Training in Reproductive Health Research
Geneva 2005

GFMER scholarship

The effect of peer sex education programmes on condom use of adolescents

Pinar Guner, MD
Medical Faculty, Haceteppe University
Department of Public Health
WHO Collaborating Centre in Reproductive Health
Ankara, Turkey

Background

Adolescence, the transition from childhood to adulthood, is one of the crucial periods in an individual's life and is defined by the World Health Organization (WHO) as a person between 10-19 years of age. There are about 1.2 billion adolescents -a fifth of the world's population and four out of five live in developing countries. Adolescence is divided into three phases: early adolescence (10–13 years), mid-adolescence (14–15 years), late adolescence (16–19 years) (1). Besides body maturation, physical and emotional changes including sexual development, occur during this period. While sexual habits and decisions about risk taking and protection are forming, adolescents can put themselves at risk without thinking through the consequences. Some studies show that, many adolescents have sexual relations at young ages. The main issues in adolescent sexual and reproductive health are sexual development and sexuality, sexually transmitted diseases (STIs) and unwanted and unsafe pregnancies. Unsafe sex is a major threat to the health and survival of adolescents. The majority of sexual contacts among adolescents are unprotected. Millions of adolescents worldwide are at risk of early and unwanted pregnancy and sexually transmitted infections (STIs) (2, 3, 4).

Condoms, when used correctly and consistently, are very effective to reduce the STIs and prevent pregnancies (5). However, adolescents are less likely than adults to use a condom (4). Studies from various parts of the world show that condom use among adolescent and young adult males has increased in recent years but is still inconsistent and often varies according to the category of the sexual partner (6). Some of the barriers to adolescents' condom use are availability, cost, having no income, negative beliefs about condoms, reported discomfort, lack of information on correct use and lack of having privacy and confidentiality at health facilities where condoms are provided (5, 6). Because adolescent sexuality is still a taboo in some societies, there is a widespread ignorance among young people of the risks associated with unprotected sexual activity and sources of information and contraceptive advice are rarely available or accessible to them (7). Those factors need to be taken into consideration when preparing a programme toward adolescents; and involving peers as advocates of condom use can be identified as a target for adolescent condom use.

Adolescents are often accepted as a healthy group who do not need priority action, and so provide a minimum subset of adult or paediatric services with no adjustments for their special needs. Health services play an important role in preventing and responding to health problems during adolescence, but many young people regard such health services as irrelevant to their needs and distrust them. Adolescents have different lives that vary by sex, religion and

cultural norms and they have different needs. Youth friendly health services are the accessible, acceptable and appropriate services for adolescents. They are in the right place at the right time and if necessary free. The services given are in the right style to be acceptable to young people. They are effective because they are delivered by trained and motivated health care providers who are technically competent, and who know how to communicate with young people without being patronising or judgmental. Involving adolescents in designing, delivering and monitoring services improves relevance, acceptability and effectiveness. Peer education in youth is defined as "the process whereby well trained and motivated young people undertake informal or organized educational activities with their peers over a period of time, aimed at developing their knowledge, attitudes, beliefs and skills and enabling them to protect and be responsible for their own health". Peer education can take place in schools, clubs, bars, social clubs, religious settings, workplaces or on the street. Peer educators are not professionals, but they are trained to assist young people who need reproductive health information and services. Some characteristics for peer educators are defined such as age, education, occupation, sex, and other background variables. Some of them can be listed as: a demonstrated interest in working with peers and in the community, being respectful and non-judgmental, the ability to communicate clearly and persuasively with their peers, have a socio-cultural background similar to that of the target audience, acceptability among the young people and the ability to deal with relevant information and program content. Peer educators receive special training in decision-making, in making client referrals, or in providing commodities or services. Youth peer educators are less likely to be seen as authority figures and young people relate well to people similar to them in age, background and interests (1, 2, 8, 9, 10).

To review the effect of peer sex education on adolescent condom use, we will conduct a systematic review of the literature.

Objectives

To review the effect of peer sex education programmes on the use of condoms among adolescents.

Criteria for considering studies for this review

a. Types of studies:

   'Randomized Controlled Trials', 'Quasi-experimental Studies' are included that investigate the effect of the peer education programmes.

b. Selection criteria:

Inclusion criteria:

- School based or community based intervention studies
- Articles published between 1996- 2004

Exclusion criteria:

- Studies including married adolescents
- Interventions including other programs in addition to peer programmes

c. Types of participants: Unmarried Adolescents (age=10-19)

d. Types of outcome measures: condom use at intercourse

Search strategy for identification of the studies

'Peer Education, Adolescent, Condom' will be used as key words in searching. Electronic databases (PubMed, Popline, Social Abstracts, ERIC, FRANCIS, Psychoinfo) will be searched.

Methods of the review

Titles and abstracts identified by applying the above search strategy will be assessed and full articles will be retrieved for those meeting the inclusion criteria or are unclear. Included studies will be evaluated and a table will be constituted to show the characteristics of the studies.

Table 1(example):

Study	Characteristics of settings	Characteristics of participants	Eligibility Criteria	Randomization Procedure	Loss at follow-up	Definition of the intervention	Description of outcome
1							
2							
3							

Table 2 (example):

Study	Study year (s)	Methods	Randomization unit	Control group	Follow-up	Outcomes	Results
1							
2							
3							

References

1. World Health Organization. Adolescent Friendly Health Services - An Agenda for Change. HO/FCH/CAH/02.14 [Full text]
2. World Health Organization. Child and Adolescent Health and Development. Adolescent Sexual and Reproductive Health. .[Full text]
3. World Health Organization. Contraception. Issues in Adolescent Health and Development. WHO Discussion Papers on Adolescence.
4. World Health Organization. The Second Decade. Improving Adolescent Health and Development. WHO/FRH/ADH/98.18 [Full text]
5. WHO, UNAIDS, UNFPA, UN, YouthNet . Protecting Young People From HIV and AIDS. The Role of Health Services.
6. What About Boys? A Literature Review on the Health and Development of Adolescent Boys. WHO/FCH/CAH/00.7 [Full text]
7. The Reproductive Health of Adolescents. A strategy for action. A joint WHO/ UNFPA/ UNICEF Statement. World Health Organization, Geneva, 1989.
8. UNFPA.Does peer education work in Europe? The European Magazine for Sexual and Reproductive Health. No. 56- 2003 [Full text]
9. Family Health International. The AIDS control and prevention project (AIDSCAP):How to create an Effective Peer Education Project? Guidelines for AIDS Prevention Projects [Full text]