

Peer Education in Sexual and Reproductive Health for HIV-Positive Youth in Romania

Pilot Project

FINAL REPORT

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Motto:

“Our association has tried to solve the issues that young teenagers are faced with in terms of sexual education, yet not everyone has taken this matter seriously.”

UNOPA Member

Introduction

The issue related to sexual and reproductive health among HIV-positive youth in Romania cannot and should not be overlooked by non-governmental organizations addressing this target population, nor by governmental structures in the health field. The complexity, seriousness and importance of any potential negative effects as a result of a superficial and inefficient approach, as well as the related consequences at both individual and society level, call for the best mechanisms and approaches that might help prevent the spread of HIV/AIDS and ensuring a reproductive and sexual life for all Romanian citizens, regardless of their serologic status.

UNOPA (the National Union of Organizations of Persons Infected/Affected by HIV/AIDS in Romania) is permanently concerned with meeting any emerging needs of its members, and hence of its member organizations. One of the axes of the UNOPA Strategic Plan for 2006-2010 refers to ensuring the capacity-building of UNOPA member organizations in supplying peer-education services and psycho-social support for their beneficiaries. That is why UNOPA wanted to take active steps towards gradually developing its institutional capacity of meeting its beneficiaries' needs in a timely and efficient manner, by progressively developing a local service component based on “peer educators”, selected from among young HIV-positive UNOPA members who, once selected and trained, might serve as on-site resource persons within UNOPA member organizations.

Thus, May through September 2006, UNOPA developed and implemented a pilot intervention aimed at building the institutional capacity of its member organizations in providing peer-education services to HIV-positive youth in Romania with regard to sexual and reproductive health. The goal of this pilot project was to support UNOPA efforts to meet the specific needs of its beneficiaries that are either teenagers or young adults, thus promoting the right of HIV-positive youth to have access to quality information and knowledge on reproductive health / family planning.

The pilot project was conceived and implemented with technical support from the Romanian Office of JSI Research and Training Institute (JSI R&T) and was financed by the United States Agency for International Development (USAID), within the framework of the “Romanian Family Health Initiative”.

The RFHI, a program financed by USAID and implemented by JSI R&T, is an attempt at upholding the right of Romanian citizens – persons living with HIV/AIDS included – to have access to quality, client-centered information on sexual and reproductive health. Against this background, the RFHI has backed local efforts, such as those of the UNOPA federation, to undertake an active role in promoting the right to a health sexual and reproductive life, as an integral part of fundamental human rights.

General background

Romania is a country with a somewhat peculiar epidemiologic profile as far as the HIV/AIDS infection is concerned, with a high incidence of HIV-positive children following iatrogen infections back in the 1980s. They gradually enter their teenage years and will eventually become young people with an active sexual life.

In addition, 2006 H1 saw 181 new cases of HIV/AIDS infections, with most cases (63 persons) aged 15-19¹. Some 11,352 cases of persons living with HIV/AIDS were officially reported² as being alive on 30 June 2006. These included 3,249 males and 2,734 females, aged between 10 and 24. A large share of these HIV-positive children, teenagers and youth are UNOPA members and beneficiaries.

One of the major issues that HIV-positive persons have had to tackle is discrimination when accessing medical and social services, but also in their social life in general. During recent years, UNOPA has played an active role in promoting the socio-economic and medical rights of persons living with HIV/AIDS, as well as in fighting their stigmatization and discrimination.

UNOPA is also concerned with the fact that HIV-positive youth lack sufficient knowledge and skills that might help them adopt risk-free behaviors in terms of reproductive health, all the more so that HIV-positive young women becoming pregnant need special information and care to adequately protect themselves and the health condition of their babies. For a young, HIV-positive woman, the negative consequences on her health condition associated with the state of pregnancy can be highly important and not always favorable. If an HIV-positive pregnant woman fails to receive adequate antiretroviral treatment and does not take the required precautionary measures, there is a 25-30% chance that the baby might contract the mother-borne virus. In the early stages of the project, UNOPA was notified from throughout the country that some HIV-positive teenagers, beneficiaries of its member organizations, were dealing with unwanted pregnancies. Some of these young women chose to resort to a termination of pregnancy, others went through all the way, but there were also cases when newborns were abandoned in hospitals or maternities. UNOPA member organizations sent signals to the Federation on the need to enhance the local capacity of facilitating the access of HIV-positive persons to reproductive health / family planning information/education. Issues such as diminishing the risk of unwanted pregnancies among HIV-positive youth, particularly among HIV-positive young women, were raised as hot topics for UNOPA beneficiaries. UNOPA member organizations in Galați, Medgidia, Târgu Mureș are examples of organizations that have been working with pregnant HIV-positive women and consider that they have not been able to effectively meet these emerging needs of HIV-positive young women, who should benefit by adequate support from UNOPA member organizations.

Pilot project stages and major results

During the first stage of the pilot project, the UNOPA team focused on assessing the institutional needs of its member organizations in terms of the issues facing UNOPA beneficiaries. The outcome of the assessment conducted during 15 April – 31 May 2006 helped the UNOPA federation conceive and implement the other activities included in the pilot project, so that the proposed interventions might effectively

¹ "Gandul" newspaper, 13 October 2006

² Source: Department for Monitoring and Evaluating HIV/AIDS Infection in Romania

answer on-site requests and real needs of both beneficiaries and affiliated organizations.

The structure and contents of peer-educator information and training activities in sexual and reproductive health have been prepared with technical assistance from JSI R&T. The following stages of the project included the actual implementing of peer-educator training activities as well as the evaluation of the training workshop attended by 20 HIV-positive young UNOPA members.

1. Assessing the information/training needs of peer-educators

The peer-educator information and training needs of UNOPA member organizations were identified by the UNOPA team through a standard assessment questionnaire (*Annex 1*).

The questionnaire was structured based on the information received from member organizations calling for support in order to effectively respond to the issues raised by members and beneficiaries. It has been pointed out that HIV-positive teenagers have numerous questions on sexual education and reproductive health and they look forward to pertinent answers to questions such as: how do you prevent an unwanted pregnancy, what are the implications of raising a child, especially when the mother is in her early teenage years, what contraceptive methods can be employed by HIV-positive persons, considering that they under permanent antiretroviral treatment, symptoms and prevention of sexually-transmitted infections and infections of the reproductive system, etc.

UNOPA handed out the standard evaluation questionnaire to the 24 affiliated organizations. Some 20 member organizations filled out the questionnaire and sent it back, which means a response ratio of 83% (the list of respondents is included in *Annex 2*). The questionnaires duly filled out by UNOPA member organizations were centralized at the UNOPA head office (*Annex 3*). The section below summarizes the information³ collected through the questionnaires received from the 20 UNOPA-affiliated organizations.

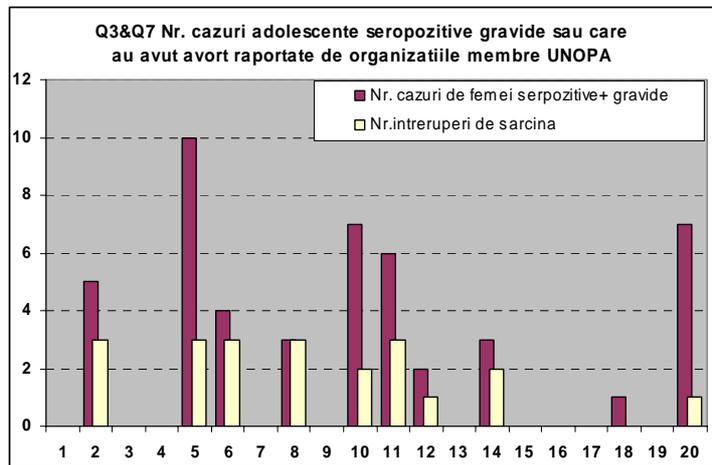
Upon centralizing the submitted questionnaires, it has been found that 50% of respondent organizations had been faced with situations when young HIV-positive teenagers turned to them for relief and support concerning reproductive health / family planning issues. During 2002-2006, 10 UNOPA member organizations had to deal with cases of pregnant HIV-positive teenagers (a total of 48 cases of pregnant HIV-positive teenagers). As indicated by the chart below, five organizations dealt with 2-5 such cases, four organizations recorded 5 - 7 cases each, while one organization had to tend to no less than 10 HIV-positive pregnant beneficiaries.

One organization reported cases of extremely young teenagers (15 or 16), while most organizations reported that part of the pregnant young women decided to resort to abortion. Overall, they had information about 21 cases of young HIV-positive women that had requested an abortion in order to terminate an unwanted pregnancy.

³ Source of data: UNOPA, Bd. N. Bălcescu no. 24, sc. C, et. 2, ap. 7, intercom (II)7, sector 1, zip code 010053, Bucharest, Tel/Fax: (004 021) 319 93 29, e-mail: unopa@unopa.ro, www.unopa.ro

Two of the organizations participating in the assessment notified the fact that two children born to HIV-positive mothers had been abandoned in maternities.

However, one organization reported that 5 out of 6 HIV-positive women that had turned to them for support and went all the way with their pregnancy actually gave birth to five healthy babies, while for the sixth infant it was still too early at the end of the project to determine the seronegative status.



Responses indicated that, in general, all organizations dealing with such situations had to provide a certain degree of support through psychological and social counseling not only to the young women themselves, but sometimes also to their parents. Some organizations stated that they were involved in facilitating the interaction with both the gynecologist and the physician-infectionist or encouraged women to see a specialist doctor for a follow-up on pregnancy.

The answers regarding young HIV-positive women’s level of knowledge on the consequences of an unwanted pregnancy could be summarized as: “*some yes, but most of them no*”. Part of the respondents could not formulate an opinion in this sense, as they were unaware of the actual situation from this point of view. Opinions concerning HIV-positive women’s level of knowledge on sexually-transmitted infections followed a similar pattern.

Six organizations answered that contraceptive methods (both modern and traditional) are insufficiently known by young people, and all the less so in case of HIV-positive youth.

When asked of their opinion regarding the degree of awareness of young HIV-positive women in their organizations as far as the prevention methods of unwanted pregnancies are concerned, most respondents in member organizations answered by “I don’t know”, while others pointed out that:

- not all young women possess the necessary knowledge on available contraceptive methods, or
- the knowledge that they possess is insufficient, because they are not aware of all available family planning methods.

Nineteen out of 20 respondents stated that they had knowledge of discordant couples, namely couples in which one of the partners is HIV-positive and the other one is seronegative. Seven of them underlined the fact that they are pretty much convinced these couples are insufficiently informed. Those with positive answers may have referred to the double protection provided by condoms in case of such discordant couples.

Absolutely all respondents agreed that the peer-educator might help the organization more efficiently tackle the issues facing today’s teenagers and help them find the answers to a multitude of questions regarding their sexual and reproductive life, in order to help them “*plan an adequate couple life in the context of HIV/AIDS*” and STIs.

All 20 organizations considered that they needed to a large extent a young HIV-positive man or woman from their organization to be trained as peer-educator, capable of supplying information on sexual education and reproductive health to other HIV-positive youth.

The underlying reasons in favor of creating a group of young peer-educators within UNOPA member organizations are provided by respondents themselves, as follows:

- ✚ *“they are very well acquainted with one another, they are approximately of the same age and can freely discuss these issues, without the inherent hindrances which occur when talking to complete strangers”;*
- ✚ *“they face the same problems as young people do, in other words the peer-educator is a voice rising from among them, who knows their suffering and also knows the ways in which s/he can make herself/himself heard and understood”;*
- ✚ *they allow for a “diminished formal framework (counselor - client), .. providing a personal example and removing barriers” thanks to a “better interaction” with beneficiaries;*
- ✚ *“teenagers would probably be much more open towards a person having the same status and approximately the same age as themselves; being in the same situation, they would probably relate to completely different concepts than a specialist brought to inform young people”;*
- ✚ *“being of their age and also an HIV-positive person, I think they would listen and follow the words of this leader”.*

Respondents also came up with concrete ways for the peer-educator to get involved in the relation with young beneficiaries for information and education purposes, namely through:

- ✚ group meetings on topics of general interest, possibly with questions and answers,
- ✚ individual meetings on topics of special interest, in a private environment,
- ✚ participation in support groups,
- ✚ handing out information and educational materials,
- ✚ referral to family planning cabinets or specialist physicians,
- ✚ participation in exchanges of experience.

One of the respondents stated that *“a peer-educator might help young teenagers in the association by organizing meetings with them, meetings which have a wider echo because the initiators are young people as well”.*

Upon reviewing the answers, the following priority needs of UNOPA member organizations have been highlighted:

- ✚ the need to inform HIV-positive youth on available family planning methods with a view to preventing unwanted pregnancies,
- ✚ the need to inform HIV-positive youth on specific contraceptive methods, according to their medical status;
- ✚ the need to inform HIV-positive youth on pregnancy and its potential implication on the health condition of HIV-positive individuals;
- ✚ the need to inform HIV-positive youth on STIs and possible infections of the reproductive system;
- ✚ the need to inform HIV-positive youth on the ways of enjoying a healthy and harmonious life in couple if the couple consists of an HIV-positive partner and an HIV-negative one;

⦿ the need of UNOPA member organizations to count on at least one peer-educator that might supply information on sexual education and reproductive health to affiliated beneficiaries. The underlying reasons for which UNOPA member organizations wanted to train a young HIV-positive man or woman to become peer-educator/promoter in sexual education and reproductive health were: young people's greater opening towards their peers (in terms of age, medical status, educational level), easier interaction between persons in the target group (peers) and individuals like them (peer-educator); diminishing barriers and facilitating the transfer of information and good practices; providing a personal example; knowing the ways of attracting, of being listened to and understood by peers, by amending the disadvantages implied by a formal, counselor-client framework, etc.

2. Developing the peer educator training intervention

The assessment revealed the need for an emergency intervention to help boost the capacity building of UNOPA member organizations, so that they might be able to promptly and efficiently meet the information needs of HIV-positive youth for promoting a health sexual and reproductive life. The strategy chosen by UNOPA was to create the basis for developing peer-education services in the sexual education and reproductive health of HIV-positive youngsters. It has been decided to move on to the next stage of the pilot project, namely developing the peer educator training intervention.

Development of the training intervention focused simultaneously on:

1. Setting up a working group comprising trainers with relevant experience in the field, including in working with young people, particularly HIV-positive ones.
2. Identifying the general and specific objectives of the training process, customizing the contents of the training workshop as per the specific features of the target group, the end result being to prepare a course support that might be both useful and attractive for participants.
3. Rigorous selection of participants – future peer-educators themselves – based on predetermined criteria.

2.a. Preparing the contents of the workshop

The training workshop called **“Developing Romanian HIV-positive youth's capacity to implement peer education programs in the field of sexual and reproductive health”** was organized during 9–14 September 2006 in Bran, county of Braşov.

The following issues were considered upon preparing the workshop contents and schedule:

- ⦿ the information and training needs identified by UNOPA member organizations based on the questionnaires duly filled out by them,
- ⦿ the feedback received directly from beneficiaries,
- ⦿ target group specifics (e.g., limitations regarding the length and intensity of lectures due to participants' health condition, age, etc.),
- ⦿ trainer recommendations.

Organizers have taken into account the need to adopt a course format that should be both informative and attractive for a group of beneficiaries still in their teenage years. The course was aimed at providing participants with sufficient knowledge in the field of sexual and reproductive health, on the one hand, but also at developing or strengthening the required skills for a peer-educator activity, by fostering positive attitudes amongst participants towards their peers and their needs.

The end product was a course support comprising materials on peer education principles, issues related to sex and sexuality, reproductive health and sexuality, family planning included.

The course was developed by the trainers involved and by UNOPA specialists, with technical assistance from the Research and Training Institute.

2.b. Participant selection

Some 20 peer-educators attended the workshop. They had been selected together with the UNOPA member organizations, yet their selection process took into consideration the skills and aptitudes of potential peer-educators who showed their interest in attending the training workshop. The entire selection process spanned three stages:

- ✂ During the first stage, a *profile of the ideal peer-educator* (see Annex 4) was submitted to UNOPA member organizations. Member organizations identified target persons based on this profile;
- ✂ The second stage consisted of a *test questionnaire* submitted to the same organizations, comprising questions on the underlying reasons for becoming peer-educators, volunteer expectations if they were to be selected as peer-educators, as well as questions on other specific issues concerning the peer-educator activity (see Annex 4);
- ✂ During the final stage, the results of the selection test for young volunteers in participating organizations were handed out to the said organizations, describing the way in which stakeholders met the selection criteria imposed by the profile of the ideal peer-educator. Eventually, some 20 HIV-positive youth were selected to attend the training workshop.

3. Evaluating the peer educator training session

Given this project's innovative nature for Romania, the spotlight was put on an in-depth assessment of the peer-educator training session, amid a new concept and training approach for UNOPA, prepared with substantial technical support from JSI/Romania. Thus, evaluation instruments were prepared, aimed at allowing the collection of both quantitative and qualitative information, based on which organizers might receive participant feedback and draw the appropriate conclusions from the pilot project.

The organizers also wanted to assess the benefits of the course attendance in terms of the actual information conveyed, so that they quantified and compared participants' level of knowledge both at the start and at the end of the course, based on a pre/post test questionnaire. Nineteen out of the 20 participants filled out the questionnaire (Annex 4). The questionnaire consisted of 10 questions, which were prepared based on topics discussed during the lectures.

Furthermore, an evaluation questionnaire (*Annex 5*) was handed out at the end of the training session, comprising two sections: the first section consisted of 9 items referring to technical issues related to training, while the second section consisted of 6 items with questions concerning organizational aspects of the training.

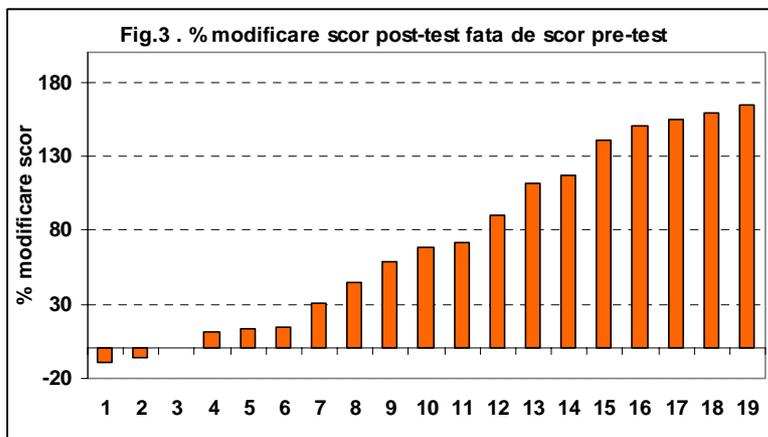
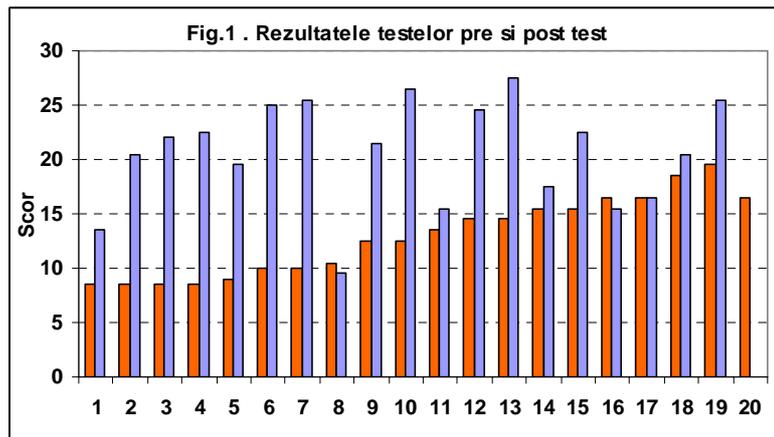
The results obtained by analyzing the data collected via these instruments (an analysis performed by UNOPA) are described hereinafter.

3.a. Assessing the level of knowledge before and after training

The section below summarizes the information⁴ collected through the knowledge assessment questionnaires (pre- and post-intervention) filled out by 19 of the 20 participants in the training workshop. We calculated and reviewed both the average scoring obtained by the group of participants at the pretest and posttest, as well as the differences between the initial and final scoring for each distinct participant.

The average scoring of the group of 19 questionnaire respondents indicates a 61% increase in the average scoring obtained

by the group at the end of the course compared to the initial average scoring (average final score of 20.6 points versus an initial average score of 12.8 points).



The chart above describes the individual scores obtained at the knowledge tests submitted at the start and at the end of the course. One can also notice the extent to which the training session led to a higher level of theoretical knowledge amongst future peer-educators.

The second chart displays the actual percentage of improvement in the 19 respondents' level of knowledge at the end of the course, by comparison with the initial level. The level of knowledge pre- and post-intervention was assessed through the scores obtained at the questionnaires handed out both before and after the training session. Two persons (10%) recorded a negative leap as far as the knowledge test is concerned, which could be explained by the lack of attention when filling out the questionnaires or probably the lack of interest in the course itself; a third person obtained the same scoring for both tests. In all three cases we are dealing with young people who had a relatively higher level of

⁴ Source of data: UNOPA, Bd. N. Bălcescu no. 24, sc. C, et. 2, ap. 7, intercom (II)7, sector 1, zip code 010053, Bucharest, Tel/Fax: (004 021) 319 93 29, e-mail: unopa@unopa.ro, www.unopa.ro

knowledge to start with, in any case in the upper third of the group in terms of the volume of knowledge. After the course, the volume of theoretical knowledge of most participants increased markedly, with a hike in individual scorings ranging between 30% and 165% versus the initial level.

As expected, young participants whose initial level of knowledge was lower witnessed the most substantial rises (both in absolute and relative terms) in the volume of knowledge, assessed based on the scoring obtained by the group of participants at the pretest and posttest.

The statistical significance of the rise in post-test scores compared to the pretest ones was proven by applying an adequate statistical test (paired T-test)⁵. The test revealed the significant statistical hike in post-test scorings against the pre-test ones ($p < .001$) and the substantiality of the scoring rise effect following the training session ($\eta^2 = 0.66$).

3.b. Assessing participants' degree of satisfaction

The questionnaires aimed at evaluating the participants' degree of satisfaction have been filled out by 19 respondents.

According to answers to the first question, approximately six out of ten youngsters (11 participants, 57.6%) declared themselves as extremely satisfied with the extent to which the curriculum and the information conveyed during the course answered the problems they faced. An equal percentage of trained youth (58%) considered the language and contents of course materials as being of good quality, while half (53%) of the participants deemed "excellent" the usefulness of course materials in their future activity as peer educators.

When asked what part of the course they found most interesting, some 37% of respondents answered that all issues tackled during the course had been interesting, while others decided to specify precisely their favorite topics. One of the respondents stated: *"I will not bother ticking all topics, because the information overall has been well conveyed – it was extremely complex"*, adding that this training course *"was among the best"*. The most interesting course topics listed by participants include: values, attitudes and behaviors, teenage years and age-specific changes, reproductive health and family planning; the condom and negotiating its use, pregnancy and related care, practical sessions, sexuality and sexual roles. By contrast, 8 participants (42%) stated that there was absolutely no uninteresting part of the course; the rest of participants identified certain topics that seemed less interesting from their point of view, including some of the topics listed above. Thus, as it is only normal, it can be easily seen that youngsters' opinions on most/less interesting topics were divided, in the sense that the same issues appeared as interesting to part of the respondents and uninteresting to others. This betrays a significant variability in participants' interest in various issues tackled, likely to stem from the various degrees of knowledge already acquired by respondents.

⁵ The paired T-test was applied in order to evaluate the impact of the training session on participant scoring. The test revealed a significant statistical hike in post-test scorings [Average = 20.61 and Standard Deviation = 5.15] against the pre-test ones [Average = 12.79, Standard Deviation = 3.61], $t(18) = 5.87$, $p < .001$. The η^2 statistical indicator revealed that the scoring rise effect was substantial (0.66). The normality of pre- and post-test scores was tested prior to applying the paired T-test.

Participants were asked what topics should be included in the peer-educator course. Eight of them had no suggestions whatsoever, two stated that the curriculum was already comprehensive, while others came up with suggestions of the type:

- 🚫 *“socio-professional integration of HIV-positive youth” or “what are the likely professions of an HIV-positive teenager when becoming an adult”;*
- 🚫 *“a little more focus on HIV/AIDS”;*
- 🚫 *“it would be great if we could have a peer-education training organized on ARV treatment”;*
- 🚫 *same topics, yet with “more time allotted to free discussions”.*

Approximately four out of five attendants (79%) stated that the way in which sessions were organized was adequately tailored to their capacity of focusing on and assimilating the information conveyed. However, one of the participants did mention that: *“the time allotted to the session was a bit too long and topics somewhat overlapped; there are few chances to learn or assimilate everything they taught us – each session should be a distinct one, with longer breaks to relax and think”.*

Nine of the 19 respondents estimated that they worked well with their peers during the workshop sessions; 7 participants considered that the work with their peers during the sessions was excellent and only 3 out of 19 participants deemed the cooperation between them and their peers during the working sessions as satisfactory.

Youngsters had a favorable opinion on the overall performance of the two trainers, by stating that:

- *“their explanations were very good and we learnt a lot in order to be able to disseminate such information in our turn”, or “they provided explanations that we really needed”, “clear and concise information”;*
- *“they knew how to make themselves listened to, they were very explicit, I really liked the examples they gave”, “they spoke to us in our own language and generally made themselves understood”;*
- *“patient, understanding, nice”, “very open, knows how to behave herself and she communicates with everyone”, “funny and intelligent”*
- *“really cool and vivacious, it’s clear they really enjoy what they do”;*
- *“really enjoyed myself”, “cool trainer”*

When asked whether they would be able to put theoretical knowledge into practice as peer educators, most respondents were persuaded that they would fully (8 persons) or partly (7 persons) use the volume of knowledge and skills acquired during the course or that they had the intention of doing so (2 persons), while a single participant considered that he needed additional training in order to become a peer-educator. One of them was saying: *“only now have I realized how things are with peer education; it’s much more difficult than I have imagined, yet – thanks to the skills I believe I have acquired – I will put the peer method into practice; one more time, I highly appreciate those doing this job”.* This course was a great opportunity for youngsters to broaden their horizon beyond knowledge related strictly to HIV/AIDS; some even deem it useful to attend additional training sessions in the field on sexual and reproductive health: *“we’ve always been interested in HIV/AIDS courses, therefore an additional sex ed course would be great” or “these are very interesting and useful courses”, “let’s do this training again”.*

The participants’ general degree of satisfaction with the training session was evaluated based on a rating scale from 1 to 5 (where 1 = extremely unsatisfied and 5 = extremely satisfied). Most participants (58%, 11 persons) rated the training course at 4, which means they were satisfied with the workshop, while the remaining 42% (be it 8 persons) chose the maximum rating, declaring themselves extremely satisfied with the training course implemented within the framework of the project *“Developing Romanian HIV-positive youth’s capacity to implement peer education*

programs in the field of sexual and reproductive health" implemented by UNOPA with technical and financial support from JSI/USAID.

Conclusions and recommendations

The aim of the pilot project was to provide UNOPA with an opportunity to develop its institutional capacity by promoting, evaluating and adopting a new service type, with a marked preventive character, which should be made available to persons living with HIV/AIDS by UNOPA organizations; this new service type consists of peer education in the field of sexual and reproductive health for HIV-positive teenagers and youth in Romania.

This project has an outstanding formative and informative value given the local context, all the more so that it is the first initiative of this type ever conducted in Romania in the field of reproductive health/family planning, its beneficiaries being teenagers and youngsters living with HIV/AIDS. The timeliness of such an approach is even more manifest judging by the fact that Romania is a country with a somewhat peculiar epidemiologic profile as far as the HIV/AIDS infection is concerned, with a high incidence of HIV-positive children following iatrogen infections back in the 1980s.

The main benefit of this project is that it highlighted the need for the rapid development of training/awareness interventions among HIV-positive youth regarding the parameters of a healthy sexual and reproductive life, interventions that need to be best tailored to the needs of the target group in transition towards full maturity (in psycho-somatic, socio-economic and sexual terms).

The need for such interventions is derived from the double impact and expected benefits, namely: lower risks of disease and/or negative effects on the well-being of HIV-positive persons amid promoting the health condition of the population in general (for instance, by preventing the virus from being passed on from mother to fetus). In addition, the project not only provided trainees – HIV-positive youth – with the opportunity of attending a course meant to convey useful knowledge for their everyday life, but it also gave them a chance to undertake an active role in disseminating such information to youngsters like them, to act as promoters of quality information in the field or as opinion leaders.

Implemented based on a course structure tailored to the target group, the training intervention proved its efficiency in kindling the HIV-positive youth's interest in getting involved in peer-education activities and enhancing their level of knowledge in the field of sexual and reproductive health, family planning included, plus developing the required skills for working as peer educators. UNOPA learnt valuable lessons from this pilot project on how young beneficiaries perceive such an initiative, as well as the future improvements to the pattern proposed by the pilot project, with a view to maximizing the benefits of this approach for the target group, for the organization, for the society in general.

Maximizing these benefits will only be possible if the necessary resources are ensured in order to build on the initial achievements and for further development, both by supporting the trained peer-educators in launching specific activities and by expanding the peer educator base available to UNOPA to meet the needs of its beneficiaries. Other two pillars – extremely important in safeguarding the success of the intervention – consist of an adequate dissemination of results obtained by UNOPA and establishing strategic partnerships with governmental structures and/or

non-governmental organizations in the field for ensuring the access of HIV-positive youth to quality reproductive health/family planning services, in line with their needs and requests.