reported prioritizing the views of young people. Applicability of peer education to high-risk groups was discussed in eight studies. All of the studies discussed the relative contribution to community well-being that sexual health education would make. Four studies integrated quantitative and qualitative methods; none utilized skills sharing.

### Intervention Effects

Eleven of the reviewed studies assessed contraceptive use, in most cases condom use; several also examined other behavioral outcomes. Some of the studies measured outcomes at multiple time points; we focused on results reported at final follow-up.

Eight studies measured condom use at last intercourse. For the cluster studies that did not provide an intraclass correlation coefficient, we adjusted the odds ratios reported by the authors. However, the report by Aarons and colleagues did not provide the number of participants of each gender; without that information, we could not adjust the odds ratio for clustering. For the remaining seven studies, the unadjusted pooled odds of condom use at last intercourse were 1.06 (95% confidence interval, 0.92–1.21; not shown). After adjustment for clustering, the effect estimate was 1.0 (Table 4). The I² value for these studies was 77% (not shown). The funnel plot for the data is nearly symmetrical (Figure 1); the symmetry would be more apparent if the plot included more data points. Nevertheless, the figure shows the larger studies (represented by the three left-most points) falling close to the midline, while the smaller studies (the remaining points) are farther from the midline. This reveals that the small studies did not show a greater treatment effect than the larger, more precise studies.

The heterogeneity of studies did not fall below 75% when they were examined in subgroups according to methodological quality criteria or to most of Harden’s criteria (not shown). The exception was for the subgroup of studies that had detailed the recruitment and selection process of the peer leaders; these had an I² value of 0.

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The odds ratios for condom use at last sex in the study by Aarons and colleagues were 3.39 (95% confidence interval, 1.16–9.95) among females and 1.53 (0.55–4.26) among males.