-influenced behaviours represent practice.

LITERATURE REVIEW

The adolescence phase is an important stage of development. It is characterized by rapid physical, psychological and social changes. During this time, individuals create patterns of behavior and social relationships that may greatly affect their health later in life. Peer groups have a significant impact on shaping attitudes, beliefs and behaviors, especially those related to sexual health and the risk of HIV/AIDS. Peers provide a key environment where young people learn about sexuality, develop norms and manage risky behaviors.

Peer Influence and HIV Risk Perception

Peer influence plays a critical role in shaping adolescents' perceptions of their risk of HIV infection, which in turn affects their engagement in protective or risky behaviors. Adolescents are highly attuned to the attitudes and behaviors of their peer groups, often using these social cues to assess their own vulnerability to HIV. Kim (2016) found that in Malawi, adolescents' expectations of HIV infection were strongly influenced by the average HIV risk perception within their peer networks. This peer effect was particularly pronounced among male adolescents, suggesting gender differences in susceptibility to peer influence. Such findings highlight that HIV risk perception is not formed in isolation but is embedded within the social context of peer interactions.

The mechanisms through which peer influence shapes HIV risk perception are complex and multifaceted. Adolescents often overestimate their risk of HIV infection, a phenomenon partly driven by anxiety and uncertainty about their own and their peers' sexual behaviors and HIV status. Peer groups serve as primary channels for exchanging information both accurate and inaccurate about HIV/AIDS, which can reinforce either protective norms or risky behaviors. Owino et al. (2024) demonstrated that young women in Uganda frequently rely more on peer advice than parental guidance regarding sexual decisions, which can perpetuate norms favoring multiple sexual partnerships and increase HIV vulnerability. This reliance on peers underscores the importance of addressing peer group dynamics in HIV prevention efforts.

Cultural and geographic contexts further shape how peer influence operates. In Indonesia, Oktavianis et al. (2022) found that over a quarter of adolescents reported peer pressure as a key motivator for initiating sexual activity, with peer influence also linked to

alcohol consumption, a known risk factor for unsafe sexual practices. Similarly, qualitative research in sub-Saharan Africa reveals that peer-mediated sexual scripts heavily influence youth perceptions and behaviors around HIV prevention methods, including attitudes toward condom use and pre-exposure prophylaxis (Owino et al., 2024). These findings demonstrate that peer influence on HIV risk perception is a global phenomenon, though its manifestations vary by cultural context.

Peer Pressure and Risk-Taking Behaviors Among Adolescents

Peer pressure is a strong factor in adolescent risk-taking behaviors, like unprotected sex, drug use and early sexual involvement. Namuwonge et al. (2023) conducted a study among adolescent girls in southwestern Uganda. They found that direct peer pressure was linked to higher levels of drug use and sexual risk behaviors. The study pointed out that peer pressure works in two ways: direct pressure, which includes explicit encouragement to take risks and indirect pressure, where adolescents model the behaviors of their peers. Often, this leads them to fit in with group norms for acceptance.

The ways peer pressure affects adolescents are complex. They might face clear pressure to drink alcohol or have sex, or they could be indirectly influenced by peers who act in those ways. This desire to avoid social rejection and strengthen friendships often drives social conformity (Namuwonge et al., 2023). Economic factors add another layer. Adolescents from low-income families may turn to transactional sex or drug use to gain peer acceptance or material benefits, increasing their risk of HIV (Namuwonge et al., 2023).

Similar results were found in Indonesia, where 26.6% of adolescents reported being motivated to have sex due to peer influence. Peer pressure is also significantly related to alcohol use (Oktavianis et al., 2022). Together, these studies show how peer pressure weakens healthy social norms and HIV prevention messages, making adolescents more vulnerable to HIV infection.

Gender and Socioeconomic Dimensions of Peer Influence

Gender plays a crucial role in determining how peer influence can affect HIV risk behaviours among adolescents, especially in regions with significant gender inequalities like sub-Saharan Africa. Adolescent girls often face societal and cultural expectations that limit their independence. This exposure increases their risk of HIV. Peer pressure can lead to early sexual activity, transactional sex and dropping out of school, all of which increase the risk of HIV infection (Namuwonge et al., 2023). Social norms within peer groups often support risky behaviors or economic exchanges as a way to survive or gain acceptance.

Additionally, the combination of gender and socioeconomic status increases these risks. Adolescents from poorer backgrounds may face peer pressure linked to social belonging and economic survival. For instance, peer groups may normalize transactional sex as a way to obtain money, food, or other resources, especially in areas with widespread poverty (Namuwonge et al., 2023). This economic aspect of peer influence adds complexity to the risk environment, where choices are shaped by both social and material needs.

Socioeconomic conditions also impacts access to education and health information, which influences the effect of peer pressure. Adolescents with limited educational opportunities may rely more on their peers for information about sex and HIV/AIDS, making them more vulnerable to misinformation and risky behaviors. In contrast, those with better

access to education and resources might be more successful at resisting negative peer pressure and engaging in protective behaviors. Therefore, effective HIV prevention programs should take into account these interconnected gender and socioeconomic factors to create targeted interventions that address the underlying causes of vulnerability while promoting positive peer influence.

Peer Education and HIV/AIDS Prevention

Peer education has become an effective strategy for preventing HIV/AIDS among young people. It takes advantage of the influence that peers have on each other's attitudes and behaviors. Peer educators are usually close in age and share social backgrounds with their audience. They can share HIV-related information in ways that are culturally and socially relevant. The lasting impact of these programs can be significant, with effects observed up to two years after the intervention. This highlights their potential for promoting long-term changes in behavior.

In addition to prevention, peer education has also proven helpful in supporting treatment adherence and retention among young people living with HIV. A study by Mark et al. (2019) found that peer-led interventions improved medication adherence and reduced loss to follow-up in antiretroviral therapy programs in Uganda. This dual role of peer education, acting as both a preventive and supportive tool, shows its flexibility and importance in HIV/AIDS programming. Therefore, incorporating peer education into national health strategies can improve both prevention and care for young people.

RESEARCH OBJECTIVES

1. To assess the current level of HIV/AIDS awareness among youth.
2. To examine the influence of peer groups on youth attitudes and behaviors related to HIV/AIDS.
3. To evaluate how positive peer influence can be leveraged to enhance the effectiveness of HIV/AIDS prevention strategies among youth.

RESEARCH METHOD

This study uses a research design that uses quantitative approaches to explore the impact of peer dynamics on HIV/AIDS risk behaviors among youth. The reason for choosing this design is its ability to capture the measurable prevalence and patterns of peer influence that drive these behaviors. Quantitative methods allow the statistical analysis of relationships between peer influence, awareness, self-efficacy and risk behaviors to be done.

The research will mainly take place in Malaysia, focusing on various urban and semi-urban areas to get a sample of young adults. Data collection will occur in educational institutions like universities, colleges, and youth centers, as well as in community settings across several states. This geographic range allows the study to represent Malaysia’s multicultural and multiethnic context, where social, cultural and economic factors uniquely affect peer dynamics and HIV/AIDS risk behaviors.

In order for the data collection to be broad and efficient, surveys will be conducted online using Google Forms, it allows participants to fill out questionnaires easily via smartphones, tablets or computers. This online method increases response rates and

helps reach youth who may not be accessible through physical distribution. Additionally, physical copies of the survey will be available at chosen locations to include participants with limited internet access. This mix of online and offline survey distribution maximizes coverage and improves the representativeness of the sample.

The research tool used in this study was a structured questionnaire designed to measure knowledge, attitude, and practice related to HIV/AIDS among youth, as well as the influence of peer groups on these factors. Development of the questionnaire was based on an extensive review of the literature and already validated instruments in the field of public health and behavioral sciences.

The data collected from the questionnaire responses, which consisted of 108 participants, was analyzed using the Statistical Package for the Social Sciences (SPSS) software, version 27. This software was chosen because it has advanced statistical analysis capabilities, ease of use, and common usage in social science research. Descriptive statistics, such as frequency, percentage, mean, and standard deviation, were used to summarize the demographic characteristics and participant responses to the Likert-scale questions.

RESULTS AND DISCUSSION

Demographic

Results shows that the demographic profile sample of 108 respondents, with the majority being female (64.8%) and male (35.2%). This gender distribution highlights a stronger female representation, which may suggest that females are more responsive or available to participate in health-related surveys. Gender differences in participation rates could influence the design of public health strategies, particularly those addressing gender-sensitive issues like HIV/AIDS.

The most represented age group was 18–22 years (44.4%), followed by 23–27 years (35.2%). This age distribution indicates that the sample largely consisted of youth and young adults, a demographic recognized as being at higher risk for HIV infection due to increased experimentation and peer influence during this life stage. Young people are often in a phase of identity exploration and social learning, making them more receptive to peer behavior and health education.

These demographic findings confirm that the study effectively captured the perspectives of a youth-dominant population, aligning with the research objective. Since youth are more susceptible to peer influence, understanding their demographic profile is critical in developing peer-led HIV/AIDS prevention strategies. A youth-focused approach ensures that intervention efforts resonate with their specific behaviors, communication styles, and values.

Ethnically, 98.1% of the respondents identified as Malay. This demonstrates a high level of ethnic homogeneity in the sample, which may influence the cultural context of peer interactions and perceptions surrounding HIV/AIDS. Cultural norms, values, and community structures among Malay youth may shape both their openness to HIV-related information and their susceptibility to peer influence.

Current Level of HIV/AIDS Awareness Among Youth

Based on the 108 respondents, the section assessed youth understanding of HIV/AIDS

transmission, symptoms, treatment status, and prevention. The overall mean score was 4.03, and the standard deviation was 0.831, indicating high levels of awareness with minimal response dispersion. These results suggest that the majority of respondents demonstrated a solid grasp of basic HIV/AIDS knowledge, confirming that most youth in the sample are well-informed about core health messages regarding the disease.

Most respondents showed strong awareness of basic HIV/AIDS facts. Specifically, 64.8% of respondents strongly agreed that they were aware of HIV/AIDS (M = 4.58), highlighting the general success of education and awareness programs among youth populations. Furthermore, 65.7% strongly agreed that unprotected sex is a major route of transmission (M = 4.59), which is crucial knowledge for effective prevention. These findings indicate that the main messages from public health campaigns have been effectively communicated and understood by the target audience. This supports studies like Aswar (2026), which the study results show an increase in the average scores of knowledge and attitudes after health education was provided.

The awareness of HIV transmission through needle sharing also demonstrated strong understanding. A total of 54.6% of respondents strongly agreed with the statement (M = 4.44). This statistic indicates a solid knowledge of transmission risks beyond sexual activity, an area that is often overlooked in informal peer discussions. This information is vital for young people who may encounter drug-use environments or misinformation. It also backs the claim by UNAIDS (2022) that improved communication about non-sexual transmission is necessary to reduce infection rates.

The data shows that most respondents have a strong basic understanding of HIV/AIDS transmission. This high level of awareness can be linked to formal education and peer-led campaigns that use relatable content to engage youth. However, the difference in responses to more complex topics like symptoms and disease progression, as discussed later in this section, highlights the need for programs to address not just basic facts but also more detailed health literacy. This is consistent with recent evidence showing that structured HIV education and public health communication campaigns significantly improve HIV knowledge and awareness among adolescents and young people (UNAIDS, 2022).

However, responses were more mixed regarding advanced HIV/AIDS knowledge, particularly around the recognition of early symptoms and the distinction between HIV and AIDS. Both items recorded a mean of 3.80, showing moderate agreement. This suggests that while general awareness is high, specific understanding of medical progress is still limited. Only 26.9% of respondents strongly agreed that they understood the difference between HIV and AIDS. Meanwhile, 10.2% openly disagreed, pointing to a significant educational gap.

Improving understanding in these areas is essential for early detection, reducing stigma, and increasing the effectiveness of peer-to-peer education. Misconceptions about when HIV develops into AIDS or how symptoms appear can stop both preventive and supportive actions. Therefore, interventions must target not just basic knowledge but also building health literacy. This can strengthen community responses and help individuals make informed health decisions.

The Influence of Peer Groups on Youth Attitudes Related to HIV/AIDS

Based on the 108 respondents, the section measured respondents' attitudes toward individuals living with HIV/AIDS. The overall mean was 3.70 and the standard deviation was

0.995, suggesting a moderately positive attitude among the respondents, with some degree of variability in their views.

Notably, 76.9% of respondents agreed or strongly agreed about the importance of treating people living with HIV/AIDS equally. This shows a generally inclusive and caring view among the youth, which is vital for reducing HIV-related stigma. These findings are consistent with recent evidence which shows that increased HIV-related knowledge and exposure to health communication campaigns are associated with more positive and empathetic attitudes toward people living with HIV, leading to greater social support and reduced discriminatory behaviour (UNAIDS, 2022).

The highest levels of agreement were found in the statement "We should not boycott people with HIV/AIDS" (M = 3.93). Here, 46.3% agreed and 29.6% strongly agreed. This supports the idea that most youth oppose exclusionary behaviours toward people living with HIV. Recent evidence suggests that anti-stigma messaging delivered through health communication campaigns, education programs, and media exposure has contributed to reducing overt discriminatory attitudes among young people (UNAIDS, 2022). These findings indicate that sustained awareness efforts have helped shape more inclusive attitudes, although subtle forms of stigma may still persist in some contexts.

A large proportion of respondents also expressed acceptance toward physical contact with HIV-positive individuals (M = 3.79). This indicates a reduction in irrational fear and stigma related to HIV transmission through casual contact, which has long been identified as a barrier to social inclusion for people living with HIV. Recent evidence suggests that improved HIV literacy and exposure to accurate health communication significantly reduce misconceptions about transmission and promote more positive social attitudes among young people (UNAIDS, 2022). These findings highlight that when individuals are exposed to correct scientific information about HIV transmission, fears associated with casual contact tend to decline, leading to more inclusive and non-discriminatory social behaviour.

Many respondents also indicated their willingness to join HIV/AIDS campaigns (M = 3.83). This willingness to participate reflects a proactive attitude toward public health and suggests that youth are not only informed but are also willing to engage as agents of change in HIV prevention efforts. Recent evidence indicates that youth participation in health communication and peer-led HIV initiatives plays a significant role in strengthening awareness, reducing stigma, and promoting community engagement in prevention programmes (UNAIDS, 2022). These findings highlight the importance of involving young people in advocacy and educational activities to enhance the effectiveness of HIV/AIDS communication strategies.

Despite this overall positivity, some respondents showed reservations. Only 24.1% strongly agreed that they would be comfortable working with someone who has HIV/AIDS (M = 3.61). This slight hesitation points to the persistence of subtle stigma, even among otherwise informed youth. Recent studies suggest that although HIV awareness has improved significantly, stigma—particularly in the form of social distance and discomfort in close interaction—remains present among young populations (UNAIDS, 2022). These findings indicate that while overt discrimination has declined, implicit stigma continues to require sustained educational and communication-based interventions.

The Influence of Peer Groups on Youth Behaviors Related to HIV/AIDS

The objective of this section is to examine how peer groups affect youth behaviours related to HIV/AIDS. Based on 108 responses, the findings highlight how peer interactions shape behavioural outcomes. The average score was high (M = 4.23, SD = 0.819), indicating a strong and consistent perception that peer influence significantly impacts health-related decision-making among youth.

The statement "My peers motivate me to make positive changes" received the highest average score (M = 4.27), with 46.3% of respondents strongly agreeing. This suggests that peer groups play an important role in shaping individual health decisions. Recent behavioural health studies indicate that peer support and peer norms are key determinants of positive health behaviour adoption among adolescents, particularly in promoting safer sexual practices and risk avoidance (UNICEF, 2023; UNAIDS, 2022).

A similar high level of agreement was found for "My peers motivate me to pay attention to my health care" (M = 4.23), where 40.7% strongly agreed. This indicates that peer influence extends beyond sexual behaviour to broader health consciousness. Recent evidence supports this finding, showing that peer-driven communication enhances health awareness and increases motivation for preventive health actions among young people (UNESCO, 2021; WHO, 2021).

Furthermore, 47.2% of respondents strongly agreed that their peers encourage them to use condoms during sexual activity (M = 4.19). This demonstrates that peer norms play a significant role in reinforcing safe sexual practices. Recent HIV prevention literature confirms that peer-based communication and normative influence are strongly associated with increased condom use and reduced HIV risk behaviours among youth populations (UNAIDS, 2022; UNICEF, 2023).

However, there was a lower level of agreement on the statement "Discussed HIV/AIDS prevention with peers" (M = 3.73). This suggests that while peer encouragement is strong in behavioural modelling, open communication about HIV prevention remains limited. Recent studies highlight that communication barriers, discomfort, and lack of structured facilitation often reduce the likelihood of discussing sensitive sexual health topics among peers (UNESCO, 2021; WHO, 2021).

A similar trend was observed for the statement "Advised to seek counseling" (M = 3.44), which recorded the lowest mean score in this section. This indicates that although peer groups are effective in influencing everyday behavioural norms, they are less effective in encouraging formal help-seeking behaviours such as counselling or HIV testing. Recent evidence suggests that peer influence alone is insufficient without structured referral systems and integrated health communication support from formal health services (UNAIDS, 2022; UNICEF, 2023).

Effectiveness of Peer Influence in HIV/AIDS Prevention Among Youth

The objective of this section is to evaluate how positive peer influence can be leveraged to enhance the effectiveness of HIV/AIDS prevention strategies among youth. Based on 108 respondents, the findings highlight strong agreement regarding the role of peer influence in shaping HIV-related preventive behaviours. The overall mean score was high (M = 4.02, SD = 0.809), indicating a consistent perception that peer-driven influence is important in HIV/AIDS prevention.

Statements such as "In my group, avoiding risky sex is important" (M = 4.19) received strong support from respondents, with over 75% agreeing or strongly agreeing. This indicates that peer group norms play an important role in shaping perceptions of sexual risk among youth. Recent public health evidence suggests that peer norms and youth social environments significantly influence risk perception and behavioural intentions related to HIV prevention, particularly in promoting safer sexual decision-making (UNAIDS, 2022; WHO, 2021).

Similarly, 75% of respondents agreed or strongly agreed with the statement "My peers care about my risky behavior" (M = 4.12), indicating a strong sense of peer concern and social responsibility. This reflects the importance of emotional and social support within peer networks. Recent studies highlight that supportive peer environments contribute to reduced engagement in high-risk behaviours and encourage protective health practices among adolescents and young adults (UNICEF, 2023; UNAIDS, 2022).

The statement "I made changes in risky behavior because of my peers" (M = 4.00) further supports the influence of peer dynamics on behavioural modification. This suggests that peer influence not only shapes perceptions but also translates into actual behavioural change, particularly in health-related decision-making. Contemporary health communication literature supports this finding, indicating that peer-led influence is effective in promoting behaviour change when embedded within supportive social norms and communication environments (WHO, 2021; UNESCO, 2021).

Interestingly, only 33.3% of respondents agreed that school peers have a positive view of HIV/AIDS (M = 3.46), indicating a potential disconnect between individual behavioural influence and broader social acceptance within institutional settings. This suggests that while peer influence is strong at interpersonal level, structural or school-based stigma may still persist. Recent evidence highlights that stigma within educational environments remains a barrier to fully effective HIV prevention communication, necessitating strengthened peer-led education and structured youth engagement programmes (UNESCO, 2021; UNICEF, 2023).

CONCLUSION

Firstly, we need to strengthen and expand peer-led HIV/AIDS education programs. The study found that peer influence plays an important role in shaping youth behaviors, attitudes and understanding of HIV-related risks. Therefore, educational initiatives should train and empower peer educators, who are individuals of similar age and social standing. They can effectively communicate health information in a relatable and culturally appropriate way. These peer educators should receive accurate, up-to-date content and be guided to share knowledge, model safe behaviors, challenge stigma and encourage open conversations about sexual health within their social circles.

Second, HIV prevention strategies should be combined with broader youth engagement platforms. Schools, universities, youth clubs, and social media are key places where young people come together. These spaces should be used to deliver consistent and engaging HIV-related messages that promote dialogue, awareness, and protective behaviors. Programs that are interactive and participatory are more likely to resonate with youth, especially when they reflect real-life peer situations or involve familiar figures like social media influencers or local role models.

Additionally, interventions need to be gender-responsive and culturally sensitive. The study pointed out that young women and youth from lower socioeconomic backgrounds are

more susceptible to harmful peer influence and related HIV risks. Therefore, targeted approaches should consider the unique challenges these groups face, including transactional sex, power imbalances, and limited autonomy. Discussions on gender norms, consent, and economic empowerment can help address these underlying issues. Furthermore, public health messaging should respect and fit within the cultural and religious contexts of the communities served to prevent alienation and resistance.

Improving access to youth-friendly health services and counseling is also crucial. Many young people may know about HIV/AIDS but encounter stigma, fear, or logistical hurdles when seeking testing, treatment, or advice. Schools and community centers should provide confidential, non-judgmental spaces for HIV-related support, and peer educators should be trained to direct their peers to these resources. Collaborations between educational institutions, health organizations, and youth groups can create referral networks that boost service usage.

Furthermore, digital media should be used more effectively to reach and influence youth. Social media platforms and online forums are powerful tools for sharing accurate information, challenging myths and promoting healthy behaviors. Authorities and advocacy groups should create engaging, youth-friendly content such as videos, testimonials, quizzes, and infographics that address HIV prevention in innovative and relatable ways. Content created by youth can particularly enhance trust and authenticity while reinforcing positive peer norms.

Finally, future research should use more long-term and qualitative methods to build on this study's insights. Long-term studies would allow researchers to track how peer influence and behaviors change over time. This would provide stronger evidence of causal relationships. Additionally, detailed qualitative methods such as interviews or focus groups could uncover the nuanced ways peer dynamics operate in various cultural and social settings. These findings could help shape more targeted and effective interventions in the future.

In summary, preventing HIV/AIDS among youth needs a well-rounded, peer-focused approach. This approach should go beyond just raising awareness; it must tackle social norms, gender issues, access to resources and media involvement. By recognizing the important role of peer groups, those involved can create programs that are not only more effective but also sustainable and empowering for young people.

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