

Reaching adolescents through their peers

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Key statement 1

Peer relationships are one of the defining features of adolescence.

Early adolescence (10-13 years) – affiliation

Middle adolescence (14-16 years) identification

Older adolescence (17-19 years) peer relationships recede in favour of individual friendships

Key statement 2

Peer relationships are very important to adolescents.

Being popular with their peers triggers a stronger positive response in adolescents than in adults.



Key statement 3

Peer relationships contribute to emotional and social development in adolescents.

They shape who they are and who they want to be

They help adolescents to:

- Learn how to interact with others**
- Observe how others deal with their challenges and problems**
- Give and get support**

Key statement 4

Peer relationships contribute to healthy and pro-social behaviours, and to unhealthy and anti-social ones.

Key statement 5

All of us – children, adolescents and adults – face peer pressure.

The more important it is for an adolescent to belong to a peer group, the more susceptible he/she is to peer pressure.

Key statement 6

Adults should help adolescents understand and deal with peer pressure.

Key statement 7

Through peer-led education – information, attitudes and values, and behaviours can be taught and shared.

Key statement 8

Peer education is a popular alternative or complement to adult-led health education approaches.

It enables:

- **Information exchange and open discussion between adolescents of similar age and social status**
- **Opportunities for repeated contact in a friendly context**
- **Access to those who are hard to reach through traditional adult-led health-education approaches**

Key statement 9

The effectiveness of peer-education in increasing safe behaviours/reducing risky behaviours is limited.



COMMENTARY

What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices

Venkatraman Chandra-Mouli,^{a*} Catherine Lane,^{b*} Sylvia Wong^c

Youth centers, peer education, and one-off public meetings have generally been ineffective in facilitating young people's access to sexual and reproductive health (SRH) services, changing their behaviors, or influencing social norms around adolescent SRH. Approaches that have been found to be effective when well implemented, such as comprehensive sexuality education and youth-friendly services, have tended to flounder as they have considerable implementation requirements that are seldom met. For adolescent SRH programs to be effective, we need substantial effort through coordinated and complementary approaches. Unproductive approaches should be abandoned, proven approaches should be implemented with adequate fidelity to those factors that ensure effectiveness, and new approaches should be explored, to include greater attention to prevention science, engagement of the private sector, and expanding access to a wider range of contraceptive methods that respond to adolescents' needs.

Key statement 10

Adult-led education programmes can provide accurate information, answer questions and clarify misconceptions.

Peer-led education programmes could complement this through discussion and interpretations in the context of adolescents' lives.

Key statement 11

Y-PEER – the UNFPA-led youth education network provides a useful forum for information exchange among organization doing/supporting peer-led education programmes.

It also provides a four-part tool kit for managers and trainers of peer-education programmes.

Key statement 12

Peer-education programmes encounter many practical challenges in:

- Recruiting the right persons to be peer-educators
- Retaining them
- Replacing them (when they leave)
- Training them to educate their peers effectively
- Monitoring their work and supporting them, especially when they face challenges in their work

The Geracao Biz (Busy Generation) programme in Mozambique is facing and dealing with these challenges. It provides useful lessons.