



Effectiveness of Peer Education Program:

A Pre and Post Test Analysis

Presented by:

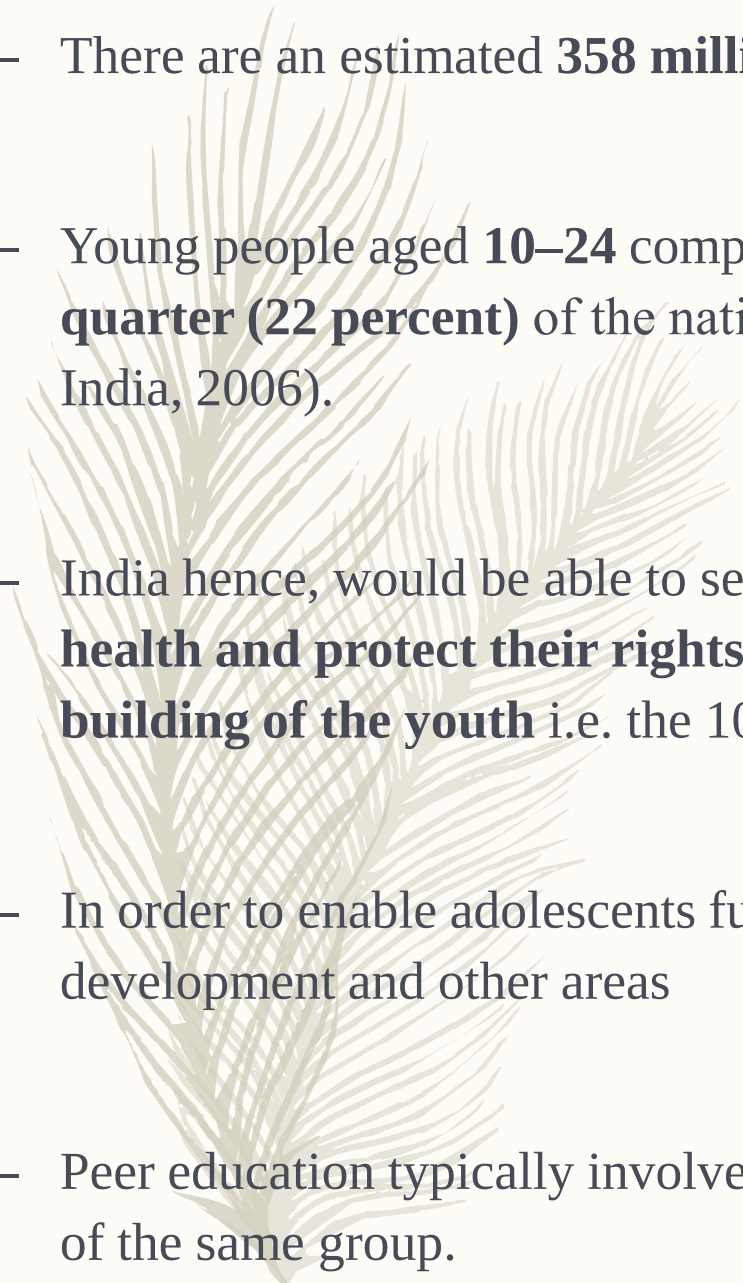
Varidhi Sharma

BACKGROUND

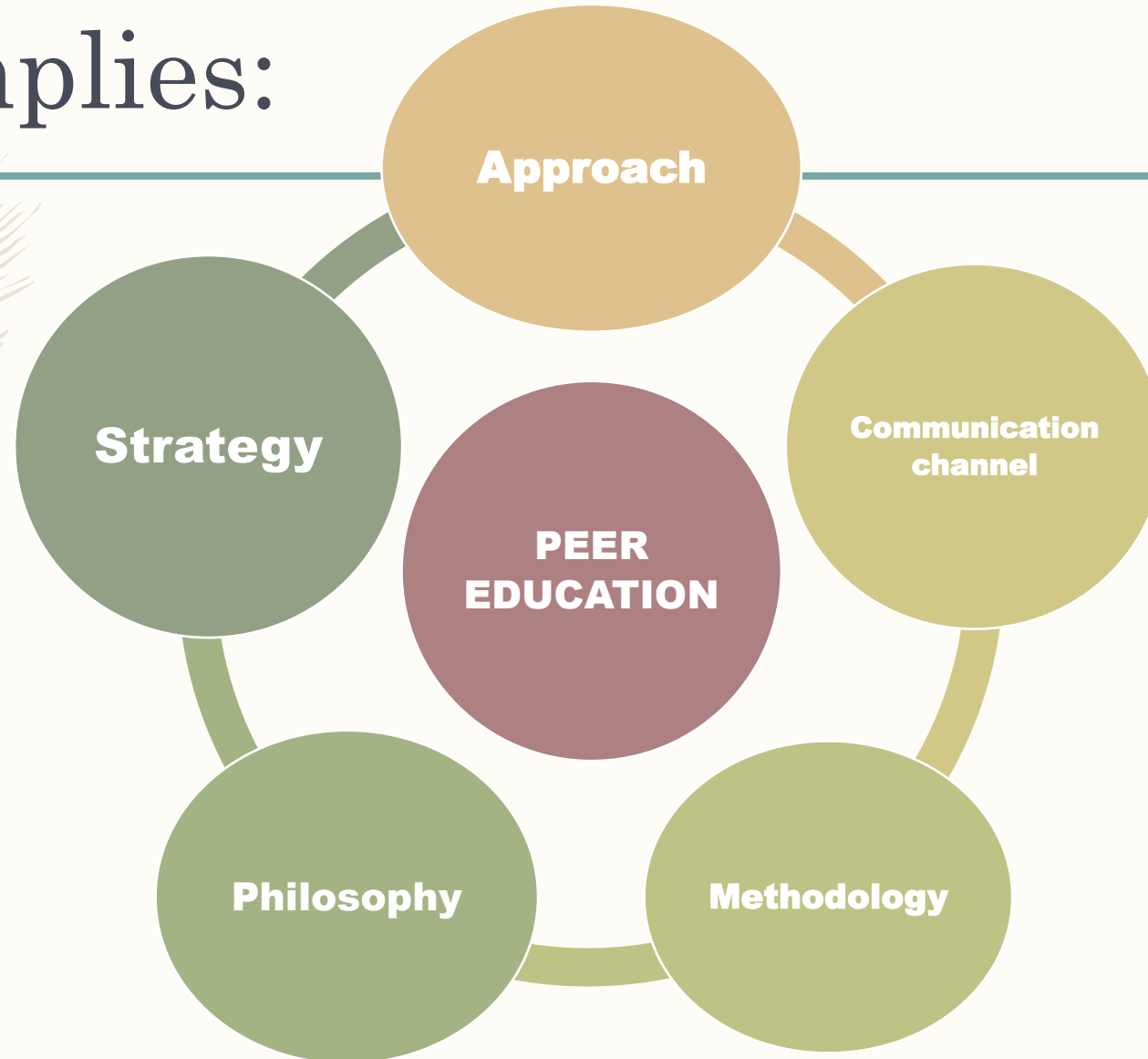


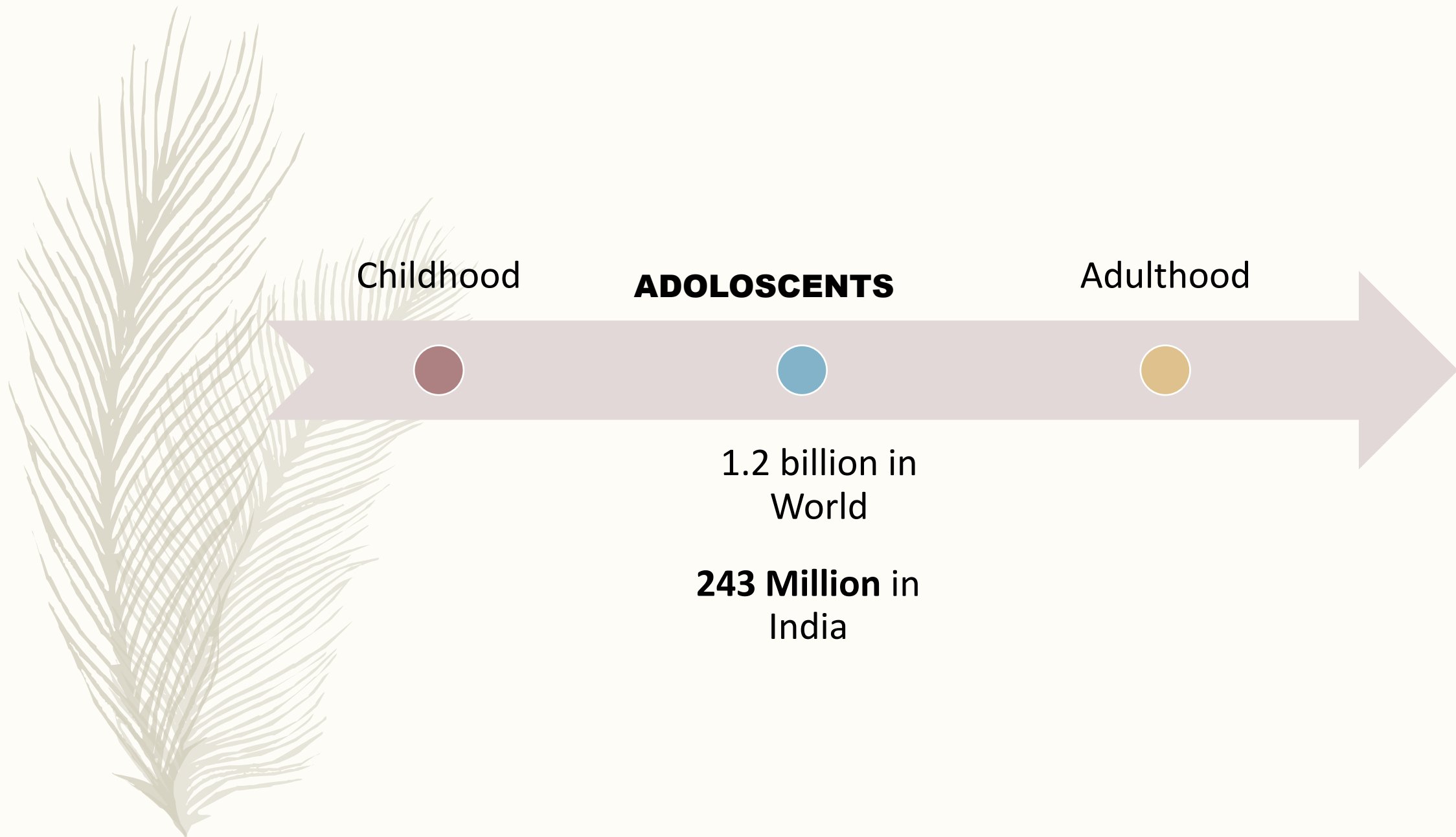
The global healthcare sector is on the cusp of a tipping point and it is more evident in developing countries like India, as these countries grapple within key issues such as:

- Rapidly aging population
- Non-Communicable Disease(NCDs) epidemics
- Steady rise in healthcare cost due to rise in out of pocket expenditure.

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- There are an estimated **358 million young people** (aged 10–24 years) in India today (2011).
 - Young people aged **10–24** comprise **almost one-third (31 percent)**, and those aged **10–19** almost **one-quarter (22 percent)** of the nation's population (Office of the Registrar General and Census Commissioner, India, 2006).
 - India hence, would be able to see its economic soar, provided it invests healthily in the **youth's education, health and protect their rights**. Thus India to make any remarkable and sustainable progress, **capacity building of the youth** i.e. the 10-24 year olds holds utmost importance.
 - In order to enable adolescents fulfil their potential, substantial investments must be made in education, health, development and other areas
 - Peer education typically involves the use of members of a given group to effect change among other members of the same group.

Peer Education As a Concept Implies:





Childhood

ADOLESCENTS

Adulthood

1.2 billion in
World

243 Million in
India

Policy Environment in India

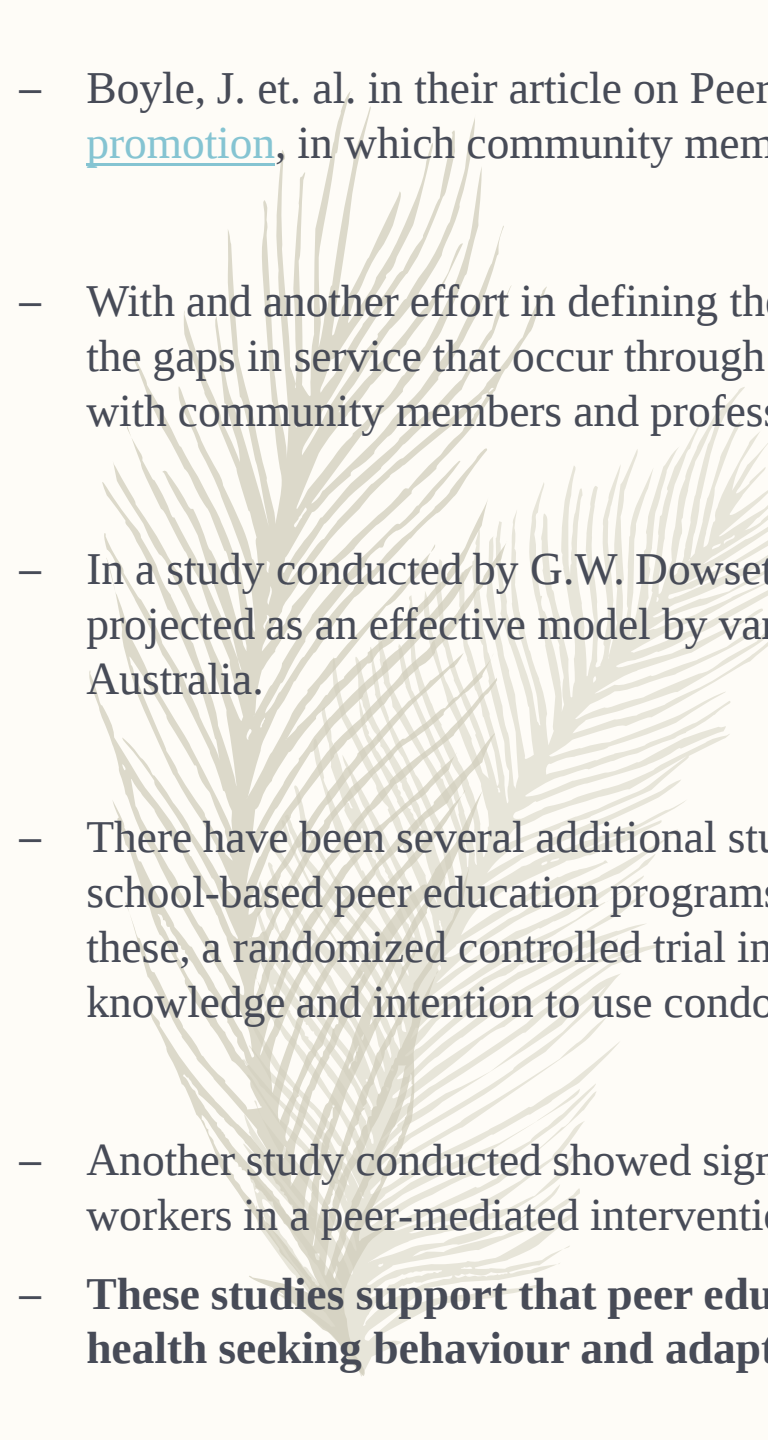
- **The National Youth Policy (2003)**
- **The National Health Policy (2002) has recognized the nutritional needs of adolescent girls as well as the necessity of implementing SHP.**
- **The National Population Policy (2000) and the National Policy for the Empowerment of Women (2001) both recognize adolescents as an underserved and vulnerable population group with special sexual and reproductive health needs.**
- **The National AIDS Prevention and Control Policy (2000) recognize street children and sex workers as vulnerable group.**
- **The National Policy on Education (1986, modified in 1992) aims to equalize education opportunities in the 15–35 years age group, implement free and compulsory elementary education for all children up to 14 years and imparts functional literacy to adult illiterates. It recognizes the role of adolescents in population stabilization and parenthood.**
- **The Rastriya Kishor Swasthaya Karikram (RKSK) launched in (2014)**
- **The Reproductive Maternal Neonatal Child Health+ Adolescent Health (RMNCH+A)**

Global Commitments

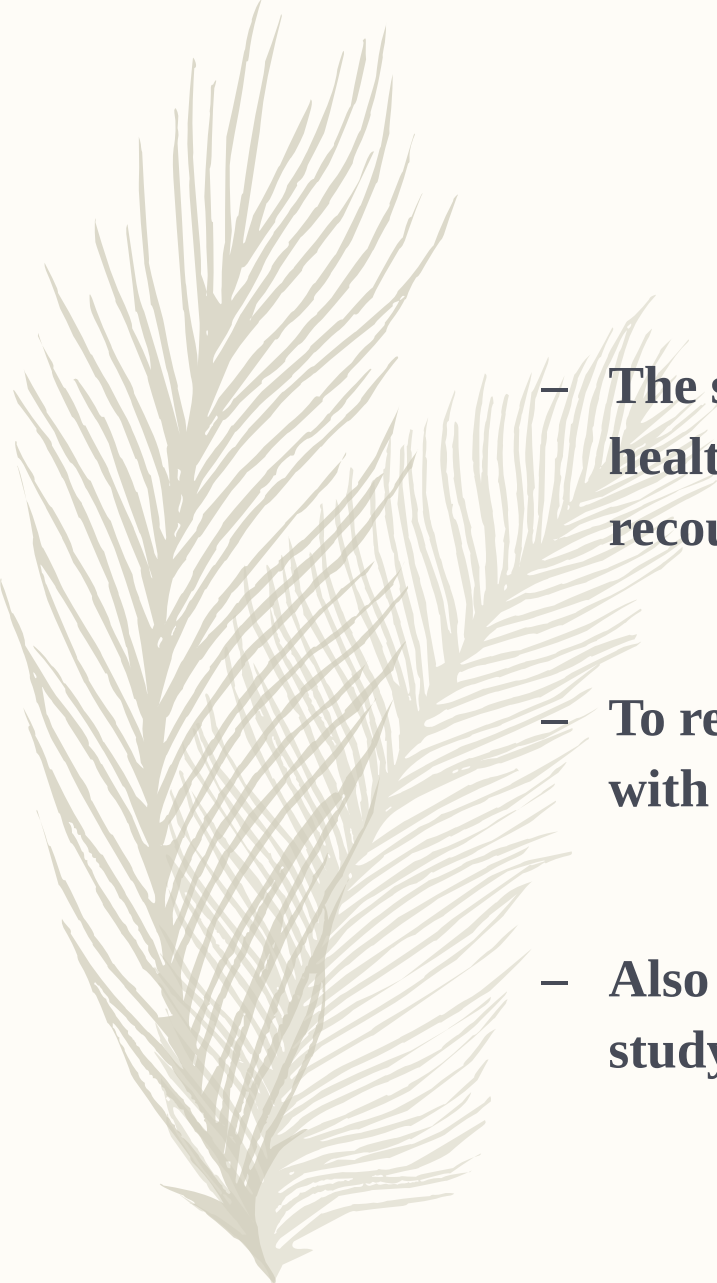
Targets under SDG vouching Young People Health

- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being .
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- By 2020, halve the number of global deaths and injuries from road traffic accidents
- By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and Small Island developing States
- Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Literature Review

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- Boyle, J. et. al. in their article on Peer Education intervention among college students defines Peer Education as an approach to [health promotion](#), in which community members are supported to promote health-enhancing change among their peers.
 - With and another effort in defining the work of Peer Educators Wiskochil, B et.. al. states that Peer educators help to bridge many of the gaps in service that occur through fear and suspicion of official health care providers, and to facilitate effective communication with community members and professional provider.
 - In a study conducted by G.W. Dowsett, L. Turney, G. Woolcock, A. Rance and N. Thomson, Peer Education and Peer Support has been projected as an effective model by various HIV risk reduction and drug user communities in Netherlands, The UK and US and in Australia.
 - There have been several additional studies reporting the efficacy of peer education in developing countries. Three evaluations of school-based peer education programs in China found significant increases in HIV knowledge among the intervention group. One of these, a randomized controlled trial involving 1,950 students from 10 senior high schools in Shanghai, found that the increases in HIV knowledge and intention to use condoms were sustained at least one year following the 3-month intervention.
 - Another study conducted showed significant increase in Consistent condom use with clients (from 28.8% to 70.4%) among female sex workers in a peer-mediated intervention in Mombasa, Kenya.
 - **These studies support that peer education interventions can lead to increases in knowledge on health issues and increases in health seeking behaviour and adaptation towards healthy lifestyle within various at-risk populations in developing countries.**

Rationale

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- **The study is conducted to understand how effective peer education is in health promotion among peer groups and within community at large so that recourses can be invested healthily on them.**
 - **To record responses and quantifies knowledge attained by the adolescents with the help of Peer Educators and how significant it is statistically.**
 - **Also it highlights some suggestions on the basis of result attained in the study duration.**



Research Questions



- What is the present status of knowledge among Adolescents (10-19 years) visiting HIC on various health themes like Communicable Diseases, Sexual Health, Menstrual and Personal Hygiene etc in urban resettlement community of Delhi?
- What is the Impact of Training delivered by Peer Educators, on their Knowledge of Health issues?
- What is the status of Peer Education within community?



Objectives

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- To determine the existing knowledge of adolescents (10-19 years) on various health themes like Communicable Diseases, Sexual Health, Menstrual and Personal Hygiene etc.
 - To assess the impact of training delivered by Peer Educators on improving knowledge level of Adolescents (10-19 years).
 - To determine the Effectiveness of Peer Education Program within the Community.

Null Hypothesis

There is no significant change in the
knowledge of Adolescents after Peer Education
Intervention.

Methodology

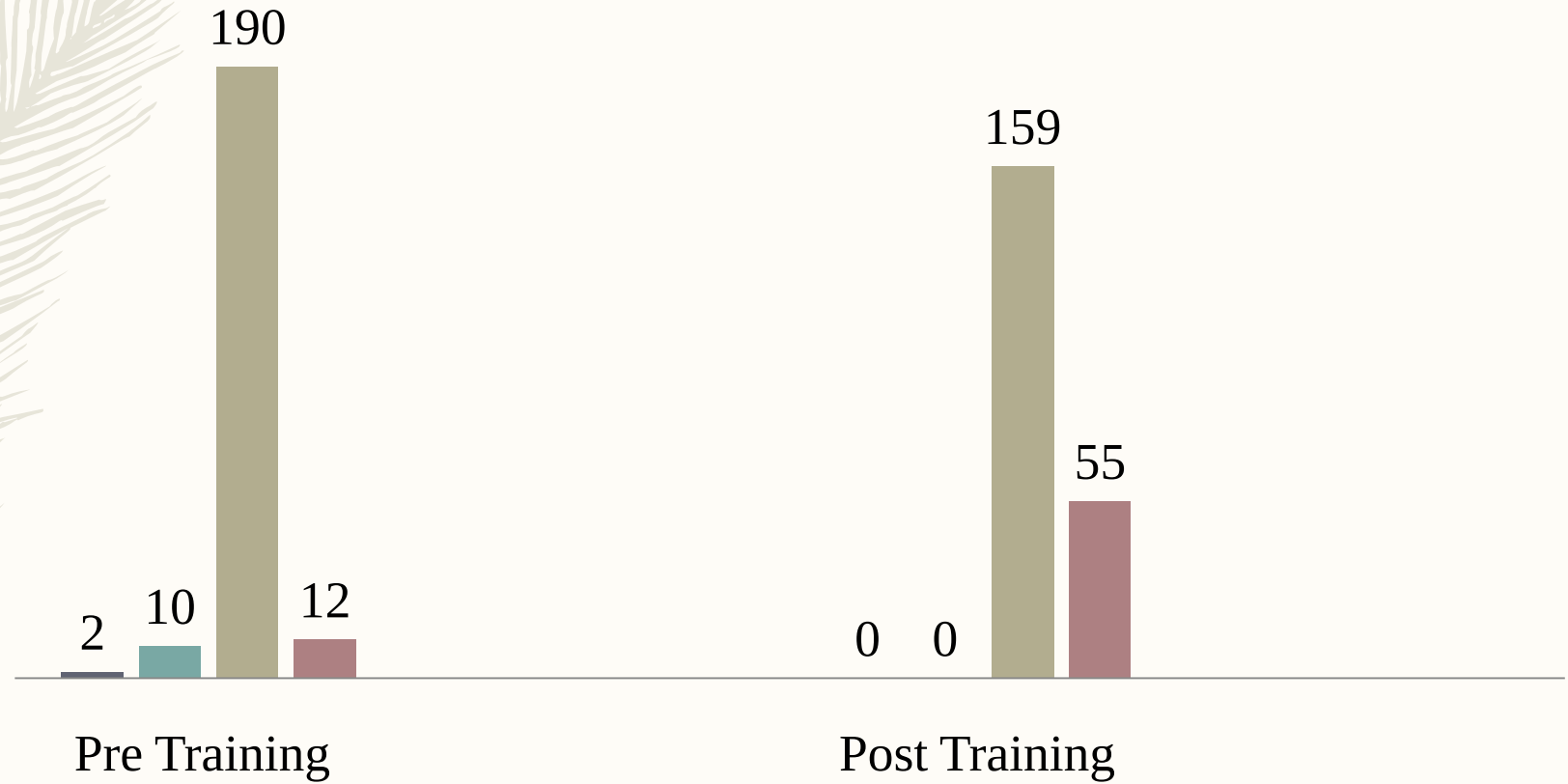
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- Study Type: Pre and Post test Design
 - Study Location: North-West Delhi Region
 - Study Area: Holambi Kalan
 - Target Population: Adolescents (10-19 Years)
 - Sample Size: 214 Adolescents (both Male and Female) and 20 Members of Community selected using systematic random sampling design.
 - Study Duration: Two Months (1st March-30th April'16)
 - Data Collection Tool: Self-Administered Questionnaire
 - Data Analysis: SPSS and MS Excel

Findings

For Objective 1

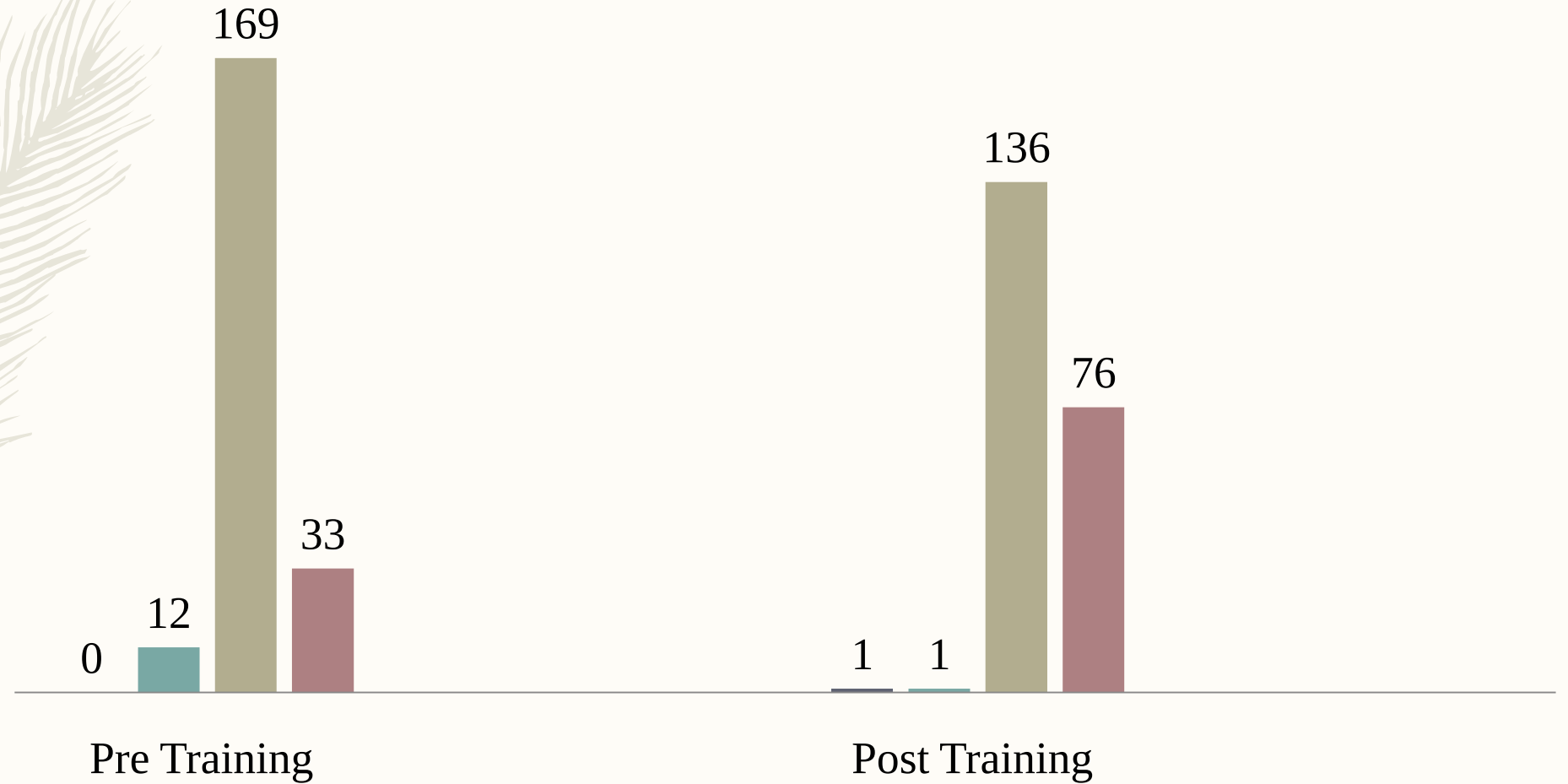
Communicable Disease (n=214)

■ No Correct Response ■ 1 correct response
■ More than 1 correct responses ■ All correct response



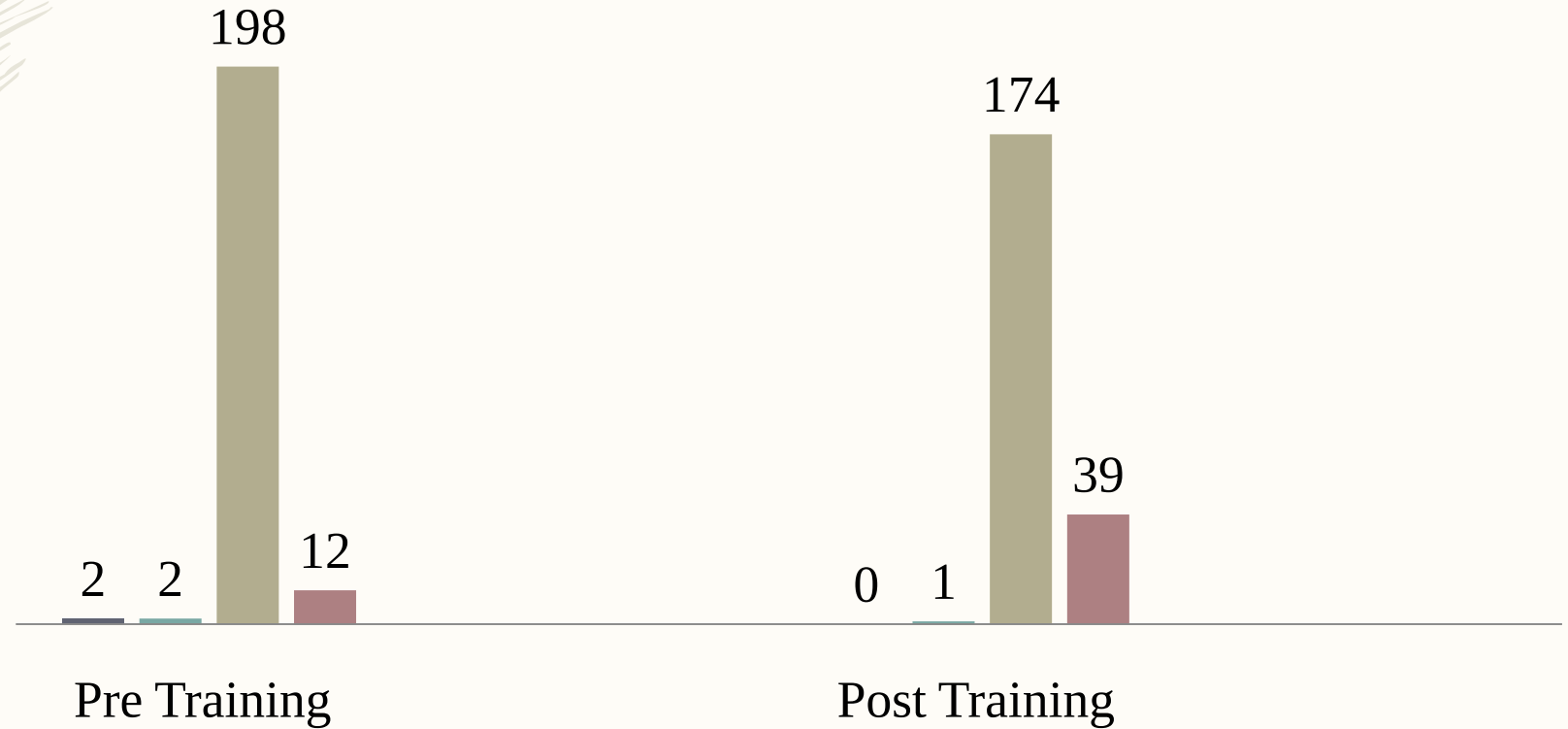
Water and Sanitation Hygiene (n=214)

■ No Correct Response ■ 1 correct response
■ More than 1 correct responses ■ All correct response



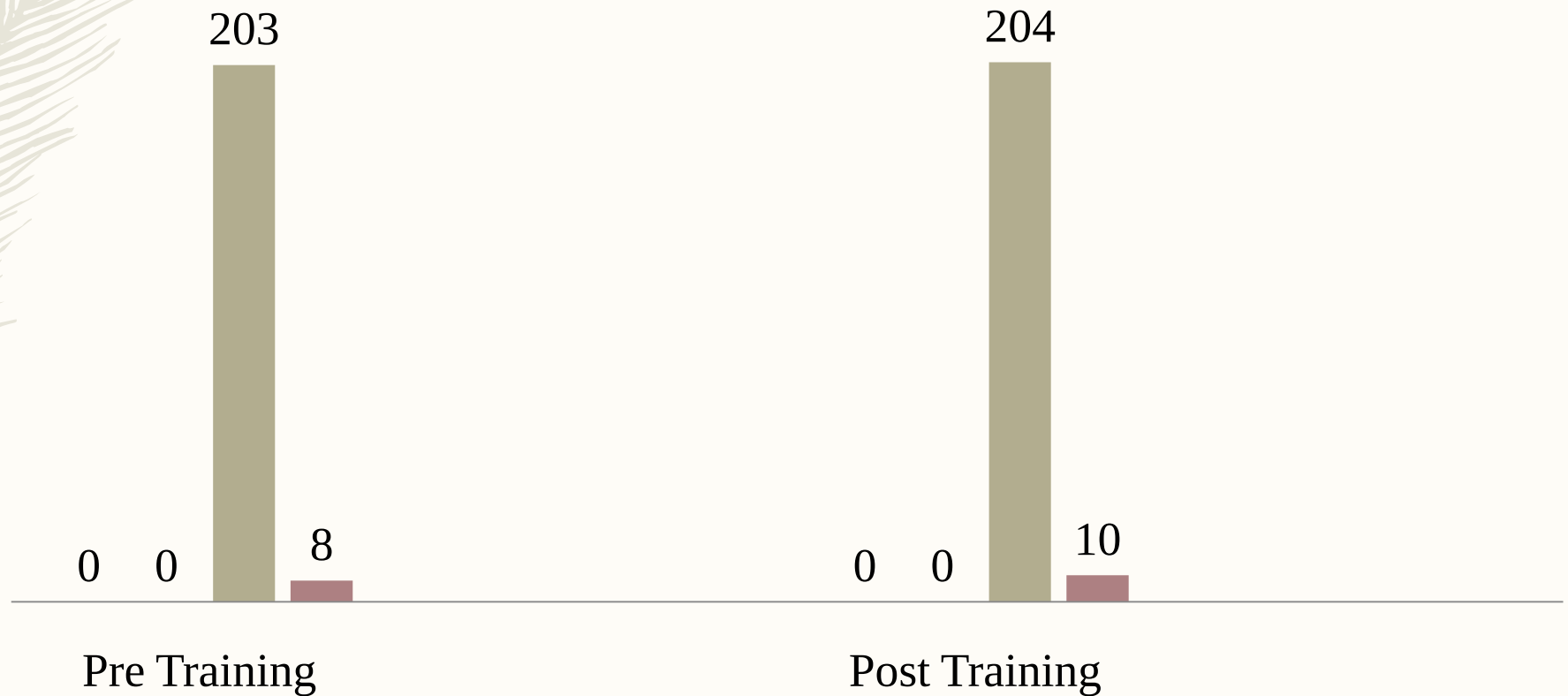
Substance Use (n=214)

■ No Correct Response ■ 1 correct response
■ More than 1 correct responses ■ All correct response



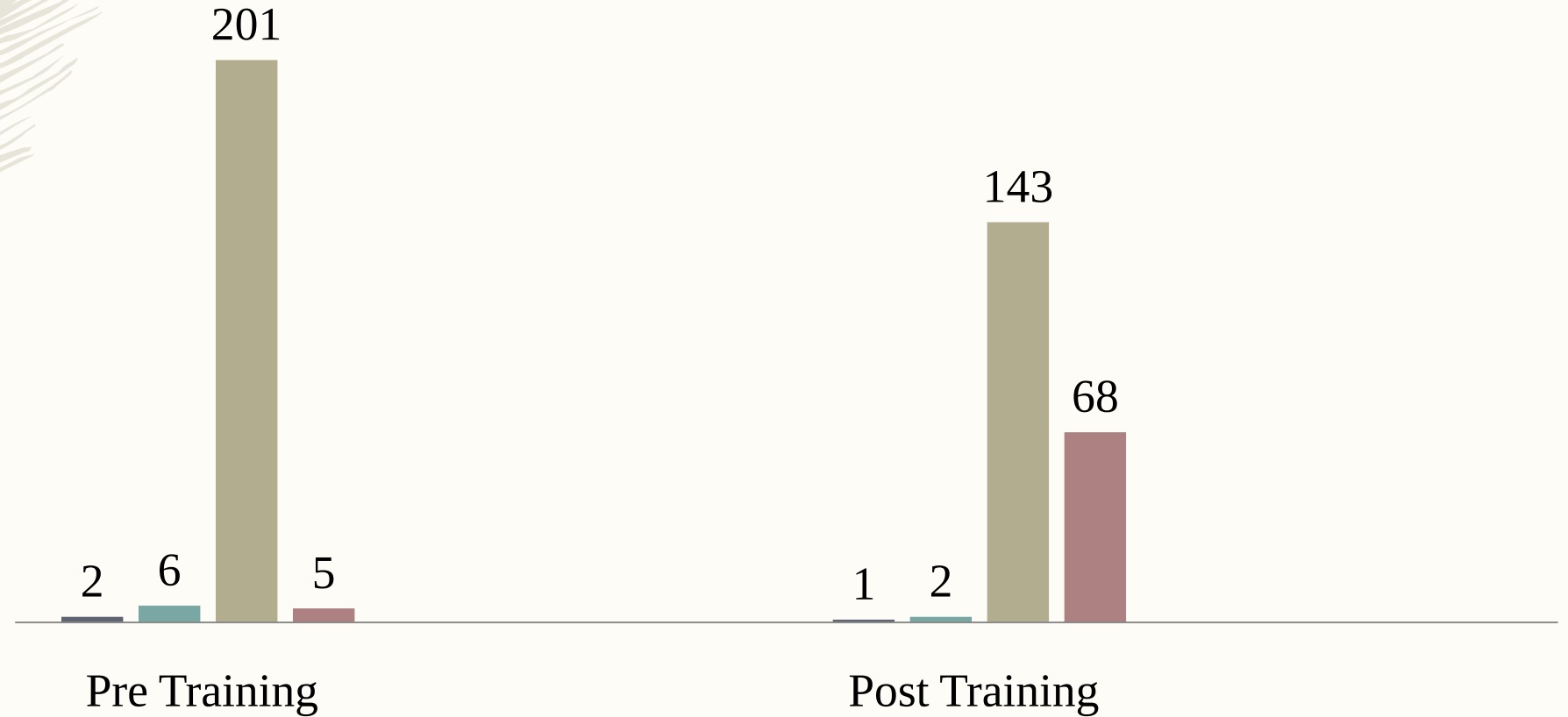
Sexual and Reproductive Health (n=214)

■ No Correct Response ■ 1 correct response
■ More than 1 correct responses ■ All correct response



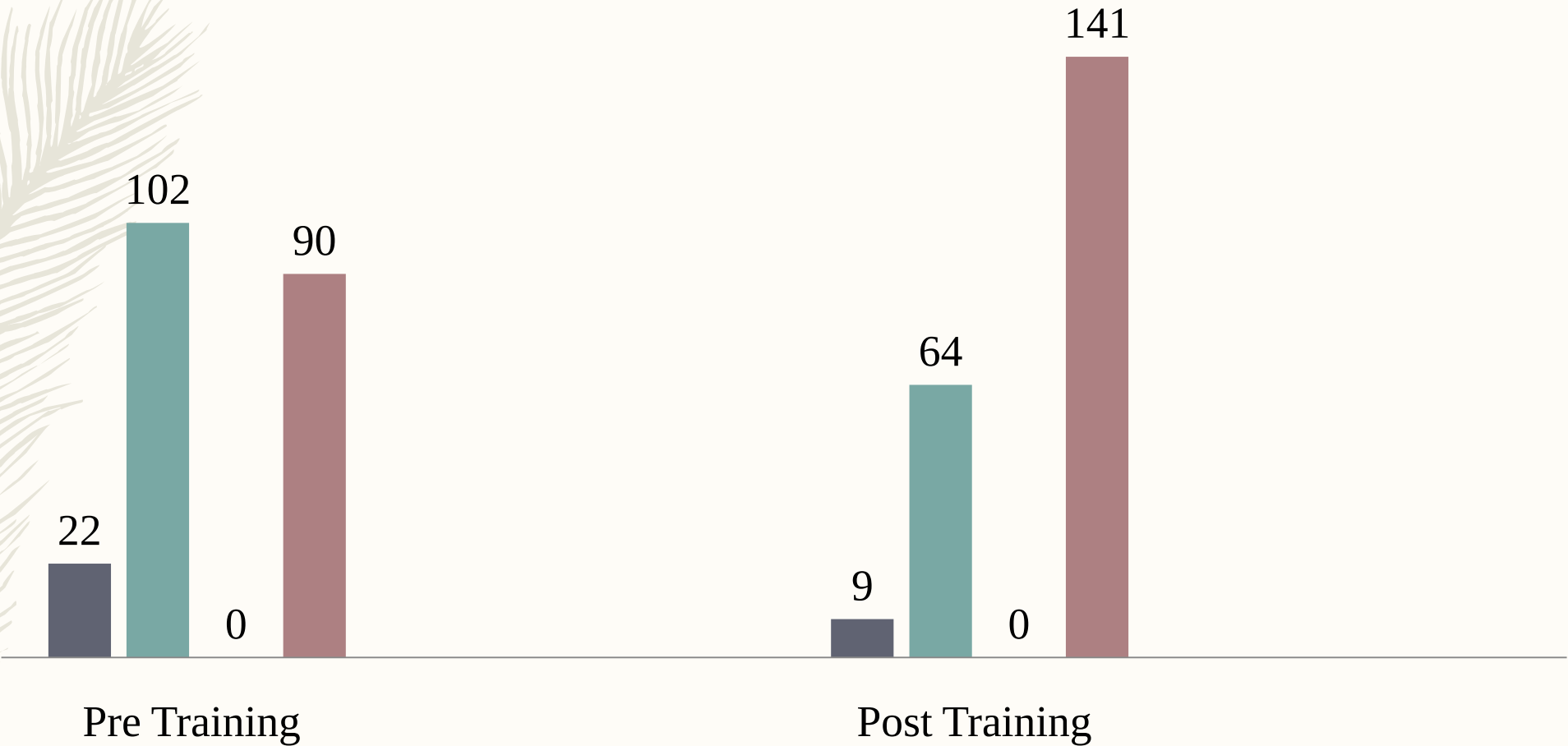
HIV/AIDS (n=214)

■ No Correct Response ■ 1 correct response
■ More than 1 correct responses ■ All correct response



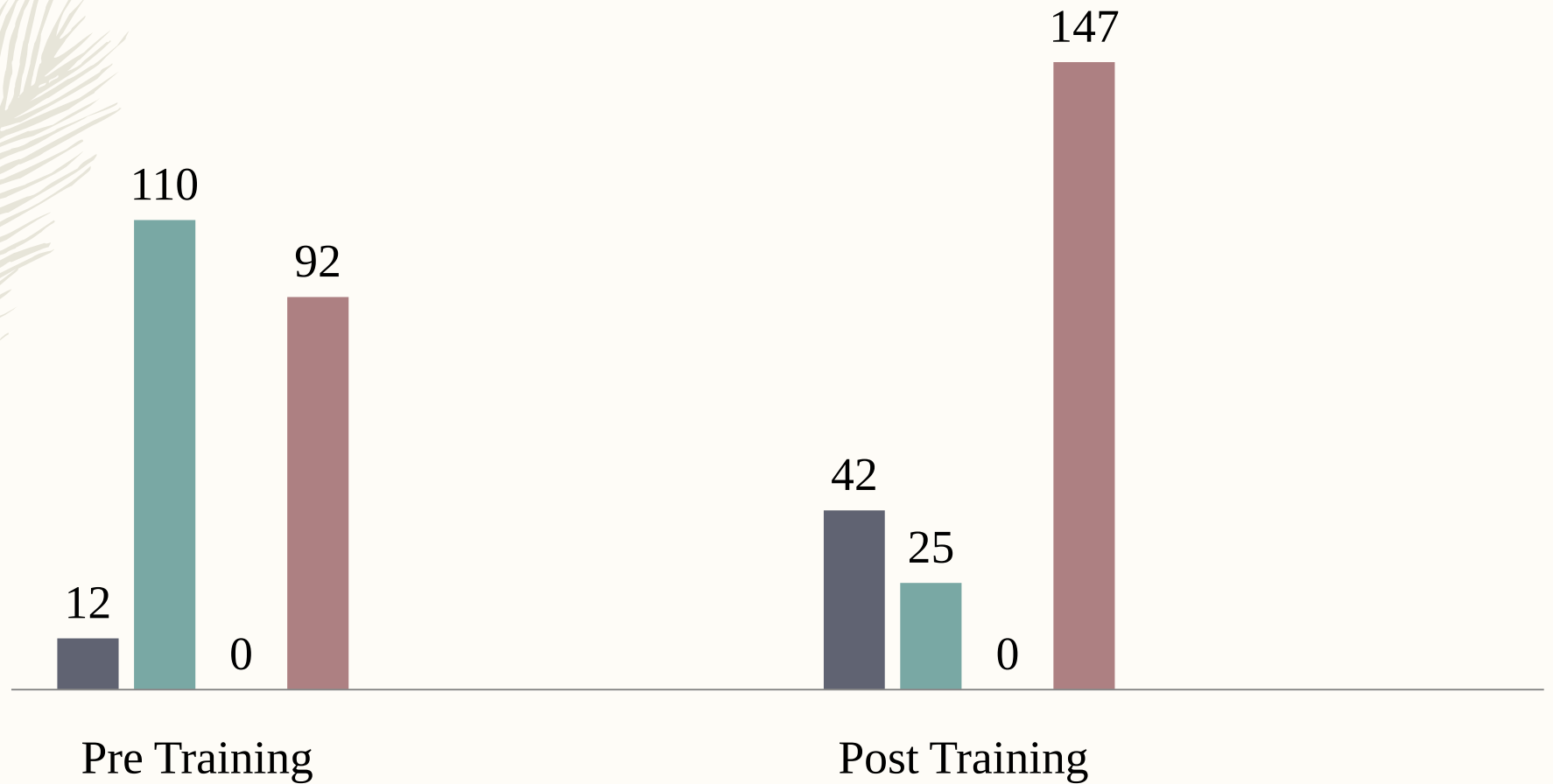
Menstrual Hygiene (n=214)

- No Correct Response
- 1 correct response
- More than 1 correct responses
- All correct response



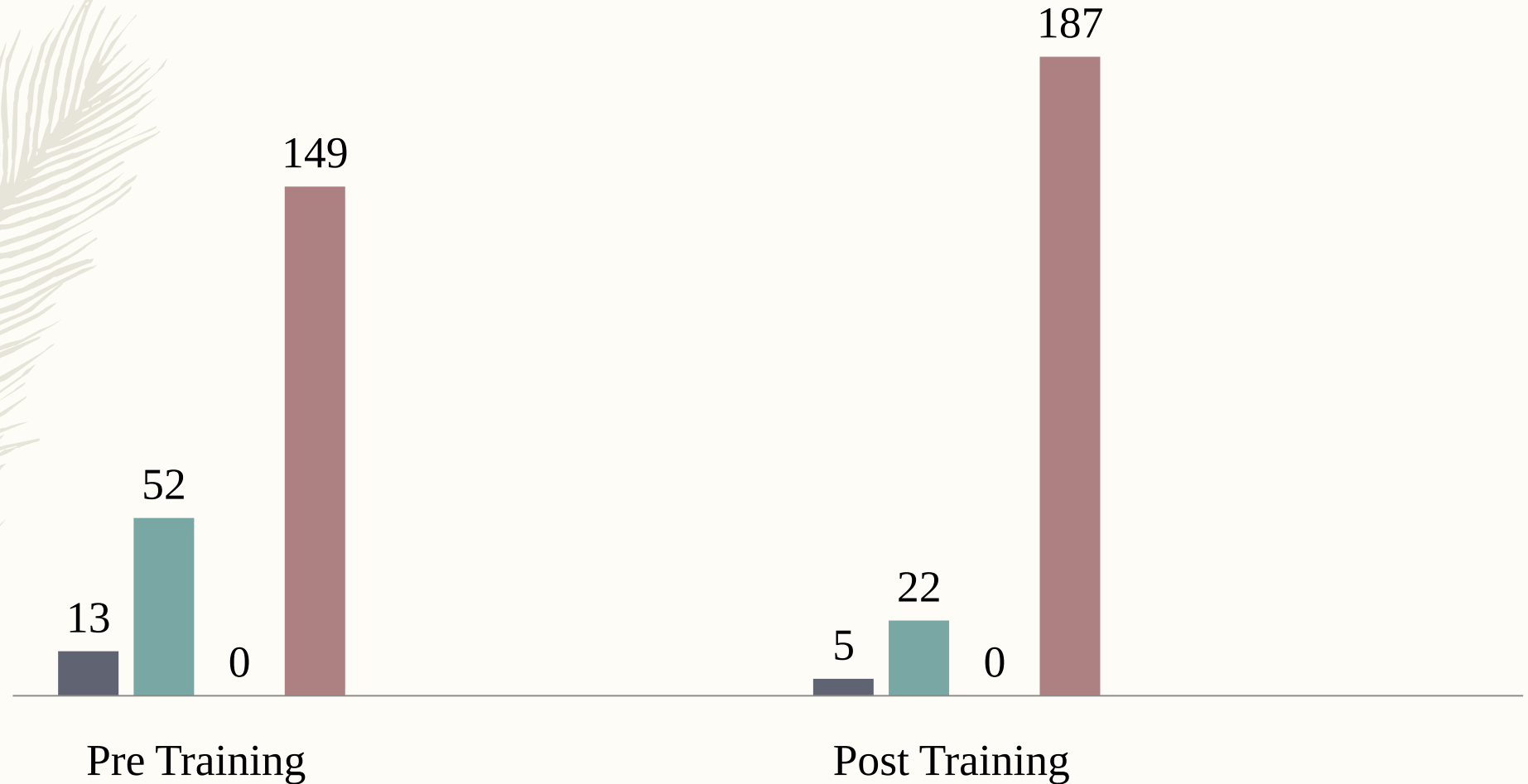
Personal Hygiene (n=214)

■ No Correct Response ■ 1 correct response
■ More than 1 correct responses ■ All correct response



Importance of Peer Education (n=214)

■ No Correct Response ■ 1 correct response
■ More than 1 correct responses ■ All correct response



Findings Contd:

For Objective 2

Composite Analysis of Communicable Disease (n=214)

Thematic Area	↓Pre Training	Post Training	
		Incorrect	Correct
	Communicable Disease		
	Incorrect	50	132
	Correct	26	6

Chi Square Statistic (Mc Nemar): 109.522, Critical Value: 3.841, * $p < 0.001$, Decision about H_0 =Reject

Composite Analysis of Water and Sanitation Hygiene (n=214)

Thematic Area	↓ Pre Training	Post Training	
		Incorrect	Correct
WASH	Incorrect	47	119
	Correct	30	18

Chi Square Statistic (McNemar): 51.9731, Critical Value: 3.841, *p<0.001, Decision about Ho

Composite Analysis of Substance Use (n=214)

Thematic Area	↓ Pre Training	Post Training	
		Incorrect	Correct
Substance Use	Incorrect	34	143
	Correct	27	10

Chi Square Statistic (Mc Nemar): 77.794, Critical Value: 3.841, *p<0.001, Decision about Ho=Reject

Composite Analysis of Sexual and Reproductive Health (n=214)

Thematic Area	↓ Pre Training	Post Training	
		Incorrect	Correct
SRH	Incorrect	27	142
	Correct	45	0

Chi Square Statistic (Mc Nemar): 49.283, Critical Value: 3.841, *p<0.001, Decision about Ho=Reject

Composite Analysis of HIV/AIDS (n=214)

Thematic Area	↓ Pre Training	Post Training	
		Incorrect	Correct
HIV/AIDS	Incorrect	42	147
	Correct	22	3

Chi Square Statistic (McNemar): 90.982, Critical Value: 3.841, *p<0.001, Decision about Ho=Reject

Composite Analysis of Menstrual Hygiene (n=214)

Thematic Area	↓ Pre Training	Post Training	
		Incorrect	Correct
Menstrual Hygiene	Incorrect	41	80
	Correct	27	66

Chi Square Statistic (McNemar): 25.2710, Critical Value: 3.841, * $p < 0.001$, Decision about H_0 =Reject

Composite Analysis of Personal Hygiene (n=214)

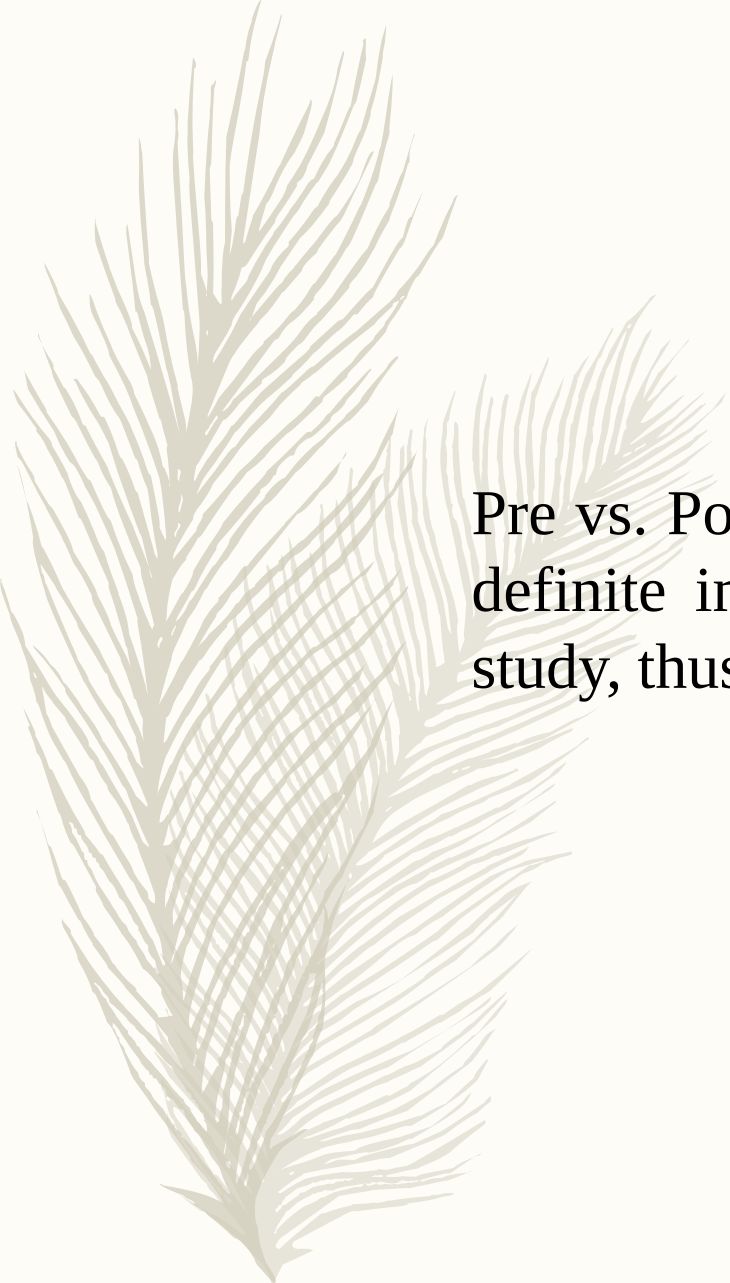
Thematic Area	↓ Pre Training	Post Training	
		Incorrect	Correct
Personal Hygiene	Incorrect	14	75
	Correct	51	74

Chi Square Statistic (McNemar): 4.198, Critical Value: 3.841, *p=0.040, Decision about Ho=Reject

Composite Analysis of Importance of Peer Education (n=214)

Thematic Area	↓ Pre Training	Post Training	
		Incorrect	Correct
Importance of Peer Education	Incorrect	10	54
	Correct	17	133

Chi Square Statistic (McNemar): 18.2535, Critical Value: 3.841, * $p < 0.001$, Decision about H_0 =Reject



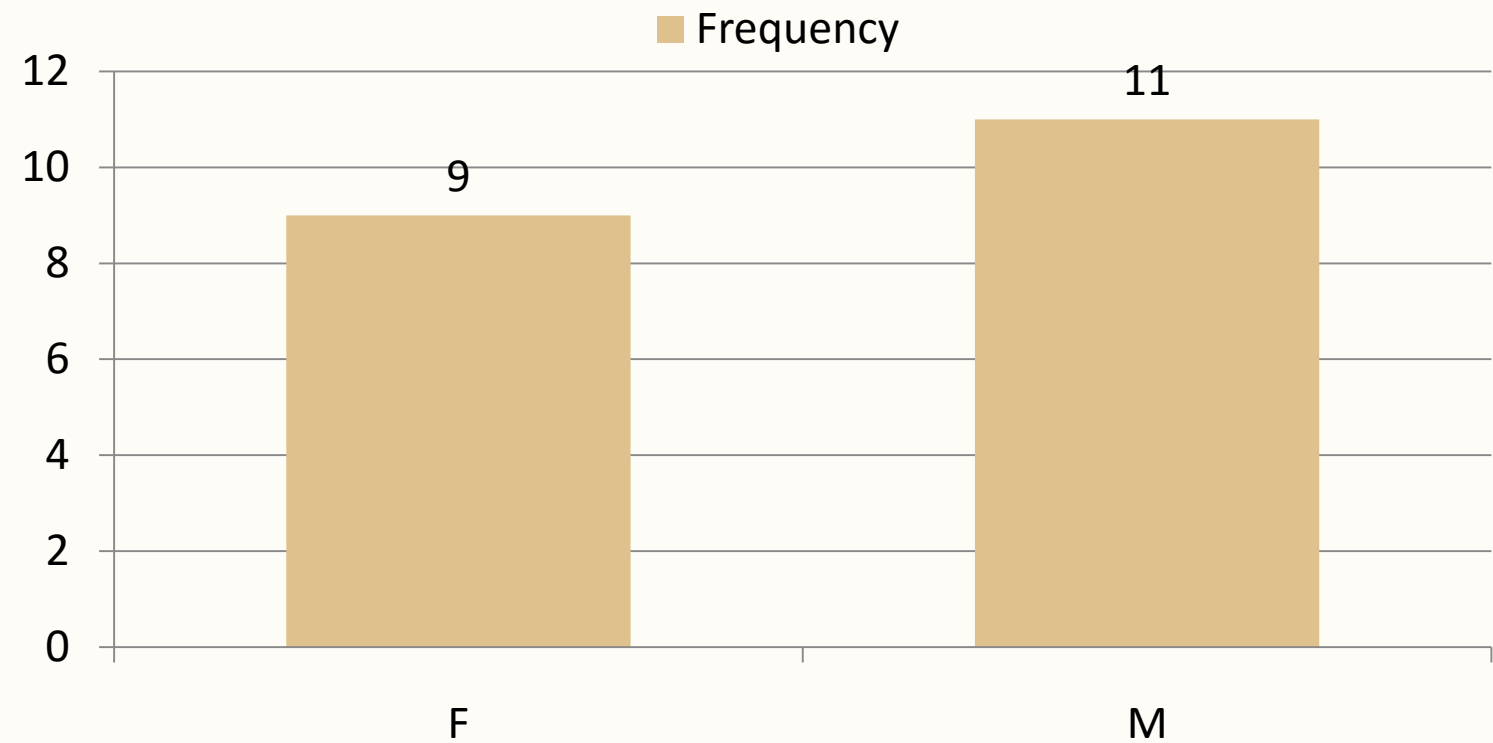
*P values <0.001 / $P=0.040$

Pre vs. Post test results are statistically significant and there is a definite improvement in knowledge in the health issues under study, thus we reject the null hypothesis.

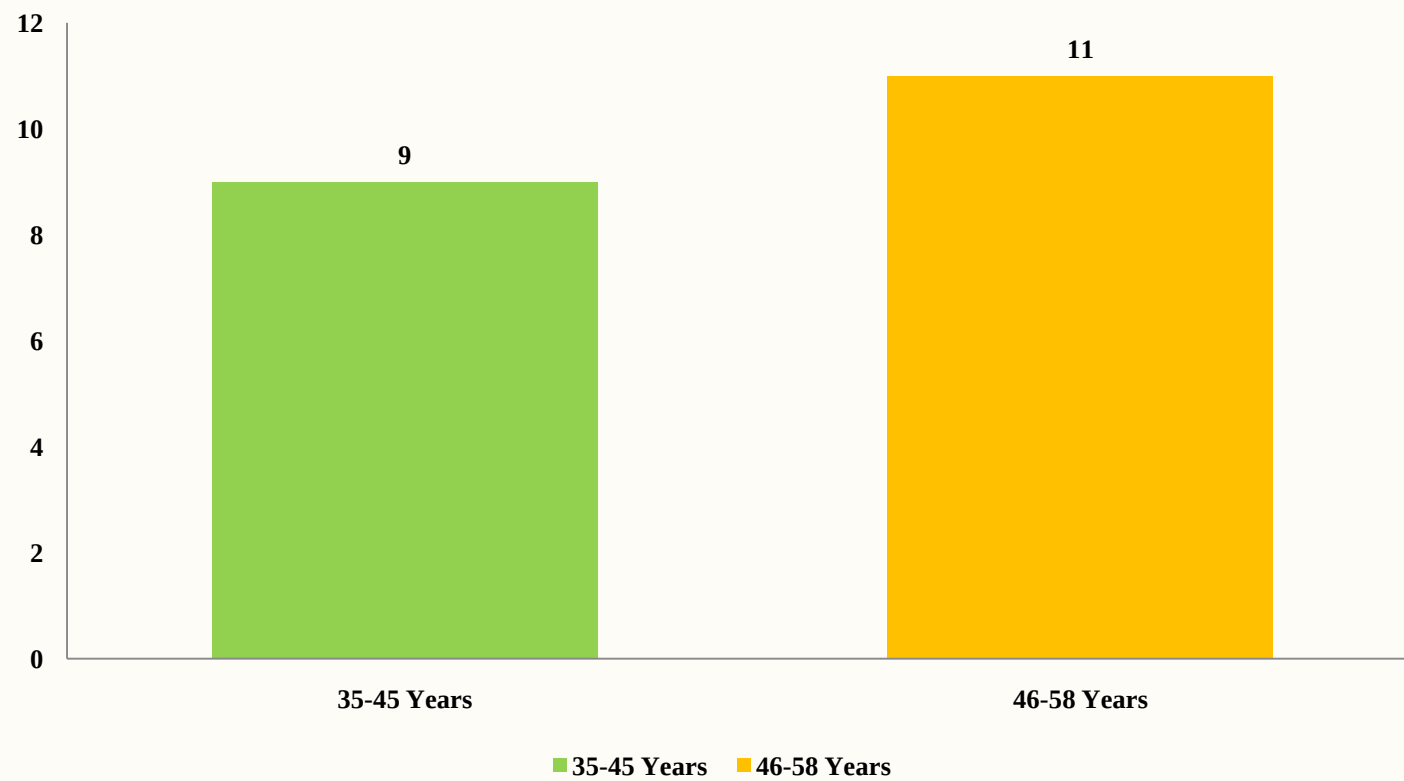
Findings

Third Objective

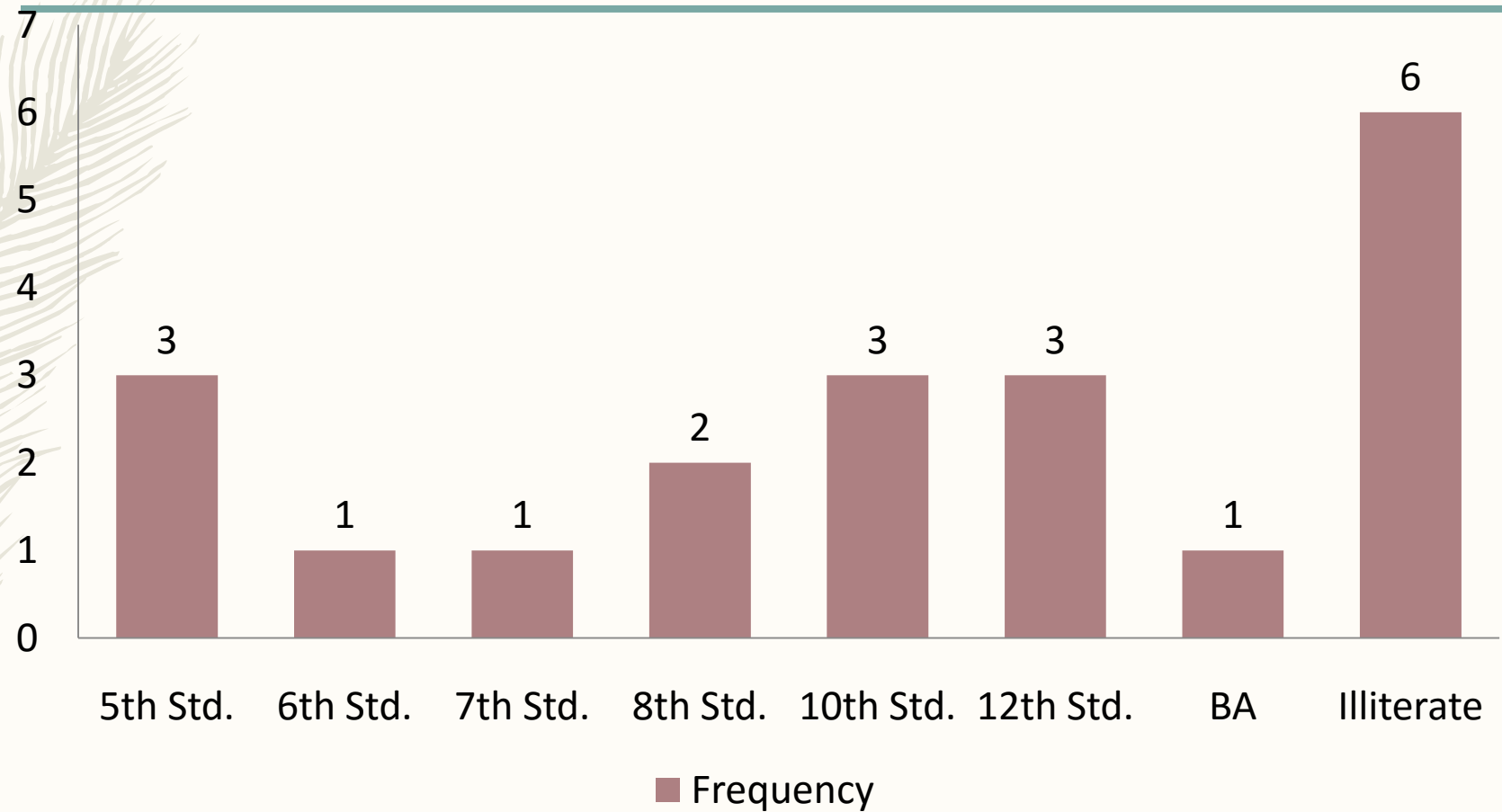
Sex Distribution of Respondents (n=20)



Age Distribution of Respondents (n=20)

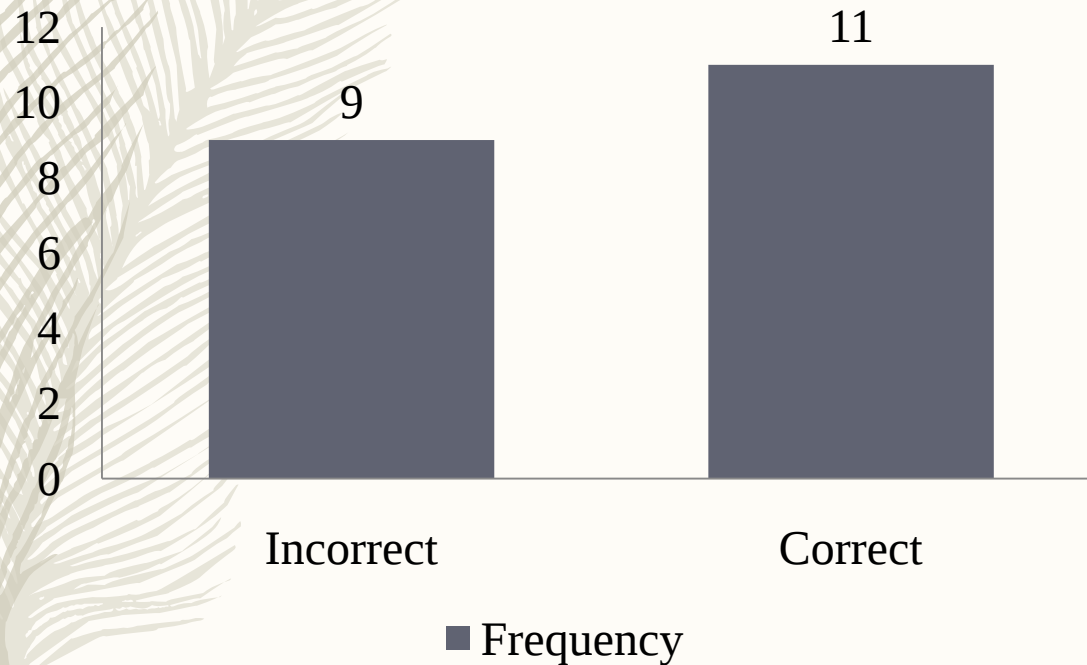


Education Status of Respondents (n=20)

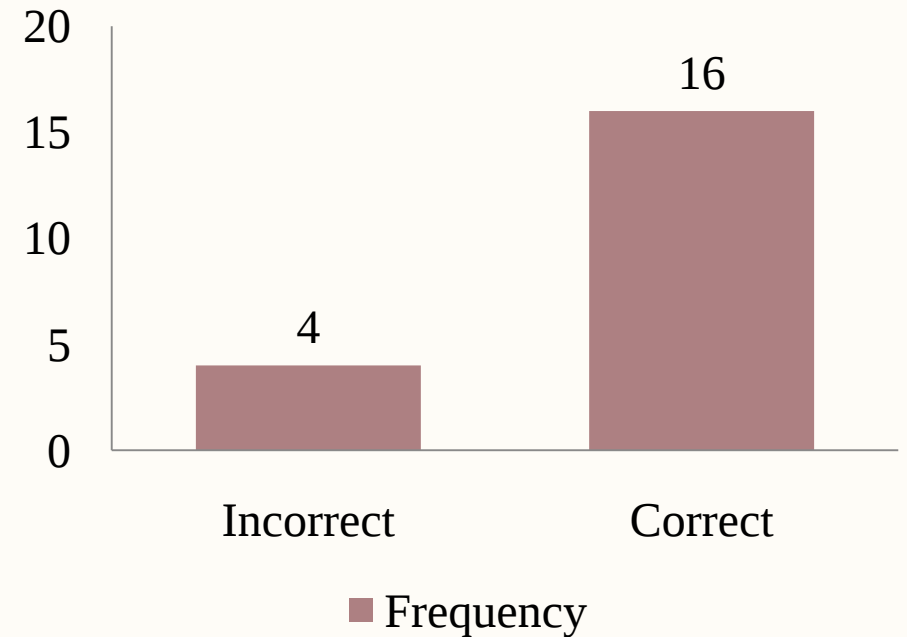


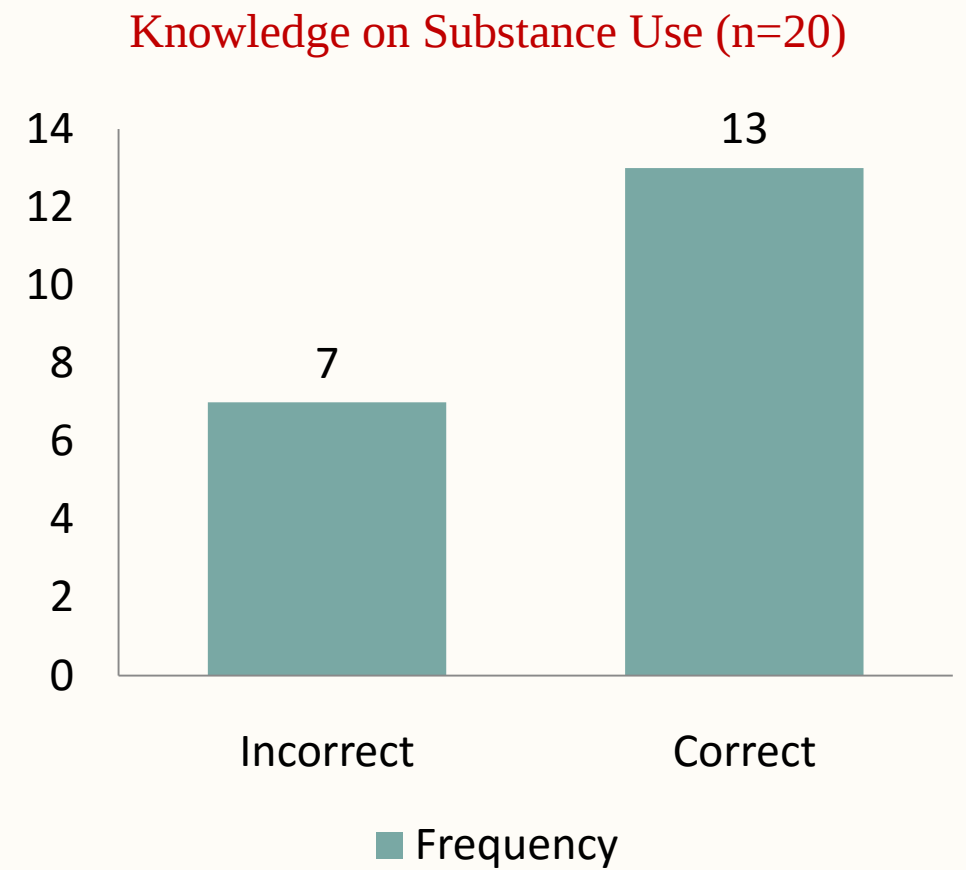
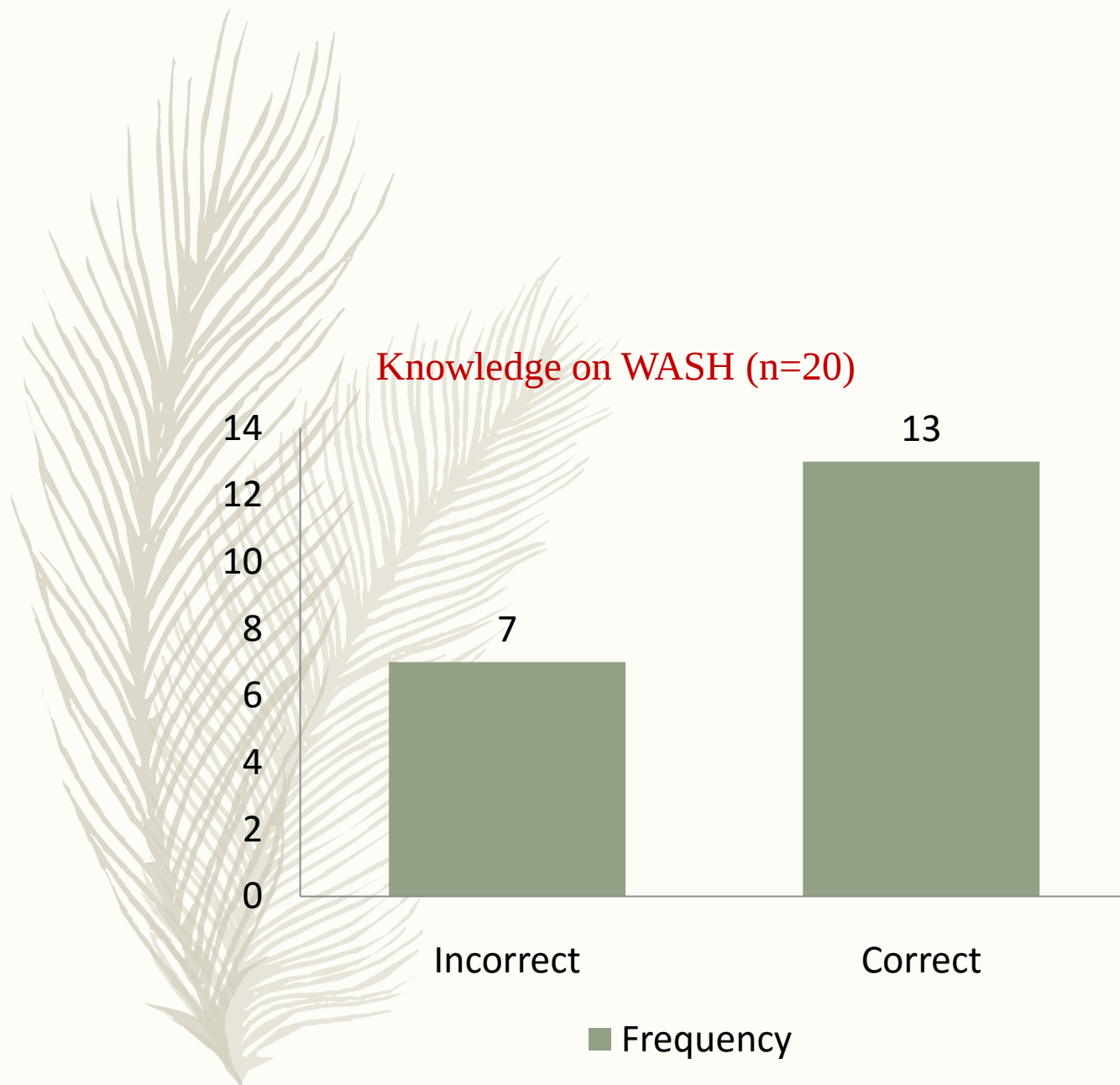
Awareness on Health Issues

Knowledge on Management of Tuberculosis (n=20)

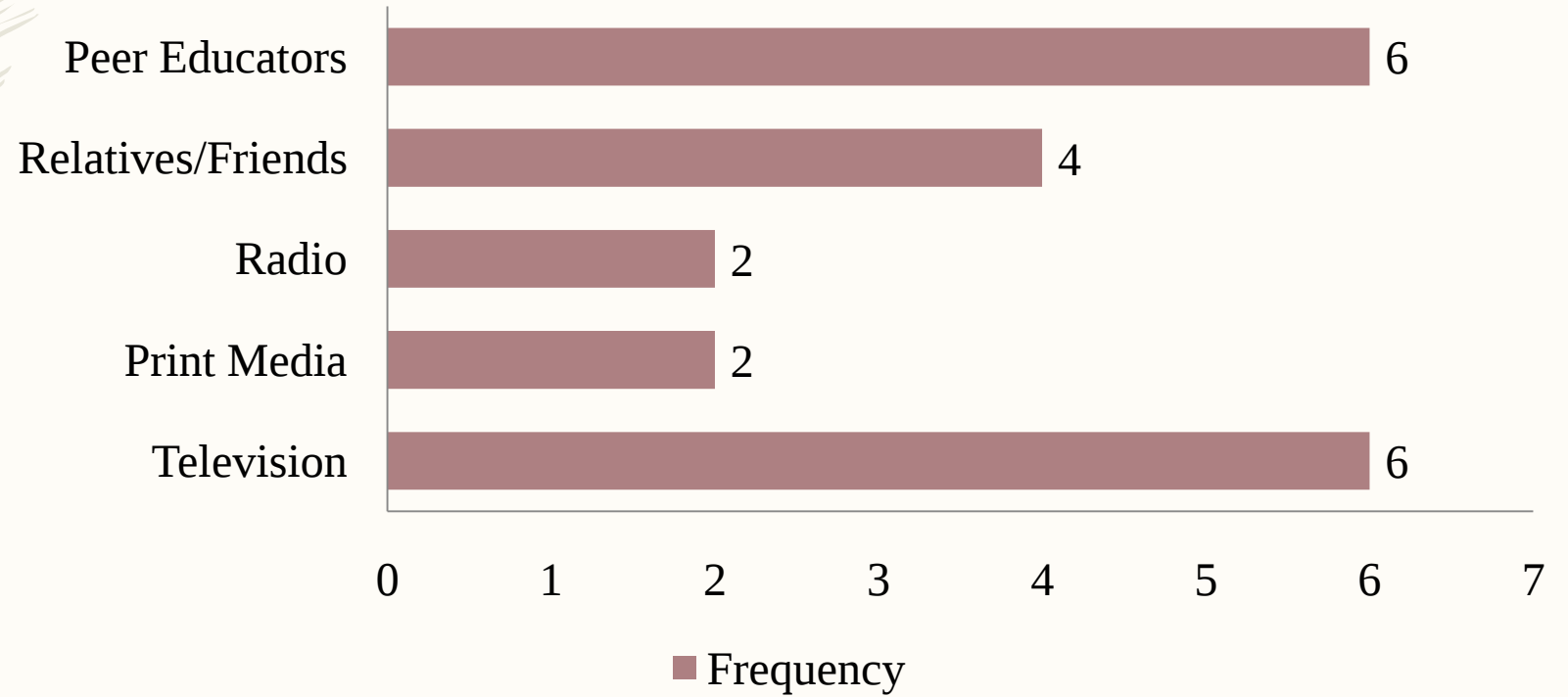


Knowledge on Signs and Symptoms of Dengue (n=20)





Source of Information for the knowledge on Health Issues (n=20)





RECOMMENDATIONS
