

Sexual Health and Peer Education

SHAPE-ing peer conversations about sexual health

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Background

It's no secret that young people often seek sexual health information and advice from their peers, making peer education a highly popular and potentially effective health promotion strategy. However, there is little guidance on how to develop sustainable, consistent and evidence-based peer education programs.

What we developed

The Play Safe Programs Sexual Health and Peer Education (SHAPE) program developed a best practice toolkit (BPTK) for universities and youth services to implement youth sexual health peer education programs. The BPTK consists of four documents:

1. a peer education factsheet on what constitutes peer education.
2. a self-assessment checklist to determine whether organisations have the capacity to implement a peer education program.
3. a set of guidelines to help complete the self-assessment checklist and explain how organisations can set up a peer education program.
4. a training manual for organisations to train peer educators in sexual health promotion.

How we implemented

Accessible on Play Safe Pro, the SHAPE BPTK has been scaled up across three NSW Local Health Districts in seven tertiary education settings.

University leaders have delivered peer education training based on the BPTK to 115 participants. Evaluation forms, provided in the BPTK, are completed by participants engaging in the program to assess training and toolkit effectiveness.

"I liked how engaging each activity was, often times learning about a topic for a while can be very draining. However, having activities to practically apply what we learned made it easier to grasp the content and to stay attentive."

What were the outcomes?

Increased confidence in STI testing

- Engagement in training led to higher levels of confidence in peer educators' knowledge of where to access STI testing.
- Coupled with high ratings of those that would be confident getting a sexual health check indicates high confidence in attending health services upon completion of the program.

"The STI bits and testing info was very interesting to me because it so stigmatised I learned a lot of things I didn't know."

Increased confidence in STI prevention

- Reported confidence levels across comprehensive understanding of barrier methods were high post completion of the training.
- Comprehensive understanding was measured across four confidence statements (I know where I can get condoms 95.56%; I know I what a dam is and how barriers protect my sexual health 91.11%; I know I could talk about condom use with sexual partners 89.13%; I know I can use a condom correctly 86.67%).

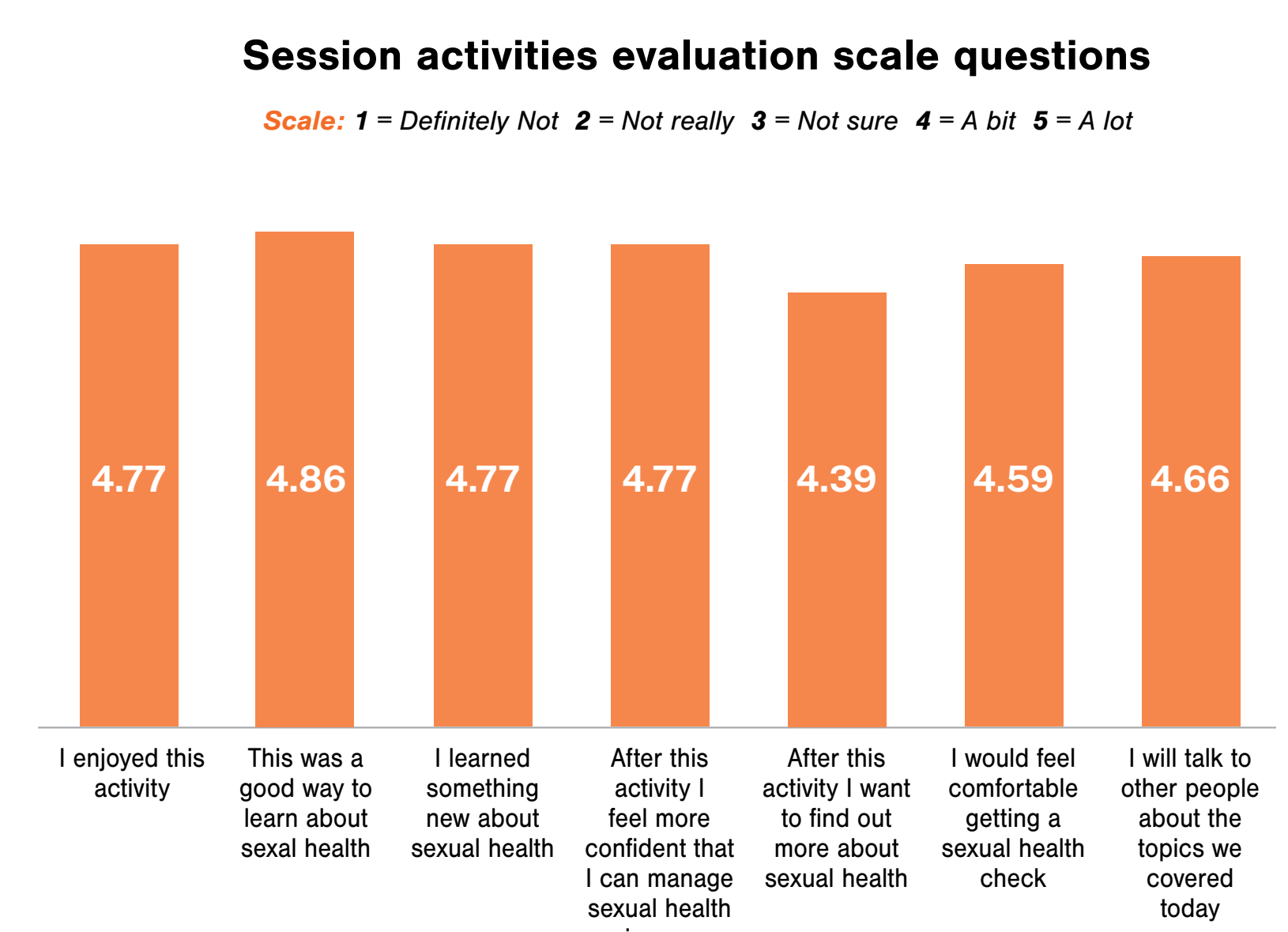
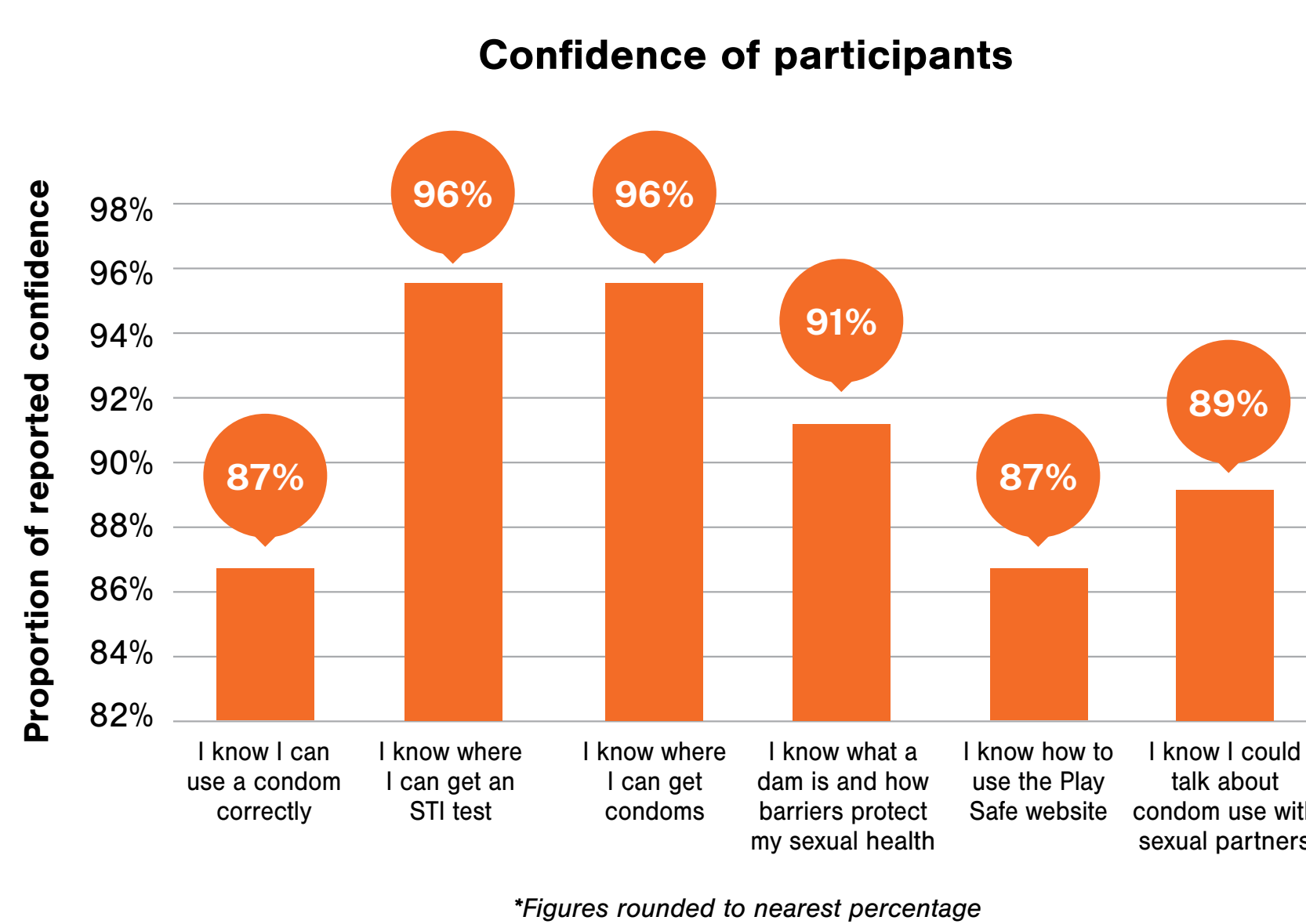
"Talking about sexual health openly and professionally which makes me more confident of negotiating sexual related events. Some practical and useful knowledge"

Acceptability, practicality, and safety of the training

- Acceptability, practicality, and safety were consistently reported by participants across evaluation measures as high.

"I thought it created ease and a safe space to laugh and use correct terminology regarding sexual health".

"I learned a lot about communication as well as STI health and testing. I also learned a lot about how I can give information to students."



Conclusion

The implementation of the SHAPE program is an effective sexual health education intervention within tertiary education settings. Post training, peers gain a practical understanding of sexual health messaging and increase their confidence to initiate and facilitate sexual health related conversations. Peers gained confidence and knowledge across STI prevention, STI testing, and seeking further sexual health information.