



“Facoltà d’Amarsi”: when young people try to change the situation. Youth project as a tool for health communication and STD prevention.

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Abstract

Background: Since its discovery, AIDS has been a major pandemic infection. Nowadays, despite high levels of awareness, HIV infection is still one of the most complex phenomenon in our society and people, especially young people, don’t apply changes to reduce sexual risk behaviour to bring about prevention of HIV and AIDS. Condom use, particularly consistent use, is suboptimal in our communities. In our country, for Family Planning Worldwide 2008, just 38,3% of young people reported to use condoms. Monogamy and harmonious relationships play a positive role in young people and reduce their risk of HIV infection and such aspects of relationship contexts could form a significant part of the progressive strategies required for HIV-prevention interventions to be successful. Many prevention campaigns have been realized and in particular they try to explain the risk connected to HIV and give information about how to prevent infection and the infection’s course. The next generation of HIV prevention and risk reduction interventions should move beyond basic sex education and condom use / availability. Successful interventions must optimize strategies that support HIV risk reduction behaviours. Despite extensive behavioural research, current strategies have not resulted.

Methods: In this article we explain why the old campaign didn’t work and why youth initiatives could be a possible answer to a prevention needs. We choose the method of peer education and scientific contents using transverse knowledge from expert of medicine, psychology and media science to face off at the needs of efficacy and reliability.

Results: The final sample is made by 271 students, 102 males, 164 females. 91,5% declare that had already sexual relations, instead 5,19% never had one. 38,% of sample affirm to use habitually condoms, 20,3% sometimes, 18,8% never used condoms.

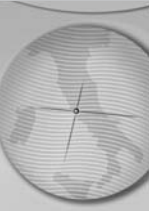
Conclusions: This study shows how new approach to the problem could help people changing their behaviors.

Key words: prevention, youth, HIV, communication, peer education, self-efficacy, use of condoms, attitude-behavior model, campaign, health project

Introduction

Nowadays HIV infection is one of the most complex phenomenon in our society. In 2008, an estimated 33.4 million [1] people were thought to be living with HIV worldwide and the figure is growing every year: in 2008, 75 000 new HIV infections occurred in North America and in Western and Central Europe, we had Over 7400 new HIV infections a day. In Italy, there are an estimated 120.000 people living with HIV/AIDS and this number grows approximately at the rate of 3.500-4000 new infections every year [2]. Other Researchers put this figure closer to 170.000-180.000 people in Italy living with HIV of which 22.000 are AIDS infected, with a yearly growth of 4000 new cases [3] and, worryingly,

60% of new AIDS cases in 2009 discovered their illness too late. Only 1/3 of people with AIDS had the opportunity to use new antiretroviral therapy before their diagnosis. HIV target has changed from the beginning of the epidemic phenomenon: when the illness was discovered, people who contracted HIV were primarily drug addicts and in the 1980’s - 90’s transmission was characterized primarily by injecting drug users. In time, heterosexual contact has accounted for an increasing proportion of AIDS cases and has become the predominant transmission mode among new AIDS cases in several European countries, including Italy. The Youth’s risk of becoming infected with HIV is increased by a lifestyle involving a greater



degree of exploration and experimentation. Especially sexual behaviour, previous sexual experience and sexual attitude can increase the risk of infection. The high prevalence of sexually transmitted diseases and the high rate of adolescent pregnancy confirm the existence of a pattern of early onset of sexual intercourse, multiple partners and a low incidence of condom use or a non regular use of condoms (despite understanding their protective effect). In an Italian research, Sammarco et al. [4] investigated university students of Campobasso for: sources of information about HIV, knowledge of HIV risk behaviours, as well as sexual behaviours and condom use. Most students (>97%) were aware that specific sexual behaviours (unprotected vaginal or anal intercourse) and sharing of needles among injecting drug users could transmit HIV. Most students (>50%) did not regularly use condoms (despite understanding their protective effect) and continued to engage in behaviours considered risky. Males were significantly more likely than females to engage in vaginal sex (84 vs. 67%) or anal sex (37 vs. 13%) with both regular and casual partners.

Therefore, individual changes in behaviour and teaching people the necessary skills to do so, should be encouraged in all AIDS related educational programs and should involve, to a greater extent, doctors and healthcare or social agencies that provide HIV/AIDS information and psychological encouragement. In Italy, public health efforts to reduce the transmission of HIV have predominantly relied on informational campaigns that have utilized public service announcements on TV, radio and in the printed press. Despite the ability to reach large numbers of people, those campaigns and current strategies have failed their objective and have not proved to be the most effective methods of delivering HIV/AIDS information [4].

Studies emphasize that educational programs were not always efficient and most respondents preferred to receive information from doctors, other health providers or resource centres [4-6].

The worst scenario that confirms the lack of efficacy of prevention and screening programs is that people discover to be positive just at the end of their illness, when the symptoms are full blown. One HIV positive out of four doesn't know to be positive [3] and in Italy, the last alarming fact is that there are 40.000 people HIV positive who have not been verified yet. All this means that many people and, particularly, young people are in danger and actions to promote HIV prevention are

necessary. All screening programmes must be based on evidence of efficacy in reducing mortality (in some case also incidence) from that specific cause.

Therefore prevention programs, apart from the ones aimed at improving communication regarding sexual risk and augmenting intentions of condom use, should also address the spread of HIV testing. "Organized" screening is necessary by a public health programme that involves the identification of the target population, an active invitation to undertake a test, as well as management and evaluation of the whole pathway from invitation to (eventually) treatment. In addition in a screening programme it's mandatory to guarantee equity in access to early diagnosis and in the quality of the following diagnostic and therapeutic pathway [7].

Full national coverage of a population-based organized screening programme has been planned for in Italy and is being implemented. Since 2005, the Ministry of Health - Department of Prevention- has formally given The National Centre for Screening Monitoring (Osservatorio Nazionale Screening-ONS-) the responsibility for monitoring and promoting screening programmes nationwide [7].

Objective

This article aims to emphasize that youth organizations should work together with institutions that provide skills for peer education and scientific reference, as a team to possibly answer current prevention needs and to realize effective prevention programs through youth initiatives. A group of university students tried to show that we need a different strategy to face this undergoing problem.

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The Italian Institutions have tried implement prevention programs but some of these have provoked anxiety whilst others have been inefficient. Researchers show that young people in Italy don't pay attention to sexually transmitted diseases given that, in recent years, the cases of HIV have grown every year amongst youths. Young students from "La Sapienza" University, Rome, had the opportunity to ideate and realize an activity to inform their colleagues about the risks related to their sexual behaviors and how to prevent HIV infections. We understood that student's organizations cannot work



without institutional supervision as their messages might not be valid. At the same time, institutions without the involvement of young people were not very effective because youth feel that institutions are too remote from their lives. That's why, during the academic year of 2008-2009, we planned an information and awareness campaign to prevent young people from hazardous behaviors associated with HIV infection and we involved the three most important university institutions of Rome: "La Sapienza, Tor Vergata and Roma Tre". We worked together with Regione Lazio (a local governmental institution) and with university media, uniroma.tv and uniroma network. At the same time, we planned a scientific research to investigate our aims.

Materials and methods

We decided to involve all the 35 faculties of the three universities partnering the project, and 35 interventions took place every month, for 6 months. We chose the method of peer education and scientific contents using transverse knowledge from experts in medicine, psychology and media science to face off against the needs of efficacy and reliability. Our action was accompanied by awareness raising through the provision of information and materials (brochures, videos), by concrete talking face to face and by providing free condoms directly to students. We decided to collect valuable video hints from the students to promote prevention even through other media, such as internet (http://uniroma1.tv/?id_video=8897; http://uniroma1.tv/?id_video=8896; http://uniroma1.tv/?id_video=8894). We built up a questionnaire using items from other already existent questionnaires (Munoz-Silva, Sanchez-Garcia, Nunes, Martins, (2007) [8]; Armitage e Conner (2001) [9]; Caprara e Barbaranelli (2000) [10]). The main objective was to find the factors which influence the use of condoms in young people. Our instrument had 3 different sections:

1. The first part aimed to test social and demographic features of participants, use of condoms and religiousness;
2. the second part attempted to test different variables from Ajzen e Fishbein's (1970 [11]; 1980 [12]; 1991 [13]) model: attitude, sense of control, old behavior, intention, behavioral belief, rules belief, control belief;
3. the third part of questionnaire tested self-efficacy [14].

The project developed had 4 steps,

1st step:

1. Involve the experts, collect the contents and the latest information about HIV related issues;
2. Transform the contents in an innovative effective message for youngsters, supported by experts in psychology and media science;
3. Set up a platform to develop scientific research on HIV;
4. Create a dedicated web site.

2nd step:

1. Arrange frontal sessions with university lecturers for project participants (students from medicine, psychology and media science faculty);
2. Organize the logistics for information help desks;
3. Prepare the materials for the corners;
4. Develop questionnaires to follow up the effectiveness of the message and to prompt scientific research.

3rd step:

1. Set up the information points;
2. Distribute materials and condoms;
3. Administer the questionnaires during the development of the project through the information points;
4. Film students' suggestions and personal experience;
5. Post the videos on the dedicated web site.

4th step:

1. Collect all the questionnaires compiled during the project;
2. Analyze the data;
3. Discuss the data with our lecturers and publish a thesis to discuss the results.

Every decision, every action and every change undertaken by young people was done so with the support of experts, the students' tutors/peers of the campaign which were directly in touch with the other students and noted concerns or positive remarks. To make the activity more serious and remarkable, we asked the different deans of faculties to give some university credits to students who participated in the activity and supported the campaign by collaborating within it. As a result, many students wanted to work in this project, students from medicine, psychology, media and communication science, biology and education science.

Results

The final sample we considered in our work was constituted by 271 students, 102 men, 164 women (5 didn't specify their sex). Their

Table 1. The final sample.

SAMPLE: 271 STUDENTS									
Age: 18,30 mean 23,5 S.D.: 3,16									
GENDER		DID YOU EVER HAD A SEXUAL RELATION?		ARE YOU ENGAGED?		DO YOU USE CONDOMS?		HOW RELIGIOUS ARE YOU?	
Male	102 (37.6%)	Yes	248 (91.5%)	Yes	162 (59.8%)	Regularly	103 (38%)	No religious	82 (30.3%)
Female	164 (60.5%)	No	16 (5.9%)	No	105 (38.7%)	Sometimes	55 (20.3%)	A little	73 (26.9%)
Don't specify	5	Don't specify	7	Don't specify	4	Never	51 (18.8%)	Moderately	76 (28%)
						Don't specify	62	A lot	29 (10.7%)

age was between 18 to 30, mean 23, 5 (S.D. 3,16). (Table 1 - Figure 1.1). 91,5% declared that they had already had sexual relationships, whilst 5,19% declared never having had sexual intercourse. (Table 1 - Figure 1.2). 38,% of sample affirmed to habitually use condoms, 20,3% sometimes, whilst 18,8% reported never having used condoms. (Table 1 - Figure 1.3). 59,8% of sample declared to be engaged, though 38,7 % of sampled students were not in a steady relationship. (Table 1 - Figure 1. 4). We tested religious aspects of the sample and 65.7% were Catholics and 11,8% atheist. 26,9% declared to be a little religious, 28% moderately religious, 10,7% a lot religious and 30,3% not religious at all. (Table 1 - Figure 1. 5). We carried out different factor analysis to understand items' dimensionality. All these dimensions were tested to find how they influence the use of condoms. In particular, we analyzed:

- a. Analysis on self-efficacy dimensions as a practice aspect; (Table 2 - Figure 2).
- b. Analysis on self-efficacy dimensions as a colloquial aspect. (Table 2 - Figure 2).
- c. Analysis on rules belief dimensions: we tested rules belief expressed in approval items; (Figure 3.1 - 3.2 - 3.3 - 3.4 - 3.5 - 3.6).
- d. Analysis on behavioural belief dimensions; (Figure 4.1 - 4.2 - 3.3 - 3.4 - 3.5 - 3.6).
- e. Analysis on control belief (facilitate) dimensions; (Figure 5.1 - 5.2 - 3.3 - 3.4 - 3.5 - 3.6).
- f. Analysis on control belief (obstruct) dimensions; (Figure 5.3 - 5.4 - 3.3 - 3.4 -

3.5 - 3.6).

- g. Analysis on attitude dimensions; (Figure 6).
- A. We found 2 factors which explained 40,98% of the total variation. The first one, we called "hedonistic belief", explained 24,37% of the total variation and it's saturated by items concerning the feeling of pleasure when using condoms during sexual intercourse. The second factor explained 16,61% of the total variation. We call it "belief of protection" and is saturated by items which explain a condom's function.
 - B. There were 2 factors which explained 70,47% of the total variation. The first one explained 41,84% of the total variation and it's saturated by items like: "your parent will approve", "Religious association will approve". The second factor explained 28,63% of total variation and it's saturated by items like: " your partner will approve", "Your friends will approve".
 - C. We found a single factor which explained 27,86% of the total variation. This factor is saturated by items like "having a sexual relation with condoms because a friend suggested it to you", "using condoms to prevent a sexually transmitted disease", "having a sexual relation with condoms because your partner asked you".
 - D. Just one factor is shown by the analysis, to explain 31,87% of the total variation. It's saturated by items like: "you don't use condoms because you feel embarrassed to buy them", "you don't use condoms

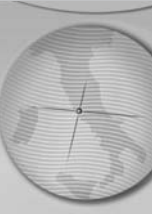


Table 2. Self-efficacy Original items. We use Likert scale at five points.

		CONTENT OF ITEMS: <i>HOW DO YOU FEEL YOURSELF AS ARE ABLE TO:</i>	
Aut 1	Speak to all of your partners about condoms	Aut 9	Talk of condom's use even if you don't know your partner's opinion
Aut 2	Buy a condoms without imbarassing you	Aut 10	Propose using condom respecting your partner's feelings
Aut 3	Talk to a sexual partner about condoms before sex foreplay	Aut 11	Use a condom every time you have a sexual act
Aut 4	Stop your sexual activity to put condom on	Aut 12	Put the condom on you or on your partner
Aut 5	Reject a sexual activity if your partner doesn't want to use condom	Aut 13	Propose using condom without your partner think you're hill
Aut 6	Propose using condom to a new partner	Aut 14	Convince your partner using condom when he/she doesn't want to
Aut 7	Remember to use condom even if you're drunk	Aut 15	Remeber using condom even when you use drugs
Aut 8	During an exciting moment, to stop sexual act because you don't have condoms		

because you're really involved in the intimate situation and you don't want to stop it", "you don't use condoms because it's too expensive".

- E. We found 2 factors which explained 36,54% of the total variation. The First one, we called "emotional evaluation", explained 22,89% of total variation and it's saturated by items like: condom is "pleasant/unpleasant", exciting/unexciting", "attractive/repulsive". The Second factor, "cognitive valuation", explained 13,63% of total variation and it's saturated by items like: Condom is "useful/ un-useful", "advantageous/disadvantageous", "harmful/beneficial".

- F/G. We found 2 factors which explained 50% of the total variation. The first one was "practice self-efficacy", and it explained 29,3% of the variation and was saturated

by items like: "How do you feel able to use condom in every sexual relation you have?" or "How do you feel able to stop yourself to put the condom on, during a sexual relation?". The second item, "colloquial self-efficacy", explained 20% of the total variation and it's saturated by items which asked about the ability to talk about condoms with the sexual partner. These two factors were very related to each-other: .58.

Discussion

At the end of our analysis, we can say that self efficacy is a primary importance construct as are the practical aspects as predictors of condom use. People who believe they are able to manage all practical aspects of using condoms are people who really use condoms in their sexual life. At the same time, people

SAMPLE: 271 STUDENTS
 Age: 18,30 mean 23,5 S.D.: 3,16

Figure 1.1

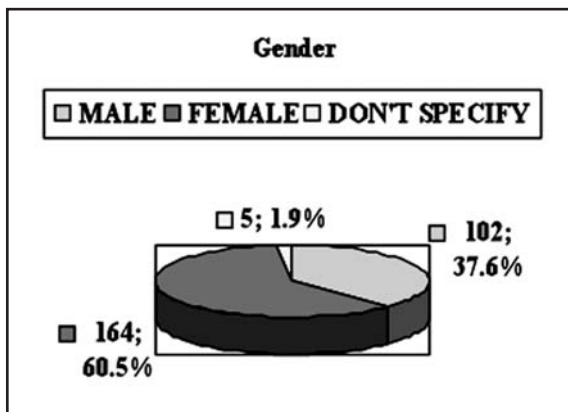


Figure 1.2

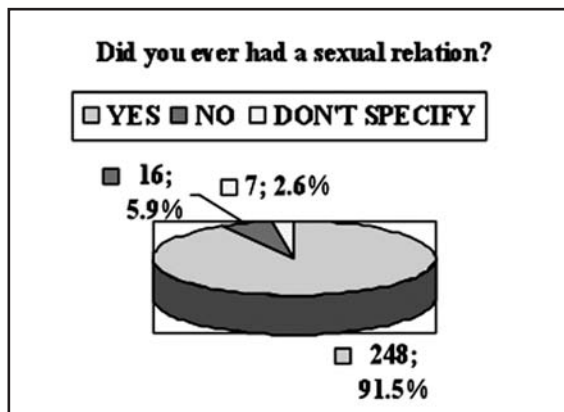


Figure 1.3

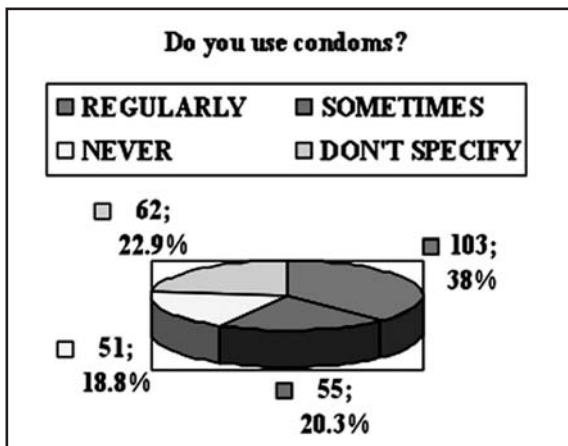


Figure 1.4

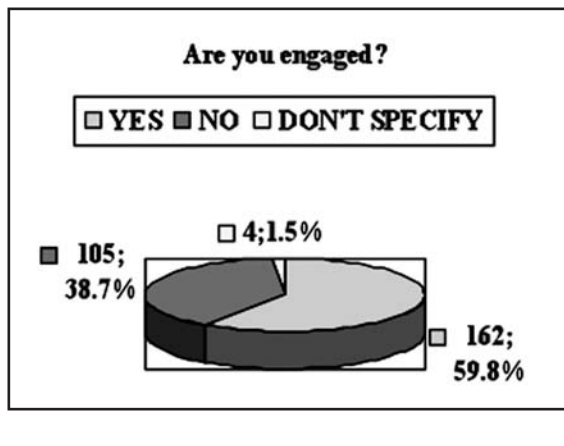
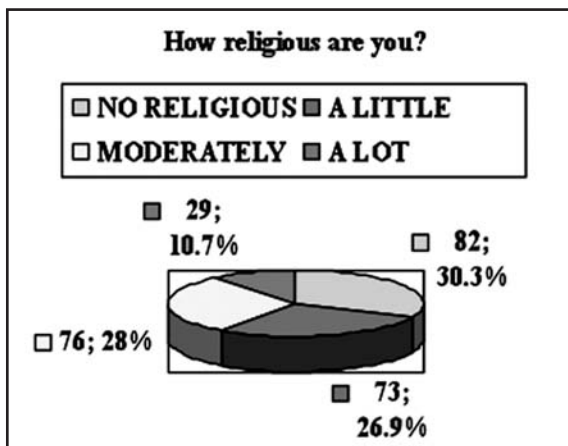


Figure 1.5



who have a pleasant perception of the use of condoms will use them more often than people with bad feelings towards condoms.

The fact that self efficacy explained a higher percentage of variation than old behavior, gives us other information about the use of condoms. Behavior concerning the use of condoms is not a usual and repetitive behavior, nor is it an automatic act. That's because this kind of behavior does not depend just on an individual's decision, but is also influenced by different factors such as friends, parents and partners. Regarding the other construct we analyzed, we found that the intention to use condoms in our sample is strongly influenced by old behavior, then also by emotional evaluation of attitudes, by rules belief related to parental and religious association approval, by partners' and friends' approval, by facilitated dimension in control belief and by their sense of control. The construct which influenced condom use least of all was cognitive attitude. That means

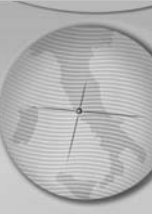


Figure 2. Self-efficacy Original items. We use Likert scale at five points.

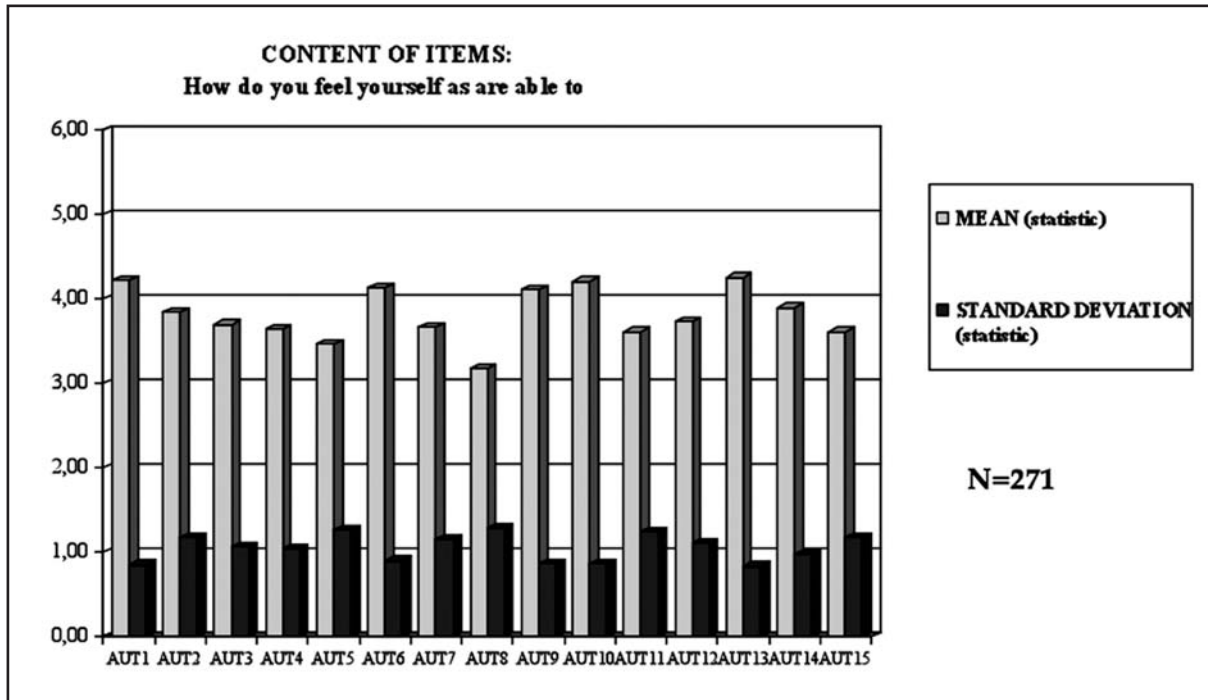
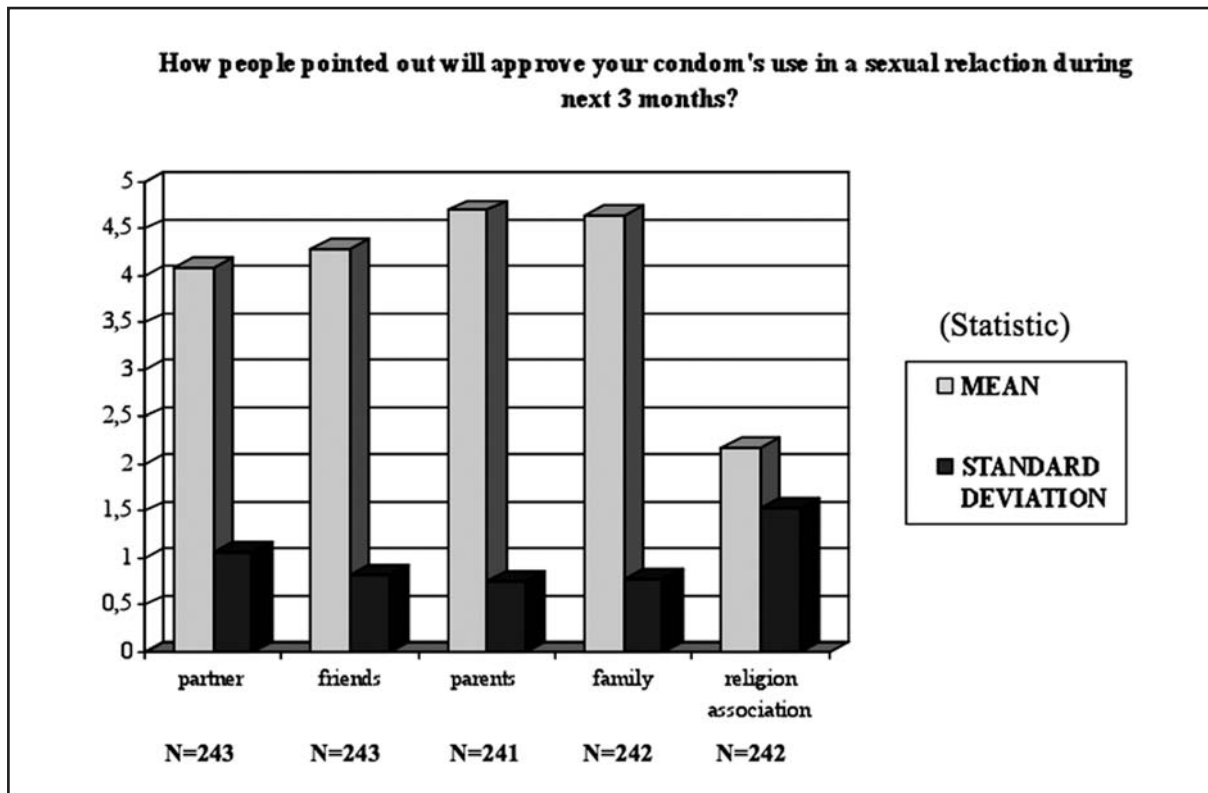


Figure 3.1. Rules belief (approval/relevance) original items. We use Likert scale at five point.



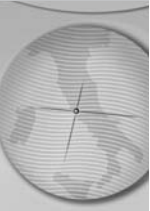


Figure 3.2. Rules belief (approval/relevance) original items. We use Likert scale at five points.

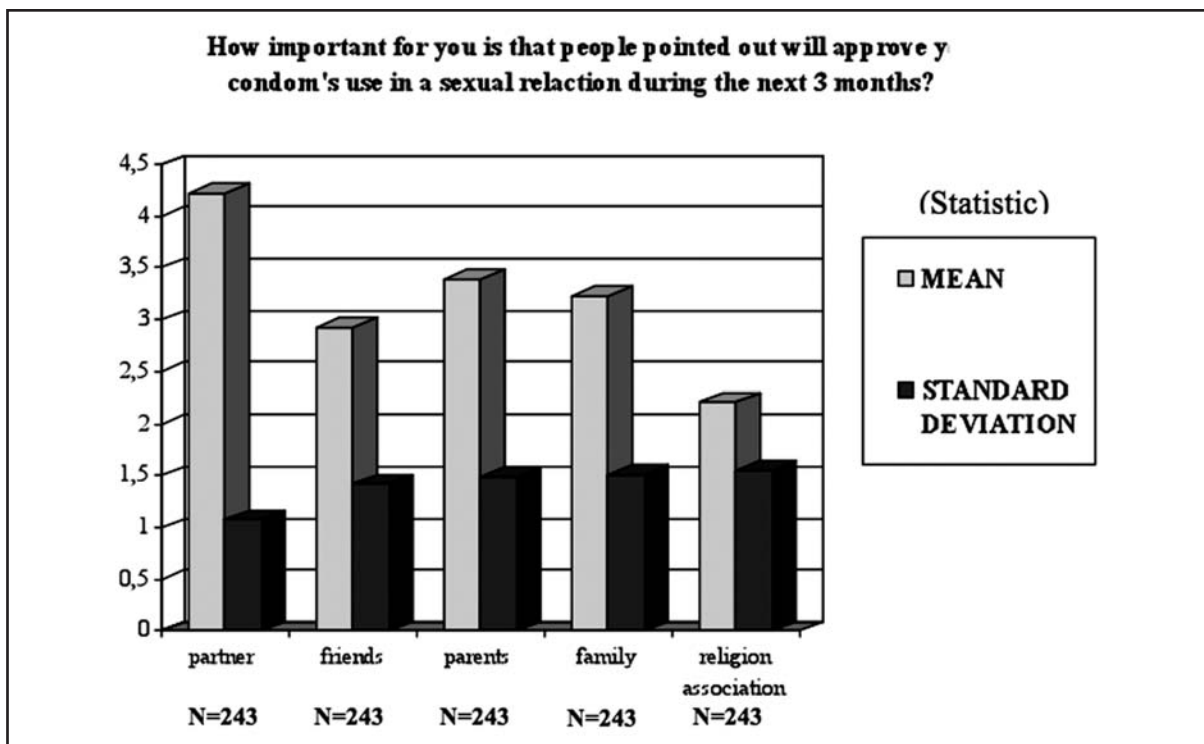
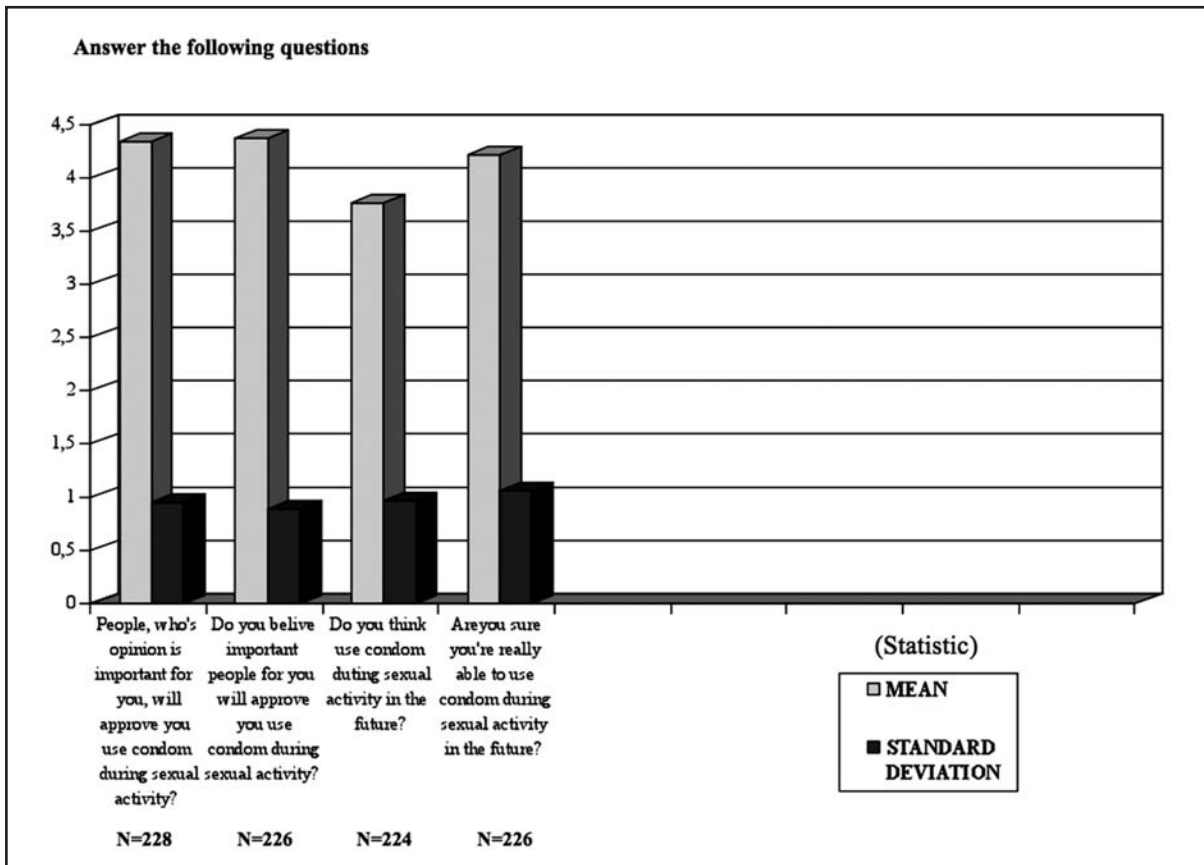


Figure 3.3. Subjective rules, sense of control, old behavior, intention original items. We use Likert scale at five points.





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Figure 3.4. Subjective rules, sense of control, old behavior, intention original items. We use Likert scale at five points.

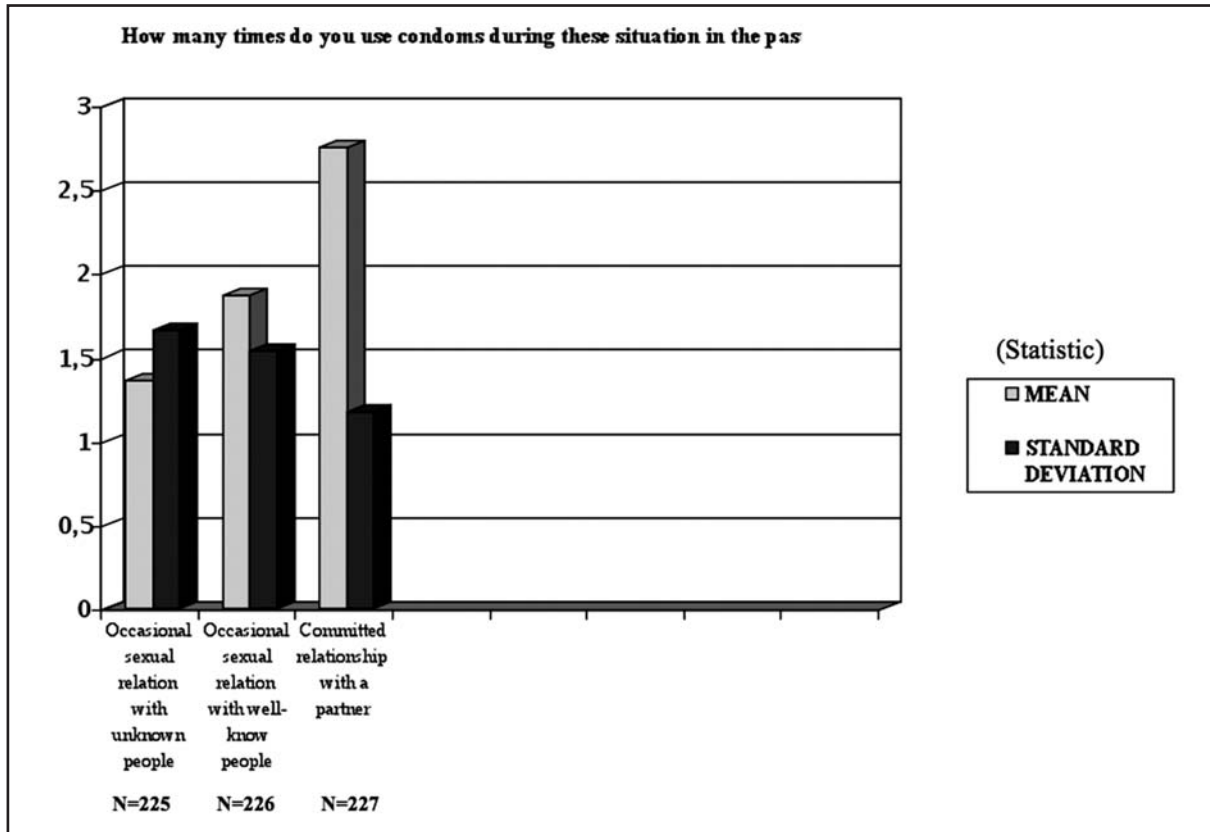
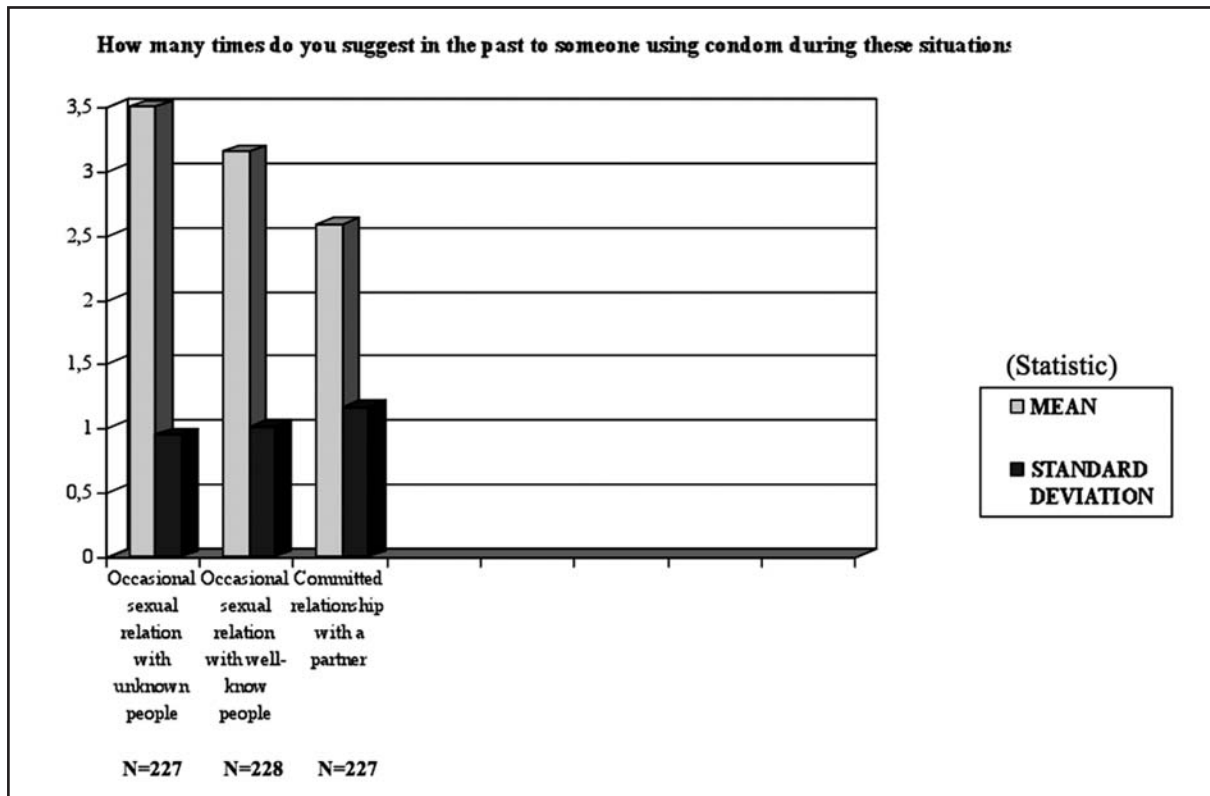


Figure 3.5. Subjective rules, sense of control, old behavior, intention original items. We use Likert scale at five points.



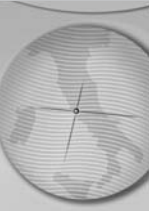


Figure 3.6. Subjective rules, sense of control, old behavior, intention original items. We use Likert scale at five points.

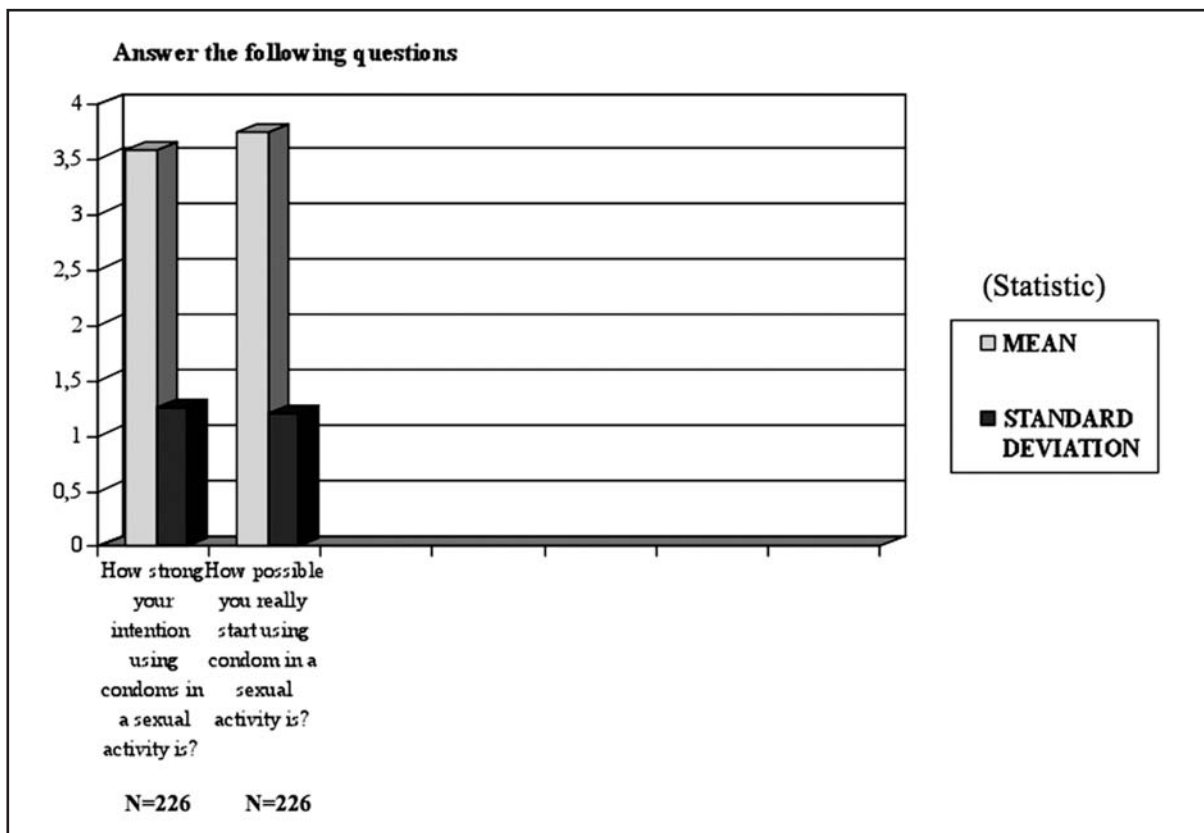
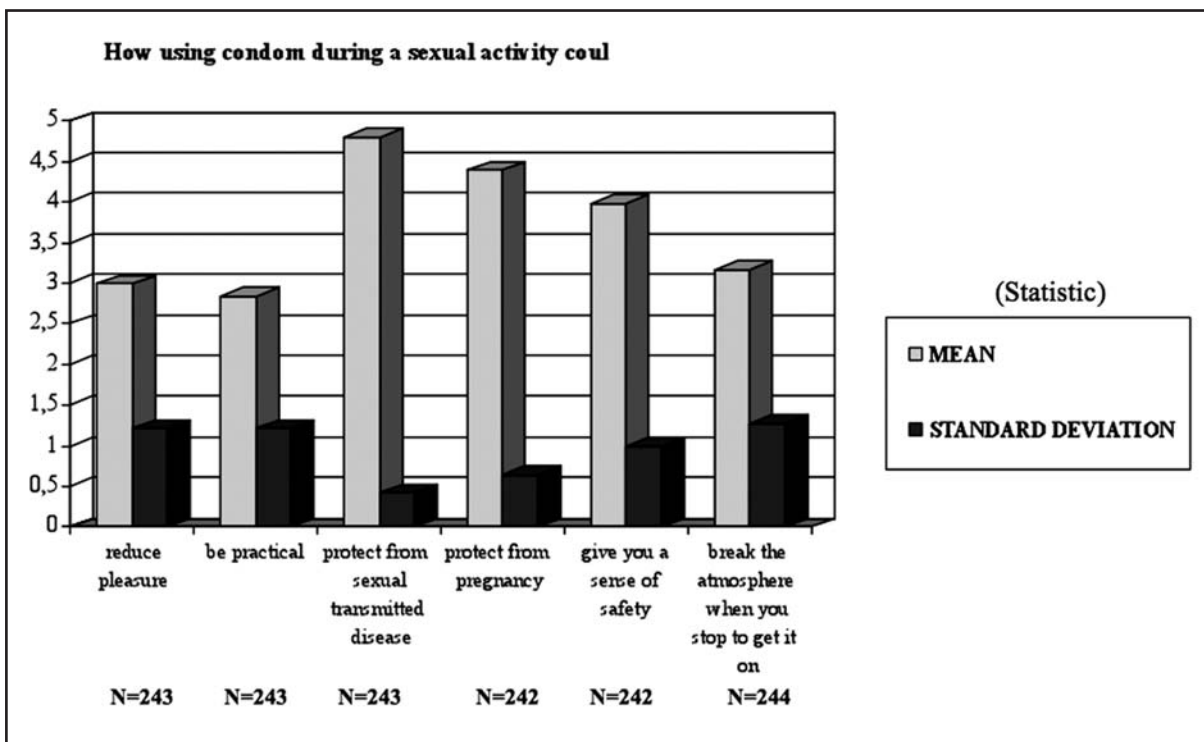


Figure 4.1. Behavioral belief (probability/relevance) original items. We use Likert scale at five points.





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Figure 4.2. Behavioral belief (probability/relevance) original items. We use Likert scale at five points.

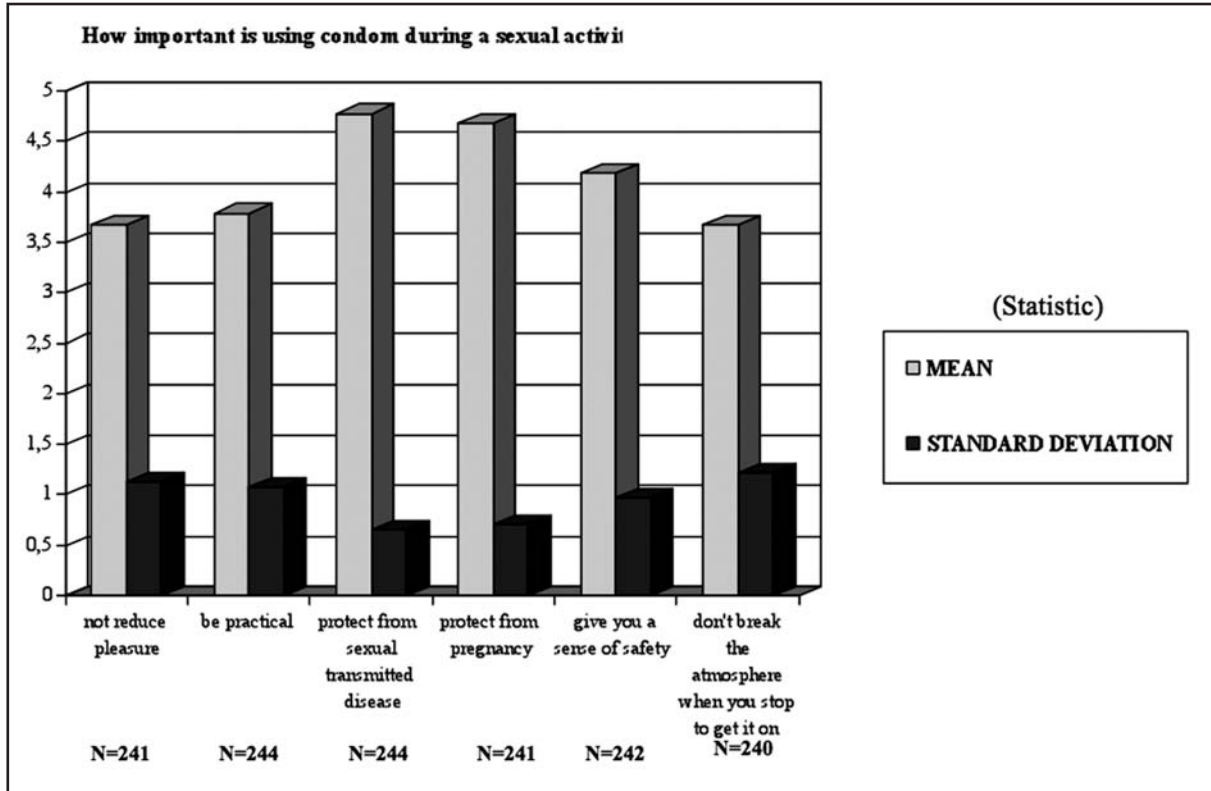
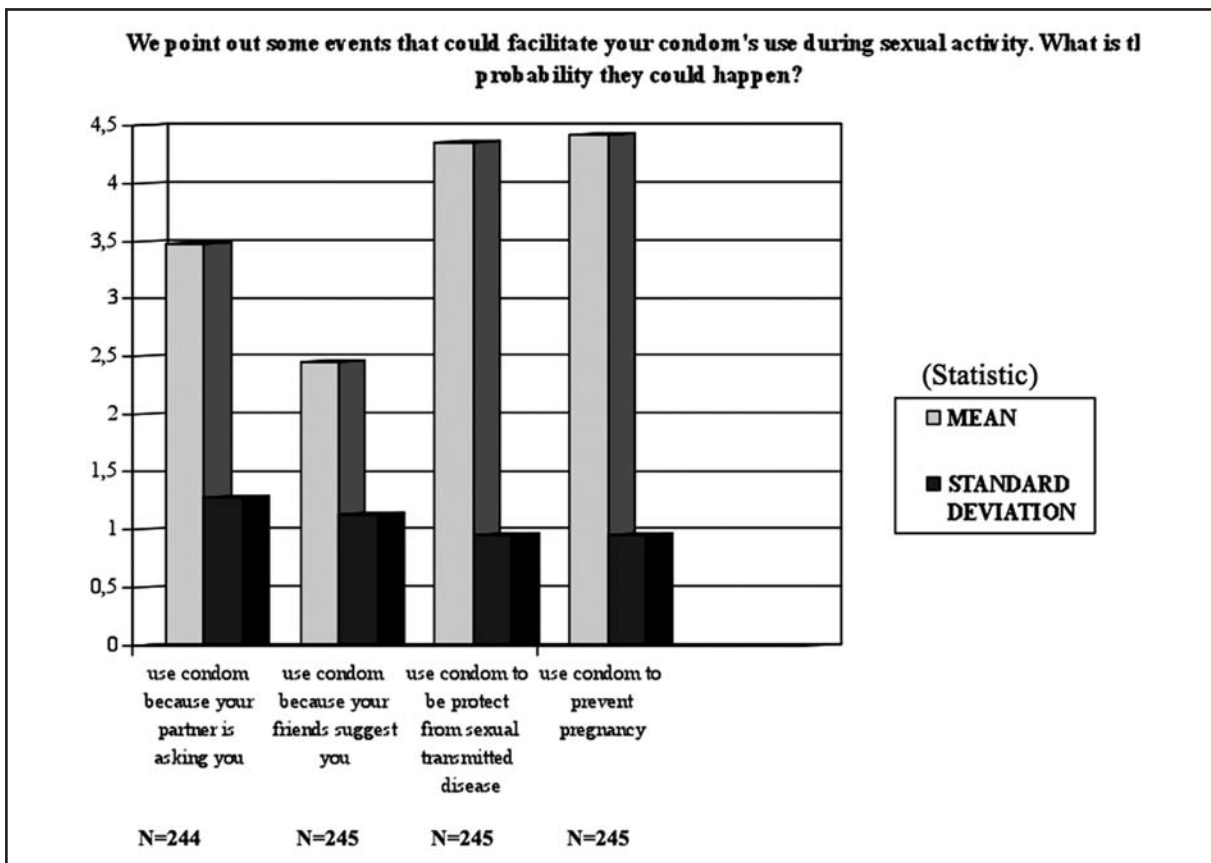


Figure 5.1. Control belief "facilitate" (probability/relevance) original items. We use Likert scale at five points.



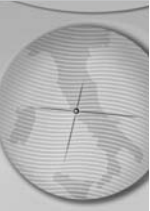


Figure 5.2. Control belief “facilitate” (probability/relevance) original items. We use Likert scale at five points.

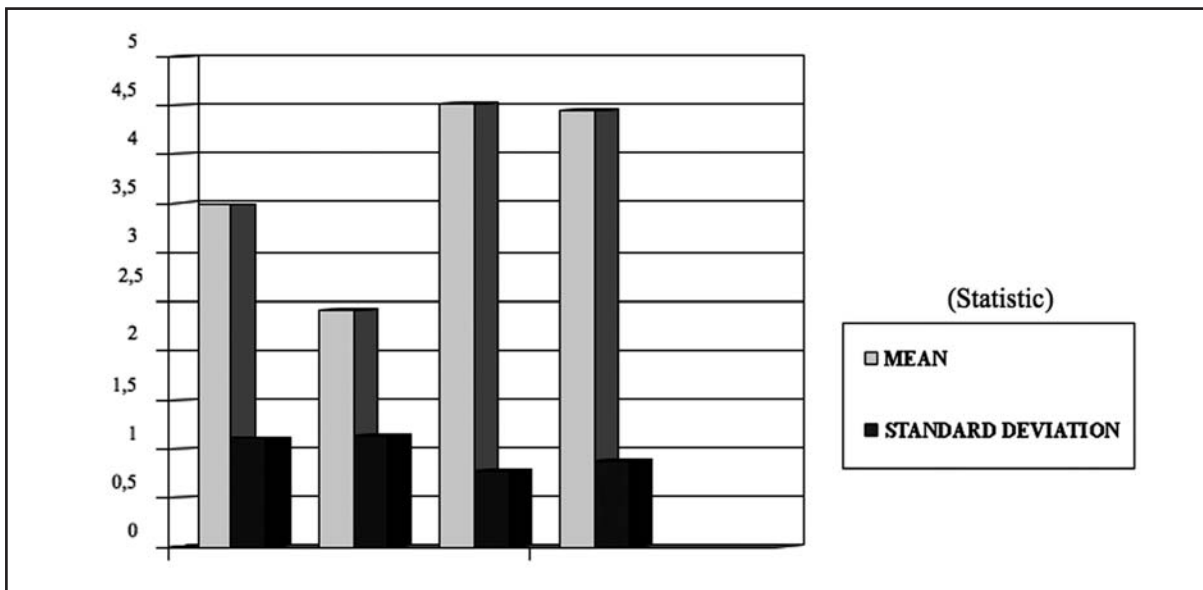
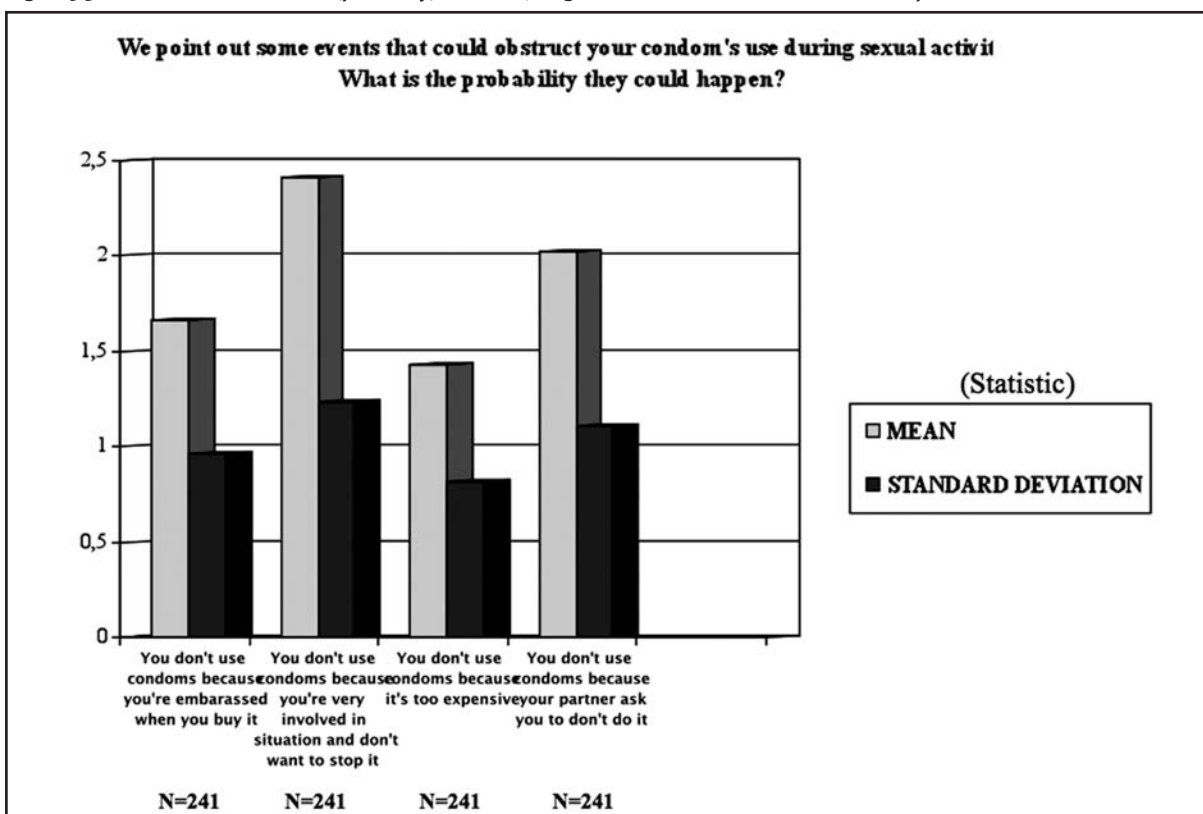


Figure 5.3. Control belief “obstruct” (probability/relevance) original items. We use Likert scale at five point.



that young people are not influenced by information about the utility of condoms, about prevention of a disease or about how infection works. Data show that a partner's or friend's approval influences condom use directly and positively. Parental and religious association approval, instead, influenced youth intention but in a negative way. This could be explained by students' attitude to institutions, adults

and parents in general. Students view peer suggestion like an imposition and could decide not to follow these suggestions even if they might be correct. Besides, data show that the construct control belief-obstruct (everything which people believe could obstruct their use of condoms, price, discomfort, embarrassment) influenced condom use in youth negatively. Youth feel something will obstruct their

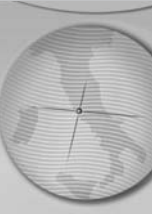


Figure 5.4. Control belief “obstruct” (probability/relevance) original items. We use Likert scale at five points.

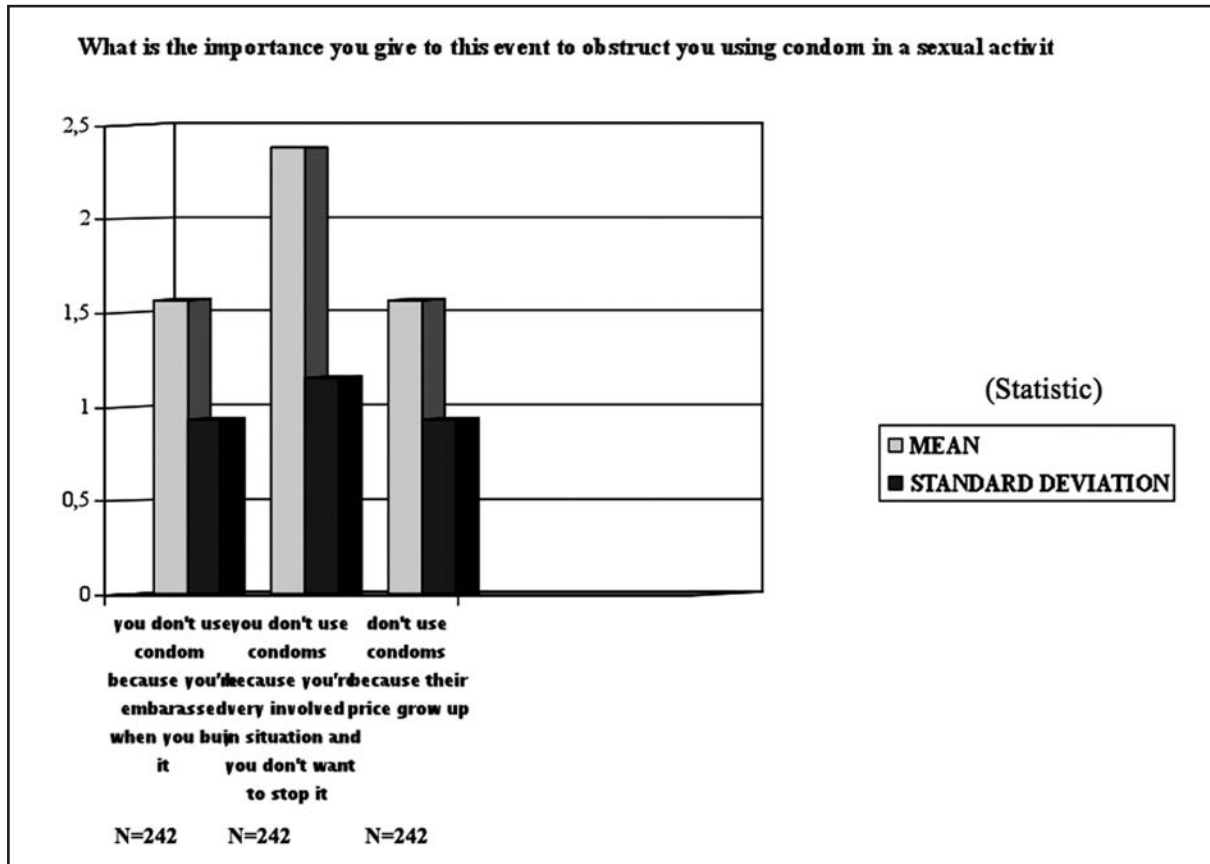
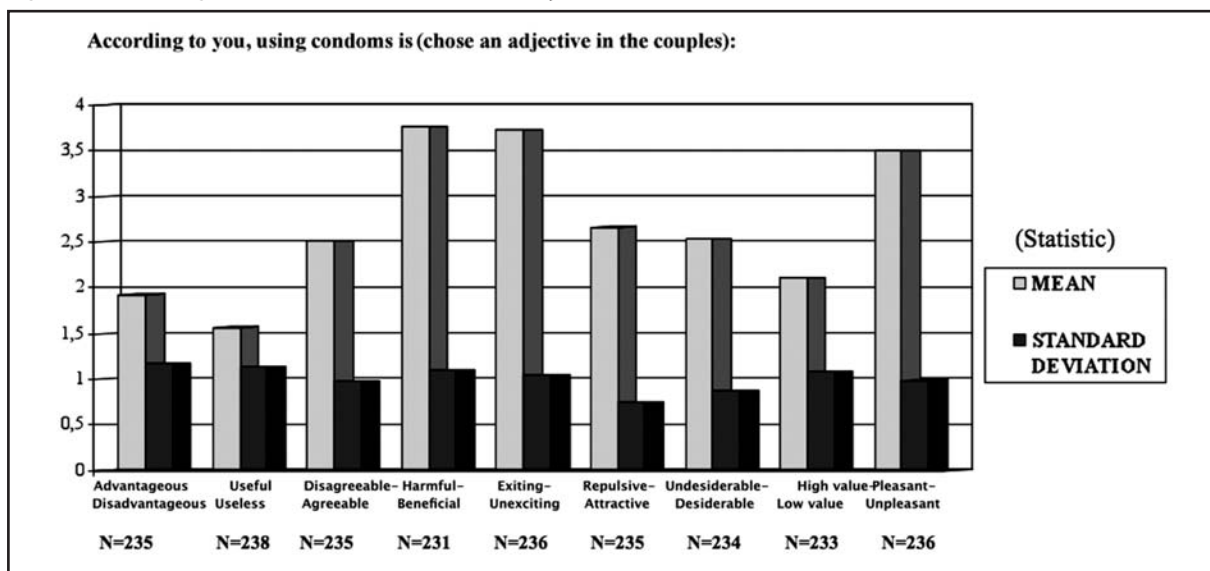


Figure 6. Attitude original items. We use Likert scale at five points.

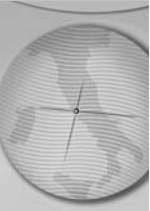


actions and their intention to act , and as a result the behavior decreases.

Conclusions

AIDS continues to be a major global health priority. Although important progress has been achieved in preventing new HIV infections and in lowering the annual number of AIDS related

deaths, the number of people living with HIV continues to increase. AIDS- related illnesses remain one of the leading causes of death globally and are projected to continue as a significant global cause of premature mortality in the coming decades [15]. Although AIDS is no longer a new syndrome, global solidarity in the AIDS response will remain a necessity.



This study showed how new approaches to the problem could help people change their behaviors. Looking at these data to see if a youth centered project could be an answer to HIV prevention, we find that the first step might be to change people's belief concerning condom use as being "... a problem with feeling pleasure", or "stops sexual act", or "using condoms is a mistrust of partners". We don't need to give just information about infection or about the utility of condoms, because in that way people might associate condoms to the disease. Rather, we have to send a message which underlines the pleasure of using it, and which teaches how to improve sexual complicity with condoms. In old campaigns, they didn't refer to condoms as a useful tool to prevent disease or how to use it, but instead they just talked about moral behavior. "Analyzing their content, we show that these approaches have extremely direct language, generic information and never referred to condoms, that's why these campaigns were really ineffective" [16].

Our analysis show that sexual partners and friends have a relevant positive influence on the use of condoms in young people, unlike

parents and adults who influence the use of condoms in youth in a negative way. Positive representatives to youth are young people [17] and using peer education [18] could be more efficient than using an old kind of campaign to prevent HIV. At the end of our work we certainly suggest to develop more projects with peer education and sharing different knowledge with young people, especially with teenagers and children. We recommend that institutions to work together with youth organizations to realize effective prevention programs. The first important thing is what you want to say, but the second important thing is how you say it! The medium is the message [19]. Young people listen and believe to young people, but adults and institutions know the contents: working together in a combined way is the way to reach the preventive goal. Youth projects could be a strong answer to the need for prevention, and when institutions open their rooms to young people the result could be very positive and integrated. This work shows that youth projects could really become a tool to start a new era of communication and prevention on health topics. We just need to start it!

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