

FOCUS ON YOUNG ADULTS

Peer Promotion Programs and Social Networks in Ghana: Methods for Monitoring and Evaluating AIDS Prevention and Reproductive Health Programs among Adolescents and Young Adults

Background

In Ghana, AIDS cases are predominantly seen in age groups 20-29 (34%) and 30-39 (38%). Since the length of time between infection and AIDS diagnosis may be up to 10 years, it is reasonable to infer that the majority of HIV infections in Ghana occur among adolescents and young adults. To deal with the problem of HIV infection among youth and young adults, information and education campaigns have been implemented to educate youth about HIV and AIDS. Increasingly, peer programs are being utilized for adolescent reproductive health and HIV/AIDS prevention because they: (a) consider the specific socio-cultural environment; (b) promote social norms and provide support for positive attitudes and behaviors; (c) increase the likelihood of youth involvement in developing and implementing programs; (d) recognize that young people are likely to turn to peers for information and advice; and (e) recognize that young people's perception of their friends' sexual behavior is an influential predictor of adolescent sexual behavior. There is mounting evidence that peer educators can be effective health promoters. However, few peer-led AIDS prevention programs have either undergone rigorous empirical evaluation or have been shown to influence both attitudes and behaviors. Thus, the impact of most programs on behavior is poorly understood and largely anecdotal. Furthermore, standard program evaluations do not track *who* peer promoters reach or *how* program messages and services move through communities. Lacking sound program evaluations, it is unclear where future efforts should be directed and which programs or program components should be replicated. This study attempts to move toward addressing the important social context and process of peer promotion programs.

Study Design

A pilot study was conducted within the ongoing peer promotion programs of three nongovernmental organizations¹ in Ghana in periurban and rural locations in both in-school and out-of-school settings. To examine the interpersonal communication process of peer education, this study tested a new approach using multiple semistructured interviews and network analysis to collect data on 106 peer educators and 526 of their contacts. The questionnaires and study design were developed and pilot tested with the participation and feedback of program managers, key personnel, and youth. The questionnaire included four components: demographic characteristics; behavioral indicators and message exposure; network and peer influence data; and a summary of the peer education encounter including main issues and messages delivered and services provided by the peer educators during their one-on-one peer encounters. After being trained in five one-day training sessions, the peer promoters each administered five questionnaires in private interviews with five peer contacts.

Findings

- While peer educators tend to reach peers of the same sex, a large number reach opposite sex peers. Male peer educators reached more males (58%) and female peer educators reached more females (62%).
- Overall, peer educators tend to reach peers similar to themselves. For example, they tended to reach peers of their same age, educational levels, ethnic group, religion, and social clubs, organizations and groups. This has program implications in terms of using targeted recruitment of peer educators who come from the target population. For example, if a program aims at reaching out-of-school youth, it may be more productive to select out-of-school youth as peer educators.

¹ Ghana United Nations Students' Association (GUNSA), Young Men's Christian Association (YMCA), and Young Women's Christian Association (YWCA)

- Both peer educators and their contacts have a high level of exposure to AIDS information, especially via the mass media (radio, television and newspapers). Twenty-eight percent of the peer educators' contacts had received AIDS information from the peer educators in the past 30 days.
- Only 79% of peer educators and 58% of their contacts said they had done anything to protect themselves from AIDS. Among those who reported doing something to protect themselves from AIDS, the most common method was abstaining or delaying sex (21%), followed by using condoms (17%) and not sharing razors or blades (15%). Many incorrect responses were registered, such as "not wearing someone else's clothes" or "not using someone's fork."
- Peer encounters occur in various places, with schools the most frequent location (27%). The most common activity/service is education about STDs and HIV/AIDS (24%) and information about STD/HIV prevention methods (23%). Others frequently mentioned included pregnancy prevention, reproductive health information, condom distribution, giving IEC materials and making referrals. Another main service provided by many peer educators is peer counseling about relationships, drugs, and other health and sexuality issues.
- Peer educators have known their contacts for widely diverse amounts of time. Nearly half (46%) of encounters are between peer educators and their friends.
- Young people tend to seek advice and support on sexual and reproductive health primarily from family members (53%) and friends (42%). Because of the profound importance of the family for youth, program planners may benefit by incorporating the family in program activities, and by recognizing that program messages move through the community through social networks.
- The data support the underlying assumption of network analysis, that is, that the relationship of a person with other actors in a system can affect that person's perceptions, beliefs and actions, i.e., that there is a clear association between the perception of friends' behavior and personal behavior among youth. . This study showed that those who believe their friends are protecting themselves from AIDS are significantly more likely to have taken such protective action themselves. Thus, peer educators not only provide information to their contacts, they also act as role models for protective behavior.

Implications

- Network analysis, based on network questionnaires and semistructured interviews conducted by peer promoters, can uncover patterns of social interaction that can be used to understand how network structures encourage or constrain social behavior and social change. This then can be used to better plan and carry out peer promotion and other programs to reach specific target groups.
- Network analysis can also help answer key questions such as:
 - ✓ *Who do youth go to for advice and support? How are they exposed to talk, concern, modeling, and encouragement for adopting safer sexual behaviors?*
 - ✓ *How are social networks related to the adoption of safer behaviors or perception of risk or both?*
 - ✓ *How do program messages move through communities?*
 - ✓ *Who are peer educators talking to?*
 - ✓ *What services are being delivered?*
- Additional research is needed to examine further the relationship between peer promoters and their contacts and how that may affect the process of behavior change. Further analysis is also needed of the range and efficacy of peer education, something that will help program managers determine the number of peer educators necessary for community level intervention.

Source: Wolf, R. Cameron, Linda A. Tawfik and Katherine C. Bond. "Peer Promotion Programs and Social Networks in Ghana: Methods for Monitoring and Evaluating AIDS Prevention and Reproductive Health Programs among Adolescents and Young Adults." *Journal of Health Communications*, Vol. 5, 2000.

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