

Appendix 2 – Results of the Multiple Choice Questionnaire in the healthcare students (peer-educators) population

	SRH peer-educators			Other peer-educators			Evolution
	Pre-intervention test	Post-intervention test	p	Pre-intervention test	Post-intervention test	p	p evolution*
	Mean (SD)			Mean (SD)			
Total Score /30	20.14 (3.27)	21.71 (4.00)	<0.001	19.49 (3.47)	18.35 (5.02)	<0.001	<0.001
Q1 Hormonal contraception /1	0.76 (0.20)	0.83 (0.19)	0.00	0.76 (0.20)	0.70 (0.23)	<0.001	<0.001
Q2 Sexually transmitted infections /1	0.92 (0.16)	0.91 (0.19)	0.81	0.89 (0.21)	0.83 (0.27)	<0.001	0.04
Q3 Sexually transmitted infections /1	0.72 (0.30)	0.79 (0.25)	0.01	0.70 (0.32)	0.69 (0.29)	0.06	0.02
Q4 Unprotected first intercourse /1	0.86 (0.18)	0.88 (0.19)	0.22	0.86 (0.19)	0.78 (0.27)	<0.001	<0.001
Q5 Intra-uterine device /1	0.75 (0.24)	0.84 (0.21)	0.00	0.70 (0.24)	0.68 (0.28)	0.19	<0.001
Q6 Emergency contraception /1	0.76 (0.23)	0.80 (0.20)	0.04	0.74 (0.24)	0.71 (0.27)	0.40	0.01
Q7 Human Papilloma Virus /1	0.70 (0.25)	0.74 (0.23)	0.07	0.67 (0.24)	0.64 (0.27)	0.27	0.01
Q8 Human Papilloma Virus /1	0.68 (0.25)	0.68 (0.24)	0.79	0.66 (0.24)	0.60 (0.26)	<0.001	0.02
Q9 Pregnancy risk /1	0.89 (0.17)	0.90 (0.20)	0.95	0.84 (0.21)	0.76 (0.30)	<0.001	0.003
Q10 Contraception /1	0.79 (0.18)	0.83 (0.21)	0.03	0.76 (0.21)	0.69 (0.27)	<0.001	<0.001
Q11 Sexual behaviour of adolescents /1	0.47 (0.17)	0.55 (0.20)	<0.001	0.48 (0.16)	0.49 (0.21)	0.20	0.004
Q12 Human Immunodeficiencyvirus /1	0.84 (0.16)	0.85 (0.22)	0.71	0.81 (0.20)	0.73 (0.28)	<0.001	0.001
Q13 Information source for adolescents /1	0.66 (0.19)	0.68 (0.19)	0.21	0.63 (0.20)	0.58 (0.28)	<0.001	0.002
Q14 Attitude toward fields intervention issues /1	0.74 (0.22)	0.79 (0.24)	0.04	0.74 (0.22)	0.66 (0.28)	<0.001	<0.001
Q15 Hormonal contraception /1	0.72 (0.28)	0.82 (0.24)	<0.001	0.69 (0.28)	0.66 (0.28)	0.03	<0.001
Q16 Birth under secret /1	0.65 (0.26)	0.67 (0.23)	0.33	0.63 (0.27)	0.58 (0.28)	<0.001	0.01
Q17 Emergency contraception /1	0.52 (0.25)	0.64 (0.28)	<0.001	0.50 (0.28)	0.50 (0.29)	0.98	<0.001
Q18 Abortion laws /1	0.60 (0.22)	0.61 (0.23)	0.70	0.55 (0.23)	0.50 (0.29)	<0.001	0.03
Q19 Abortion epidemiology /1	0.40 (0.22)	0.48 (0.26)	<0.001	0.36 (0.23)	0.40 (0.24)	0.01	0.12
Q20 Abortion procedure /1	0.59 (0.25)	0.62 (0.23)	0.25	0.59 (0.25)	0.53 (0.26)	<0.001	0.003
Q21 Abortion procedure /1	0.79 (0.25)	0.77 (0.23)	0.32	0.73 (0.26)	0.64 (0.31)	<0.001	0.02
Q22 Abortion risks /1	0.80 (0.29)	0.81 (0.29)	0.65	0.78 (0.30)	0.70 (0.35)	<0.001	0.006
Q23 Hormonal contraception /1	0.51 (0.29)	0.55 (0.28)	0.12	0.47 (0.29)	0.48 (0.28)	0.35	0.40
Q24 Hormonal contraception /1	0.46 (0.24)	0.59 (0.25)	<0.001	0.46 (0.24)	0.47 (0.26)	0.41	<0.001
Q25 Hormonal contraception /1	0.52 (0.28)	0.68 (0.25)	<0.001	0.52 (0.26)	0.51 (0.27)	0.50	<0.001
Q26 Hormonal contraception /1	0.61 (0.30)	0.71 (0.25)	<0.001	0.61 (0.29)	0.56 (0.29)	<0.001	<0.001
Q27 Hormonal contraception /1	0.39 (0.26)	0.48 (0.25)	<0.001	0.38 (0.24)	0.43 (0.26)	<0.001	0.21
Q28 Menstrual cycle /1	0.73 (0.26)	0.77 (0.25)	0.10	0.70 (0.28)	0.65 (0.31)	0.06	0.006
Q29 Ovulation /1	0.56 (0.25)	0.67 (0.23)	<0.001	0.59 (0.26)	0.56 (0.27)	0.08	<0.001
Q30 Menstruation /1	0.73 (0.25)	0.79 (0.24)	0.01	0.71 (0.27)	0.65 (0.30)	<0.001	<0.001

* The p for interaction between timing of questionnaire and exposition or not to SRH SeSa program

Multiple-Choice Questionnaire

- 1- Regarding contraception, which items are correct :
 - a. Oestro-progestativ contraception (OPC) present a higher thromboembolique risk than pregnancy
 - b. Oral contraception is more efficient when taken in the morning
 - c. Gaining weight is classic with oral contraception
 - d. Oral contraception has to be stopped every 6 to 12 months in order to minimise complication risk
 - e. Use of condom plus pill is a safe method to avoid sexually transmitted infections (STIs) and pregnancy, it is recommended for young women

- 2- Regarding STIs, which items are correct :
 - a. Offering STIs screening before surgical voluntary pregnancy interruption is useless
 - b. Offering STIs screening before medical voluntary pregnancy interruption is usefull
 - c. Offering STIs screening when prescribing emergency pill is useful
 - d. STIs screening is done only on urine
 - e. STIs screening searches only for Chlamydiae and Gonocoque

- 3- Regarding STIs, which items are correct :
 - a. Infection by Neisseria Gonorrhoeae can be asymptomatic for men
 - b. Infection by Neisseria Gonorrhoeae can be asymptomatic for women
 - c. Infection by Chlamydia trachomatis is always asymptomatic for women
 - d. Infection by Neisseria Gonorrhoeae is always asymptomatic for women
 - e. Infection by Candida Albicans is a STI

- 4- A 16 year-old girl comes to see you after having had unprotected sex 24 hours ago with a friend. It's their first intercourse.
 - a. The girl has to take the emergency pill as soon as possible.
 - b. You have to offer STI screening
 - c. You have to adress the girl and her friend to have tritherapy
 - d. You can suggest to start OPC after screening of contraindication
 - e. It is not possible to take emergency contraception and start OPC in the same time

- 5- Regarding Intra-Uterine Device (IUD), which items are correct ?
 - a. It is not possible for nulligest women
 - b. For young women, it is better to have STI screening before placing IUD
 - c. Unfertility rate are higher with IUD than with other contraceptions
 - d. Uterin malformation is a contraindication of IUD
 - e. IUD is efficient thanks to abortive action

- 6- Sylvie, 20 year-old, is on OPC. She calls you because she forgot to take a pill. She usually takes her contraception in the morning and found out the next evening. What do you advise her?
 - a. She must continue her contraception
 - b. If she has had intercourse within the previous 5 days, she should take emergency contraception
 - c. Her contraception will no longer be effective for 15 days
 - d. If she takes emergency contraception, the risk of pregnancy is zero
 - e. Emergency contraception is dangerous if taken by a patient on OPC

- 7- Regarding Human Papilloma Virus, which items are correct?
 - a. The vaccine is recommended in the vaccination schedule from 11 year old
 - b. The vaccine significantly reduces the risk of cervical cancer
 - c. The vaccine significantly reduces the risk of genital wart or condyloma
 - d. 90% of the population will come into contact with an HPV virus
 - e. Cervical cancer is the 2nd most common cancer among women worldwide

- 8- Regarding Human Papilloma Virus, which items are corrects
 - a. Risk of cervical cancer is more common before the age of 25
 - b. Tobacco is a risk factor for the persistence of the virus
 - c. The vaccine is recommended for boys
 - d. Pap smear is recommended at first intercourse
 - e. Vaccination rate in France is 80%

- 9- Which items are correct?
- There is a risk of pregnancy when the partner withdraws before ejaculation
 - If sex is avoided during the ovulation period, there is no risk of pregnancy
 - You can get contraception without your parents' consent
 - Pregnancy can happen even after having sex for the first time, even once
 - Contraception is free for minors
- 10- Which items are correct?
- When you stop your contraception, it is effective the following month
 - If you take contraception for too long, it can make you infertile
 - Condom is the only effective method against Sexually Transmitted Infections (STIs)
 - Breaking a condom during sex is a rare event (less than 1%)
 - Contraception also concerns boys
- 11- Regarding adolescent sexuality, which items are correct?
- This sexuality is infrequent: 10 months of intercourse per year
 - Intercourse often occurs during school vacation
 - Intercourse is most often unprotected (over 90%)
 - Adolescents misjudge the risk of unprotected sex
 - The age at 1st intercourse drops steadily
- 12- Regarding Human immunodeficiency Virus (HIV), which items are correct?
- HIV can be transmitted by kissing
 - HIV can be transmitted by unprotected oral sex
 - Condom completely protects against transmission
 - Risk of HIV transmission is low in adolescents and makes it possible not to use a condom in this population
 - Risk of transmission is greater in a homosexual community
- 13- Regarding information sources of young population, which items are correct?
- Family is the main source of information
 - One in two young people consult internet before going to the doctor
 - Friends are a major source of information
 - Sexual education sessions are mandatory from the age of 15
 - General doctor is often consulted by young people
- 14- In the event of a declaration of a forced intercourse during a school intervention, among the following proposals which are accurate?
- You should inform parents of the child immediately
 - You try to solve the problem with the young person
 - You must, in accordance with anonymity, refer to the head of the school where you are acting
 - You must report it to the Republic prosecutor
 - You must suggest that the young person be received as a matter of urgency to prescribe emergency contraception and take samples
- 15- How is hormonal contraception taken?
- It can only be started on the 1st day of the period
 - It can be started at any time during the cycle and contraception is effective from the start
 - It can be started at any time during the cycle and contraception is effective after 7 days
 - A delay in taking estrogen-progestogen pills is a maximum of 3 hours beyond which there is a risk of ovulation
- 16- Regarding childbirth under secret, what are the correct answer(s)?
- Any woman can request the secret of her identity within the first 3 days after birth
 - The mother and / or the father can reconsider their decision to abandon during 1 month after the birth
 - Access to one's origins leads to a change in civil status
 - The woman can leave a sealed envelope with non-identifying information or with her identity for her child.
 - After 2 months the child becomes a ward of the state and can be adopted
- 17- Which of the following can be offered as emergency contraception?
- Levonorgestrel NORLEVO 2 days after unprotected intercourse, over the counter in pharmacy
 - Levonorgestrel NORLEVO 5 days after unprotected intercourse, over the counter in pharmacy
 - Ulipristal ELLAONE 2 days after unprotected intercourse, over-the-counter in pharmacy
 - Ulipristal ELLAONE 5 days after unprotected intercourse, over-the-counter in pharmacy

- e. The copper intrauterine device prescribed and fitted by a doctor or midwife
- 18- Regarding the legal framework for voluntary termination of pregnancy (abortion) in France, what are the correct answer(s)?
- The law authorizing abortion in France was ratified in 1968
 - The maximum term authorized by French law for the practice of abortion is 14 amenorrhea weeks or 12 pregnancy weeks
 - The legal reflection period is at least 7 days after the first consultation, which can be reduced to 48 hours if there is a risk of exceeding the legal period for abortion
 - Since 2013, abortion is being reimbursed at 100% for all women
 - Unmarried minors seeking an abortion must provide parental consent
- 19- Regarding epidemiology, what are the correct answer(s)?
- The number of abortions per year has remained relatively stable for the last 15 years
 - The number of abortions has increased over the past 15 years
 - The proportion of repeated abortions is steadily increasing
 - One third of women have abortion at least once in their lifetime
 - 2/3 of abortions are requested by women using contraception
- 20- Regarding the abortion procedure, what are the correct answer(s)?
- There are two methods of abortion (medical and surgical)
 - Surgical abortion is performed only in a health facility
 - Medicated abortion can be done in the office by town doctors up to 7 weeks
 - Medicated abortion can be done in the office by town doctors up to 9 weeks
 - More than 1 in 2 abortions are now surgical abortions
- 21- What measures should be associated with the abortion act?
- Plan for later contraception
 - Prevention of maternal-fetal blood immunization if Rh negative woman, by injection of anti-D gamma globulins within 72 hours of abortion
 - Control consultation
 - Psycho-affective care
 - Routine antibiotic prophylaxis
- 22- What are the potential risks of a surgical abortion?
- Anesthetic accidents
 - Uterine perforation
 - Bleeding complications
 - Tear cervix
 - Upper genital infection: endometritis
- 23- Regarding the microprogestativ pill, which of the following propositions are correct(s)?
- The microprogestativ pill is the only pill that can be prescribed postpartum to a nursing woman
 - No microprogestativ pill is reimbursed by social security
 - The main contraceptive action of the microprogestativ pill is to increase the viscosity of cervical mucus
 - The presence of a family history of venous thromboembolism contraindicates the prescription of a microprogestativ pill.
 - The microprogestativ pill is prescribed 21 days per month
- 24- Regarding the estroprogesteron pill, what are the correct answer(s)?
- When prescribing a pill for the first time, a pelvic exam is always performed
 - A minor patient can have the pill delivered to the pharmacy with an anonymous prescription without showing her insurance card
 - During a renewal consultation for an estroprogesteron pill, no clinical examination is necessary
 - A blood test should always be done before prescribing an estroprogesteron pill
 - The increase in migraines' frequency or intensity as well as the appearance of aura (or migraines) when taking the pill means that the pill should be stopped
- 25- Regarding the vaginal ring, what are the correct answer (s)?
- The vaginal ring should be placed and removed by a doctor or midwife
 - The vaginal ring prevents from having sex
 - The vaginal ring has the same contraindications as an oral estroprogestativ contraception

- d. The vaginal ring is contraindicated in nulliparous patients
 - e. The vaginal ring may be responsible for a change in mood
- 26- Regarding the contraceptive patch, what are the correct answer(s)?
- a. The contraceptive patch is reimbursed by social security
 - b. The contraceptive patch should be changed once a day
 - c. The contraceptive patch does not require any special biological monitoring
 - d. The contraceptive patch is part of estrogen-progestogen contraception
 - e. The contraceptive patch is often responsible of stopping the period
- 27- Regarding the subcutaneous hormonal implant, what are the correct answer(s)?
- a. Removal of a subcutaneous hormonal implant should always be done in the operating room under general anesthesia
 - b. The subcutaneous hormonal implant is contraindicated in patients with a personal history of venous thromboembolic disease
 - c. When the subcutaneous hormonal implant is placed within the first 5 days of the hormonal cycle, it is effective straight away
 - d. The subcutaneous hormonal implant is contraindicated for obese women
 - e. The subcutaneous hormonal implant is contraindicated during breastfeeding
- 28- Regarding the menstrual cycle, what are the correct answer(s)?
- a. The menstrual cycle usually lasts between 26 and 35 days
 - b. When the menstrual cycle lasts longer than 45 days, it is called spaniomenorrhoea
 - c. The menstrual cycle can be disrupted with a significant change in weight
 - d. The length of the menstrual cycle does not vary throughout a woman's life
 - e. After the onset of the first period there may be anovulatory cycles
- 29- Regarding ovulation, what are the correct answer(s)?
- a. Ovulation always occurs on the 14th day of the cycle in a woman whose cycles last 28 days
 - b. At the time of ovulation the cervical mucus becomes abundant, stringy and elastic
 - c. Ovulation is always accompanied by lateral pelvic pain
 - d. The risk of pregnancy is greater in the 1st part of the cycle than in the 2nd part of the cycle
 - e. Ovulation can occur either in the right or in the left ovary
- 30- Regarding menstruation, what are the correct answer(s)?
- a. Periods lasts an average of 3 to 7 days
 - b. Periods correspond to the shedding of the endometrium in the absence of implantation
 - c. Pregnancy can happen with sex during menstruation
 - d. The first day of the cycle is the last day of periods
 - e. Periods are generally lighter and less painful on combined pill