

Youth Peer Education

Well designed and implemented youth peer education projects can be effective, but questions remain on delivery strategies and other issues.

Peer education is a popular strategy for youth reproductive health (RH) and HIV programs throughout the world, with large investments made in this approach. These programs train youth in RH/HIV issues and expect the youth to convey this information to their peers. Activities vary widely in type and frequency, number and intensity of contacts, frequency of follow-up, and location.

Youth peer education (YPE) is often undertaken because young people are receptive to information from their peers and these programs are a convenient way to reach large numbers of youth, often with volunteer staff. Studies have shown that YPE has a positive impact on the peer educators themselves.¹ However, researchers have raised questions about the impact of this approach as a health education delivery system. How much impact does it have on the behavior of other youth? Is it cost-effective? Can it be sustained despite high turnover of the peer educators? What factors lead to an effective project? Are curriculum-based group sessions more effective than informal discussions and one-on-one contacts?

In 2006, an international consultation addressed these issues and published a meeting summary.² This *YouthLens* summarizes that meeting, as well as new research findings. These sources indicate that YPE projects can be effective in changing youth behaviors, but they must be planned and implemented with all the rigor expected of any health behavior change intervention. Implementing an effective YPE project

requires intensive planning, coordination, training, supervision, and resources. There are program costs inherent in each of these elements, requiring realistic budgeting and careful monitoring.

Limited research promising

A recent review conducted for the World Health Organization and the Joint United Nations Programme on HIV/AIDS has found that YPE programs in developing countries are generally effective in improving knowledge among youth and, to some extent, attitudes and sexual behaviors.³ Thirty-four studies, mostly from sub-Saharan Africa and Asia/Pacific, met the review criteria, and all studied out-of-school youth. Eighteen of the 34 used quantitative measurements; 10 used randomized controlled trials or quasi-experimental designs, and eight used pre- and post-intervention surveys without control groups.

The 18 quantitative studies used youth targeted by the intervention as the unit of analysis. Those that analyzed data separately for males and females reported positive results most often for females and negative or nonsignificant results most often for males. Among the findings were:

- 15 out of 17 programs showed significant improvements in knowledge
- 3 of 3 programs showed significant improvements in reducing the number of partners

A recent review for the World Health Organization and the United Nations Population Fund found that youth peer education programs in developing countries are generally effective in improving knowledge among youth and, to some extent, attitudes and sexual behaviors.

- 3 of 5 programs showed some increase in delay of first intercourse (1 of the 3 also showed negative results)
- 4 of 7 programs showed some positive results in a “return to abstinence”; one had negative results
- 5 of 7 programs showed increases in condom use; one showed a decrease
- 3 of 3 programs showed increases in condom self-efficacy
- 2 of 2 studies showed increased use of contraception

The 16 studies using qualitative research methods or process indicators most often used the community as the unit of analysis. These studies generally showed an ability to reach large numbers of youth, to distribute condoms, and in some cases to improve community norms regarding youth and sexual risk taking.

A three-year study by Family Health International (FHI)/YouthNet addressed issues related to the cost, sustainability, and implementation of YPE projects. Phase 1 identified core elements of YPE programs that are important for sustainability and peer educator retention, using a descriptive, process evaluation approach.⁴ This phase followed four well-established YPE programs in Zambia and the Dominican Republic for a year. The data led to the development of eight checklists on technical framework issues (training, supervision, etc.), stakeholder cooperation, parental involvement, youth-adult partnerships, youth involvement, gender sensitivity, community involvement, and peer education cooperation. Instruments were also developed to measure the association between program inputs (cost, human resources, materials, etc.) and outputs (peer educator activities).

Phase 2 used the checklists and instruments to determine the impact of specific YPE program elements on youth sexual and reproductive health (SRH) behaviors. It tracked five YPE programs in Zambia, measuring: a) program inputs (cost, human resources, materials, etc.), b) program processes using

the eight checklists, and c) outputs (peer educator activities). It also used population-based survey data from the 2005 Zambia Sexual Behaviour Survey, which included an additional module measuring exposure and attitudes toward YPE programs. A third source of data was from clinics and included YPE exposure, referrals, and use of SRH diagnosis and services. The study compared the findings from these three sources.

Using multivariate results of the population survey data, the study found that exposure to YPE is associated with positive changes in HIV knowledge, attitudes, and behaviors, including more consistent condom use. The data from seven study clinics showed that among 10,300 youth (ages 15 to 24), 74 percent had been exposed to YPE and 53 percent were referred to a clinic by a peer educator. Exposure and effectiveness of YPE varied considerably depending on the quality of the programs, as measured in the eight checklists. All core components of YPE programming, based on the checklists, were found to be equally important in terms of implementing effective YPE programs. No one domain of quality stood out from the rest; programs tended to score either high or low on all of the checklists. This confirms that YPE programs must be rigorous in all technical areas (training, supervision, etc.) as well as the other checklist areas (gender, stakeholder cooperation, etc.).⁵

Program issues and experiences

At the 2006 consultation, presentations and discussions about program issues focused on standardized materials, training, retention, monitoring and evaluation, community context, gender concerns, and marginalized populations. Many participants lamented the lack of standardized, field-tested materials to support peer education training and activities. Participants also underscored the need for easy-to-use assessment tools, with a foundation of common indicators that can measure the scope and intensity of peer education efforts. The United Nations Population Fund (UNFPA) and FHI/YouthNet developed a five-part toolkit addressing such issues, working through the Y-PEER project supported by UNFPA (see box). Y-PEER is an association of country-based networks supporting individual peer

education programs, now expanding from Eastern Europe into Africa and the Middle East.

Training issues need to address technical content as well as personal skills and confidence of the peer educators to deliver this material. The Students Partnership Worldwide (SPW) project has addressed such issues by focusing on building skills and self-confidence, keeping peer educators focused and motivated, ensuring that peer educators achieve program goals, and encouraging the youth to identify community structures and individuals to assist them. The meeting report discusses the length of training, opportunities for follow-up, and core elements of such training.

Planning for retention is an inherent challenge for YPE programs because youth age, end schooling, change interests, or marry. Consultation participants identified several strategies that can improve retention rates, notably:

- *Emphasize close supervision.* Approaches such as predetermined schedules of staff visits and clusters of peer educators for support can help ensure quality, technical competence, and investment by the youth.
- *Harmonize personal and organizational values and beliefs.* Including time in training sessions for youth to clarify their personal values on sensitive issues can help them to be prepared.
- *Develop creative compensation approaches.* Most experts view some type of incentive as helping with retention, especially allowances to cover eventualities in the field.
- *Promote full participation of peer educators in program implementation.* Feeling connected to the program by having substantive responsibilities can help youth want to stay; partnerships with youth promote feelings of investment.
- *Foster career development opportunities.* Training, program implementation, and some assignments can help youth in career decisions and steps.

Monitoring and evaluation (M&E) are challenging for many peer education programs. Important aspects

of monitoring include training program managers and peer educators in basic data analysis, systematic compilation of data, youth participation, monitoring of budgets, and tracking supervision systems. An assessment tool using the evidence-based checklists discussed above can be useful (see box).

Other key issues addressed at the consultation included community relations, gender, and marginalized populations. Critical for success is a supportive community, including social networks and access to services and resources. Gender issues relate both to the youth reached by the peer educators and the educators themselves. A recent project in Mozambique focused on improving

KEY RESOURCES FOR PROGRAM GUIDANCE

Youth Peer Education in Reproductive Health and HIV/AIDS

www.infoforhealth.org/youthwg/PDFs/YouthIssuesPapers/YI7.pdf

This summary of an international consultation held in Washington, DC, in January 2006 is the basis for this *YouthLens* and provides additional information. (FHI/YouthNet, 2006)

Youth Peer Education Toolkit

www.infoforhealth.org/youthwg/peeredtoolkit.shtml

The five resources listed below were designed for program managers and trainers of youth peer educators, based on research, evidence, and field experiences. (United Nations Population Fund, FHI/YouthNet, and Y-PEER, 2005-2006)

- Training of Trainers Manual
- Standards for Youth Peer Education Programmes
- Assessing the Quality of Youth Peer Education Programmes
- Performance Improvement: A Resource for Peer Education Managers
- Theatre-Based Techniques for Youth Peer Education

Peer Approach in Adolescent Reproductive Health Education: Some Lessons Learned

<http://unesdoc.unesco.org/images/0013/001305/130516e.pdf>

This summary includes research results, lessons learned, guidelines for programs that draw on useful tools from multiple organizations, and a bibliography. (UNESCO, 2003)

Peer to Peer: Creating Successful Peer Education Programs

www.ipfwhr.org/publications/download/monographs/PeertoPeer_E.pdf

This guide describes steps to plan, implement, and evaluate a youth peer education program, with tools to support activities and case studies. (International Planned Parenthood Federation/Western Hemisphere Region, 2004)

Peer Education Program Resources

http://www.infoforhealth.org/youthwg/prog_areas/peer-education.shtml

A guide to resources on the Interagency Youth Working Group Web site.

female recruitment, participation, and retention among youth peer educators. A new protocol for recruitment, adapted after a diagnostic analysis, led to a five-fold increase in the retention of female peer educators.⁶ Outreach and flexible approaches are needed for specialized youth populations, such as gangs, the military, factory workers, domestic workers, street children, and others. These approaches include an emphasis on life skills building, team building, and multiple contacts to build trust.

Remaining questions and future directions

Implementing an effective YPE project requires rigorous standards with intensive planning, coordination, training, supervision, and resources. Guidance is available from *Standards for Peer Education Programmes*, part of the Youth Peer Education Toolkit (see box), with tips and examples of how to implement the standards.

Research findings and the consultation discussions did not resolve the issue of whether curriculum-based, group peer education sessions have more impact than one-on-one or informal discussions. Informal delivery approaches by well-trained youth peer educators may be more practical in some settings and may provide more depth on areas important to a particular beneficiary. On the other hand, a curriculum-based or standardized set of activities for youth peer educators to deliver may be more likely to lead to behavior changes among a larger number of beneficiaries.

While more research is needed to compare YPE delivery systems, a recent review of curriculum-based, sex and HIV education programs provides useful guidance.⁷ That research found that specific elements are associated with more effective programs. These elements are likely to be relevant to YPE programs as well, especially in the areas below:

- *program development* – base activities on the types of behaviors that should be changed to reach specific health goals (a “logic model”), assess needs of the target audience, and involve youth

- *program content* – ensure that curriculum or standardized activities address targeted health behaviors in a logical sequence, link activities to the antecedents of behavior change, and address multiple risk and protective factors
- *program implementation* – secure community support and develop recruitment strategies that support youth

Applying these and other such rigorous characteristics to youth peer education programs is a first step. Monitoring the process and evaluating the effects of programs are also critical. Moreover, peer education must be undertaken as part of larger, comprehensive efforts to ensure HIV prevention among youth. Such efforts include policy support, links to health services, and work with gatekeepers such as parents, teachers, health staff, and religious leaders.

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