

Peer Educators as Agents of Change; Experience of the Integrated Family Health Program (IFHP)



Introduction

Peer education is a popular and versatile approach for promoting good sexual and reproductive health (SRH) among young people around the world. Well-designed and well-implemented programs can improve young people's health-related knowledge, attitudes, and skills as well as their access to health services. Peer education is based on the idea that young people are more likely to change their behavior if peers they like and trust advocate for change (1). A successful peer educator motivates people to adapt and maintain positive behaviors that promote health and prevent diseases through reinforcing behavior change. This brief describes the experience of the USAID-funded Integrated Family Health Program (IFHP) in engaging peer educators in the planning, execution, monitoring and evaluation of adolescent and youth SRH programs in Ethiopia.

Background

Overview of Adolescent and Youth Sexual Reproductive Health in Ethiopia

Similar to many African countries, the population of Ethiopia is predominately young. According to the 2007 population and housing census, about a third of the total population is between 10-24 years (2). A long history of low contraceptive use, high child mortality, and cultural, economic, and religious barriers have resulted in a high

fertility rate. During the last two decades, however, the total fertility rate (TFR) in Ethiopia has declined with some regional variation. Before 2000, the TFR was 6.6 children per woman and this number is reduced to 4.1 children in 2014 from 4.8 in 2011 (3). Similarly, there has been a remarkable decline in infant and child mortalities

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over the last 15 years; infant mortality declined by 42%, under-five mortality by 47%, and neonatal mortality by 31%. Most childhood mortalities were occurring among those born to mothers younger than 20 years (4). The ongoing shift from high to low child mortality and fertility contributes to economic opportunities for Ethiopia—or what is called the demographic dividend.

Cognizant of the benefits of the demographic dividend, the Government of Ethiopia has focused many of its policies and strategies on young people. The Youth Policy, issued in 2000, calls for major interventions to enhance youth participation in Ethiopia's development. The 1998 Policy on HIV and AIDS recognizes the increased vulnerability of young people. The Revised Family Laws, amended in 2000, protect young women's rights including the right to avoid forced marriages. The Revised Penal Code penalizes sexual violence and harmful traditional practices. The vision of the national Adolescent and Youth Reproductive Health Strategy,

transmitted infections (STIs), and HIV exacerbate and perpetuate the SRH problems faced by young Ethiopians (5, 6).

IFHP Approach to Youth-Friendly Services

IFHP has been partnering with the Ministry of Health (MOH), Ministry of Women, Children and Youth Affairs (MWCY), and other partners to address the SRH problems of young people. The program has supported the MOH to establish youth-friendly service (YFS) corners within health centers, hospitals, and university clinics with the aim of providing tailored, confidential, and youth-friendly SRH services in Amhara, Oromia, SNNP, Tigray, Beneshangul, and Somali regions of Ethiopia. An YFS corner is a separate space for young people where they receive friendly, confidential, and tailored SRH services in a private setting.

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launched in 2006, is to enhance the reproductive health (RH) and well-being of young people in Ethiopia so that they can become productive and empowered to access and utilize RH services and information, make voluntary informed choices about their RH lives, and participate fully in the development of the country. There are also different sector ministries and government structures directly or indirectly working with young people.

Although the results of these efforts have been meaningful, young people continue to face various challenges including those related to SRH. According to the 2011 Ethiopian Demographic and Health Survey (EDHS), 12% of young woman aged 15-19 years have already begun childbearing, 10% are mothers, and an additional 2% are pregnant with their first child. Early marriage in the country is common (median age at first marriage is 16.5 years) and 22% of women have had sex by age 15 (3). Sexual coercion, polygamy, female genital cutting, unplanned or unwanted pregnancies, abortion, sexually

Previously, young people received health services and information together with adults under the same roof and from the same staff. This approach did not consider the unique physiological and psychological changes and the diverse health needs of young people. Therefore, young people were usually intimidated by the unfriendly approach, service providers' lack of age sensitivity, and the attitude of the community toward young people queuing up in the health facilities seeking RH services. This necessitated the establishment of YFS service corners.

To establish the YFS corners, health facilities provide spare rooms. IFHP does some minor refurbishment, as deemed necessary; furnishes the rooms with tables, chairs, audiovisual materials; provides communication and behavior change materials, medical equipments, consumables and supplies; and trains staff. The training of health professionals focuses on building their clinical skills with particular focus on improving their communication

skills when handling young client. Following the trainings, IFHP conducts regular mentoring of the trained staff and follows up on the YFS activities.

IFHP also trains peer educators to support the YFS activities through community mobilization and information provision. The peer educators belong to the same social group as the young population in each community settings, meaning that they share at least one important social or demographic characteristic(s) such as age, education, social status, or risk behavior as their colleagues whom they are intended to positively influence.

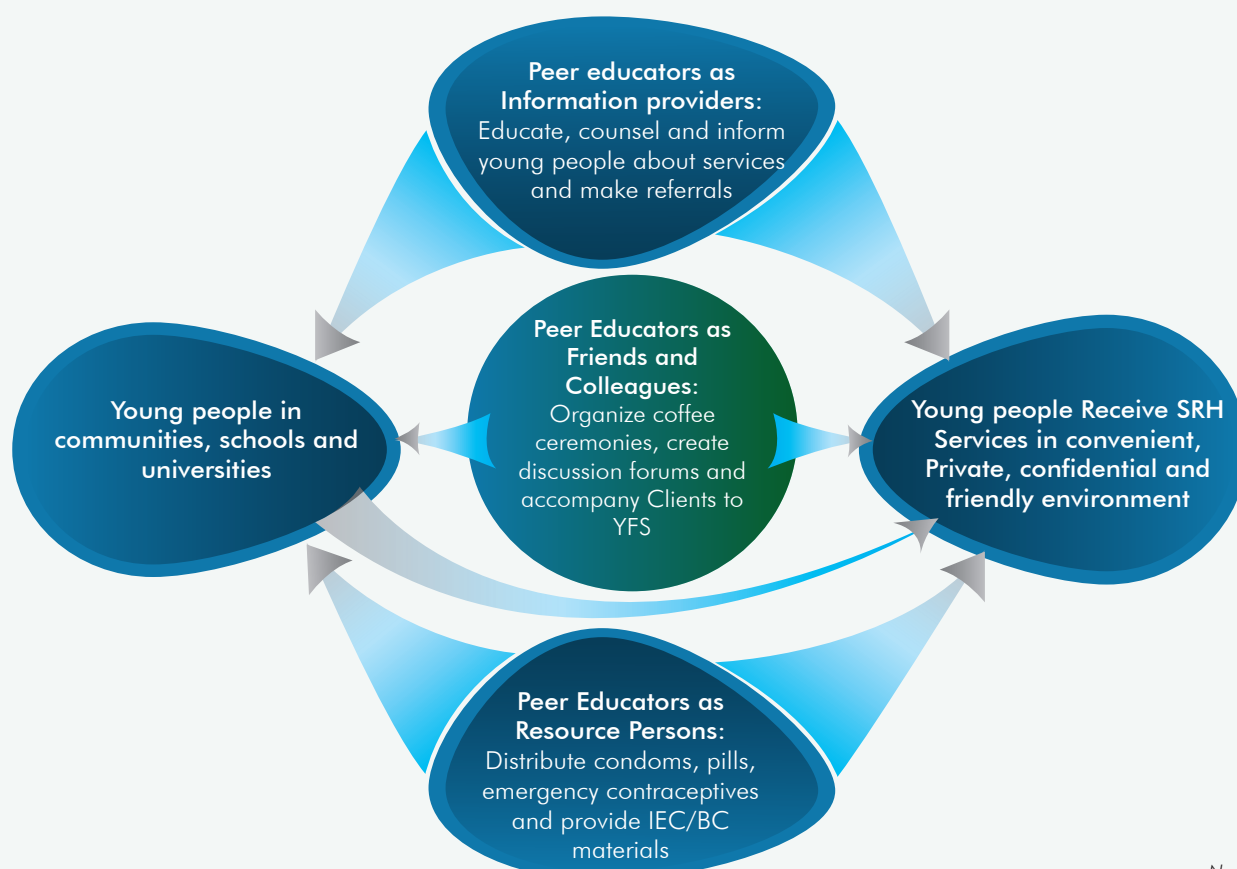
Peer Education: IFHP Strategy and Implementation

Recognizing the myriad SRH problems young people face in Ethiopia and based on Pathfinder's previous experience in Mozambique, IFHP started to recruit, train, and deploy young people as peer educators since 2008 to support the national Adolescent and Youth RH Strategy. The strategy recognizes the critical role that adolescents and young people play at all stages of program design,

implementation, monitoring, and evaluation that target young people. IFHP started working with peer educators engaging them as young volunteer RH activists. The peer educators mobilize young people to seek health services at the YFS corners and equip their peers with knowledge and information needed to protect themselves from various SRH problems.

Peer educators are involved in the planning, implementation, and evaluation of the YFS program. They also inform young people about the availability of services at the YFS. In addition they provide counseling, education, and referrals including accompanying clients to the YFS. During education and counseling, they cover topics such as: puberty and changes during puberty, safer sexual practices, unsafe abortion, family planning, HIV and AIDS and other STIs, and harmful traditional practices. They also provide condoms, pills, and emergency contraception and distribute information, education and communication/behaviour change materials. In general, peer educators act as friends and colleagues, information providers and resources persons to their peers so that young people in their communities receive services in convenient, private, confidential and friendly environment from trained health service providers.

Conceptual framework of the role of peer educators



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Recruitment

To be a peer educator, candidates need to be between 10-24 years; demonstrate interest in health and commitment to help others in need; have participated in health clubs; exhibit a willingness and commitment to foster change through the allocation of their time to voluntary peer education activities; and be free from any sort of substance abuse and other risky behavior. A peer educator can be male or female, in- or out-of school youth. Because many RH problems are experienced by young girls and communication between members of the same sex is less stressful, girls are highly encouraged to volunteer as peer educators. Recruitment can take place in the community, and at youth centers, schools, and universities.

Training

After recruitment, YFS providers conduct a basic training with peer educators for five days with technical and financial support from IFHP. Prior to the basic peer education training, YFS providers participate in a training of trainers that prepares them to train the peer educators. The peer educators' training covers a wide array of topics on SRH including family planning, pregnancy, HIV and AIDS and other STIs, unsafe abortion, harmful traditional practices, early marriage, safe sex practices, puberty/developmental issues, referral, and communication skills. The training also includes life skills that help young people to make healthy decisions. Training manuals are used during the training and pre- and post- training quizzes are given. Upon successful completion of the training, the peer educators are given certificates to keep them motivated. Every year, refresher trainings are also conducted to fill gaps identified during mentoring and supervision

Deployment

After the training, peer educators pledge to serve their peers and become linked to the YFS in their respective localities. Together with the YFS providers, the peer educators develop and execute action plans. Every day, two peer educators are assigned to a YFS corner to educate clients in the waiting areas. They also support the YFS providers in organizing client cards, counseling and educating clients in the waiting areas, and managing edutainment materials at the YFS. In addition, peer



educators organize traditional coffee ceremonies creating opportunities for discussion among their peers on a variety of sexual reproductive health issues.

The YFS providers regularly mentor the peer educators and give them feedback. The peer educators report to the YFS providers every quarter. They also conduct quarterly performance review meetings among themselves and in the presence of the YFS providers. During the meetings, they review their performance, share experiences and lessons, and prepare performance improvement plans. The joint planning and review meetings help peer educators develop friendship and foster a team spirit at work. Friendship motivates them to be active and remain in the peer education program.

Program Achievements

Serving as a peer educator provides a challenging and rewarding opportunities to young people. They develop leadership skills, gain the respect of their peers, and improve own knowledge base and skills. Peer educators often change their own behavior after becoming a peer educator.

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Peer educators use coffee ceremonies to disseminate messages.

Since the peer education program started, over 13,138 peer educators (35% of them females) have been trained in the regions where IFHP is operating. These peer educators have disseminated SRH information to over 5.2 million young people in the six regions. More than 2.3 million young people, most of them (59%) women received services from over 243 YFS corners supported by IFHP (Fig 1, Fig.2 and Fig. 3).

Fig.1. Number of peer educators trained by sex in Amhara, Tigray, Oromia and SNNP since 2008

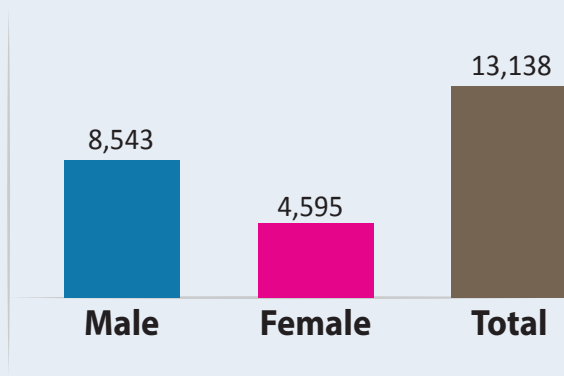


Fig.2. Number of young people that received information and education from peer educators in Amhara, Tigray, Oromia and SNNP regions, 2013

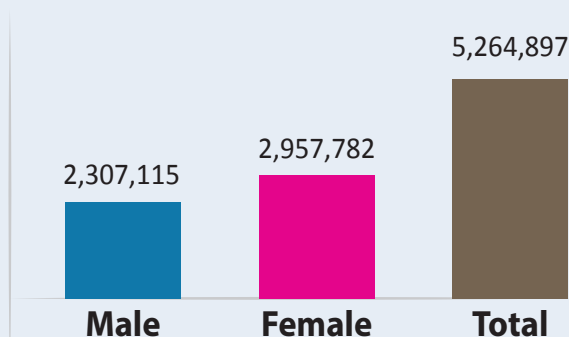
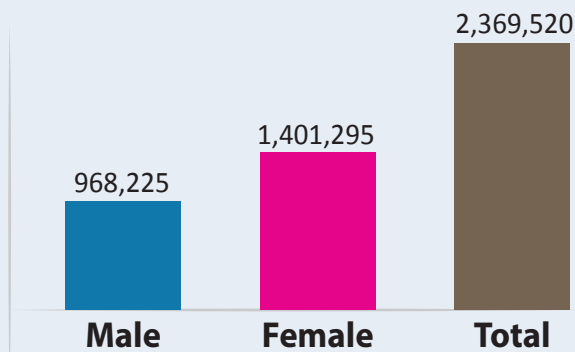


Fig. 3. Number of young people that received services in Tigray, Amhara, Oromia and SNNP regions



Public health officials, service providers, peer educators, and clients have acclaimed the results of the peer education program. “Before the peer educators’ initiative was started, many young people in the town drank alcohol, chewed Khat, and had various addictions. There were unsafe sexual practices, reports of sexually

educators deployed, the number of unsafe abortions is getting very small. In case it occurs, young women come to the YFS for post abortion care without any fear”. Mihiret, a 24 year old peer educator in Debark town, said that “because of the approaches of the health providers, the location of the YFS unit, and the confidentiality and privacy of the services, young people are no longer afraid to come to the YFS. Not only the YFS clients are benefitting, but also peer educators like me are developing communication and other life skills.”

Lessons Learned

Because young people have unique needs that are distinct from adults, they need to be able to access information and services in a manner that is friendly, convenient, confidential, and private. Engaging trained peer educators to reach young people with information and services is an effective approach to improve young people’s access to SRH services. The engagement of peer educators not only helps young people, but also the

“Previously, there was low awareness on SRH issues among young people. Through the peer educators, IFHP helped to create better knowledge and understanding on reproductive health among the youth”

transmitted infections, and early marriage practices among young people. However, after the start of the initiative, such behaviors have started to change for the better. I thank IFHP for providing the necessary technical and material support for the peer education initiative” said Ato Tafese Tunta, Head of Damot Pulasa Woreda Health Office. “Previously, there was low awareness on SRH issues among young people. Through the peer educators, IFHP helped to create better knowledge and understanding on reproductive health among the youth” Demelash Denke, a peer educator in Damot Pulasa woreda of SNNP agreed.

“Previously, even though unsafe abortion was common among young women in the town, they were not comfortable to receive services at the health center and usually went in faraway places,” said Sister Mengaye Alebachew, at Debark Health Center in Amhara region. “But now, after the YFS is established and the peer

peer educators themselves, families and communities at large. Involving young people from the inception of any program can make a difference in their leadership skills as well as the development of the program.

Way Forward

The role of peer educators in promoting RH and preventing diseases has to be strengthened as an important measure to fulfill important global health goals, including the Millennium Development Goals, related to maternal and child health. Proven and best practices need to be identified, documented and shared with partners and stakeholder, and more innovative approaches have to be used to support the role of peer educators, such as the use of mobile health (mHealth). Moreover, to ensure the sustainability of the peer education program, efforts need to continue to institutionalize the approach within the public health system. ■

Endnotes

1. FHI, Evidence-Based Guidelines for Youth Peer Education, 2010
2. Federal Democratic Republic of Ethiopia Population and Housing Census Commission. Summary and Statistical Report of the 2007 population and Housing Census- Population size by Age and Sex: UNFPA, December 2008, Addis Ababa
3. Central Statistical Authority (Ethiopia) 2014. Mini Demographic and Health Survey 2014, Addis Ababa, Ethiopia.
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6. National Adolescent and Youth Reproductive Health Strategy 2006-2015. Addis Ababa, Ethiopia: Federal Democratic Republic of Ethiopia Ministry of Health, 2006.



About IFHP

The Integrated Family Health Program (IFHP) is a USAID-funded program that is implemented by Pathfinder International (PI) Ethiopia and John Snow, Inc. (JSI). IFHP supports USAID/Ethiopia's strategic objective of "investing in people" with the overall goal of creating and consolidating functional and effective network of well integrated family health services to communities within the framework of the primary health care unit and more specifically the health extension program. IFHP is implemented in Amhara, Oromia, SNNPR and Tigray and in selected zones of Benshangul Gumz and Somali regions.

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