

PROMOTING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH: PEER EDUCATION

PROMOÇÃO DA SAÚDE SEXUAL E REPRODUTIVA DE ADOLESCENTES: EDUCAÇÃO POR PARES

PROMOCIÓN DE LA SALUD SEXUAL Y REPRODUCTIVA DE ADOLESCENTES: LA EDUCACIÓN POR PARES

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This study aimed to describe the peer education process developed by young Catholics as promoters of adolescent sexual and reproductive health. It is a qualitative study carried out with 17 participants who were trained to conduct the peer education process with other adolescents over a period of one month in spaces of coexistence chosen by the participants themselves. Data were registered in field diary and categorized for analysis. Peer education was performed with 54 friends and relatives. The most discussed themes were sexuality and STI and the most used spaces for approach were the home, school, and street. It was concluded that the peer education strategy, developed by young Catholics as promoters of adolescent sexual and reproductive health, contributed positively to the health promotion of Catholic adolescents, favoring the expansion of knowledge on sexual and reproductive health, at the same time it stimulated the youth leadership and the multiplication of knowledge among peers.

Descriptors: Sexuality. Adolescent. Sexual Health. Reproductive Health.

O objetivo do estudo foi descrever o processo de educação por pares, desenvolvido por jovens católicos como promotores da saúde sexual e reprodutiva na adolescência. Trata-se de estudo qualitativo, realizado com 17 participantes que foram capacitados para desenvolver o processo de educação por pares com outros adolescentes durante o período de um mês, em espaços de convivência escolhidos pelos próprios participantes. Os dados foram registrados em diário de campo e categorizados para análise. Foi realizada educação por pares com 54 amigos e parentes. Os temas mais abordados foram sexualidade e IST. Os espaços de maior abordagem foram domicílio, escola e rua. Concluiu-se que a estratégia de educação por pares, desenvolvida por jovens católicos como promotores da saúde sexual e reprodutiva na adolescência, contribuiu positivamente para a promoção da saúde dos adolescentes católicos, favorecendo a ampliação dos conhecimentos sobre saúde sexual e reprodutiva, ao mesmo tempo em que estimulou o protagonismo juvenil e a multiplicação dos saberes entre os pares.

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Descriptores: Sexualidade. Adolescente. Saúde sexual. Saúde reprodutiva.

El objetivo del estudio fue describir el proceso de la educación por pares, desarrollado por jóvenes católicos como promotores de la salud sexual y reproductiva en la adolescencia. Estudio de enfoque cualitativo, realizado con 17 participantes que fueron capacitados para desarrollar el proceso de educación por pares con otros adolescentes, durante el periodo de un mes, en espacios de convivencia elegidos por los propios participantes. Los datos fueron registrados en un diario de campo y categorizados para análisis. La educación por pares se realizó con 54 amigos y parientes. Los temas más abordados fueron sexualidad e IST. Los espacios de mayor abordaje fueron el domicilio, la escuela y la calle. Se concluye que la estrategia de la educación por pares, desarrollada por jóvenes católicos como promotores de la salud sexual y reproductiva en la adolescencia, contribuyó positivamente para la promoción de la salud de los adolescentes católicos, favoreciendo la ampliación de los conocimientos sobre la salud sexual y reproductiva y, concomitantemente, estimuló el protagonismo juvenil y la multiplicación de los saberes entre los pares.

Descriptores: Sexualidad. Adolescente. Salud sexual. Salud reproductiva.

Introduction

Health Promotion (HP) is a broad paradigm that defines health as a social, political, ethical, historical, and cultural process. In this perspective, individuals are active participants in educational strategies aimed at strengthening autonomy and decision-making power for behavioral changes. Thus, health education becomes a cross-sectional and intersectoral practice in society, by creating and maintaining dialogue between the various actors involved in the health-disease process⁽¹⁻²⁾.

Peer Education (PE) is inserted within the current practices of health education, defined as the knowledge exchange between people who have the same profile and share the same experiences, which greatly favors the exchange of knowledge and practices. In this process, some people act as facilitators and multipliers of actions that are not intended to teach, rather to facilitate the construction of new knowledge through reflection and questioning about a given subject with people or groups⁽³⁻⁴⁾.

In adolescence, PE is a simple and appropriate strategy to address issues such as sexuality, puberty, body image, and prevention of Sexually Transmitted Infections (STIs) and AIDS, as it facilitates the exchange of information and experiences among teenagers⁽³⁾. Nevertheless, to develop PE, adolescents must possess communication, empathy, engagement, and

motivation skills, as well as adequate knowledge about the subject to be addressed⁽⁴⁾. In general, young people involved in the Catholic Church (CC) act as educators of other youngsters in matters related to evangelization and catechesis, that is, groups of young Catholics represent an important group of adolescents with specific characteristics of educators. In these spaces, although discreetly, topics related to the social vulnerability of teenagers, such as sexuality and contraception, are discussed⁽⁵⁾.

After the experience of the researchers with groups of youngsters involved in the CC, the following question came up: How could peer education developed by Catholic adolescents facilitate the process of sexual and reproductive education with other adolescents? In this context, this study aimed to describe the peer education process developed by young Catholics as promoters of adolescent sexual and reproductive health.

It was assumed that the PE strategy can enable the development of new knowledge, attitudes, and skills among adolescents involved in this process, hence contributing to the approximation of personal values defended by faith and religiosity to prevent risky sexual behaviors of teenagers.

Method

This is a descriptive participatory research with qualitative approach developed with 17 adolescents aged from 12 to 18 years, participating in the youth groups from the Marian Shrine of Our Lady of Mercy, Lagarto Municipality, Sergipe, Brazil. These youth groups, called Cured Youth, Missionary Childhood, Altar Server, and Acolytes, concentrate their activities in the abovementioned Church, holding weekly meetings coordinated by a more experienced adolescent and directed by the parish priest. In addition to discussing topics related to spirituality, they also talk about other issues, such as abortion, euthanasia, and teenage pregnancy.

For selecting the participants, the researchers and youth group coordinators widely announced the research project in the parish and invited those interested to register voluntarily. At this stage, 25 adolescents signed up through a specific form.

To be included in the research, adolescents had to show interest in participating, have the consent of the person responsible, and participate for at least one year in any youth group of the CC. Twenty adolescents remained for the next stage of the research, which was aimed to train the participants to act as “young educators”, through four meetings that lasted four hours each, on the themes: adolescent’s body and differences between genders, sexual health, reproduction and contraception, and STI/HIV/AIDS. To guarantee the training objectives, three adolescents were excluded for not achieving a minimum of 75% attendance at the meetings.

The research, then, had the participation of 17 teenagers who conducted the education process with their peers (other adolescents) for one month in spaces of coexistence chosen and evaluated as suitable by the participants themselves. This stage of the research was called “Young educators in action”.

The researchers held two meetings on a fortnight basis to discuss the progress of the peer educational process, as well as to provide specific guidance and elucidate the difficulties and facilities of the participants as “young educators”. A closure workshop took place at the end of the collection for data validation with the participants, through the dissemination of the information collected during the meetings, for a final discussion about the veracity of data to be recorded later.

The recordings of the meetings were transcribed. The researcher also used the field diary register. The speeches of the audios were categorized and analyzed using the content analysis technique⁽⁶⁾, which allowed to condense the data, making them more accessible and easy to interpret. For this purpose, they were organized in the following thematic axes: educational spaces, topics discussed, facilities and difficulties of the educational process, influence of the Church, and evaluation of peer education.

Seeking to transcribe the speeches throughout the article, the participants were identified with the letter A (adolescent) followed by a number (1 to 17), age (12 to 18 years), and gender (F or M).

The research was submitted and approved by the Research Ethics Committee of the Federal University of Sergipe under Protocol n. 1,313,272, CAAE 49156415.2.0000.5546. The ethical and legal aspects for research involving adolescents were respected, in compliance with Resolution n. 466 of 12 December 2012, of the National Health Council⁽⁸⁾.

Results

Chart 1 presents the characterization of the participants, containing data such as age, gender, school year, and participation time in CC groups.

Chart 1 – Characterization of study participants according to age, gender, schooling, and participation time in Catholic groups. Lagarto, Sergipe, Brazil – 2016

Identification	Age (years)	Gender	School year	Time in the group (years)
A ₁	15	F	9th ES	2
A ₂	14	F	9th ES	1
A ₃	12	M	6th ES	1
A ₄	14	M	8th ES	2
A ₅	17	F	2nd HS	4
A ₆	17	M	2nd HS	3
A ₇	16	F	1st HS	2
A ₈	15	M	9th ES	2
A ₉	17	M	3rd ES	4
A ₁₀	17	F	2nd HS	5
A ₁₁	17	F	3rd HS	5
A ₁₂	16	F	1st HS	3
A ₁₃	16	F	1st HS	2
A ₁₄	15	F	9th ES	3
A ₁₅	15	M	9th ES	2
A ₁₆	16	F	1st HS	2
A ₁₇	16	F	1st HS	1

Source: Created by the authors.

Caption: ES=Elementary School; HS=High School; F=Female; M=Male.

Participants comprised eleven female and six male students, aged predominantly from 16 to 17 years (n=10), in high school (n=9), with mean participation time in CC groups of 2.5 years.

During the peer education process, the 17 participants conducted educational moments at home, at school, on the street, at church, at work, and at the gym, totaling 54 adolescents (28 boys and 26 girls), aged from 12 to 17 years, students from the 6th year of Elementary School to the 3rd year of High School.

Educational spaces

The home environment was the favorite place for peer health education, followed by the school space, which was mentioned as “the second home” of the participants, and the

street. The latter for representing a free space that enables open conversation, without fearing judgments, as it constitutes unusual topics, such as sexual and reproductive health.

My friend was at my place to study, so I enjoyed the opportunity and we talked about sexuality[...] I did it at my house, because somewhere else someone could come, and I would be ashamed to continue to talk. (A5, 17 years, F).

I spend more time at school than at home. I study all day long [...] school is my second home, since I spend more time there than in my house. (A2, 14 years, F).

I talked to my friend on the street because I was afraid that some adult would realize that we were talking about STDs and started thinking nonsense. (A17, 16 years, F).

Contrary to these environments, it was noticed that the Church, the work, and the gym were less used spaces, precisely because they were places that did not provide “freedom” to discuss controversial themes like these.

I just talked to my friends at home and at school, because in other places, I do not feel comfortable talking about these issues. I know, I am ashamed. (A11, 17 years, F).

Topics discussed

The preference of adolescents for environments that represented security and welcoming for

educators was observed. Regarding the several topics on sexuality and reproduction, the participants chose to address in the educational rounds the following subjects, in order of priority, as presented in Table 1 below: sexuality, STI/HIV/AIDS, human body, contraception, and reproduction.

Table 1 – Themes addressed during the peer education conducted by the research participants. Lagarto, Sergipe, Brazil – 2016

Theme	Number of approaches	Number of participants
Sexuality	14	18
STI/HIV/AIDS	13	16
Human body	9	9
Contraception	9	9
Reproduction	2	4
Total	47	56

Source: Created by the authors.

Most of the 47 thematic approaches conducted with the 56 students were directed to sexuality and STI/HIV/AIDS, because, according to the participants, adolescents know very little about these subjects:

We need to know our body and thus understand the changes that occur in adolescence. For this reason, I talked to my younger brother about what is happening to our body. (A8, 15 years, M).

We talk about sexuality, since we often think of it as sex. My friend did not even know what that was [...] (A16, 16 years, F).

There was a lot of information about AIDS that my friends did not know about. For example, the difference between AIDS and HIV. (A3, 12 years, M).

Facilities and difficulties of the educational process

The facilities in developing PE were the connection with their peers, which helped them to exchange and construct knowledge, by providing comfortable environments to discuss certain issues with close friends.

Talking to my friends becomes easier, because I feel less ashamed. (A7, 16 years, F).

I talked to my brother because we always talk about it. Since I am older than him, I always advise him to be careful about the world, that he does not regret the wrong choices. (A9, 17 years, M).

It is worth highlighting the importance of previous knowledge of the peers in the group, because, when identifying that a teenager had knowledge on the subject, the “young educator” felt more secure to deepen the conversation on the topics. Friendship was also an aspect that generated empathy and confidence in the educational process.

It was nice when I was going to talk to a friend and she already knew a little about it. I just completed what she did not know. (A10, 17 years, F).

I liked it when I was talking to my friend, because he already knew a little. Then I just talked about a subject he did not have much confidence in. (A5, 17 years, F).

The difficulties experienced by the participants in the PE process were, in the first place, the embarrassment to talk to another person about issues related to sexual and reproductive health, which are not commonly discussed among adolescents, especially Catholics. The lack of confidence also interfered with the maintenance of dialogue as well as individual communication skills:

I was ashamed to talk about these subjects with another person. I do not know what the other person would think when talking about sexuality, for example. (A1, 15 years, F).

I was afraid to start talking to someone about STDs and they would ask me something that I could not answer [...] (A1, 15 years, F).

I did not know how to start talking to anyone about these subjects. That is why I could not educate anyone. (A2, 14 years, F).

Influence of the Church

The concern for the other was evident among the participants. This behavior was referred to as typical of young Catholics, as they considered that the love of their neighbor led educators to the desire to multiply knowledge. The act of wanting to help their peers to stay away from the risks stimulated the young people to promote health education with greater interest.

Sometimes I thought of not educating anyone, but when I remembered that it was to see another person away from trouble, then I did it. (A10, 17 years, F).

I learned in church that whenever I can, I should do good to someone. This way, I am helping another teenager in life. (A13, 16 years, F).

I try to live in the right way, as my parents and the church taught me to. So, I have a certain level of confidence in talking, so that other adolescents can stay or move away from the path that leads to the disgrace of life, like STDs. (A6, 17 years, M).

Evaluation of peer education

Educators and students perceived the use of the PE methodology as positive, since it constitutes an approach between people of the same age and living in the same spaces.

Talking with people of the same age about these topics is better than talking to an adult. Therefore, it is interesting that it is done that way, adolescent educating adolescent. (A14, 15 years, F).

My friend said it was nice to talk to me about health. She felt more comfortable than when she goes to her gynecologist. (A5, 17 years, F).

Discussion

It was verified that the PE process, despite the small number of educators and reduced time, reached a good quantitative level, since the knowledge acquired by the 17 educators in the training was multiplied by 54 other adolescents. Furthermore, it is noteworthy the importance of youth leadership in this process of building new knowledge, because adolescents are considered good multipliers of knowledge⁽⁸⁻⁹⁾.

Studies indicate PE as a good technology to be applied by adolescents in the construction of new knowledge⁽¹⁰⁾.

For this knowledge construction, adolescents require environments that favor the communication among them. The home, although timidly described as a favorable environment, presents unprepared parents to dialogue with adolescents about themes involving sexuality, although the family participation is essential⁽¹¹⁻¹²⁾. The school and the street are also indicated as ideal places for the construction of new knowledge. These choices are based on the safety and freedom these environments provide. Therefore, it is suggested the creation of strategies to encourage the development of peer education practices with adolescents in the different environments where they are inserted in society⁽¹³⁻¹⁴⁾.

Regarding the themes that adolescents discussed with their peers, sexuality and STI/HIV/AIDS stood out, since these topics raised their interest. Sexuality arouses curiosity among adolescents because it is usually associated with sexual intercourse, besides being a topic little discussed in the family or school, full of taboos and prejudices in society⁽¹²⁻¹⁵⁾. Adolescents' interest in sexual and reproductive health should be properly guided to increase their ability to make accurate decisions about safe sex practices⁽¹⁶⁻¹⁷⁾.

Embarrassment was present during the approaches conducted by the young educators, a feeling that is part of the difficulties when addressing intimate matters, even if the discussion takes place among friends. Feelings such as insecurity and fear are also common in peer education on this theme⁽¹⁸⁾. Nonetheless, the facilities in approaching them with close friends were emphasized. Proximity and the existing connection among the adolescents enable a more open and less embarrassing discussion, as well as sharing knowledge arouses interest and the search for adequate information^(2,19).

The fact the adolescents were linked to the CC favored the development of the educational process, since the participants were more willing to welcome the other adolescents. In

this sense, caring for and protecting people in vulnerable situation has become a mission for the participants, that is, the Church has taken on the role of facilitator of health promotion⁽⁶⁾. Study revealed that religion is an important aspect of the PE process, as it stimulates in adolescents the desire to help others through the dissemination of information. This aspect was evident in the 17 educators of this research, by being available to other adolescents, seeking to promote health and prevent diseases⁽²⁰⁾.

Adolescents perceived PE as an ideal method to address sexual and reproductive health by guaranteeing them and their peers a simple way to talk about such issues in several environments. Thus, the PE strategy breaks the traditional way of promoting health and preventing diseases by stimulating educational practices among people who share similar languages and experiences⁽⁶⁾.

In this context, PE increased the knowledge of participants and their peers, by providing environments for free dialogue about reality and discussing their experience. Therefore, it is necessary to encourage adolescents to become multipliers of knowledge, hence supporting health promotion and disease prevention actions, using the PE methodology in Brazil.

Conclusion

It was concluded that the peer education strategy, developed by young Catholics as promoters of adolescent sexual and reproductive health, contributed positively to the health promotion of Catholic adolescents. It favored the expansion of knowledge on sexual and reproductive health, at the same time in which it stimulated the youth leadership and the multiplication of knowledge among the peers.

This strategy also encouraged the proactivity of adolescents, because in the face of themes such as sexuality and STI/HIV/AIDS, which aroused the group's greatest interest, they sought new knowledge and shared it with their peers.

The home and school environment were significant for the educational process in adolescence, as they enabled the construction

of a more effective, calm, and natural dialogue among the peers. These environments should be considered as potential health promoters for the Brazilian youth, in which several strategies can be developed involving the family, teachers, and adolescents.

The importance of religiosity in this study was verified, since it had a positive influence on the motivation to carry out the peer education strategy. Although the CC is not a place that commonly discusses sexual and reproductive health, adolescents from this institution have highlighted the need to discuss this topic.

The strategy used in this research can be enhanced, seeking to reach more adolescents and following the PE process over a longer period, so that the impacts on the change of knowledge and behavior of the peers can be evaluated.

Collaborations:

1. conception, design, data analysis and interpretation: Marks Passos Santos and Maycon Santana Bispo;
2. drafting of the article and critical review of the intellectual content: Marks Passos Santos, Maycon Santana Bispo, Anny Giselly Milhome da Costa Farre and Déborah Danielle Tertuliano Marinho;
3. final approval of the version to be published: Anny Giselly Milhome da Costa Farre and Leilane Barbosa de Sousa.

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