

A SYSTEMATIC REVIEW OF THE EVIDENCE ON PEER EDUCATION PROGRAMMES FOR PROMOTING THE SEXUAL AND REPRODUCTIVE HEALTH OF YOUNG PEOPLE IN INDIA

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REVIEW ARTICLE



SRHM SEXUAL AND REPRODUCTIVE HEALTH MATTERS
MORE THAN A JOURNAL

A systematic review of the evidence on peer education programmes for promoting the sexual and reproductive health of young people in India

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Abstract: *In the context of a growing adolescent population globally, it is imperative to understand which interventions will most effectively advance their sexual and reproductive health (SRH). In India and globally, peer education is often utilised as an intervention for promoting the SRH of young people. Globally, the evidence of its effectiveness is mixed. A systematic review of the literature from the Indian context gave insight into the knowledge, attitudinal, and behavioural (KAB) outcomes affected by peer education, as well as the inputs, coverage, content, and context of such interventions. Out of the over 1500 publications initially identified through the database and bibliographic searches, 13 were included in the review; no quality assessment was done, given the dearth of publications matching the inclusion criteria. Analysis of the included publications highlights the multiple ways that peer education is implemented in the Indian context, as part of multi-component programmes and as a stand-alone intervention. The KAB outcomes from these initiatives are mixed, with some multi-component and some stand-alone initiatives affecting statistically significant outcomes and others not—a finding consistent with global literature reviewed for this paper. Despite the mixed results and the limited effects of behaviour relative to knowledge, this paper proposes that peer education has a place in an overall response to improving the SRH of young people. It calls for better research on peer education in India, and for research in relation to the optimal conditions for peer education to succeed in affecting KAB and other outcomes. DOI: 10.1080/26410397.2020.1741494*

Keywords: peer education, sexual and reproductive health, young people, India, systematic review

Introduction

Young people's sexual and reproductive health (SRH) is recognised as a crucial component for progress toward global development outcomes related to education, poverty reduction and gender equality, amongst others.^{1,2} Given that young people constitute nearly one-fourth of the world's total population, a focus on this age group is both imperative and inevitable, particularly for India, the country with the largest share of adolescents in the world.³

Peer education is not a new programmatic intervention for SRH. The simplicity and commonsensical

nature of its rationale—that young people can more easily reach their peers with education and can discuss sensitive issues with them more easily than adults can—may be behind its prolific use in SRH programming. To place this India-focused systematic review in the context of the wider literature, we appraised the global literature, identifying reviews on the effectiveness of interventions aimed at preventing SRH problems and the behaviours amongst adolescents and young people that contribute to them. Despite the use of peer education globally, the evidence of its contribution to bringing about

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Background

- Young people's sexual and reproductive health (SRH) is recognized as a crucial component for progress toward global health & development outcomes.
- Young people constitute nearly one-fourth of the world's total population.
- A focus on this age group is both imperative, particularly for India, the country with the largest share of young people in the world.
- Despite the use of peer education globally, the evidence of its contribution to bringing about changes in young people's SRH knowledge, attitudes, and behaviors is mixed.
- Further, little to no evidence exists on:
 - Whether peer education impacts upon other desirable outcomes, such as the creation of safe social spaces, friendship networks, and youth empowerment.
 - Optimal conditions for peer education programmes to be effective.

Objectives

Primary Objective:

- To understand the inputs, processes, outputs, and outcomes of young people peer education interventions undertaken in the Indian context and to gain insights on their effectiveness in relation to SRH knowledge, attitudes, and behaviors of young people.

Additional Research Questions:

- What was the content of these initiatives?
- How were these initiatives delivered (by whom, where, with what support tools)?
- In what context were they delivered i.e. were they part of a wider intervention package?
- What was the coverage of these initiatives?
- What was the quality of these initiatives?
- What other, if any, changes have resulted, e.g. in perception of stronger trust (attitude) and behavior (help-seeking) from friends?

Methods for Systematic Review

- Expert Advisory Group setup to define key terms for the research
- Decision made to review studies & evaluations in the published & grey literature published between 2000-2016 that included a component of SRH peer education for young people in India
- Publications identified using PubMed, POPLINE databases; bibliographic reviews; and targeted outreach to organizations working with young people
- PRISMA guidelines used for analyzing and reporting findings
- 1,545 publications identified initially; 13 that aligned with our inclusion criteria, were included in the review

Inclusion Criteria	
Geography	Studies and evaluations of interventions that took place in India
Date of publication	Publication date on or after 1 January 2000 and on or before 31 December 2016
Date of intervention	Research initiated on or after 1 January 2000
Intervention	Inclusive of a standalone or integrated peer education component focusing on the promotion of young people's SRH
Intervention target group	Young people aged 10 to 24
Outcomes	Measurements on changes in knowledge, attitudes and/or behaviors reported
Language	Published in English



What was the content of these initiatives?

- Most initiatives provided general reproductive health information, though this was not defined clearly or consistently.
- Peer education expanded beyond SRH to include other public health and development topics e.g. nutrition, livelihoods, savings, substance use, sports and adolescent health (general) in most initiatives.



How were these initiatives delivered and in what context?

- Out of 13 initiatives delivered to young people, 11 were delivered either as part of multi-component intervention programmes and only two were delivered as a stand-alone intervention.
- The majority were delivered in out-of-school settings in places close to where young people live or congregate e.g. community centres, anganwadi centres (a type of rural childcare centre), and homes of peer educators who work or live in slums
- Apart from peer educators, other cadres of workers such as community health workers, anganwadi workers, Rajiv Gandhi Scheme for Empowerment of Adolescent Girls - SABLA workers, teachers, child development officers were involved in delivering information or complementary interventions.



What was the coverage of these initiatives?

- Coverage was assessed based on the number of young people within the target population reached by the peer educators.
- The scale of these initiatives varied considerably, with the number of young people reached by peer educators ranging from eighty-four to 4,811,264.



What was the quality of these initiatives?

- None of the initiatives reported on the quality of the content or delivery of peer education.
- Five of the 13 initiatives conducted process monitoring
 - One initiative carried out on-site supervision along with weekly review meetings to assess intervention delivery quality.
 - Two initiatives developed and applied a monitoring mechanism involving multiple stakeholders to ensure effective implementation.

What changes have these initiatives affected in relation to SRH knowledge, attitudes and behaviours of young people?



Nine of 13 initiatives (69%) – 1 standalone; 8 multicomponent – reported increases in SRH knowledge related to pubertal changes, menstrual hygiene, reproductive tract infections, sexually transmitted diseases and HIV; the availability of SRH services, including those for adolescents; and the importance of practices such as contraceptive use.



Four of 13 initiatives (31%) – 2 standalone; 2 multicomponent – measured changes in SRH attitudes or beliefs. Almost all of these initiatives reported statistically significant positive changes in attitudes among young people who received the intervention.



Four of 13 initiatives (31%) – 1 standalone; 3 multicomponent – reported changes in SRH-related behavioral outcomes related to reporting sexual health problems or menstrual problems for young women; help seeking from health care providers; and visiting adolescent friendly health services for SRH.

Effectiveness of Peer Education Initiatives Globally

Utilized global review of reviews to place the findings of our India review in perspective

Examined global reviews published between 2001-2014	Reviews included reports of research studies and evaluations carried out in high-, middle- and low-income countries	Analyzed 10 reviews [included 22 initiatives: 12 high-income countries, 10 low- and middle-income countries] that provided information on the effect of standalone peer education interventions
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Evidence from the global review illustrated changes in knowledge, attitudes and behaviours as a result of standalone peer education are mixed

Improvement in knowledge in nine of the 15 initiatives (60%)	Positive change in attitudes in six of the 11 initiatives (55%)	Positive change in behavior in six of the 14 initiatives (38%)
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Peer education shown to be more effective in improving knowledge and attitudes than in promoting healthier behaviours in some initiatives, but not in others—a finding that is consistent with the India review

What other, if any, changes these initiatives resulted?

- Non-SRH changes reported by the initiatives included



GENDER-BASED
VIOLENCE



CHILD MARRIAGE



LIVELIHOOD AND
SAVINGS FORMATION



NUTRITION



SUBSTANCE USE



COMMUNITY
SENSITIZATION



ADVOCACY

- Six of the thirteen initiatives (46%) – all multicomponent – reported changes in knowledge on non-SRH related issues
- Three of the thirteen initiatives (23%) – 1 standalone; 2 multicomponent – reported attitudinal change in relation to gender equality
- Four of the thirteen initiatives (31%) – all multicomponent – reported changes in non-SRH behaviors e.g. women's autonomy and perpetration of physical violence

Conclusion

- Peer education has been employed in India and around the world in a variety of ways to bring about changes in the SRH knowledge, attitudes and behaviors of adolescents and young people.
- While the published literature on this in the Indian context is uneven in quality, there are clear indications that it has contributed to improvements in knowledge and positive attitude change rather than in behaviours.
- It is crucial to better understand the role peer education could play within public health and human rights initiatives.
- The next step forward in programming for adolescents and young people in India and globally will require dialogue regarding which outcomes peer education programs could reasonably be expected to contribute to and the conditions under which they can be achieved.