

# Peer-led sex education does not reduce abortions among teenagers

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A trial of peer-led sex education in schools in England has found that it is not more effective at reducing teenage abortions than the sex education classes given by teachers. However, the study, published in the open access journal *PLoS Medicine*, does show that a peer-led approach to sex education is preferred by pupils and suggests it should still be considered as part of a broad strategy to reduce teenage pregnancy.

The United Kingdom has one of the highest teenage pregnancy rates in Western Europe—leading to a government target to halve pregnancies amongst 18-year olds by 2010. Judith Stephenson and colleagues from University College London conducted the RIPPLE (Randomized Intervention of Pupil-led Sex Education) trial to investigate whether the teaching of sexual health information by people of a similar age was effective in terms of reducing teenage abortion, pregnancy, and improving sexual health amongst teenagers.

Twenty-seven schools and about 9,000 pupils aged 13 or 14 participated in the trial, with each school randomly assigned to either peer-led or teacher-led sex education sessions. The interim results, which were published in *The Lancet* in 2004, found that at age 16 years, girls who received the peer-led sessions reported fewer unintended pregnancies, although the results were only marginally significant in comparison to the teacher-led sessions. The long-term results, published in this week's *PLoS Medicine*, are based upon medical records of pregnancies and abortions rather than self-reports (which are often unreliable). At age 20 years, there was no difference between the peer-led and teacher-led

groups in terms of the number of girls who had had abortions (one in twenty in both cases). There were also no differences between the peer-led and teacher-led groups for male or female participants in other aspects of sexual health, including the numbers diagnosed with sexually transmitted diseases.

The study did find that there were fewer girls who took part in the peer-led sessions who became pregnant, although this difference was too small to be significant. Given that pupils much preferred the peer-led sessions, an extended program is needed to establish whether they can have a more marked effect on teenage pregnancy rates. And although the authors say the results should "temper high-expectations about the long-term impact of peer-led approaches", they also argue that "taken as a whole, the results support consideration of [peer-led sessions] as part of a much broader strategy to reduce teenage pregnancy."

In a related perspective, David Ross of the London School of Hygiene & Tropical Medicine—uninvolved with the research—discusses the trial. He argues that it is important to "continue to develop and rigorously evaluate new approaches to reduce the adoption of sexual risk behaviours by young people" in the UK and, more importantly, in countries with higher incidence of HIV, and high maternal and infant mortality rates.

Citation: Stephenson J, Strange V, Allen E, Copas A, Johnson A, et al. (2008) The long-term effects of a peer-led sex education programme (RIPPLE): A cluster randomised trial in schools in England. PLoS Med 5(11): e224. doi:10.1371/journal.pmed.0050224  
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