Chapter I.

The Need for HIV/STI Prevention Peer Education

Acquired immune deficiency syndrome (AIDS) is widespread in the United States and affects all sectors of society. By the end of the 20th century, well over one million people in the United States had fallen into one of the three following categories. These people were:

- Infected with human immunodeficiency virus (HIV) – the virus that causes AIDS
- Living with AIDS
- Dead from AIDS or AIDS-related illnesses.

Adolescents account for only a small percentage of reported AIDS cases. However, public health professionals believe that teenagers are at high risk for infection with HIV. Over the last few years the annual number of new HIV infections has risen among youth. Furthermore, because of HIV’s long incubation period, most people who have been diagnosed with AIDS while in their twenties – about 17 percent of all AIDS cases – may have been infected with HIV when they were teenagers.

HIV infection has no symptoms and represents a covert threat to anyone of any age. However, the ten-year incubation period makes HIV’s invisibility a particularly serious danger for adolescents. Teens characteristically focus principally on themselves and their peers. When they look around, these youth do not see outward signs of HIV infection among their peers. Nor, for the most part, are their peers sick due to AIDS. Consequently, for many teens, HIV is a danger that is easily ignored or dismissed because it is invisible.

Adolescents experience nearly four million of the 15 million cases of sexually transmitted infection (STI) estimated to occur annually in the United States. The stigma associated with STI often prevents people from discussing STI and from getting treatment when they are infected. Thus, infected people too often transmit STI to their sexual partners, including teens. Some STIs, such as genital herpes and syphilis, create open sores and may put infected people at higher risk for HIV infection.

Many behaviors put teenagers at risk of HIV/STI. Many teens are sexually active and a large percentage of sexually active teens fail to use condoms consistently and correctly. Teens have high rates of STI. In fact, many American females, teens normally have the highest incidence of reported STI. Among males, teens have STI rates second only to males ages 20 to 24. A small minority of teens inject drugs, but teens commonly report using alcohol and/or non-injection drugs which can inhibit their judgment. In fact, drug and alcohol use is among a cluster of risk behaviors, including unprotected sexual intercourse, that teens frequently report.

The association between disadvantage on the one hand and HIV infection on the other is evident from the statistics. For example, in the United States, more than 50 percent of all adolescent AIDS cases occur among female teens, and the overwhelming majority of these cases occur among African Americans and Latinas. Youth are at risk for HIV infection, and youth of color, regardless of gender or sexual orientation, are at disproportionate risk of HIV infection.

For current information on the incidence of sexual intercourse, condom use, and sexual risk behaviors among youth, contact the following organizations:

- Advocates for Youth – www.advocatesforyouth.org
- CDC National STD & AIDS Hotlines (operated under contract by the American Social Health Association) – 1.800.342.2437 or 1.800.227.8922 (English, 24 hours a day, seven days a week); 1.800.344.7432 (Spanish, 8:00 a.m. to 2:00 p.m., seven days a week); or 1.800.243.7889 (TTY; 10:00 a.m. to 10:00 p.m., Monday-Friday)
- American Social Health Association – www.ashastd.org
- UNAIDS, the United Nations Joint Programme on AIDS – at www.unaids.org
Taking risks is part of being an adolescent. Moving from the dependency of childhood to the independence of adulthood is a major developmental task of adolescence, and this task requires that youth take risks. Developmentally normal risks might include first romantic attachments, learning to drive, and asserting opinions that run counter to those of parents or guardians. Usually, risk simply means the many actions and situations in which teens (like all other people) face the possibility of embarrassment and/or failure. However, in their quest for independence, adolescents also engage in risks that may bring them serious harm. The three most common causes of death among adolescents – unintended injuries, suicide, and homicide – demonstrate the challenge many adolescents face in negotiating the transition from childhood to adulthood.

Despite adolescent risk-taking, AIDS is unlikely ever to become the leading cause of death among teens simply due to the long latency period between HIV infection and the onset of AIDS. However, HIV infection will continue to be a serious threat to adolescents and young adults until and unless an effective HIV prevention vaccine is available.

New pharmaceutical developments – specifically, HIV anti-retroviral therapies – allow people with HIV infection to live longer than they used to live. However, this development may give people a false sense of security, making prevention and education even more important. Even with the new medications, people suffer severely from the consequences of HIV infection. Although they survive longer than in the past, people still die from the damage that HIV infection causes to the immune system. There is, as yet, no cure for AIDS. Because HIV infection almost invariably leads to AIDS, education and prevention are critically important. The nature of the message and the nature of adolescence highlight peer education as an approach that shows particular promise with young people.

NOTE: Telephone numbers, web sites, and data are current as this guide goes to press. Current statistics are available from the Centers for Disease Control and Prevention (CDC), UNAIDS, and the World Health Organization. Fact sheets summarizing statistics and research related to sexual risk behaviors are available from Advocates for Youth as well from CDC and other organizations. However program leaders choose to track down accurate and timely data, they must ensure that youth receive up-to-date, correct information. See the Appendix for additional resources.
The Rationale for Peer Education

Peer education programs can be a powerful approach to educating youth and changing their attitudes. Some studies indicate that teenagers receive most of their information about sexual expression from other youth and the media and that peer influence becomes increasingly important as adolescents mature.8,9 Peers are an important aspect of an adolescent’s transition to adulthood. As youth move away from dependence on the family, closer ties with their peers give youth the social support they need during these transition years. In other words, the peer group assumes increasing importance as teens move to establish independence from their families. Peers provide a stabilizing influence and a source of behavioral support and standards within the safety of a group. Studies show that adolescents who believe that their peers are practicing safer sex are more likely to do the same.10

The peer group is highly important in influencing adolescents’ values and behaviors. In one study, urban youth said they would be more likely to listen to and believe information about AIDS from an HIV-infected youth than from an older or even a famous person.11 Research suggests that when HIV/STI prevention information comes from their peers, adolescents are more likely to participate in discussions about infection and are also more likely to see HIV infection and AIDS as personal dangers than when the same information is presented by adults.10 One study on condom use among adolescents found that teens’ perceptions of other teens’ condom use was the best indicator for determining their own condom use.12

Peer-based interventions can enhance HIV knowledge and reduce risk behaviors. One study found that peer-based interventions decrease the incidence of unprotected sexual intercourse, the frequency of sexual intercourse, and the number of teens’ sexual partners. The study also found that peer-based interventions increase teens’ acquisition and use of condoms.13

Peer-based programs will work in a variety of settings. One evaluation of a family planning clinic’s program found that peer counselors were more effective with teenage clients than were adult counselors in delivering educational and counseling services to prevent unwanted teenage pregnancy. Between the initial and return visits, teenage clients’ contraceptive use increased 40 percent among those counseled by their peers. Among teenage clients served by adult professionals, the increase was only ten percent.14 Peer education is also a good way to reach the youngest and least educated teens. In one study, teens who actively sought out peer counselors were often younger and had lower levels of education compared to other teenage clients.14 Another study found that peer counselors were more effective than nurses in improving sexually active adolescents’ use of oral contraception.9

Social learning theory emphasizes that similarities in age and interests between those giving and those receiving educational messages will increase the persuasiveness of the messages. Empathy and a perception that peers share similar life experiences may also be critically important in the success of strategies to change attitudes and behaviors.10 Thus, peer educators can have genuine advantages over professionally trained adults in dealing with teens.

When the peer educators in Advocates for Youth’s original TAP program were asked why they believed peer education to be an effective approach to HIV/STI prevention with adolescents, they responded that peer educators:

- Relate to other teens on their own level
- Talk about problems that affect teens
- Make new friends
- Explore new frontiers with their peers
- Let people in power know youth’s point of view
- Have fun
- Bring essential information to other youth
- Help adults understand the way teens think and act.

This guide presents an HIV/STI prevention peer education program (hereafter, TAP).4
TAP is a model peer intervention program designed by Advocates for Youth to reduce young people’s risk of contracting HIV and/or STI by increasing their knowledge and encouraging them to change their attitudes and behaviors. The program relies on the positive encouragement of youth to engage other youth in protecting themselves from HIV/STI. TAP works by training youth to encourage their peers to make positive changes in their sexual health attitudes and norms.

The TAP program offers leaders the opportunity to provide approximately 22 hours of training to a core group of 10 to 15 youth who, in turn, will design and lead educational activities for their peers. First demonstrated in February 1988, TAP was pilot tested at six sites, including both school and agency settings. The pilot test for the second edition confirmed the positive results of the first pilot test.

The overall goal of TAP is to promote positive changes in youth’s norms related to sexual expression in order to prevent infection with HIV and other STIs.

The youth who will comprise the group of peer educators (hereafter, TAP members) receive extensive training, acquire solid information, and develop important skills to protect themselves from HIV/STI. TAP members also learn how to design and carry out HIV/STI prevention education programs with their peers.

Once trained, TAP members design activities to achieve three important goals:

- Encourage teens to make safe and responsible decisions about when it is right for them to have sex.
- Encourage sexually active teens to adopt safer sex behaviors, including consistent and correct condom use.
- Encourage sexually active teens to limit the number of their sexual partners.

TAP members’ peer education activities may also achieve two additional goals. The activities may also improve youth’s understanding of and compassion for people living with HIV and AIDS as well as educate youth about the associations between alcohol and other drug use and sexual risk behaviors and about the risk of HIV infection from injected drug use.

During the design of the original TAP program, Advocates for Youth conducted focus group research among urban teens to examine their knowledge and attitudes about HIV/AIDS. Key findings that emerged from that research were critical in the formation of the original TAP program. Published research in the scientific literature continues to validate the findings of those early focus groups.

- Youth generally are well informed about transmission of HIV infection.
- Youth generally do not feel that they, as individuals, are at risk of HIV/STI and see no reason to change their behavior. On the other hand, youth who see themselves as being at high risk frequently see little reason to change their behavior because they believe infection with HIV is inevitable.
- Youth know how to prevent infection with HIV, but frequently object to using prevention methods consistently. For example, many teens reject the concept of abstinence until marriage. Many teens also feel reluctant to use condoms at every act of sexual intercourse.
- Many youth have negative views of condoms. For instance, research shows that some youth feel that using a condom would be perceived as indicative of infection with HIV/STI; such a perception makes it difficult for these youth to negotiate – or even mention – condom use. Other youth worry about loss of enjoyment, about condom failure, or about embarrassment when attempting to purchase condoms.

Behaviors that place teens at risk for HIV and STI are sometimes associated with negative peer pressure or with perceptions that “everyone” is having sexual
intercourse. The TAP program provides teens with positive peer support, acceptance, and respect in their efforts to prevent transmission of HIV/STI. Advocates’ staff has completely updated the original program. This revised Guide includes new activities and training recommendations as well as current information and sources for statistics.

Endnotes: