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Health Institute for Mother and Child
New Delhi

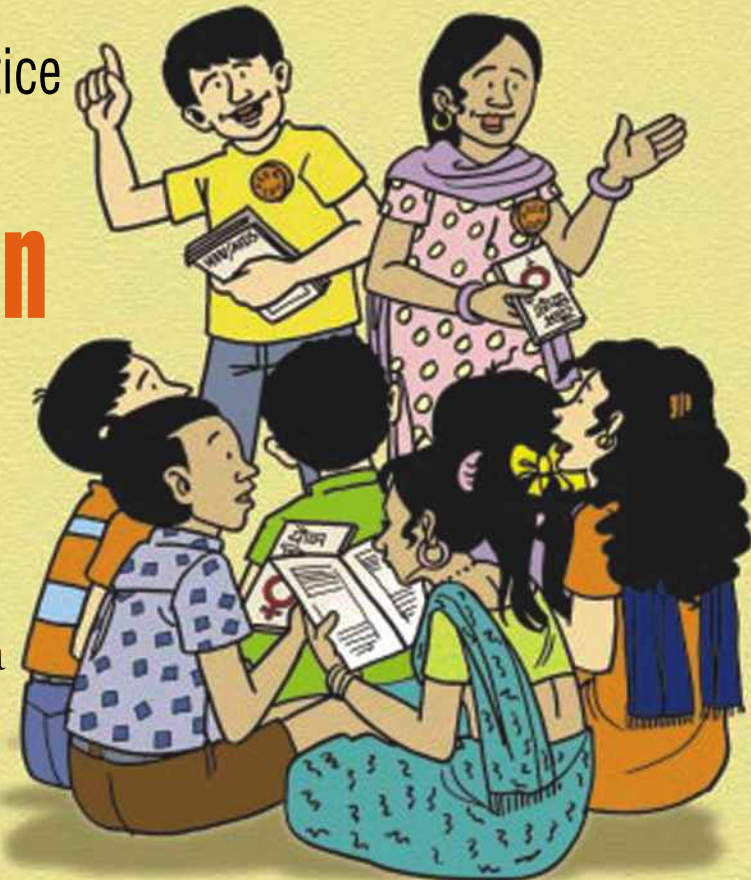
B-5, Greater Kailash Enclave-II, New Delhi-110048. India.
Tel: 91-11-29220210, 29220220, 29220230 Fax: 91-11-29220575
E mail: mamta@ndf.vsnl.net.in, mamtahealth@vsnl.net
Website: www.yrshr.org, www.mamta-himc.org

designed by portrait, teamportrait@rediffmail.com

Understanding and Practice of Peer Education



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Technical support team
MAMTA
Health Institute for Mother and Child

Chief advisor
Dr Sunil Mehra, MD

Developed by
Anjali Sakhuja
Richa Chopra

Series 3

Understanding and Practice of **Peer Education**

In relation to
Young People's Sexual and Reproductive Health and Rights (YSRHR) programmes

About us

MAMTA Health Institute for Mother and Child is a non-government organisation (NGO), based in New Delhi, working in areas of health and development across the country and the region. Besides focussing on the issues of women and children, the organisation is doing pioneering work for adolescents and young people through advocacy, training, interventions, information channels (such as the website) and research.

Peer Education as a 'passage de mode' of information on YSRHR and other thrust issues has been adopted by the organisation ever since its inception. Having its outreach spread to an urban slum of Delhi, across state networks and to as far as Kormangala in the suburbs of Bangalore, enthusiastic and active Peer Educators have made the implementation of the MAMTA programmes successful. This text provides for an insightful reading on the organisation's journey with Peer Education. This handbook is the third in the series on YSRHR-related issues. The first two are training manuals on **Sexuality and Gender & Young People and Youth Friendly Services and Counselling**. All these aim to strengthen the implementation of programmes with young people on sexual and reproductive health within the framework of gender and rights. This work is the outcome of the partnership between MAMTA and Rfsu (Swedish Association for Sexuality Education), and supported by Sida, Sweden.

MAMTA Health Institute for Mother and Child provides training on various aspects dealt within *Sexuality and Gender & Young People and Youth Friendly Services and Counselling*.

Interested organisations may visit our website or contact MAMTA for further details at:



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Tel: 91-11-29220210, 29220220, 29220230 Fax: 91-11-29220575

E mail: mamta@ndf.vsnl.net.in, mamtahealth@vsnl.net

Website: www.yrshr.org, www.mamta-himc.org

Foreword

An individual's social development begins to take shape at the start of adolescence. This is a time when choosing friends and belonging to various groups takes on new importance. The peer group is the young person's major social outlet. Through association with others, young people get a firmer sense of who they are. This in turn leads to the development and practise of social skills that will stay with them throughout their lives. Peer groups help young individuals gain a sense of their own identity.

Peer Education seeks to utilise the positive aspects of young people's peer groups by enabling them to learn from one other – something they do naturally anyway. Increasingly the Peer Education approach is being used to facilitate delivery of messages and acceptance in adolescent programmes and activities.

This document focuses primarily on the genesis and synthesis of Peer Education. We have attempted to put together the understanding and experiences related to Peer Education worldwide.

We aim at giving users access to the wealth of experience and resource that exist in this field. An attempt has been made to synthesize various experiences (including our own) and offer guidelines to enable programme designers and implementers to learn and possibly to adopt/adapt those strategies that exhibit the potential to succeed in their settings.

We at the organisation wish to acknowledge the contributions of Ms Anubha Goel for her inputs and also greatly appreciate the role of Ms Sumita Mehta in editing the handbook. We are also thankful to Ms Priya Nagarajan for the illustrations and the team at Dharana for the layout and designing of the text.

Dr Sunil Mehra
Executive Director

Contents

About us	iv	• • Actual implementation of programmes	24
Foreword	v	Common strategies adopted for effective Peer Education	26
Understanding Peer Education	1	Challenges faced by Peer Educators	27
Concept	2	Some experiences	29
Genesis	5	Sustaining Peer Education programmes	32
Theoretical models	7		
Need for Peer Education	9		
About Peer Educators	14	Key to successful Peer Education programmes	36
Defining Peer Educators	14		
Selecting Peer Educators: desirable characteristics	16	The bottom line	41
Crafting Peer Education programmes	18	Some recommendations for the future	42
Capacity building through training programmes	18	Suggested readings	45

Understanding Peer Education

Adolescence is characterised by change. It is a period of upheaval, fraught with uncertainties, unfounded fears and internal conflict exacerbated by the difficulty of having to cope with a new body, a fresh identity and unfamiliar feelings. Emotionally, there is a shift towards independence from parents or elders and an effort at establishing new interests and relationships.

As adolescents become adults, they look on the issues of relationships, marriage and parenthood as part of the maturing process. They seek information on sexual matters from a variety of sources – parents, peers, religious leaders, health providers, teachers, magazines, books and the mass media. Their cultural context influences the information they access and the decisions they take. While youth receive a wealth of information from diverse sources, much of that information is incorrect, incomplete, misleading and often promotes irrational fears. This deepens their confusion.



Adolescents are cocooned, for better or worse, in a network of like-minded peers. From best friends duos to broader circle of close friends, acquaintances and cliques, they are literally surrounded by a world in which adults seem less and less relevant. Many adults view this trend with alarm, especially when it occurs within their own families. 'Peer pressure' is the umbrella term used by many parents to describe negative influences on their growing child. It is about pressure to wear certain clothes, listen to a particular type of music, take interest in matters pertaining to sex, indulge in drugs or other substances and self-assertion bordering on rigidity of newly acquired beliefs.

However, the manner in which peers influence one another is much broader, much wider than the concept of 'group think' that appears to dictate everything from fashion to friendship. While peers may indeed influence and steer each other in a dangerous direction, their social interaction also fuels other types of influences – support for each other, modelling of defiant behaviour, rapport that adults can rarely equal and trust that is more freely given.

Concept

The English term 'peer' refers to "one that is of equal standing with another; one belonging to the same societal group especially based on age, grade, or status". The word 'education' refers to the "development, training, or persuasion" of a given person or thing, or the "knowledge" resulting from the educational process.

In simple terms, Peer education is information aimed at knowledge enhancement and behaviour change provided to a particular group of people by a person/s sharing some characteristics similar to the group in terms of age, background and perhaps experiences.

In practice, however, peer education has attracted a range of definitions and interpretations relating to who is a peer and what is education. Advocacy, counselling, facilitating, discussions, drama, lecturing, distributing material, making referrals to services, providing support, etc. are terms known to be included under this one umbrella.

Peer education utilises members of a given group to effect change at the individual level by attempting to modify a person's knowledge, beliefs, attitudes or behaviour. However, Peer Education may also effect change at the societal level by modifying norms and stimulating collective action that leads to changes in programmes and policies.

Though the age of a Peer Educator can have added benefits for a young people's programmes, in specialized programmes as harm reduction in context of substance abuse, those educators, selected on the basis of having themselves been users at a point of time can be good motivators.

Looking specifically at young people's programmes, Peer Education refers to the act of tapping youth to help educate one another. If young people really do exist in a world of their own making, why not utilise this close network to make it an informed, educated world? This can be accomplished very effectively through Peer Education programme choices – they are fun, exciting and make a great difference to youth.



Peer Education is based on the premise that it is not just knowledge that makes people alter opinions and behaviour, but also the opinions and actions of their close and trusted peers. Therefore, it aims to provide an effective peer network to encourage, support and promote healthy living. This is done largely by making young people aware of the issues associated with unhealthy behaviour through proper education and the latest information, as well as life skills training for healthy lifestyle choices. This ensures that they can play a uniquely effective role in encouraging their peers to consider, talk honestly about, seek professional advice and develop responsible habits and attitudes towards the use or non use of alcohol, safer sexual behaviour or abstinence, health and other related issues.

Peer Education draws on the credibility that young people have with their peers. It leverages on the power of role modelling and provides flexibility in meeting the diverse needs of the young.

Peer Education is different from 'peer helping', 'peer tutoring', 'youth advocacy' and 'youth



involved in advisory or policy role'.

Peer education is defined as – “youth educate their peers or younger children on personal/live skills on or pertinent societal issues such as drug abuse, HIV/AIDS or prejudice. Youth learn important skills relating to designing and delivering effective presentations or workshops ranging from one time presentations to intensive semester long programmes”.

– *The New York State Youth Council*

According to the Canadian researcher R A Carr's list, the four primary motivating needs of adolescents are:

1. **Competence:** Feeling increasingly qualified and skilled in the extra curricular activities at school
2. **Autonomy:** Gaining a sense of independence
3. **Recognition:** Getting positive feedback from those around them
4. **Fun:** Enjoying what they do

These needs can be met in two different ways – either through negative or positive peer

experiences. Peer education is one way to offer competence, autonomy, recognition and fun in a positive way – with potential ripple effects beyond Peer educators themselves.

Genesis

Peer education programmes have been in place for at least 30 years. However, recognition of the effectiveness of this strategy can be traced back to the 1930's, wherein peer support groups took shape with the founding of Alcoholics Anonymous in 1935. Originally used as support mechanisms in delinquency and drug and alcohol treatment programmes, Peer Education programmes have evolved and become a base by which to address other health issues that effect young people, especially HIV, sexually transmitted infections(STIs) and pregnancy prevention.

As recently as 30 years ago, the concept of lay people (non-medically trained individuals) providing health information to others was considered revolutionary in the United States. In 1971, the University Health Services organised its



first peer education programme – the Health Worker Programme. Adopting the role of health workers, young people taught other students how bodies functioned and provided an insight into the prevention of injury and illnesses. It was found that such an exercise was so successful that peer Education programmes have emerged across the globe. Depending on what programmes they are in, Peer Educators provide individuals support and consultation, offer workshops, events, media campaigns and organise other young people to work on critical health issues.

Varied peer-based interventions exist, but they can generally be grouped in two major categories – peer support and peer leadership.

In **peer support programmes** peers interact as equals. This can be seen in support groups that seek to reinforce or sustain behaviour change (like avoiding drug or alcohol relapse) or help members cope with a traumatic event (like sexual abuse or treatment for an illness). In **peer leadership programmes**, peers still interact with one another,

but some are designated as leaders because of having undergone extensive training and the responsibilities they assume within the group.

Peer Education programmes generally tend to follow the peer leadership model, with some peers assisting adult trainers or facilitators (for instance by modelling role plays) or by leading sessions themselves.

Numerous studies show that Peer Education is an effective way to help young people develop healthy behaviour not only in matters of sexual health but also in violence and substance abuse prevention. Given the escalating levels of HIV/AIDS and other STIs and unintended pregnancies among adolescents and young people, Peer Education can create positive group norms of behaviour, decreasing risk for STIs, HIV/AIDS, STIs and unintended pregnancies.

Theoretical models

There are various theories supporting the ideology of the peer education programmes. These are:

The social learning theory asserting that people serve as models of human behaviour and that some people are capable of eliciting behavioural change in certain individuals, based on the individual's value and interpretation system.

The theory of reasoned action states that one of the influential elements for behavioural change is an individual's perception of social norms or beliefs



about people who are important to the individual and what they think about a particular behaviour.

The diffusion of innovation theory posits that certain individuals from a given population act as agents of behavioural change by disseminating information and influencing group norms in their community.

The theory of participatory education says that empowerment results from the full participation of people affected by a given problem. Through dialogue, a strategy can be evolved, which the affected community collectively implements.

Powerlessness at the community or group level and the economic and social conditions inherent to this are major risk factors for poor health conditions.

The above theories largely suggest that people are more likely to hear and personalise messages resulting in changing attitudes and behaviours if they believe the messenger is similar to them and faces the same concerns and pressures. Involving people in this horizontal process of co-equals, talking among themselves and determining a course of action and relating to them through facts works faster. The above gives a glimpse of the relevance of Peer Education programmes.

Need for Peer Education

There is an unbeatable logic behind Peer Education. If peers have the capacity to greatly influence each other, why not ensure that the content of what they hear from each other is as accurate and helpful as



possible? The mission of Peer Education in adolescent and youth programmes is to serve this age group by providing a forum for awareness, discussion and education regarding relationships and sexual rights, violence and harassment and encouraging healthy relationships among peers.

Young people report that they prefer Peer Educators to adult facilitators as they find them more accessible. Young people are influenced in positive ways by a peer led intervention if it is well designed and properly supervised. Thus Peer Education becomes a popular concept with young people, implying an approach, a communication channel, a methodology, a philosophy and a strategy.

The benefits of Peer Education, in context of the needs they meet, can broadly be seen at two levels, the first being the 'Peer Educators' level and the second at the 'programme level'.

- **Peer Educators get self-motivated:** Serving as Peer Educators provide a challenging and rewarding opportunity for them to develop their leadership skills, gain the respect of their peers and improve their knowledge base and skills. It is not unusual to find that Peer Educators having changed their behaviours after assuming these role.
- **Peer Educators act as a bridge between adults and young people:** Peer Educators foster fulfilling relationships between adults and young people. In some cases, they have proven to be more effective than adults in establishing norms and in changing attitudes related to sexual behaviour.
- **Peer Educators establish an enabling environment:** Peer Educators are able to talk on a host of issues, including sexuality without the risk of being stigmatised as sexually promiscuous (particularly when peer led activities take place in single-sex group). Using a member of the community to disseminate information helps

remove barriers and suspicions that normally arise from intervention by an external person/organisation. Taboos and culturally sensitive topics on sexual practices, relations and morbidities are best approached subtly. Peer Educators can act as instruments in providing information on certain contemporary issues.

An STI/HIV/AIDS prevention programme, in an urban slum was undertaken by MAMTA, targeting young women, men and out of school adolescents. With the aim to address the young population in a nearby school, it approached the principal many a time but could not make inroads. Ravi, a student of class 9th in that school also happened to be one of the Peer Educators for the programme. Taking an opportunity, he addressed on an introductory basis, the HIV/AIDS issues during the school assembly. This initiative brought down the resistance of the principal and sessions on the issue could later be taken up in the school by MAMTA.

- **Peer Educators can provide valuable links to host of services:** Peer Educators are effective in referring their peers to professional help. They

act as the perfect 'first step' for many counselling, vocational and health centres.

- **Peer Educators make healthier decisions:** Owing to their personal beliefs and the "positive peer pressure" that exists within Peer Education groups, Peer Educators tend to make healthier decisions. In a comparative survey conducted in 1998 amongst the general student population in Africa, it was found that the number of Peer Educators participating in unhealthy behaviour was less than half.
- **Peer Educators are living role models:** Peer Education is a way to get young people to make personal growth and development part of their experiences. Peer Educators contribute and "give back" to the community through their work. They gain the respect of not only their peers but also the elders in the community.
- **Peer Education reduces high-risk behaviours:** Peer-assisted interventions enhance knowledge and decrease risk behaviours. One analysis found

that peer-based interventions help to reduce HIV risk-associated behaviours. It was found that there was an increase in condom acquisition, condom use and a decrease in unprotected sexual intercourse, the frequency of sexual intercourse and the number of sexual partners.

At the programme level, some qualitative evaluations of Peer Education programmes have shown the following:

- The Municipal Health Service, Rotterdam, conducted a study in 1996 on Peer Education and sexual health of young people. Using Peer Educators, the goals were to inform young people between the ages of 15-20 about HIV, STDs and contraception, promote a positive attitude towards safer sex among young people and teach skills in using condoms properly. It was found that there was a significant rise in the knowledge of the participants and a noticeable change in their attitude towards AIDS and instances showing use of condoms with new partners etc. With regards to the experience of Peer Educators, it was found that adequate

training and constant support is necessary for them to ensure the quality of intervention and to support them in their work. They feel their work to be challenging but manageable and personally rewarding. They are also able to acknowledge the advantages and limitations of such a role.

- The Myanmar Red Cross Youth Peer Education Programme uses wide scale youth Peer Education to equip and empower young people with skills, motivation and support to sustain existing safe behaviour and to change unsafe behaviour. Local coordinators invite the participation of people aged 15-25, from different socio-economic backgrounds, and organises their training. These trained people in turn reach out to educate their peers. The training on reproductive health includes life skills, non-formal counselling, friend-to-friend education etc. As the project progresses, young people take the lead in developing manuals and other documentation, designing activities, conducting the training, and visiting sites to be monitored.



- A study by Rickert VI, Jay MS and Gottlieb conducted in the US compares a peer-led vs. adult-led AIDS education programme on adolescents, 12-18 years. The data here suggests that when education is presented by peer counsellors, adolescents are more likely to see AIDS as a personal danger and that peer counsellors should be considered when designing comprehensive AIDS education programmes.
 - The Centre Point Peer Education project, UK, involves young people leading workshops for their peers with a focus on skills building through interactive and experiential activities. The aim is to reduce the risk of young people leaving homes in an unplanned way and promoting positive behavioural choices. The programme aims to build on research findings that indicate that young people in both urban and rural environments tend to act in the same manner as their friends and peers. This work has already led to the development of highly successful lesson plans that are interesting, accessible, and most importantly fun.
 - Peer Education is integral to the work of MAMTA – Health Institute for Mother and Child working across the country on the issue of Young People’s Sexual and Reproductive Health. Here Peer Educators work with young people, addressing them on issues related to health, social problems and rights, with the aim of enhancing and instilling awareness levels, and, in the process, broadly influencing the community at large. Peer Educators drawn from different work areas form a ‘Young People’s working forum’, which guides and gears programmes with young people. This group is gradually taking on the advocacy role too. Experience shows that they have been effective in carrying forward issues of concern not only to their peers but also to different stakeholders.
- Even though the idea of Peer Education makes a lot of sense, its positive effects – at least in terms of behaviour change related to safer sex or adolescent pregnancy - have been hard to detect. Studies have noted positive effects both in Peer Educators and their programmes, but some have shown inconsistencies too.

About Peer Educators

Defining Peer Educators

Peer Educators are trained young people who have a sincere interest in confronting contemporary issues through education. They have strong communication skills and can effectively respond to potentially strong oppositions that may arise. They are volunteers who receive extensive training and are emerging assets to society. They are discussion facilitators who help peers develop a greater understanding of health and development issues through presentations and the creation of awareness campaigns in schools and in the community. For example through educational programming, Peer Educators teach other students about the importance of self-assessment, respect for others, assertive communication, personal boundaries or the role of alcohol in forced sex situation apart from a host of other issues. Thus, they create awareness on the dynamics for a host of issues and attempt to reduce the incidence of the same.



Though Peer Educators are usually of the same age or slightly older than the group with whom they are working, they can communicate and understand in a way that the best – intentioned adults cannot, and at the same time, can serve as role models of change. They may work alongside the teacher or developmental worker, run educational activities on their own or actually take the lead in organising and implementing activities. Thus Peer Educators, facilitate fun and interactive, health – educational wellness programmes for other young people in their own communities or schools. Peer Educators provide an understanding, healing and trusting environment for young people.

In a nutshell, Peer Educators facilitate the following processes:

- **Imparting knowledge to youth** free of cost or at a low cost to the maximum possible.
- **Develop educational activities** to make youth aware of the importance of sexual and reproductive health care and inform them of available services.
- **Provide information** in the language of young people keeping in mind their cultural

background. Also providing information that is responsive to the needs and concerns of adolescents.

- **When required, guiding and referring young people** to appropriate people and youth-friendly facilities.
- **Involving young people** in the design and implementation of youth-related programmes because they can identify with their peer's needs and propose appropriate ways of meeting those needs.
- **Sensitise policymakers** about the consequences of their decisions on young people's lives.
- **Ensure a healthy future** for young people in the community.

In fact, Peer Educators can play a range of roles and are helpful in bringing down barriers and creating a conducive environment for issues the programme aims to address.

But the crucial first step is in the selection of Peer Educators. The proper selection of Peer Educators is an element that is critical to programme success.

Selecting Peer Educators: desirable characteristics

The selection criteria of a peer educator depends on certain skills or qualities that he/she should possess since they have the important task of motivating a person to think rather than just react.

In preparing teams of Peer Educators, one should strive to create diversity in terms of culture and the socio-economic backgrounds represented. There should be a variety of considerations such as age, gender, ethnicity, education, religion, a balance of youth who are considered at risk and those who are not. Many programmes select peers who are respected in the community and are already known for good behaviour.

Peer Educators are expected to be role models, exhibiting as well as promoting 'safe' behaviour patterns. However, some programme experiences have shown that as many as half or more of the Peer Educators promoting condoms, are not using them. So they can hardly act as models of safe sexual behaviour. The other difficulty is that while these

educators are able to discuss the task of sustaining good behaviour, they are not the best people to talk about behaviour change from bad to good behaviour because they have not experienced it. Persons at low risk could be useful with some target audiences, for instance, pre-sexual adolescents, but for persons in the late adolescence and young adults category, it is better to select Peer Educators who have personally changed their behaviour. People living with HIV/AIDS have worked successfully as Peer Educators in programmes of sexuality, prevention of HIV/AIDS, care and support etc.

In nutshell, the peer educator:

- Is a member of the target group
- Is a member of the local community
- Belongs to/resembles the race, gender, social, and cultural heritage of the youth they serve
- Is a recognised leader of the group apart from having some social standing in the community
- Is acceptable and approachable to the target group
- Has a personality suited to the work s/he will be doing

- Is enthusiastic and confident about the programme
- Is able to maintain confidentiality
- Is responsible and resourceful
- Is highly motivated and ambitious
- Has basic sensitivity to the issue to be addressed
- Is sensitive, listens, believes and supports young people
- Is open to expanding self-awareness and willing to take risk
- Has some pedagogical talents and good communication skills
- Is creative and non judgemental

The level of education a peer educator requires is a much-debated issue. Though a minimum level, where they can read and write in the local

language is desirable, there are instances where Peer Educators who were not literates have performed their jobs well. There also have been experiences where some of the health guides (Peer Educators) of an integrated health and development programme implemented in a slum called Tigri in Delhi by MAMTA Health Institute For Mother and child, partook of nonformal education and later got themselves enrolled in formal schools.

The training of Peer Educators to equip them with knowledge and skills for their work follows their selection. But before we embark on the training of Peer Educators a crucial step that is usually missed out is the training of the project team undertaking Peer Education programmes.

Crafting Peer Education programmes

Capacity building through training programmes:

A. Project team

Training to identify, draw out and train Peer Educators can range from three to five days. This training meant for the project team is assimilated and retained better if inputs come from an experienced person in the issue. Involving young people to speak for themselves also helps in creating a better understanding within the project team. This lends an air of exclusivity and importance to the training, which in turn encourages the participants to acknowledge the roles of Peer Educators to be quite serious and important. Through this training, participants establish a framework for the selection; training, support and supervision of Peer Educators for effective delivery of health related messages to young people. Also, during the course of training, the following are thought of/worked at:

- Exploring Peer Education and the different models of the same
- Identifying issues that can be promoted through the process of Peer Education
- Identifying the difficulties that may be encountered in working with young people through Peer Education
- Identifying boundaries in work related to Peer Education
- Exploring legal issues associated with the establishment of Peer Education projects
- Identifying, monitoring and evaluating issues related to Peer Education
- Need for providing thorough training and regular follow-up workshops and practice sessions
- Monitoring the needs of trainers and educators.
- Considering the different needs of male and female educators
- Preparing Peer Educators for community resistance and public criticism

- Building local linkages

B. Peer Educators

The objectives of capacitating Peer Educators is to create well-informed individuals who will:

- Disseminate information and raise consciousness related to the issues on STI/HIV/AIDS
- Suggest appropriate referral services when necessary
- Organise community meetings where issues may be discussed and thence these act as a community resource of health information
- Encourage positive, proactive and supportive involvement of the youth in the programme
- Create community role models by encouraging health-seeking behaviour
- Extend aid to young people in accessing available resources where necessary
- Promote social marketing, for instance, of condoms
- Enhance communication skills to create effective community facilitators

Capacity building curriculum must be planned keeping the existing knowledge base of Peer

Educators and the programme goals in mind. An intensive training with reinforcements at regular intervals is important. These workshops should emphasise on the development of the three following themes:

1. **Improved knowledge:** Apart from informing the participants on various issues, the workshops should also work as an indicator for increased levels of knowledge.



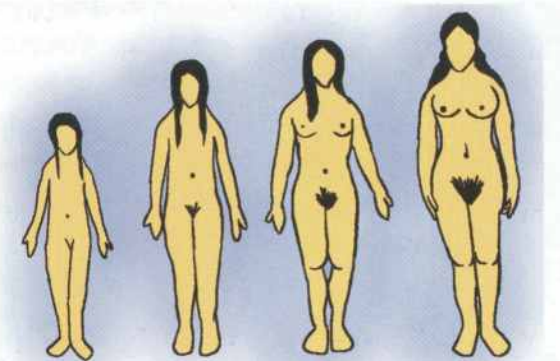
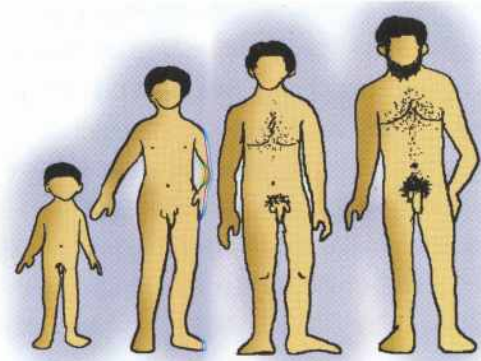
2. **Improved attitude:** By discussing excuses and reasons to engage in unsafe sexual activity, a peer educator's focus or attitude to different issues, for instance that of safer sex and condom usage can be changed.
3. **Improved skills:** Improved skills, particularly life skills are imparted when for instance information on and the demonstration of the use of condoms, lubricants and the pills is given.

The Content of the training should be geared to the needs of the programme. Depending on the programme, the training contents should be decided. For instance, a programme on adolescent sexual and reproductive health could include:

- a. **Knowledge on the dynamics of the community, family and society surrounding young people:** In most countries, as in ours, issues relating to young people, especially of their sexual and reproductive health remain stigmatised and the required services do not reach them. It has often proved difficult to dovetail the roles of parents with the desires of

young people or even to define the role of society in intervening in what is primarily a family matter. Efforts to foster understanding and support among adults in the family and the community are also vital areas that could be actively undertaken by Peer Educators.

- b. **Knowledge on adolescent growth and development:** The second decade of life – from 10-19 years, coincides with the process of adolescence. Adolescence is the developmental transition between childhood and adult-hood and it entails major physical, cognitive and psycho-social changes. It is a period marked by stress and strain, as growth level is the greatest during this period. Peer Educators must have a basic understanding of the various developmental changes that adolescents go through in terms of their:
 1. Bodily changes.
 2. Development of primary and secondary sexual characteristics
 3. Pubertal changes
 4. Intellectual changes



5. Psychological, psychosocial and emotional changes

- c. **Knowledge of the human reproductive system:** A minimal understanding of the male and female sexual and reproductive organs along with their functions is desirable for Peer Educators working on YSRHR issues.
- d. **Knowledge on certain myths related to sexuality held by young people:** It is essential for Peer Educators to be knowledgeable about prevailing myths, especially in context to sexuality issues and replace them with accurate facts.

Some of the commonly existing myths, for example relating to masturbation are:

- Men who masturbate frequently will run out of semen
 - Masturbation leads to homosexual activity
 - One can get STD and AIDS from masturbation
 - Girls seldom get orgasm through masturbation
- e. **Knowledge on contraception**
It is essential that young people have knowledge of contraceptives in order to safeguard their health, both in terms of preventing the occurrence of STDs and HIV apart from the prevention of an early pregnancy. They should



be informed about the varied methods available, with the health risks associated, as they are prone to risk-taking behaviours. While choosing a contraceptive method is a personal decision, the choice must be an informed one. Each method carries with it a number of risks and benefits of which Peer Educators, apart from the above stated domains should be aware and be able to communicate these to their contemporaries.

The contraceptive methods that Peer Educators should know about:

1. Condoms
2. Pills
3. Emergency contraceptive methods

f. Knowledge of sexually transmitted diseases

It is important that Peer Educators know of the various sexually transmitted diseases (STDs) along with their modes of transmission. Apart from these, scientific knowledge on methods to prevent the same is essential. Emphasis on safe sex practises and skills to communicate the same to young people by them should form an integral component of their knowledge base.

g. Knowledge on adolescent sexual and reproductive health and rights

It is important that Peer Educators, understand the period of adolescence especially in context to sexual and reproductive health and rights. They must know that a large number of young men and women also face risks to their sexual and reproductive health through STDs, HIV sexual violence and drug and alcohol abuse. Young women are at greater risk because of biological factors, discrimination relating to access to information and services and also because of constraints imposed by the society. As a result, they are especially vulnerable to problems such as female genital mutilation, sex trafficking, forced marriage, unintended and early pregnancy, and unsafe abortions.

h. Knowledge on life skills

Studies show that family life education should begin early to help young people at a time when an interest in sex begins. It is important for the young people to have an insight into the three major life skills namely thinking, social and

negotiating. The Peer Educators with this knowledge can convey to their contemporaries through practical demonstrations and in the process empower them towards better decision making.

i. Knowledge on linkages

Peer Educators can play an important role in protecting adolescents' well being. They can ensure that they have access to comprehensive reproductive health services including factual information about reproductive physiology and sexuality, contra-ceptives, services for detection and treatment of sexually transmitted infections and life-saving treatment for complications of unsafe abortion and safe, legal abortion. The



organisational services and linkages that the young people can access should be shared by the Peer Educators.

The **expected outcome** of the training is to make the participants feel confident enough with their learned information so that they engage in proactive discussions with their peers resulting in positive youth involvement in the community. It is also expected that the participants themselves will be actively involved in their peer's health.

Actual implementation of programmes

Having undergone capacity building, Peer Educators return to their community to actively disseminate the information gained. Peer supervisors should conduct regular follow-up sessions/meetings with them. These sessions should serve as a method to monitor the outcome of training sessions and verify the assimilation levels of the participants. The follow-up sessions should also allow Peer Educators to share their successes and failures and to clarify their doubts and

questions that may have been raised by the community. Such meetings reflect the responsibility and accountability of Peer Educators, highlighting their involvement in the project on one hand and making them feel cared for and part of the project on the other hand. It also helps keep peer educator supervisors informed of the concerns and complaints of the community at large.

Besides the follow-up sessions, certain peer educator workshops or refresher training courses can also be held at gaps of say three to six months. During these sessions, discussion on various problems and weaknesses threatening the dissemination of information, sharing of experiences etc should be encouraged. The focus should be on what has been learnt before and on creating avenues to take up new responsibilities. These would help to create a strong bonding between Peer Educators, health workers and supervisors.

Planning with Peer Educators on their outreach work and the support they would need for the same

should follow capacity building. It is crucial to discuss the recording and reporting mechanisms as this would bring in an element of responsibility and accountability.

Peer Educators work differently in different programmes. For instance, in Kormangala, an urban slum in Bangalore, Peer Educators man the Youth

Information Centres in the area and conduct meetings with young people, pertaining to YSRHR issues. They provide contraceptives and maintain records of their meetings and distribution of pills and condoms. Training and reorientation is organised once a month. At the end of the month, Peer Educators and the programme team review the work and plan for next month.

Typology of peer approaches

	Peer Communication	Peer Education	Peer counselling
Objectives	Information building, some attitude change	Information and skill building, attitude change. May also include social support	Information and skill building, attitude change, problem solving and social support
Coverage	High Coverage	Medium coverage	Low coverage
Intensity	Low	Medium/high	High
Focus	Community, large groups	Community, small groups	Individuals
Examples	drama, leaflet distribution, condom distribution	Peer-led group education facilities	School, health facility, or community based peer counsellors
Role	Communicators are recruited continuously on voluntary and motivation basis. They have limited roles. Their commitment is usually for brief or sporadic periods	Educators are selected based on specific criteria. 20-30 educators are recruited at a time. They have specific tasks to perform. They are committed for short periods (6-8 months)	Counsellors are carefully selected. In many cases they are paid. They perform a highly skilled task and are highly committed over a long period of time
Training	Short briefings or motivational sessions are sufficient	Short intense training workshops and refresher course	Long duration and intensive training

Common strategies adopted for effective Peer Education

Many strategies have been adopted either by peer educators or the organisations they are associated with in order to help raise awareness, provide



accurate information and help their contemporaries develop skills to change behaviour. Some of these are:

- **Leading informal discussions:** Peer educators facilitate discussions on certain issues, for instance, sexual assault or eve-teasing, harassment in colleges etc., as a societal issue and the responsibility of males and females to work together to prevent it from happening.
- **Educational programming:** Peer educators teach their contemporaries facts on a host of issues, for instance, the importance of self-assessment, respect for others, assertive communication, personal boundaries, the role of alcohol in forced sex situations apart from a host of other issues. This can be done through developing IEC material.
- **Formation of peer fora:** Through this, a platform is set for peer educators and the young people to regularly interact with each other and exchange information on a host of issues. Rfsu in Gotland, Sweden undertakes school based

sexuality education programmes. They encourage young people to form clubs to carry forward similar discussions. The clubs invite Swedish Association for Sex Education (Rfsu) and other experts to share their concerns whenever a need is felt.

- **Conducting special camps:** Special camps by the parent organisation to which the peer educators are associated with, could be conducted for the young people along with the educators to streamline certain issues. For instance, a week long residential camp by the MAMTA peer educators of the Bangalore outreach centre for the young people was successfully concluded in 2003. Similarly, during the summer vacations in Sweden, Rfsu (Swedish Association for Sexuality Education) organises special camps on beaches and in clubs frequented by young people. Peer educators get together to address a host of issues including distribution of condoms.
- **Education during sports:** There are certain good practices from Africa, where peer

educators have cited 'time slots' during or after sports events as good opportunities for strategizing their educational interventions for the young people. This becomes feasible as many a young people can be found together under one common realm of sports.

Peer educators may use any of the above strategies to convey their ideas to their peers. The aim should not be to establish what is right or wrong but to regard the diversity of ideas as a stimulus for a better exchange of views. They should remain neutral and try to elicit as many opinions and aspects of a given problem as possible.

Challenges faced by Peer Educators

In the process of conducting educational talks to inform their contemporaries on varied issues, peer educators have reported to having faced challenges from the communities they serve, their clients and others – for instance, parents, teachers, authorities. Some of the major challenges faced by the Peer Educators are:

- **Limitation of their own knowledge base:** Peer

educators are not necessarily the best in transmitting factual health information. Peer educators and adult-led education may need to complement each other. One study showed that a mixture of classroom-based and peer-led education showed the greatest gains in information, motivation, behavioural skills and behaviour.

- **Participation of important stakeholders:** Participation of important stakeholders in a

Narrating the changes brought about in herself, Malati, now 20, a Peer Educator with MAMTA, said that earlier her family members would not allow her to move out of the house and she also had to drop out of school. She was studying in the 7th standard at that time. It was important for her parents to become involved to foster her inner desire to bloom. As a part of the door-to-door visit, the community workers met her family members and convinced them to send her for the Peer Educator training. She has undertaken practically all the trainings imparted by MAMTA and is well versed in a host of sexual and reproductive health issues. She resumed her education and is now studying in the 10th standard. She actively participates in the organisation work.

programme ensures its success, and lack of participation appears to reduce success in achieving goals. Stakeholders can include organisation board members, public official, police departments, school official, parents, and volunteers. Many groups have reported problems associated with lack of involvement by parents.

- **Discrimination on the basis of race, sexuality, and culture:** This could be a big challenge as many of these groups working in poverty context may belong to the low-income communities of people. Discrimination on the basis of colour, race and culture is often also reported to be an impediment.
- **Environmental justice issues:** Groups that work pro environmental issues, for instance, hindering the dumping of pollutants in one's areas, could draw unnecessary and threatening attention of the lawbreakers.
- **Limited resources:** Poor or inconsistent funding limits the capacity of peer education

programmes to expand their services and outreach, and many of these report reduced resources against increased demand for their services. It is also reported at times that inadequate funding leads to low pay and, thus, high staff turnover creating disjointed efforts to reach the target clientele.

- **Mobility:** The dynamics of migration within a community may limit the impact of projects, which base their effectiveness on repeated contact with the target group, and in -depth peer support. It also evokes the necessity of continuous repetition of cycles of activities for peer educators for the constant stream of newcomers into their territory.
- **Issue as an impediment:** Programmes dealing with issues like sexuality, gender, rights etc. are difficult to be taken up. The staff and peer educators dealing with these issues face resistance from the communities. The Peer Educators may be dissuaded by their families to be part of such programme.

Some experiences

A new group of female peer educators of a HIV/AIDS prevention programme for young people coming regularly for training sessions to MAMTA always left their note books and the IEC material in the office after the end of the training. The reason explained was the non acceptance of they undergoing training on these taboo issues by their respective members. The Peer Educators were encouraged to go back and talk to their parents about the project and the need for such a sensitisation. The girls went in groups and spoke with each other's parents along with the MAMTA team members. A gradual approach proved useful and helped the peer educators gain confidence. Later this group also performed street plays in the community.

Carlos Ramirez, a 15-year-old peer educator in Guatemala, has talked to hundreds of his peers about the importance of condom use to prevent pregnancy and STIs. But he had a hard time dealing with cautious adults and accusing authorities that questioned his work and character. As he says,



“I was once put in jail by the police because they thought I had stolen the condoms that I had in my back pocket. I’ve been confronted by angry adults who didn’t believe that I knew what I was talking about and some women thought that I was going to corrupt their daughters”.

Carlos also faced strong opposition from the school authorities who first allowed him to give educational talks and sell condoms in or around the school premises.

Despite these challenges, Carlos continues his work as a volunteer educator because he is committed to helping his peers.

(Brende, a 17-year-old says that being a woman brings a whole different set of challenges. At home, although her mother supported her work as a Peer Educator, her father thought it wasn’t proper for a young lady to be talking about sex or selling condoms. And in the field, she has had difficult encounters with men. As she puts in:

“I was confronted a few times by men who thought that I was a sex worker because I was selling condoms”.

“Those experiences were not easy.” she says. But as she has gained more experience, it has become easier. “It’s a learning process. I’m getting better at explaining what it is that I do and not being scared

to speak openly about something that is so important. When I started working as a promoter I felt uncomfortable discussing condoms and issues on sexual and reproductive health but now I understand that women must learn to conquer their fears and confront life in out homes and in our lives.”

Some youth Peer Educators, like Fernando, take the challenge in stride and look forward to continuing their efforts. “When we go out to our communities we have to be prepared to face opposition. But we also feel the satisfaction that we have been able to bring in a change in someone’s life. Now that I’ve had experience as a youth Peer Educator, I realise that there is a lot more to learn. I want to learn how to motivate people to actually act on what I am teaching when I’m out in the community,” he says. Despite the constraints mentioned above, the youth groups have not let these challenges prevent them from achieving their objectives. Instead they have focused on their goals and have been aggressive in raising funds for making community alliances to gain support and access to the resources.

Apart from the challenges mentioned above, there are those at the programmatic levels too!

- **Improper use of Peer Education:** While the notion of Peer Education might represent a basic principle widely accepted on an international level, the concrete application of this concept is not always clear and can lead to more misunderstanding. For example, it often happens that official service providers have a tendency to incorporate all kinds of activities under the general term Peer Education. Their use of ‘peers’ is intended to differentiate between health professionals and non-professionals, between individuals hired by the public health system and those outside this system. This implicit misconception is a way of affirming that anything which is different from the official and dominant method of performing one’s professional tasks can easily be integrated into possible peer support and/or peer education programmes.
- **Too much expectation:** Establishing Peer Education should never be considered as the

sole goal of an intervention programme. It ought to be seen as one of the prevention strategies.



Peer educators are trained to influence the behaviour of their peer group. However, it is unrealistic to expect that they could always effectively influence the group.

- **Relations with in the group:** Another factor that could make the role of peer educators difficult is the feeling of competitiveness and jealousy within members of the target group – they might have difficulty in accepting that some of them want to show off, through more knowledge and power.
- **Staff and youth turnover:** Many peer groups face challenges in staff and youth recruitment and retention-more so in major urban areas. But most Peer Educators are 'volunteers'. In many societies the lack of reward or reciprocity leads to attrition of the volunteer effort.

Sustaining Peer Education Programmes

Peer education is regarded by some as an inexpensive programme strategy because it often relies on volunteers. Yet the costs of implementing

high quality Peer Education can be high, due to ongoing need for funds to adequately train, support and supervise peer educators and equip them with resource material. Experience has shown that programmes that provide incentives – such a stipend/allowance, educational support, or trips – fewer these problems. Many programmes use the incentive strategy to maintain their Peer Education component. When programmes link incentives or benefits to the number of clients they work with, there is a tendency for the educators to emphasise/concentrate on new contacts.

Important issue is whether and how to provide incentives and compensation to Peer Educators in order to facilitate their recruitment and/or continuation. The compensation could be monetary or non-salary incentives like T-shirts, bicycles, access to loans, free medical care, and/or the status of being the Peer Educator.

Besides these benefits, organising an annual peer educator conference to develop a feeling of recognition and importance can go a long way. Peer Educators can also be taken outstation once in a



year, which can serve as an incentive to work more enthusiastically. Occasional gifts for those who put up a good performance through the year would give recognition and encourage the educators to put up a better performance next year.

Peer educators associated with MAMTA are given free clinical services and medicines (these are priced items for the community) and this serves as a small incentive.

Strategies that have contributed to sustainability of peer education programmes include:

- **Involving the intended audience and stakeholders in the programme and creating a sense of joint ownership:** These could be gatekeepers as well as people who have taken interest in the peer education programmes. Since they are the key to the success and sustainability of the programme, they should be involved from the design phase onwards in order that their concerns, needs and priorities are addressed and a sense of ownership is



instilled in the programme. Early involvement also helps Peer Education programmes capitalise on stakeholders' potential contributions, such as financial and human resources.

Young Men as Equal Partner, a project of UMATI (Family Planning Association of Tanzania) in partnership with Rfsu select Peer Educators in consultation with the key members of the community and young people themselves.

- **Documenting programme effectiveness and promoting the results to donors, stakeholders, and government:** The involvement of stakeholders is important in order to ensure both programmatic and financial continuity. Stakeholders like teachers, police, company supervisors/managers are critical to influencing different population groups. In many instances, the involvement of the stakeholder is closely linked with policy

advocacy. Government officials and clinic personnel have also been documented as key stakeholders who wield power in terms of allocating financial resources, setting laws and policies and providing access to health services and important outcome data (eg. Clinic records).

- **Generating income:** Despite the fact that the Peer Educator programmes rely heavily on unpaid or low paid field staff, they need to continue generating funds for their incentives, professional/supervisory salaries, materials, training costs and office space and equipment. Organisational methods of income generation, such as clinic fees and condom sales, have been used to provide income from which HIV/AIDS Peer Education programmes can draw support. Programmes have also tried to promote their sustainability by integrating peer education training into the curriculum of existing institutions such as the army or schools.

Key to successful Peer Education programmes

Peer Education programmes are based on psychological and sociological theoretical frameworks. The programme combines active learning (for e.g. working in small groups), sharing of issue – based information and development of skills, primarily through the use of interactive programmes. When considering to form or not to form a support or Peer Education programme, one must remember that a Peer Education programme must be part of an overall prevention and intervention strategy. Though the message of peers is a powerful and credible one, it is less effective without a professional who is primarily for serving as a resource for guidance, training and referrals. A good group advisor is essential for the success of Peer Education programmes. Successful Peer Education programmes should aim to embrace the following:

- **Youth leadership development:** This involves opportunities for meaningful engagement in



community and civic life, peer support, and development of such skills as critical thinking writing, public speaking, planning, and group dynamics.

- **Quality of peer training, curriculum, and material:** Good peer training and relevant materials enhance the understanding of a programme and its goals, and make it easy to target the intended audience. Well-planned training models for staff and Peer Educators, including pamphlets, audio and video materials and brochures, make training effective thus enabling the Peer Educators in having a better understanding of the politics and culture of the communities they serve.
- **Diversity of programme staff and Peer Educators:** Programmes that serve diverse groups of youth and are implemented by staff teams and peers that represent the same diversity seem to be the most successful in reaching their targeted clients, helping youth to understand themselves and their community. The diversity in these groups encompasses race

and gender but also sexual orientation, education and language.

- **Articulation of identity, mission, and vision:** The clarity of an organisation's mission and vision affects the way it approaches youth work and allocates resources. Success depends in large parts on a well articulated vision in alignment with the organisation's mission and goals.
- **Close collaboration with other organisations:** Many of the youth organisations have working relationships with other similar youth-serving organisations in their localities. However, these collaborations are usually loose, informal, or inactive in the context of daily operations and programming. Those organisations that maintain some connection with other organisations benefit by sharing information, ideas, and best practices.
- **Solid leadership, staff and programme management:** Good leadership and programme management ultimately drive the

success of a programme. An important facet of leadership and management is ongoing analysis of the programme and realignment with goals and objectives.

- **Use of art and culture to communicate messages:** Using art and culture as methods of expression is commonly used by organisations. Some groups concentrate on cultural expressions that connect them to traditional practices such as basket weaving, canoe pulling and traditional theatre/drama. Others express themselves in the use of graffiti art and murals.
- **Effective targeting, recruiting, and retention:** Organisations that have a well-articulated identity and a reputation in the community appear to do well in targeting, recruiting and retaining both Peer Educators and clients. In general, these groups have highly motivated staff and active Peer Education programmes.
- **Involvement of stakeholders:** Strategies for involving stakeholders such as participatory programme activities and board governance

seem to increase the potential for success of these programmes. Groups that incorporate community participation and ownership into programmes attract local support, thereby enhancing their prospects for continuity.

More Tips for building successful Peer Education programme

- Linking Peer Education programme (contents and methods) with other programmes to form a comprehensive strategy
- Ensuring that a quality control process is in place
- Ensuring that a trained adult or teacher facilitates and supports the Peer Educators.
- Evaluating the results of using Peer Educators, including:
 1. Monitoring the activities of the peers (process evaluation)
 2. Measuring the impact of the education (outcome evaluation)
- Considering incentives to attract and maintain Peer Educator's participation. For example recognising their contribution through: public recognition; certificates; programme T-shirts;

food; money /credit stipends or scholarships

- Establishing criteria for the skills and qualities that Peer Educators should have and then having students volunteer or nominate others for the Peer Educators
- Having clear and achievable expectations from the Peer Educators
- Providing thorough training and regular follow up workshops and practice sessions (this is particularly important as the turnover of the participants can be high).
- Being flexible when scheduling training and feedback sessions to maximise participation
- Monitoring the needs of trainers and educators
- Involving young people as active participants in the project planning, implementation and assessment. Planning processes such as developing and pretesting materials and the curricula or training manual, can serve as valuable opportunities for young people to practice facilitation skills and gain knowledge on related issues. It also ensures reflection of the audiences' cultural background and educational level



- Creating personal and professional growth and development opportunities within the organisation for Peer Educators
- Making sure that ample supplies of educational materials is available
- Considering the different needs of male and female educators. For example there may be different social expectations about how girls should behave and what they should talk about in public. Also, some girls may stop working after they get married. It is also important to keep a gender balance among the educators. One study found that young women were more able to express an opinion and ask questions in groups of Peer Educators which comprised only girls
- Preparing the Peer Educators for community resistance and public criticism, should it arise. At the same time informing and involving the community in the programme, to alleviate any fears and to garner their support
- Developing plans to gradually pass the control and maintenance of the programme to peers

and the community

- Ensuring that mechanisms are in place to replenish the supply of Peer Educators



The bottom line

In conclusion, it is clear that if youth work is to be successful, it requires support from many quarters. It needs funding and evaluation from an agency or foundation, and it also requires grassroots support from the community and local government. The best programmes have the support of parents, families, and the community at large.

Successful local programmes give young people the experience and tools to work for full participation in society. This experience is greatly enhanced if it includes training, conferences, meetings, exchanges and visits to other programmes. And training and experience in Peer Evaluation can help young people regularly evaluate their own programmes.

Youth organisations should be encouraged to work with one another and establish and maintain connections with other similar groups. On the local level, such collaborations can help streamline

service delivery and avoid duplication of efforts – the groups and their members can learn from one another on an ongoing basis. Peer Education through support groups and peer led groups can have some positive outcomes, if the programmes are well designed.



Some Recommendations for Future Action

Existing Peer Education and communication projects should be documented and reviewed and this material published in order to add to knowledge on conceptualisation, implementation and effectiveness of these approaches. In particular, there should be documentation on the effective sections and types of training programmes. These could refer to Peer Educators in general, selection and recruitment of these, methods used to keep the activity levels of their high, linking with peer communicators and gaining the support of the mass media. It could also include the changes in social norms among young people reached through the project and the kind of supervision needed to sustain and support the work of these educators.

- **Providing technical support to youth organisations in project conceptualisation and design:** A wide range of organisations developing projects using Peer Education may have little previous experience in working with

young people. There is an urgent need to improve project conceptualisation and design in order to improve project implementation and effectiveness. Many projects have difficulty in gaining access to appropriate technical support, which should include making available resource materials and expertise that can help youth organisations in designing, implementation and monitoring of their projects.

- **Improving the coverage and intensity of Peer Education projects:** The challenge is to develop cost-effective approaches that reach a large number of youth (high coverage) with the interpersonal communication needed to assist in behaviour development and change (high intensity). Youth organisations face two challenges – the scaling up and replication of peer approaches from small scale to district wise efforts and the combination of peer approaches (i.e., peer communication and education) with

mass and little media.

- **Ensuring that young people are active participants in project planning, implementation, management and assessment:** Although by definition, peer approaches use young people as their major resource, there is a need to ensure that they have a strong and effective role in project planning, implementation, management and assessment.
- **Ensuring the gender, sexuality and socio cultural dynamics:** Gender refers to the social construction of roles, responsibilities, and decision-making authority associated with being a woman or a man. Peer Education programmes need to analyse the gender dynamics and the attitudes of the community, programme staff, and the peer educator themselves in order to understand the socially defined gender roles and relations that can undermine communication and pose a critical challenge to success of such programmes.



The International Center for Research on Women supported the development and evaluation of several Peer Education interventions in Sri Lanka and Thailand that incorporated a gender perspective. These studies highlighted the importance of addressing gender and sexuality and found that culturally defined gender roles affect peer educator and participant recruitment, retention, and the ability to communicate about sex with same sex and opposite – sex peers.

In Sri Lanka, male and female youth Peer Educators facilitated discussions with peer groups on virginity, sexual behaviour and decision making first in same sex and later in mixed sex group sessions. Findings showed that single sex groups helped young women to develop a public voice, which enabled them to actively participate in subsequent discussions with males. The study also found that recruitment and retention of participants in these group sessions were greater

for females than for males .

In Thailand, both male and female Peer Educators were trained to facilitate single sex and mixed sex group sessions with unmarried factory workers. Findings from formative research were used to create comics and story books that included male and female characters whose attitudes and behaviours reflected prevailing gender norms about communication, sex and HIV prevention. Pre and post intervention interviews demonstrated an increased understanding of how traditional gender roles inhibit HIV-related communication as well as increased peer and partner communication and HIV /AIDS and sexual risk reduction.

In addition to gender, Peer Education programmes need to be particularly attentive to differences in rank, status and hierarchy that exist in various environments such as military, factories and other establishments.

Suggested readings

1. Population Council (2000), *Peer Education and HIV/AIDS: Past Experience, Future Directions*, The Council, USA.
2. UNAIDS (1999), *Peer Education and HIV/AIDS: Concept, Uses and Challenges*, UNAIDS, Geneva.
3. UNAIDS (2000), *Female Sex Worker HIV/AIDS Prevention Projects: Lessons from Papua New Guinea, India and Bangladesh*, UNAIDS, Geneva.
4. UNAIDS (2001), *Young Men and HIV/AIDS: Culture, Poverty and Sexual Risk*, UNAIDS, Geneva.
5. World Health Organization (1997), *Regional Meeting on Youth and Reproductive Health*, WHO, Copenhagen.