



# Peer Education: A Viable Approach for Reaching Youth

- Peer education can be an effective way to improve youth reproductive and sexual health outcomes (unintended pregnancy, sexually transmitted infections, and HIV)
- Greater exposure and improved outcomes are associated with the quality of peer education programs.
- Programs should ensure high quality by emphasizing adequate training, retention efforts, monitoring and evaluation, curriculum/structure, and meaningful youth involvement.

## Background on Topic

Peer education is a strategy, tool, or communication channel used by people who share similar ages, backgrounds, and interests, to communicate messages. While it can be used for a variety of age groups and populations for various goals, peer education has been widely used as one approach in behavior change communication components of pregnancy, STI, and HIV prevention programs for youth worldwide. Youth peer education programs educate and train motivated young people about reproductive health and HIV issues to become “peer educators” so that they are able to communicate these messages to their peers. Such programs sometimes occur in conjunction with other approaches such as mass media campaigns, youth-friendly services, and school-based programs. The overall objective is to help youth develop the knowledge, attitudes, beliefs, and skills required to engage in healthy behaviors.

## Advantages

- Peer educators can access hard-to-reach groups if they have a similar profile.
- Adolescent development theory tells us that peer groups are highly influential, and young people are more likely to accept information from peers rather than adults.
- Peer educators themselves experience positive benefits by attaining knowledge and leadership skills for their own professional development.
- Peer education programs are community-based interventions that can link young people to other community services.

## Disadvantages/Challenges in Implementation

- Institutionalizing peer education programs is a challenge because peer educators often leave the program as they age, and constant recruitment and re-training is needed.
- Program evaluation can be difficult because some programs are done in conjunction with other activities or have limited budgets for monitoring and evaluation.
- Programs that are not based on a curriculum or lack a clear structure for disseminating information can result in misinformation and unprofessional advice.
- When not appropriately targeted, peer educators become channels of outreach to the larger community, rather than just their peers, thus diluting their impact.

## Lessons Learned

Research shows that well-designed and well-implemented peer education programs work.

- Peer education can be an effective way to improve youth sexual and reproductive health outcomes. A WHO and UNAIDS-sponsored review assessed community-based peer education programs that targeted youth in lower-income countries. Among the statistically significant results, this review found that 15 of 17 programs showed significant improvements in knowledge,



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3 of 3 programs showed significant reductions in the number of partners, and 5 of 7 programs showed increases in condom use. Qualitative data also confirmed that most programs included in the review were able to reach large populations of youth, distribute condoms, and in some cases, change community norms around youth and sexual risk taking.

- The quality of peer education programs matters. A two-phase study from Family Health International/YouthNet examined the effects of program quality and exposure on youth reproductive and sexual health outcomes in Zambia and found that higher quality programs were associated with greater exposure and more clinic referrals compared to lower quality programs. Exposure to the program was associated with improvements in HIV knowledge, attitudes, and behaviors, including more consistent condom use. Quality was defined by eight checklists on technical frameworks (training, supervision, etc.), stakeholder cooperation, parental involvement, youth-adult partnerships, youth involvement, gender sensitivity, community involvement, and peer educator cooperation.

### Youth Peer Education Resources

The Youth Peer Education Toolkit (<http://www.infoforhealth.org/youthwg/peer-ed-toolkit.shtml>) includes five resources based on research, evidence, and field experiences, and developed for program managers and trainers of youth peer educators:

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

### Programmatic Considerations

The following are key recommendations to improve the quality of peer education programs:

1. *Training.* Provide high quality training of peer educators that includes building self-confidence and skills, and instilling clear program objectives to keep peer educators motivated and focused.
2. *Curriculum and Structure.* Base programs on a curriculum of topics or a structure that includes dosing of messages.
3. *Retention.* Reduce attrition by prioritizing close supervision, which also promotes quality assurance; harmonizing peer educator's personal values and beliefs with those of the organization; developing creative compensation approaches; and fostering career development opportunities.
4. *Monitoring and Evaluation (M & E).* Increase the allocation of program budgets to M & E, the training of staff in basic data analysis, and the creation of systems for data collection, analysis, and dissemination.
5. *Youth Involvement.* Include meaningful youth participation in designing, implementing, and monitoring and evaluating programs.
6. *Including a gender perspective.* Data from a Population Council project in Ethiopia and the Geração Biz program in Mozambique led by Pathfinder and others confirms girls experience more barriers in recruitment, retention, and participation.

<sup>1</sup>Adamchak, Susan E. "Youth Peer Education in Reproductive Health and HIV/AIDS: Progress, Process, and Programming for the Future". Youth Issues Paper 7. YouthNet. 2006.

<sup>2</sup>Adamchak, Susan E. and Finger, William. "Youth Peer Education". YouthLens No. 24, 2007.

<sup>3</sup>Interagency Youth Working Group Webpage, Program Area: Peer Education. [http://www.infoforhealth.org/youthwg/prog\\_areas/peer-education.shtml](http://www.infoforhealth.org/youthwg/prog_areas/peer-education.shtml)

Other technical briefs can be found at: [www.maqweb.org/techbriefs/](http://www.maqweb.org/techbriefs/)

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