



Peer-educator participating in training in sexual and reproductive health, Vanuatu. Credit: Burnet Institute 2010.

Increasing adolescents' access to sexual and reproductive health information in Vanuatu

Elissa Kennedy,^{1,2} Siula Bulu,³ Jennifer Harris,³ David Humphreys,¹ Jayline Malverus³ and Natalie Gray¹

1: Centre for International Health, Burnet Institute; 2: School of Public Health and Preventive Medicine, Monash University, Australia
3: Wan Smolbag Theatre, Vanuatu

Evidence-based sex education is key to reducing risky behaviour and improving adolescent sexual and reproductive health (SRH) outcomes.¹ However, many young people lack adequate knowledge and experience poor access to comprehensive SRH information.² The few studies exploring SRH knowledge among adolescents in the Pacific indicate that while young people in this region are generally aware of HIV, sexually transmitted infections (STIs) and family planning, many lack in-depth understanding and misconceptions predominate.³ In Vanuatu, only a quarter of adolescents have comprehensive knowledge about HIV and around a third of urban young people lack knowledge about family planning and STIs.⁴ Additionally, only 34% agree that a woman can get pregnant the first time she has sex.⁵

Many adolescents in Vanuatu report poor access to SRH information. Comprehensive school-based sex education is limited, with much of the SRH information provided by non-government organisations through youth centres, peer-education programs, and community awareness activities.⁶ Additionally, there is limited evidence of adolescents' preferred information sources to inform policy and program development in Vanuatu and the Pacific more generally.

The Burnet Institute, in partnership with Wan Smolbag Theatre, conducted a qualitative study in 2010 to explore adolescents' perceptions about their own SRH information needs and identify their preferred information sources.*

Key messages

- Sexual activity during adolescence is common in Vanuatu. However, many young people lack access to comprehensive sexual and reproductive health (SRH) information, contributing to risky sexual behaviour and poor health outcomes.
- Much of the current focus of SRH information targeting adolescents in Vanuatu is on sexually transmitted infections and HIV. While adolescents value this information, they also identified important gaps in the provision of information about pregnancy prevention and reported little access to information about puberty, reproduction, sex and relationships.
- A range of information sources are needed to reach young people including peer education, school-based sexuality education, media and strengthening the capacity of parents and health workers to provide information and counselling.



*A total of 66 focus group discussions were conducted with 341 male and female adolescents aged 15-19 years in rural and urban settings, and 12 key informant interviews were conducted with policymakers and health service providers.)

WOMEN'S AND CHILDREN'S HEALTH KNOWLEDGE HUB

POLICY BRIEF

Adolescents' SRH information needs

Much of the focus of SRH information targeting adolescents in Vanuatu has been on STIs and HIV. While adolescents valued this information, they also identified a relative lack of information about pregnancy prevention, despite recognising the importance of such information. Information about puberty, reproduction, sex and relationships was a notable gap. More information about correct condom use and advice to help deal with peer pressure and sexual harassment were also highlighted. The most important characteristic of SRH information to adolescents was that it was of good quality, described as 'true', 'correct' and 'honest'.

Opportunities to improve adolescents' access to SRH information

Peer educators providing one-on-one education or group workshops were adolescents' preferred source of SRH information because they were perceived to be well trained, and therefore knowledgeable, in addition to being accessible and friendly. They were preferred in a range of settings including in schools, health facilities, youth centres or in the community.

Health workers, particularly nurses, were the most trusted source because they were perceived to be qualified and authoritative providers of SRH information and advice. They were also one of the most commonly cited current sources of information, although adolescents described multiple barriers to accessing health facilities for information.

Friends were a common source of information but were not trusted or preferred because of their lack of knowledge and experience. Parents were not a common source, but were preferred by some adolescents particularly girls. Adolescents described socio-cultural norms and taboos as well as parents' negative attitudes towards adolescent SRH as factors that inhibit discussion and recognised a need for interventions to help parents talk about sex with their children.

While the majority of participants had attended school, teachers and schools were not a common source of information. Teachers' lack of knowledge, judgmental attitudes and 'school rules' were noted as barriers to accessing information. However, many adolescents expressed a preference for information to be provided in schools both through teacher-led programs and outreach by peer educators or health workers.

Media was a current source of information for many adolescents. Print media and radio were among the most preferred sources suggesting the increased use and better targeting of these simple media could reach a wide audience. Some adolescents described mobile phones and the internet as current or preferred methods of accessing information.

Recommendations

- Support sex education and health promotion programs that are comprehensive, evidence-based and skills-focused to address the broad SRH information needs of adolescents.
- Peer education programs have been demonstrated globally to have a positive impact on SRH knowledge and behaviour of both in and out-of-school adolescents^{7,8} and should continue to be supported. Rigorous evaluation of such programs is needed in the Pacific where evidence of the impact and cost-effectiveness of this approach is lacking.
- Support training and capacity strengthening of health workers to provide sensitive, non-judgmental information and counselling to adolescents. Increasing health worker outreach to schools and communities can overcome some of the barriers adolescents face accessing health facilities.
- Improving parent-adolescent SRH communication can increase adolescents' knowledge and reduce risky behaviour.⁹ Interventions targeting parents to improve communication and address socio-cultural barriers should be supported and evaluated.
- Evidence-based, comprehensive sexuality education delivered through schools has been demonstrated to improve knowledge and attitudes, reduce risk behaviour and improve SRH outcomes.¹⁰ Such programs must be supported and scaled-up in Vanuatu and the Pacific more generally.
- Increase the use of targeted media, both print and electronic, to reach in and out-of-school adolescents. Opportunities to take advantage of increasing access to mobile phones and internet should be explored to determine the feasibility and impact in the Pacific.

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For further information contact:

Elissa Kennedy: elissa@burnet.edu.au

