

## Improving access to life skills reproductive health education and condom services for male youth

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**Objective:** To test the feasibility of expanding access for male youth to life skills reproductive health (RH) education and condom services through peers.

**Methods:** A quasi-experimental design with pre-post measurements and two experimental strategies was used: experiment I received life skills RH education and condom services while experiment II received life skills RH education only. Male youth club members, aged 15 to 24 years, were the target of the interventions.

**Results:** Youth are keen to learn about sexual and reproductive health from trained peers and to receive condom services from them. Comparison of pre- and post-survey data showed that youths' knowledge of STIs, HIV, contraceptive methods (particularly condoms), and health risks of teen pregnancy increased significantly in experimental sites. There was a significant change in the experimental site in attitudes towards unmarried youth using condoms, and actual condom use increased in one of the experimental groups. Focus group discussions revealed that gatekeepers realize the need for providing RH information and services to youth, and therefore support increased access to this education and services.

**Conclusion:** Peer educators can be effective in enhancing RH knowledge, changing attitudes and popularizing condom use among youth. Peer education programmes should therefore be scaled up.

### Key terms

**Life skills:** life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. **RH:** reproductive health. **STI:** sexually transmitted infection. **FGD:** focus group discussion.

**Gatekeepers:** parents, teachers, religious and community leaders and policy makers, who maintain religious, cultural and social norms, and exert strong influence on societal behaviour. **Upazila:** sub-district administrative level.

### The issue

Around the world youth often do not have access to basic RH information, or skills in negotiating sexual relationships, nor access to affordable, confidential RH services. They lack proper knowledge about their own and their partners' sexuality, communicate very little about sex in their relationships, and believe in numerous sexual myths. In Bangladesh, youth represent approximately one-third of the total population, and are at risk of STI/HIV infection and unwanted pregnancy, because neither schools nor health services address their sexual and reproductive health needs. Some youth are involved in high-risk behaviours, including unsafe sex practices, and consequently suffer from STIs. The high-risk behaviours are more prevalent among working male youth. There is therefore an urgent need to enhance youths' access to life skills RH education and condom services.

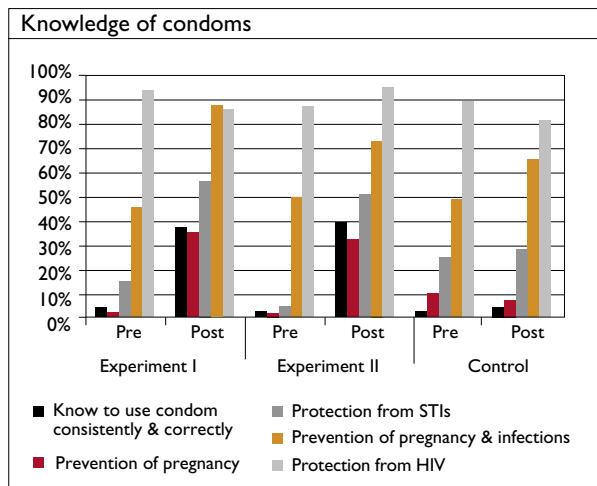
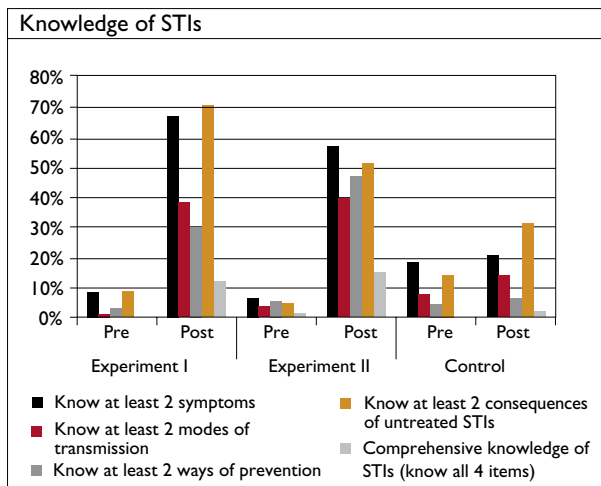
### The research

An operations research study was designed to test the feasibility of using peers to improve access to life skills RH education and condom services for male youth in Bangladesh. Youth clubs were identified as an ideal place to reach young males in an organized manner. Three upazilas were purposively selected from Dhaka district and randomly assigned to experimental group I, experimental group II or the control group. From each upazila four youth clubs from four unions were selected randomly. Male club members aged 15 to 24 years were listed, serving as a sampling frame for pre- and post-intervention surveys (completed May 2005 and February 2006 respectively), as well as for the subsequent interventions. Before implementing the interventions, focus group discussions (FGDs) were conducted among gatekeepers and youth in the experimental clubs to explore ideas about male youth access to RH information and services.

The interventions applied were: (i) the provision of RH education by trained peer educators; and (ii) expanded access to condoms through peer networks. For smooth implementation of project activities and to ensure gatekeeper involvement, two project implementation committees were formed at two experimental upazilas. Fourteen peer educators were identified from the clubs and trained on the RH module so that they could conduct four one-hour sessions among peer club members. A pictorial flipchart was developed on the RH module to deliver standardized RH information, and penile models were used for demonstrating correct condom use. The quality of RH information provided by peer educators was monitored, and feedback provided to improve delivery. The trained peer educators served as condom promoters as well: condoms were supplied to them at a government rate (12 condoms cost tk. 1.20) to be sold to their peers at the same rate. In addition, behaviour change communication materials, such as posters on the dual protection properties of condoms, pamphlets on condoms and ejaculation, a booklet on safer sex practices, and banners publicizing the RH course at youth clubs, were developed and distributed. Several outdoor activities such as dramas, games, World AIDS Day observations, and quiz competitions were also organized in the experimental sites.

## Key findings

Lack of awareness about STIs was more pronounced amongst the youth than lack of awareness about HIV. Awareness of STIs was measured by knowledge of at least 2 symptoms of STIs, at least 2 modes of transmission, at least 2 prevention methods and at least 2 consequences of untreated infections, while HIV awareness was measured by knowledge of at least 3 modes of transmission and at least 3 prevention methods. Though knowledge of STIs and HIV substantially increased due to the interven-



tion, still only 15 to 20% youth had such knowledge. However, over 50% of youth at post-survey mentioned 'use condoms consistently and correctly' as the way of prevention against STIs. Considering the importance of marketing condoms for preventing pregnancy as well as protection from STIs and HIV, this awareness was assessed. Knowledge of the dual benefits of condom use increased nearly 33% in experimental sites while no change was observed in the control site. As for knowledge of the correct steps of condom use, at post-survey nearly 70% of youth in the experimental sites were aware of at least one or two steps but only 20% had knowledge of all the steps involved. No change was observed in the control site. Condom use increased 5% among sexually active youth in one of the experimental sites where condoms were made available through peers.

## Key messages

- Trained youth can impart life skills RH education and promote condoms among their peers.
- Youth need to be trained effectively as the skills and efficiencies of information providers are vital for the success of the program.
- Youth clubs can be an appropriate place for educating young male members on RH issues.
- Youth clubs need to be more organized and should give more attention to youth-focused activities.
- Social barriers can be overcome by involving gatekeepers in the program.

### Further information

Population Council  
[www.popcouncil.org](http://www.popcouncil.org)

GFATM Bangladesh  
[www.bdnasp.net/gfatm\\_project.htm](http://www.bdnasp.net/gfatm_project.htm)

National AIDS/STD Programme (Bangladesh)  
[www.bdnasp.net](http://www.bdnasp.net)

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