

*Encouraging Condoms
and Dual Protection*

**Improving Sexual Behaviors
among High-Risk Youth**

Working through non-traditional providers, PRIME II built on a successful STI/HIV prevention project in the Philippines to improve contraceptive use among youth engaging in high-risk behaviors. Youth exposed to the intervention were significantly more likely to report using condoms and other contraceptive methods during high-risk behaviors than those who were not exposed.

Background

Through the USAID-funded AIDS Surveillance and Education Program (ASEP) in the Philippines, PRIME II partner PATH has been promoting safer reproductive health behaviors among groups identified at high risk of exposure to STIs and HIV. In July 2002, PRIME began working to improve access to family planning information and counseling for adolescent commercial sex workers, their clients/partners, and other adolescents who engage in risky sexual behavior. The intervention focused on encouraging adolescents to use dual protection, but especially to use condoms, through strengthening the capacity of ASEP partner NGOs to deliver information and counseling on STI/HIV prevention, reproductive health and dual protection, with an emphasis on pregnancy prevention, at four ASEP sites: Angeles, Cebu, Iloilo and Zamboanga. Because high-risk youth said they depended on Community Health Outreach Workers (CHOWs) and ASEP peer educators for information and counseling on STI/HIV prevention and treatment, these non-traditional providers were galvanized to expand outreach to high-risk individuals. Youth (the “consumers”), CHOWs and peer educators offered input into the design and implementation of the intervention.

Interventions

Qualitative research conducted with adolescent sex workers and their clients/partners indicated that the sex workers knew little about contraception and were reluctant to access government-run health clinics. Because of the instrumental role that CHOWs play with this elusive and hard-to-reach group, PRIME II provided refresher training to CHOWs from the four project sites on pregnancy prevention and reproductive health needs of adolescents and strengthened the CHOWs skills for dual protection outreach. Together with ASEP partner NGOs and their CHOWs, PRIME developed a job aid on dual protection that standardized messages to use when talking to youth.



Reviewing Results in PRIME II

Oct. 2002–Sept. 2003

Policy, Advocacy and Services

- National RH Policy
- Partnership

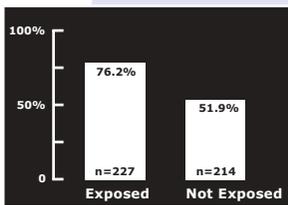
Knowledge Advancing Best Practices

- PMTCT
- Scaling-Up PI
- Costing
- Supportive Supervision

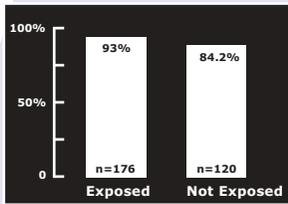
Support to the Field

- Nicaragua: EONC
- **Philippines: HIV/AIDS**
- Paraguay: FP/RH Quality
- Mali: FGC
- Senegal: PAC
- Dominican Republic: RTL
- Mali, Benin, Ethiopia: PPPH
- Bangladesh: RTL

PRIME II



Condom Use, Last Sex



Modern Contraception, Last Sex

Pocket-size educational materials were also designed specifically for youth to convey facts about dual protection and how to locate ASEP's youth-friendly pharmacists for select forms of contraception, including condoms.

Results

In May 2003, PATH/Philippines and the ASEP partner NGOs conducted a Behavior Monitoring Survey (BMS) among the adolescent target groups in the four project sites. Findings from the BMS study indicate that young female sex workers who were exposed to the PRIME-assisted intervention were significantly more likely to report condom use (76% versus 52%) and overall modern contraceptive use (93% versus 84%), and to seek appropriate treatment for STI symptoms (76% versus 55%) than those with no exposure to the intervention. The project shows that with clear written expectations for health workers and simple, targeted messages for clients, non-traditional providers can positively affect health-seeking behavior and practice in young female sex workers.



PRIME II

Suggested citation:
McMahan J, Nelson D.
Improving Sexual
Behaviors among
High-Risk Youth
11/2003
(PRIME PAGES: RR-32)



This publication was produced by the PRIME II Project and was made possible through support provided by the U.S. Agency for International Development under the terms of Grant Number HRN-A-00-99-00022-00. The views expressed in this document are those of the authors and do not necessarily reflect those of IntraHealth International or the U.S. Agency for International Development.

Photo Credit:
PATH/Philippines