

The Evidence Base on Youth Peer Education

African Regional Forum on Youth RH and HIV/AIDS

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What Is Peer Education?

- Most commonly: “... process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests)”
- Goal is often to develop knowledge, attitudes, beliefs, and skills needed to engage in healthy behaviors
- Ideally used in conjunction with other means of communication and info dissemination

Advantages and Challenges

- Youth often seek information from friends
- Youth relate well to those of similar age, background, interests
- Language and messages relevant
- Can be marginally less expensive
- Evidence of effect on knowledge, attitudes, behavior, norms, and motivation
- Peer educators gain long-term benefits
- Maintenance inputs may be time, labor, or cost intensive
- Recruitment of appropriate peers is challenging
- Motivation and individual capacity cannot be assumed
- Youth require more supervision than adults?
- Youth may not have the skills to challenge peers to develop critical thinking
- Retention is limited due to aging-out
- Sustainability challenged by reliance on volunteer labor

What Is the Evidence?

- YouthNet *Consultation on the Evidence Base and Programmatic Practices in Youth Peer Education* held in January 2006
- Eleanor Maticka-Tyndale surveyed the literature on community-based youth peer education for WHO/UNAIDS and again for YouthNet for January meeting and upcoming Youth Issues Paper on Peer Education

Inclusion Criteria

1. Youth ages 15-24 included in target population
2. Some intervention content deals with HIV/AIDS
3. Intervention designed to be delivered by youth peers
4. Intervention delivered in a developing country
5. Report published between January 1990 and December 2004
6. Report available in English, French, or Spanish

Exclusion Criteria

- The inclusion criteria not met
- Intervention delivered only in a school, workplace, or health facility



Description of Interventions

- Where?
 - 19 delivered in sub-Saharan Africa
 - 1 in Latin America
 - 11 in Asia or Pacific
 - 2 in countries of former USSR
- All used peer leaders trained to deliver intervention to youth
- Interventions included group work, festival, or large-scale community events and one-on-one interactions

Evaluations

- 10 used random-controlled trial or quasi-experimental designs
- 8 used pre-post surveys without control groups
- 16 used exclusively qualitative evaluation or process data

**Evaluation Results ...
Consult Your Handouts!**

Knowledge

- 15/17 demonstrated an increase in knowledge
- 3 also demonstrated no significant results for some subgroups of the audience
- 2 demonstrated no significant results



Sexual Activity (1)

- 2/5 targeting delay of sexual intercourse had positive results
- 1 both positive and negative results
- 2 no significant change
- 3/7 targeting a “return to abstinence” for pre-determined period produced positive results
- 1 both positive and negative results
- 2 no significant change
- 1 negative result

Sexual Activity (2)

- 3/3 interventions seeking a reduction in number of partners produced positive results



Condom Use and Self-Efficacy

- 5/7 interventions that measure condom use obtained positive results
- 1 non-significant
- 1 negative results

- 3/3 that measured self-efficacy obtained positive results

Contraceptives

- 2/2 that measured increased use of modern contraceptive methods reported positive results



Gender

- Where sex was disaggregated, the results were most often positive for females and negative or non-significant for males
- Reflects a greater difficulty in changing sexual practices of males than females?

Qualitative, Process, and Community Results

- Consistently demonstrated an ability to reach a large population of youth through peer methods
- Distribution of resources was a focus, process data documented successful distribution
- Impression that community norms were shifted when youth targeted through large-scale events

Conclusions (1)

- Peer-led interventions able to reach large numbers of youth
- Effective in:
 - Connecting youth to services
 - Increasing knowledge
 - Decreasing the number of sex partners
 - Increasing condom self-efficacy
 - Increasing the use of condoms and contraceptive methods

Conclusions (2)

Less consistent changes in other areas:

- Ability to effect abstinence – either through delaying first intercourse or through secondary abstinence was mixed
- Effects more evident among young women than young men, but not consistent across all interventions
- Supports idea that sexual activity is difficult to reduce?

What Is Clear

- Youth peer education can be effective in achieving certain health results
- But, peer education is suffering from a “lack of seriousness”
 - Lack of standards (until recently)
 - Poor knowledge of costs or productivity of programs
 - Limited understanding of effectiveness or cost-effectiveness
 - Inadequate monitoring and evaluation instruments

Even Without Additional Evidence

- Peer education remains and will remain very popular
- Need to celebrate and learn from successful programs and approaches
- Need to bring peer education efforts to scale
- About to hear some wonderful examples