Program Abstract

Title: Entre Nous Jeunes Program
Among Youth: A Peer Education Program for Adolescents

Summary: Adolescents make up an increasingly important sub-group of the population at risk for acquiring sexually transmitted infections (STIs) and of unintended pregnancies, especially in sub-Saharan Africa where premarital sex is common and contraceptive use is rare. Public health officials have implemented many intervention strategies for adolescents, including school-based, mass media, workplace, health facility, and community programs.

The Entre Nous Jeunes (ENJ) Program was developed to improve pregnancy and STI/HIV/AIDS prevention knowledge and behavior of adolescents in the Nkongsamba community of Cameroon. The ENJ Program is delivered by peer educators who are trained during a 5-day workshop covering the concept of peer education, STI/HIV/AIDS and pregnancy symptoms and prevention, condom use skills, and techniques for leading community groups and for conducting one-on-one interviews. During the program peer educators provide reproductive, STI, and HIV/AIDS health information to youth in the community. Peer educators conduct outreach by meeting with groups of youth in the community such as sports teams or religious groups and by meeting with youth one-on-one. They provide ENJ Program promotional materials such as t-shirts and posters to youth, and hand out educational material such as pamphlets or brochures on contraceptive options. In addition, peer educators refer youth to health or reproductive services when needed.

The Entre Nous Jeunes (ENJ) Program was evaluated to determine the impact of this peer education program on preventing adolescent pregnancy and STI/HIV/AIDS transmission in urban areas of Cameroon. The main objective of the ENJ Program evaluation was to assess whether the young people exposed to a peer educator gained greater knowledge and practiced more protective behaviors than those in the control community, who were not exposed to a
During the 18-month intervention period, the peer educators were able to reach a large number of young people, specifically those who were sexually experienced and in need of reproductive health information. Among the target population, contact with a peer educator was significantly associated with greater knowledge of modern contraception and symptoms of STIs; greater use of modern contraceptives; and greater use of condoms at last sex act.

Global HIV Archive Category

☑ Sexual risk reduction (primary)
☑ Community mobilization (secondary)
☐ Antiretroviral adherence

☐ HIV testing and education
☑ Reproductive health (secondary)
☐ High-risk populations

Primary content categories reflect the main focus of the program, while secondary content categories may be addressed in other aspects of the program.

Implementation Level

☑ Individual (implemented one-on-one)
☐ Couple/ family (implemented with a couple or family)
☑ Group (implemented in small groups)

☐ Structural (implemented on social, economic, political, or environmental levels)

Implementation Setting

☑ Community (implemented through community-based organizations)
☐ School (implemented in schools)
☐ Clinic (implemented in clinics)

The ENJ Program was originally implemented in youth-service clubs (in and outside of school) as well as youth associations (sports and religious) in Cameroon.
**ORIGINAL TARGET POPULATION**

The *ENJ Program* targeted young people (ages 10 – 25) in Nkongasmba City, Cameroon.

Youth in other regions of Africa and beyond, in both rural and urban areas, may benefit from the *ENJ Program*.

**PROGRAM COMPONENTS**

- ☑ Booster sessions for participants
- ☑ Community outreach/ mobilization
- ☑ Condom demonstration
- ☑ Continual assessment of progress
- ☑ Educational materials (e.g., leaflets, posters, comics, magazines)
- ☐ Electronic media (e.g., radio, cell phones, internet, videos)
- ☑ Formalized curriculum
- ☐ Medication adherence and routine clinic visits
- ☐ Motivational interviewing
- ☐ Multi-year program
- ☐ Needs assessment
- ☑ Peer education/ counseling
- ☐ Presentations
- ☑ Role Plays
- ☐ Stakeholder investment
- ☐ STI/HIV testing

**PROGRAM LENGTH**

The *ENJ Program* was implemented over an 18-month period, starting in June 1997 and lasting until December 1998. Throughout the duration of the project, peer educators worked within their communities to inform, counsel, and, when necessary, refer their peers to health or social service centers.

**STAFFING REQUIREMENTS/ TRAINING**

The *ENJ Program* team was composed of health professionals with extensive experience in health education and reproductive health. They were responsible for training and supervising the peer educators who were recruited from schools and youth associations and given an oral and written test to determine their level of motivation and commitment to the project. During the *ENJ Program* period, the health professionals taught 42 peer educators how to conduct *ENJ Program* activities.

The *ENJ Program* peer educators participated in a 5-day training workshop given by the health professionals covering the following general topics: the concept of peer education;
STI/HIV/AIDS symptoms and prevention; pregnancy prevention methods; condom-use skills; and techniques for leading group discussions and individual counseling sessions (see the Facilitator’s Manual included in this program package for training details and a sample schedule). Once every three months, the ENJ Program team retrained the peer educators to reinforce their knowledge and resolve problems or concerns.

During the intervention period, the ENJ Program peer educators organized 353 discussion-group sessions with about 12,000 young people and had personal contact with more than 5,000 adolescents in the community. Since the ENJ Program peer educators were volunteers, rather than financial compensation, they received travel expenses for program activities and a number of special promotional materials including t-shirts, shorts, baseball caps, bags, and calendars.

PROGRAM MATERIALS

The ENJ Program package contains most of the materials needed to implement the program; however, there are a few additional materials you will need to obtain prior to the peer educator training and program implementation. With guidance provided in the Customized Adaptation Handbook, you may need to tailor the peer educator training modules to be relevant to your population and context.

Materials included in this ENJ Program package:

- Facilitator’s Manual
- Peer Educator’s Workbook
- Worksheets and Handouts for Peer Educators

You will need to make copies of the Peer Educator Workbook prior to the training workshop (one copy for each peer educator). You will need to make copies of some of the handouts prior to the peer educator training workshop and then throughout the program.

Materials not included in this ENJ Program package:

- Double-sided name cards showing first and last names and place of residence;
- Flip chart paper + markers;
- Chalkboard + chalk;
- Paper + pens/pencils;
• Tape;
• Penis model/proxy (at least one for demonstration purposes);
• Condoms; and
• Promotional and educational items for distribution to youth in the community (e.g. pamphlets, etc.)

**A Note About Adaptation**

The Global HIV Archive program package includes a Customized Adaptation Handbook to help program staff successfully adapt the ENJ Program for new settings and target populations. The Adaptation Handbook details a set of pragmatic, easy-to-follow steps to facilitate making changes to the program, while preserving the components that made – or are believed to have made – it effective in the first place.

**A Note About Evaluation**

Each Global HIV Archive program package contains the original evaluation instruments used to evaluate the program. In the original evaluation of the ENJ Program, a trained native French speaker conducted the baseline and follow-up surveys, which assessed knowledge and behaviors with respect to STI/HIV/AIDS and pregnancy prevention.

The baseline/ follow-up survey (identical) is included in the program package for you to review and potentially use during your program evaluation, if you choose.

The program package also includes an Evaluation Resource Guide, containing select questions to assess relevant HIV outcomes. If you would like to conduct an evaluation with your population, it is important to assess the applicability of the original studies’ survey questions to your context/setting. For instance, some questions contain region-specific language and terminology that you might need to adapt to make relevant to your population. Pre-test the instrument with a small group of individuals representative of your population prior to administering it to the entire group. This pre-test may reveal in advance potentially problematic questions.
Adolescence is often a period of experimentation, during which young people explore their increasing independence from parents and other adults and explore their sexuality. Previous studies in sub-Saharan Africa have shown that sexual activity often begins at a young age and adolescents have little access to effective family planning services and condoms. These factors combined with inexperience and lack of knowledge put sexually active adolescents at high risk of STIs and adverse consequences of teenage pregnancy. Intervening before patterns of sexual behavior are firmly established may be more effective than attempts to modify habitual behavior.

Furthermore, many of the more widely advocated program strategies are based on western models, without enough regard for the effects of socio-cultural factors. Information to assist in the effective development, evaluation, and implementation of HIV/STI prevention programs is of critical importance in the developing world. Adolescent Sexual and Reproductive Health (ASRH) is now a global public health priority, but the factors determining adolescent risk-taking are complex, and changing behavior remains challenging.

Global HIV Archive program packages are available in boxed, flash-drive, and downloadable formats. The cost of this Global HIV Archive program package includes:

- *Quick Guide to Program Package* – a roadmap to get oriented to the *ENJ Program* and tips for how to get started;
- *User’s Guide* – an overview of the *ENJ Program* including information about the original implementation and evaluation;
- *Facilitator’s Manual* – a guide for how to implement the *ENJ Program* including how to train peer educators;
- *Peer Educator’s Workbook* – a guide with resources for peer educators to use during the training workshop and throughout the program;
- *IRESCO Catalogue and translation* – a catalog showing the types of promotional and educational items used by the peer educators to distribute in the community;
• **Worksheets and Handouts** – photocopy master forms for the health professionals to copy and provide to the peer educators during the *ENJ Program* training;

• **Customized Adaptation Handbook** – a guide to customize adaptations to the *ENJ Program*;

• **Evaluation Resource Guide** – a set of scales to consider using when evaluating HIV prevention program effectiveness; and

• **Original Evaluation Resources** – a baseline and follow-up survey used to measure the effectiveness of the original implementation of the *ENJ Program*.

The following *ENJ Program* materials are also available in French:

• **Checklist of French Materials** - a one-page guide of French documents available;

• **IRESCO Catalog** – a catalog showing the types of promotional and educational items used by the peer educators to distribute in the community (included with English materials);

• **Trainer’s Manual** – a guide to implement the peer educator training workshop;

• **Original Evaluation Resources in French** – a baseline and follow-up survey used to measure the effectiveness of the original implementation of the *ENJ Program*; and

• **Phase 4 Report** – an evaluation report for the *ENJ Program*.

**Contact Information**

Carmela G. Lomonaco, Ph.D.
Practitioner Support Group
Sociometrics Corporation
201 Main Street, Suite 100
Los Altos, CA 94022-2933
E-mail: lomonaco@socio.com
Skype: carmela.lomonaco

**Bibliography**