



THE IMPACT OF THE *YOUNG DEADLY FREE* PEER EDUCATION PROGRAM ON THE SEXUAL HEALTH AWARENESS OF YOUNG PEOPLE LIVING IN REMOTE AND VERY REMOTE ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

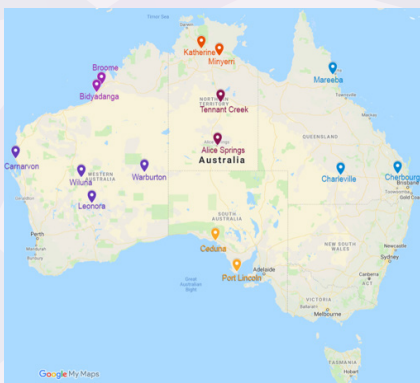
BACKGROUND

Aboriginal and Torres Strait Islander people report considerably higher notification rates of sexually transmissible infections (STIs) and blood borne viruses (BBVs) when compared with the non-Indigenous population (1). Young people aged 15-29 years and those residing in remote and very remote areas account for a large proportion of all STI and BBV notifications in this population. Peer education has been shown to be beneficial for youth sexual health promotion, however its efficacy for young people living in remote and very remote Aboriginal and Torres Strait Islander communities is unknown.

YOUNG DEADLY FREE

The *Young Deadly Free* youth peer education program was piloted in 15 remote and very remote communities across four jurisdictions in Australia during 2017-2019 (see Figure 1). The program aimed to increase awareness of STIs and BBVs, promote prevention of STIs and BBVs, increase the uptake of STI and BBV testing, and help foster healthy relationships among Aboriginal and Torres Strait Islander young people aged between 16-29 years. The peer education program forms part of the larger *Young Deadly Free* project, which was developed by the South Australian Health and Medical Research Institute (SAHMRI) in partnership with Kimberley Aboriginal Medical Services (KAMS), Aboriginal Health Council of Western Australia (AHCWA), Aboriginal Health Council of South Australia (AHCSA), Aboriginal Medical Services Alliance of the Northern Territory (AMSANT), and Queensland Aboriginal and Islander Health Council (QAIHC).

FIGURE 1: Map of communities participating in the *Young Deadly Free* peer education program



Source: [Google Maps](#)

Regional Coordinators in each jurisdiction recruited and trained a total of **97** young people (52 males, 45 females) as peer educators. At the completion of 15 hours of training, peer educators received a toolkit with resources and activities to run 3 community education sessions with small groups of young people from their community (see Figure 2). Content from the toolkit covered in the sessions included: anatomy, conception, pregnancy; STI story; myth busting; testing to stay *Young Deadly Free*; and how to use condoms. The peer educators were supported by their Regional Coordinators and received financial gratuities for participating in the training and delivery of community education sessions.

FIGURE 2: Peer educator toolkit



An independent evaluation of the youth peer education program was conducted, using a self-completed survey that assessed young people's knowledge, health service utilisation, behavioural intentions, and attitudes about STIs and BBVs. Individual and group discussions were also held with the peer educators and young people. Evaluation data were collected by the Regional Coordinators with selected findings presented below.

FINDINGS OF EVALUATION

A total of **426** young people aged 16-29 years attended community education sessions facilitated by a trained youth peer educator. Knowledge surveys were completed by young people prior to the community education sessions ($n=174$) and post session ($n=172$).

STI and BBV knowledge

- Young people showed knowledge gains from pre to post survey, with increases in the proportion of correct responses reported across each of the 13 questions. The proportion of young people providing correct responses ranged from 13.2% to 76.4% in the pre survey, increasing to 16.3% to 93.6% post survey.
- Knowledge about gonorrhoea and trichomonas was limited, with less than 40% of the young people correctly answering these questions post survey.
- There were marginal differences between males and females in the proportion of correct responses to each knowledge question in the pre and post surveys.
- Differences were evident among the age groups, with those aged 23 years and older having the highest proportion of correct responses in the pre and post surveys. For example, in the post survey, 8 of the 13 questions were correctly answered by 80% or more of those aged 23 years and older. This compared with 6 questions answered correctly by 80% or more of 19-22 year olds and 5 questions correctly answered by 80% or more of 16-18 year olds.

FINDINGS OF EVALUATION (continued)

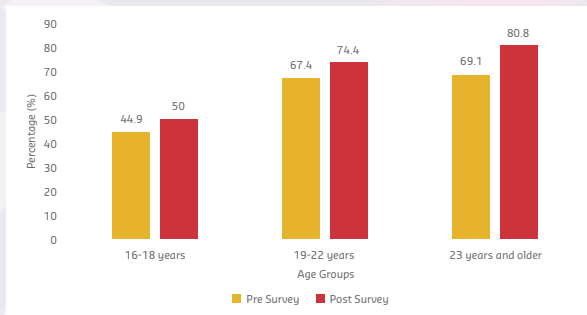
Health service utilisation

- Aboriginal Medical Services played an important role in the sexual health of young people in remote communities, with 73.0% of young people in the pre survey and 87.2% post survey seeking STI and BBV advice from their local Aboriginal Medical Service.
- 78.8% of young people in the pre survey and 76.4% post survey visited their local Aboriginal Medical Service for their last STI or BBV test.

STI and BBV testing

- In the post survey, 64.5% of young people reported ever being tested for an STI.
- There were marginal differences between males and females in STI testing behaviour across both surveys, although a slightly higher proportion of females reported being tested for STIs when compared with males, for example, 69.1% and 56.8% respectively post survey.
- A significant relationship existed between age and testing in the pre and post surveys, with those aged 23 years and older most likely to test for STIs (see Figure 3).
- BBV testing was less common than STI testing. In the post survey, 23.3% of young people had been tested for HIV, 25.0% tested for hepatitis C, and 30.8% tested for hepatitis B.

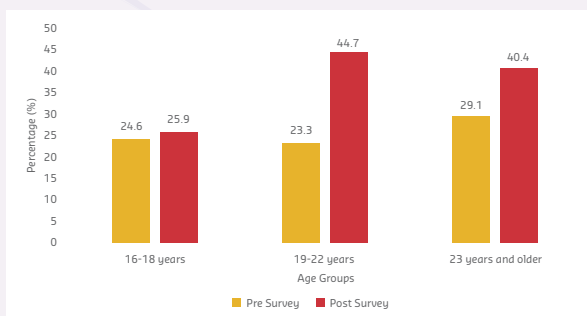
FIGURE 3: Proportion of young people ever tested for an STI pre and post survey per age group



Intention to test

- Intention to test increased from pre to post survey, with just over one-quarter of the young people in the pre survey (26.4%) intending to test for an STI or BBV in the next 3 months. This increased to over one-third (36.6%) in the post survey.
- There was minimal difference between males and females in their intentions to test across both surveys, however, age was shown to be related to intention to test in the post survey. Young people aged 19-22 years and those aged 23 years and older were significantly more likely to intend to get an STI or BBV test in the next three months than those aged 16-18 years (see Figure 4).

FIGURE 4: Proportion of young people intending to test for an STI or BBV in the next 3 months, per age group



STI and BBV views and attitudes

- In the pre and post surveys, there were high levels of agreement among the young people regarding vulnerability to STIs, the importance of testing, and confidence to get tested, however, almost 40% across both surveys reported concern about the shame and privacy of STI testing (see Figure 5).
- Knowledge was more limited for BBVs compared with STIs, with a smaller proportion of young people agreeing with the BBV statements in the pre survey. Young people's knowledge about BBV testing improved post survey with proportions similar to those reported for the STI statements. This suggests the community education sessions may have enhanced knowledge in this area (see Figure 6).

FIGURE 5: Proportion of young people agreeing with the STI views and attitudes statements

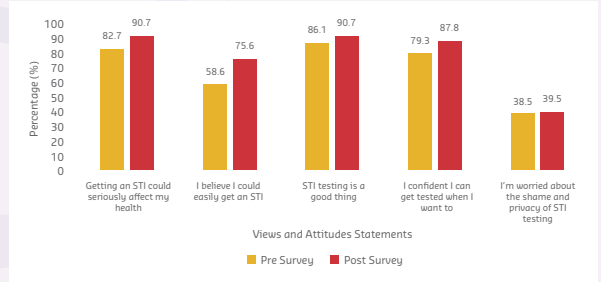
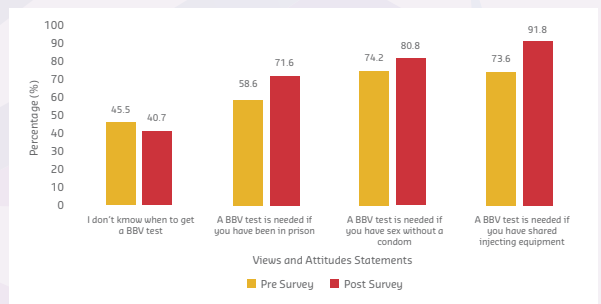


FIGURE 6: Proportion of young people agreeing with the BBV views and attitudes statements



CONCLUSION

The *Young Deadly Free* peer education program has made a promising impact on raising sexual health awareness among young people in remote Aboriginal and Torres Strait Islander communities, with knowledge gains evident from pre to post survey, as well as in increases in behavioural intentions and agreement levels from pre to post survey. The survey findings also highlight where to focus health promotion efforts, namely: encouraging testing among 16-18 year olds; enhancing knowledge about BBVs; and the need to normalise STI and BBV testing in the community to reduce concerns about shame and privacy. The program has the potential to have an enduring impact on participating communities and contribute to a positive shift in the sexual health narrative in remote Aboriginal and Torres Strait Islander communities.

REFERENCES

- Kirby Institute. Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander people: Annual surveillance report 2018. Sydney: Kirby Institute, UNSW; 2018.

FURTHER INFORMATION

Project queries

Professor James Ward
james.ward@uq.edu.au

Evaluation queries

Dr Roanna Lobo
roanna.lobo@curtin.edu.au



The *Young Deadly Free* project and evaluation was funded by the Commonwealth Government Department of Health. Sincere thanks to the project team, Regional Coordinators, peer educators, and the young people who participated in the project.