

EVIDENCE AND PROMISING PRACTICES FROM PEER-BASED APPROACHES IN YOUTH PROGRAMS



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INTRODUCTION

Positive youth development (PYD) refers to a broad approach that aims to build the competencies, skills, and abilities of youth that they need to grow and flourish throughout life. PYD is both a philosophy and an approach to adolescent development. As a philosophy, PYD views youth as assets to be nurtured and developed rather than as problems to be solved. The approach that flows from this philosophy works on building mutually beneficial relationships between youth and their family, peer groups, school, workplace, community, other government institutions, society, and culture to provide opportunities for youth to enhance their knowledge, interests, skills, and abilities.

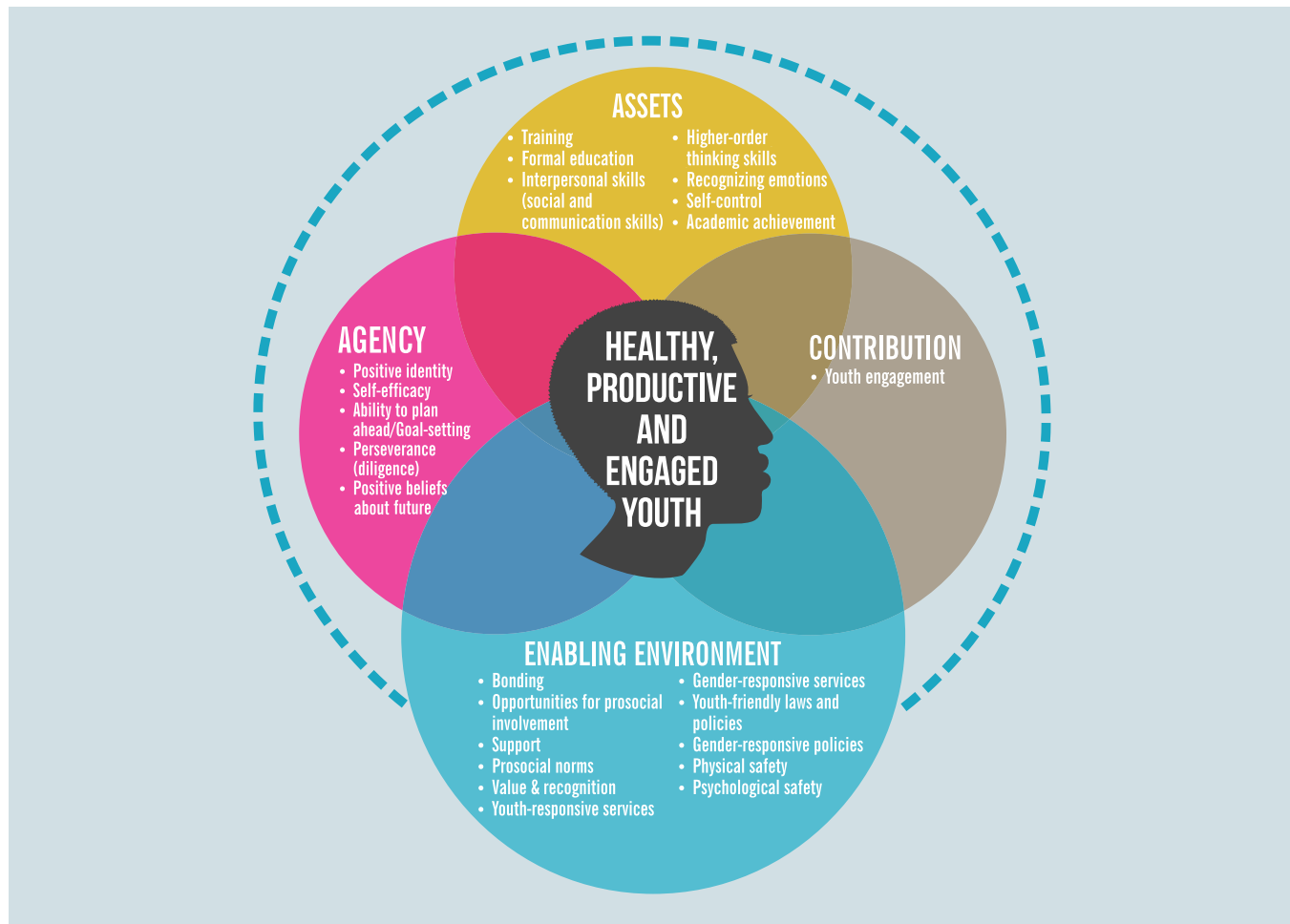
Youth transition through a critical developmental phase, rapidly evolving socially, emotionally, and physically

within a complex world. Multiple factors influence how they develop and thrive or struggle. Using a PYD approach, programming for youth can foster youth assets, build their agency, enhance their contribution to the communities around them, and support an enabling environment that helps them transition to healthy, productive, and engaged adults.

One of the important features of an enabling environment is healthy relationships and bonding. Youth have many people in their lives and, during this critical life stage, it is essential that they grow and develop with the support of several healthy relationships. Important relationships include a young person's parents, families, teachers, religious leaders, and others in the communities as well as the relationships they have with other peers.



Figure 1: The Positive Youth Development Approach



What are peers and peer-based approaches to youth programming?

A peer is someone who has equal standing in terms of age, social status, background, and interests. Peer-based approaches are those that use the network of peers as a means to help youth develop the knowledge, attitudes, beliefs, and skills required to engage in healthier behaviors.¹ Peer-based approaches are wide-spread and varied and can include programming under the terms: peer education, peer support, peer mentorship, peer-led, peer mediation, peer-to-peer, and peer-facilitated. Other terms and approaches –such as the use of girls’ clubs or “safe spaces²”—can use a peer-based approach. For simplicity in this brief, we will use the term “peer-based approach” to linguistically capture the range of programming used in youth development in low and middle-income countries.

Peer-based approaches have been used around the world to promote health and wellbeing strategies for many years, addressing a wide range of health and social issues.³ There is no single avenue in peer-based approaches; rather, a

variety of approaches have been used, including drop-in spaces, school activities, out-of-school clubs, community or religious events, and online support services.

Why do peers matter?

Young people are transitioning from the stage of childhood into adulthood; during which relationships also transition. They are learning to separate from and exist outside the confines of their parents, grandparents, and adult guardians. New relationships of their choice, usually with age mates, are increasingly important with peers becoming an influential social determinate.⁴ Adolescents rely increasingly on their peers for social cues, in addition to influential adults. They need trusted individuals who share similar attitudes, values, and interests. However, they also need space to test out new values and see if existing ones fit.

Relationships with a peer, therefore, constitute an essential source of support and influence.^{5,6} Peer-based approaches take this into consideration at their

core, knowing that young people learn new attitudes, knowledge, and practices from peers they trust.

What do we know about peer-based approaches for development outcomes?

To date, most of the research on peer-based approaches has been conducted in high-income countries and/or related to single-sector outcomes, such as transferable skills and reproductive health. Little research has been documented in other sectors.

One synthesis conducted on the impact of cross-sectoral soft (or life) skills programming on youth in low and middle-income countries showed a growing body of evidence that peer-based approaches work to improve outcomes related to individual knowledge, beliefs, and attitudes, as well as measured transferable skills.⁷ However, although several notable impact evaluations related to peer-based approaches have been conducted, they were too varied in their approaches and outcomes from which to meaningfully generate detailed recommendations.⁸ Indeed, others have recognized that the wide-ranging constellation of terminology and related approaches contributes to challenges in assessing efficacy of programs, especially when each have related but distinct programmatic goals.⁹

Much of the evidence on peer-based approaches comes from the reproductive health sector. Although focused on high-income countries, another similar review of 99 peer education programs targeting reproductive health outcomes found some positive changes in knowledge, attitudes, and self-efficacy.¹⁰ A third review of 17 programs found that 15 showed significant improvements in reproductive health knowledge, three (of the three relevant programs) demonstrated reductions in sexual partners, and five of seven relevant programs showed increased condom use.¹¹ Qualitative data also revealed that these peer-based programs were able to reach large populations of young people and in a few cases, change community norms around reproductive health risk-taking.¹² Finally, a fourth review focused on girls' empowerment outcomes in reproductive health programming found that programs using girls' clubs led to changes in discriminatory gender norms and practices, increased psychosocial gains, more civic engagement, increased knowledge and educational attainment, and economic well-being.¹³ Moreover, in studies in India and Nigeria, self-reported symptoms of sexually transmitted diseases were lower following the peer intervention.^{14,15} Further, peer-led interventions in schools in Tanzania and adolescent psychotherapy groups in South Africa demonstrated increases in

condom use.^{16,17} And yet other findings from evaluations of peer-based approaches in LMICs showed some less positive results. In a recent review of four evaluations of peer-led interventions with HIV/AIDS outcomes, none reported a positive intervention effect.^{18,19,20,21} Of four other sexual and reproductive health and rights studies in the same review, only one structured curriculum of peer-facilitated group education in South Africa showed a reduction in sexually transmitted diseases (STDs). One study in Tanzania and another in Thailand found increased rates of STDs after a peer-based intervention.^{23,24}

Other evidence suggests that peer-led approaches work to reduce violence, improve mental health, and reduce substance use. Through multi-pronged interventions in Uganda and India that included activities for teachers and adolescents as well as peer-education and counseling, violence was reduced among school staff and student peers in Uganda and physical and sexual violence among peers was reduced in India.^{25,26} Four studies in Uganda, Philippines, India, and Thailand involving peer-facilitated education, outreach, and counseling showed improvements in depressive symptoms due to the intervention.^{27,28,29,30} Three of four of these studies were in colleges or schools. Three studies using peer-approaches in schools showed reductions in substance use. The Stepping Stones program in South Africa showed reduced alcohol use in young men as well as reduced risk of non-smokers becoming smokers.³¹ Two studies in India showed reductions in tobacco use, and one of these studies also showed reductions in alcohol use.^{32,33} Some less rigorous evidence gives additional reasons why peer-based programming works. Findings from FHI360 studies show that young people were more engaged in interactive, peer-led discussions than they were in those led by adults. Another positive finding about peer-based approaches is peer-educators receive additional benefits themselves.³⁴ Finally, the level of exposure to peer-based approaches matters. The same study showed that the high level of peer-led program exposure and the better reproductive health outcomes.³⁶

However, not all evidence from peer-based approaches indicates they are always the appropriate intervention. Some studies have shown that young people do not always prefer to learn about health information from their peers, depending on the topic. In addition, peer educators often default to didactic teaching. Finally, some studies have shown that there are fewer positive impacts on youth engaged in more risky behaviors compared to those engaged in less risky behavior.³⁵

What are examples of programs using peer-based approaches?

Link Up was a program in Uganda that used peer educators to connect with networks of new and existing peer support groups for young people living with HIV (YPLHIV). In existing support groups, these peer educators provided education, counseling, and service referral for HIV and reproductive health services. Support groups met bi-monthly and provided a free space where youth could openly discuss their needs and exchange strategies on a broad range of topics, from HIV stigma to fertility awareness and income-generation activities. The program had other components related to a voucher system and supply-chain improvements. Results of the evaluation indicated that the peer groups increased HIV-related knowledge along with self-efficacy and comfort in speaking to a healthcare provider. In addition, youth were more likely to have changed behaviors related to condom use and uptake of reproductive health services.

The Programa Para o Futuro (PPF) program in Mozambique was originally implemented by FHI360 and enhanced by a YouthPower Action add-on from

2010-2017. The program worked with youth ages 15 to 17, mainly orphans and vulnerable children (OVC), and aimed to increase knowledge and understanding of adolescent development; increase employability, productive livelihood skills, and literacy skills; and create opportunities for youth to voice their perspectives to inform decisions relating to youth services. One program activity added on during the early stages of the program was peer education: each youth involved in the program identified several peers from their community, invited them to a program session, and replicated activities with the new peers that they had previously learned earlier in the program, such as IT training. Youth clubs were also utilized. The program evaluation noted that as a result of this activity, youth showed higher levels of self-esteem and were more likely to practice skills related to reproductive health, sanitation, and financial literacy.³⁷

The Adolescent Girls Empowerment Program (AGEP) consisted of community-based interventions, including safe spaces, health vouchers, and savings accounts for girls ages 10-19 in rural and urban Zambia. The peer-led component of the program were the safe spaces. The safe spaces consisted of weekly meetings of 20-30 girls led by a young woman mentor from their community.



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The mentor was trained to facilitate discussions on health and life skills, financial education, and nutrition. The program aimed to build girls' social, health, and economic assets to improve school completion; delay sexual debut; and reduce early marriage, unintended pregnancy, and acquisition of HIV. The study was a randomized cluster design with data collected at midline and endline. At the end of the two-year program (midline), there were improvements in knowledge about reproductive health, increased access to safe spaces, improved financial literacy and savings behaviors, and decreased transactional sex. Two years after the program ended (endline), results included improved reproductive health knowledge, decreased transactional sex, and improved savings behaviors, and an increase in reported self-efficacy by participants. The study did not find long-term effects on pregnancy/birth, marriage, sexual debut, contraceptive use, gender attitudes, and experience of physical or sexual violence. An important programmatic finding was that most vulnerable girls did not attend the safe spaces only program. The evaluators hypothesize that the most vulnerable girls faced too many barriers to participate.³⁸

The Adolescent Girls Initiative-Kenya (AGI-K) was a multi-sectoral intervention for girls ages 11-15 in Kibera and Wajir counties of Kenya. Implemented by Plan International in Kibera and Save the Children in Wajir, girls were randomized to the following programs: violence prevention only, violence prevention plus education, violence prevention plus education and health, and violence prevention, education, health, and wealth creation (full package). The health intervention used a peer-led approach of safe spaces, comprised of weekly meetings led by a young woman from the community. The midline findings show that conditional cash transfers (CCT) improved primary school completion rates in Kibera (particularly for girls with the full package). The health intervention improved reproductive health and contraceptive knowledge in Kibera, and the wealth creation intervention improved financial literacy and savings. For girls who actively participated in the safe spaces component in Kibera, the positive effects were even greater. In Wajir, CCTs also improved primary school enrollment and retention. However, the health intervention did not have an effect. The financial program also had a positive effect in Wajir, and for girls who actively participated in the safe spaces, the effect was twice as large.³⁹

Many other examples exist, including virtual peer spaces such as YouthLead.org. Youthlead is an online platform for young people ages 15 to 35 and aims to provide young changemakers opportunities to connect and

learn from each other by sharing resources, events, and tools and engages youth ambassadors to connect and create new content for peers.⁴⁰

What are the key elements of and best practices for peer-based approaches?

Despite the gaps in the literature, there are several emerging promising practices we can discern and promote when developing or expanding programs to include peer-based approaches that can be utilized to improve quality and capacity.

- **Provide high-quality peer training:**⁴¹ High-quality peer training includes skill-building and confidence-boosting activities with clear program objectives that maintain peer educators' motivation and focus. When youth are trained as peer educators, the training should contain robust content, but should also include evidence-based facilitation techniques. Having good adult mentorship and involvement in this process is critical. In addition, program staff should develop and adapt curricula that are grounded in evidence.
- **Develop mechanisms for peer-educator retention:**⁴³ Evidence shows that retention of peer education is one of the greatest challenges of this type of programming; therefore, preempting peer educator attrition by consideration and dialogue around reasons for drop-out will enhance quality programming. Challenges to retention often include over-reliance on volunteers when youth need remuneration or have competing demands on their time because they are in school or working, lack of funding to support peer-educators (e.g. for materials, for transportation, for work) and peer educators burn-out (often due to work that is intensive and not remunerated). In addition, mechanisms that enhance professional development opportunities and harmonize values between the educators and the organization will go a long way for staff retention.
- **Understand age, gender, and other intersectionality dynamics:** Not all youth are equal; understanding how peer-based approaches may work for boys as compared to girls, and for youth at different ages, is a critical foundation for effective programming. Additionally, consider how religion, ethnicity, and other majority and minority groups may interplay in peer groups. Reaching and retaining the most vulnerable youth can be a challenge so specific strategies to engage them may be needed.

- **Consider complementary programming to address the enabling environment:** Peer-based approaches alone are unlikely to make significant changes in development outcomes. Programs that intentionally include activities that engage the broader community and support norm change are more likely to be successful.^{45,46}
- **Implement robust monitoring and evaluation systems:** Collecting and generating monitoring and evaluation data will increase the evidence-based justification of your program and can be used for successful dissemination of results so that other peer-based programs can benefit.

Undertaking these considerations will help to ensure that peer-based programming is the most impactful when implemented. When designing programs, program developers should also consider whether a peer-based approach is the best option for reaching the targeted youth; there are circumstances and populations for which other approaches may be more appropriate and effective.

What do we still not know about peer-based approaches?

There is still a lot we must learn about peer-based approaches, especially in the developing country context. Much of the literature to date comes from higher-income countries, and, while there will be lessons learned that are relevant across borders, more evidence from low and middle-income countries is needed. In addition, while the reviews and studies to date do suggest some indication of success in terms of changes

in youth's attitudes and knowledge related to key outcomes, especially reproductive health outcomes, we do not yet have the rigorous evidence that links these improvements to behavioral outcomes,⁴⁷ nor do we know much about the sustainability, legacy, and spillover effects of programs using peer-based approaches.⁴⁸ Future research design should compare peer-led approaches to non-peer-led approaches to determine their effect on outcomes of interest.

The evidence from multi-sectoral programs utilizing peer approaches is modest but promising and potentially more cost-effective. Rigorous evaluations of multi-sectoral approaches in developing countries are needed. Finally, we do not yet have evidence for approaches to engaging peers through technology or within an online space.

CONCLUSION

The evidence on peer-based approaches is promising for a wide range of youth and cross-sectoral outcomes. Peers are a critical, trusted force in youth's lives and programming that harnesses that relationship for improvements in health and wellbeing efforts are likely to succeed, especially if the program has been designed well and meaningfully involved youth in the intervention process. However, we need more evidence to help us shape specifics in terms of what kinds of peer approaches work best, especially in low and middle-income countries. We must invest in research that can help demonstrate the value of peer-based approaches for cross-sectoral and sustained development outcomes.

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² According to UNFPA (2015) Safe spaces are defined to be physical or virtual spaces which enable youth, to come together and freely express themselves without judgment or fear of retribution."

³ United Nations Population Funds. 2008. Expanding Access to Youth-friendly Services. Geneva: UNFPA.

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⁷ International Initiative for Impact Evaluation. n.d. Youth & Transferable Skills Evidence Gap Map. Accessed November 15, 2019. <https://gapmaps.3ieimpact.org/evidence-maps/youth-transferable-skills-evidence-gap-map>.

⁸ Ibid

⁹ Western Australian Centre for Health Promotion Research. 2010. What are peer-based programs? Accessed November 18, 2019. <http://mypeer.org.au/planning/what-are-peer-based-programs/>.

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Authors

Laura Hinson, International Center for Research on Women
Heather Marlow, International Center for Research on Women
Cassandra Jessee, International Center for Research on Women/
Making Cents International

CONTACT

YouthPower Learning
Making Cents International
1350 Connecticut Ave, NW, Suite 410
Washington, DC 20036 USA
www.YouthPower.org

 @YPLearning

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USAID YouthPower Learning generates and disseminates knowledge about the implementation and impact of positive youth development (PYD) and cross-sectoral approaches in international development. The project leads research, evaluations, and events designed to build the evidence base related to PYD. Concurrently, YouthPower Learning employs expertise in learning and knowledge sharing to promote engagement and inform the global community about how to successfully help transition young people into productive, healthy adults. YouthPower Learning supports the implementation of the 2012 USAID Youth in Development Policy to improve capacity and enable the aspirations of youth so that they can contribute to, and benefit from, more stable, democratic, and prosperous communities.

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