



An Experience of Peer Education Model among Medical Science University Students in Iran

*N Peykari¹, *F Ramezani Tehrani², H Malekafzali³, Z Hashemi⁴, Sh Djalalinia¹*

¹*Deputy of Research & Technology, Ministry of Health & Education, Tehran, Iran*

²*Reproductive Endocrinology Research Center, Research Institute for Endocrine Sciences, Shahid Beheshti University of Medical Science, Tehran, Iran*

³*Health Research Institute, Tehran University of Medical Science, Tehran, Iran*

⁴*Deputy of Student & Cultural, Qazvin University of Medical Sciences, Qazvin, Iran*

⁵*Deputy of Research & Technology, Ministry of Health & Education, Tehran, Iran*

(Received 4 Aug 2010; accepted 16 Feb 2011)

Abstract

Background: The purpose of this study was to evaluate the effectiveness of peer education among university students for reproductive health promotion based on researchers' experiences.

Methods: This interventional study was conducted in Qazvin University of Medical Science during 2002 to 2004 through stakeholders' partnership and selection of 24 volunteer students according to their knowledge, interest, communication skills. Capacity building was performed through holding an interactive reproductive health course contained marital health, illegal abortion, family planning, STI/AIDS, communication and counseling skills. Trained peer educators have introduced to other student and present education and counseling formally and informally. A post interventional study was conducted after 9 months in order to find its effectiveness.

Results: In our experience Stakeholders' partnership in community interventional programs led to the best expected availability of better health through ownership and adopting policies. In present study, the proper determined criteria for selection of peer educators and clear understood expectations of the peer educators' role were very important in health promotional program. Although peer education was acceptable program for university students, more support and supervising for peer groups are needed. The students believed that the power point of peer education and counseling related to same age groups sympathy, confident, well behaved, cheerful, and kind-hearted and peer educators awareness.

Conclusion: Universities are appropriate real world for experience a friendly youth program and then disseminate it to other young communities. There seems peer education is effective strategy for reproductive health promotion and reinforce positive behaviors in youth.

Key words: *Peer education, Reproductive health, University students, Iran*

Introduction

A peer group is a group with the same age, social status and interests (1). Peers provide a context for sociable behavior, personal relationship and a sense of belonging (2). These characteristics of peer group lead to consider peer education as an effective behavioral change strategy in reproductive health world wide. In the youth world, reproductive health information is available but it may be transferred in a manner that is not adapted to the young people's values and life style.

Young peers have a strong influence on their risky and safe behaviors. In this regard, peer education is an effective way for reproductive health promotion, because it is a communication between equals and this equality lead to sympathy and empathy. For recognize the power of peer education in the world of the youth, some studies have been performed in Iran and other countries. A study demonstrated that peer education is an effective method for HIV/AIDS knowledge promotion and safe sex behaviors (3). Similarly, other studies showed

that peer education in STI/AIDS prevention programs in high school and college students is effective in both knowledge promotion and change behavior intention long term (4, 5).

Another study showed; during the evaluation of peer education program for adolescents achieve the results in effectiveness of peer education on STI prevention and family planning knowledge increase (6). By the way, in conducted a FGD in Thailand youth said that they did not like formal reproductive health counseling in governmental centers and they preferred youth friendly centers and informal contact with counselors (7).

One of the dominant themes in a performed FGD in Iranian medical science university was peer education. This study's participants believed that peer groups are similar and these similarities make possible better understand and acceptance of viewpoints positively. They could influence them non-judgmental and non-authoritarian. In addition, they said that university students need a youth friendly counseling center for reproductive health subjects (8).

University students felt reproductive health services are inadequate for them (9). According to the world health organization (WHO), young people in universities have been neglected in terms of reproductive health program. The analysis of interventional studies which were performed in 4 yr period in Iran, demonstrated that 20% of youth health projects conducted in universities and which in 7% of them, has been utilized peer education method (10).

Therefore national literature review is indicative of lack of the comprehensive reproductive health promotion model coincide with our religion, cultural and social conditions. As a result, this interventional study triggers off direct a peer education model in a medical university.

This study aimed to evaluate the effectiveness of peer education in university students' reproductive health promotion.

Materials and Methods

Design

This community based interventional study was performed based on need assessment results of

Qazvin Medical Science University students through recruiting of 1117 students by using self-completed questionnaire contained 43 close questions respecting to reproductive health during 2002-2004..

In this way, based on students' preference, peer education considered as an interventional program among university students.

Participants

The first step in this study was key stakeholders participation both policy makers and religious leaders. After that through holding an informative seminar in Qazvin Medical University, volunteer students were known. During the semi-structured interview, their approach, potential, and skills were evaluated by scientific committee and project main expert. Selection of peer educators was performed based on clear criteria such as interest, knowledge, attitude, communication skills and accepted by peers and university supervisors.

According to proportion of target group's gender in this university, 15 selected peer educators were female and 9 of them were male. The age range of participants was 19-25 yr, which they had educated in various level and course. Project staff explained study procedure and distributed necessitate information and if they had dispose, they should mentioned their consent verbally.

Capacity building procedure

All of the peer educators were trained through holding a comprehensive reproductive health course. The sessions of this course contained the main topics as follows: Marital health, pregnancy, and consequence of illegal abortion, family planning, STI/AIDS, communication, and counseling skills.

This course was highly interactive, involving discussion; brainstorming and role-play exercises. Participants were divided into six groups; each of them had four peer educators.

The groups were gender based and facilitated by gender matched project staff. Capacity buildings were performed in various educational methods and conditions. The efficacy of educational course was measured by pretest and posttest. By the end of the course, trained peer educators received

certification and all of them read a text of an oath that contained ethical issues among their activities. This peer educators group was named MADAD. This name was abbreviation of Persian phrase of "counseling student by student".

Intervention

Trained peer educators have introduced to other student through holding an organized seminar, notification and university's website. Design of intervention process has been demonstrated in Fig. 1. Peer educators were presenting education and counseling formally and informally. Among the intervention period, project staff support and supervised them and received feed back from stakeholders. Peer educators referred the complicate cases to certain referral sites and follow them to achieve satisfaction.

Assessment

The efficacy of peer groups in the university students were assessed through receiving serial report from peer educators, conducting focus group discussion, and performing a survey after 9 mo intervention.

Results

Present study was performed considering the benefits of peer education. We sought to evaluate and develop an intervention that would be practical to implement and attractive to youth. Our experience showed that peer education is a flexible approach that acceptable by youth people as a key stakeholder.

We have experienced that community based programs through demand generation mobilize community. There is some evidence that the key stack holders' involvement, in all of stages, leads to wide community support, policy through which, the interventional program would be more successful.

Our evidence-base experiences revealed that the efficacy of peer education programs has a close relationship with appropriate selection of peer educators based on specific criteria, and effective training of them. The used educational methods, such as interactive discussions and role-playing

help to increase and reinforce the knowledge participants. Trained peer educators will be able to provide RH education & counseling. The students' on bringing to reproductive health peer education is one of the reasons why the existence of these services is necessary.

Reviewing the process of our interventional program accompanied with important lessons learned as follows:

- Stakeholders' partnership plays a key role in success of intervention.
- Peer education allowed the direct involvement of young people in their own program.
- Clear criteria for selection of peer educators and clearly understood expectations of the peer educators' role are very important to achieve the main goal.
- Interactive training is effective in capacity building of peer educators and found enjoyable by them.
- Support and supervising the peer group are necessary for success.
- Peer education accepted by university students but many of them prefer to receive reproductive health education and counseling informally.
- The target group believed that the power point of this program is sympathy at the same age.
- University students preferred confident, well-behaved, cheerful, and kind-hearted and aware peer educators.
- The sense of responsibility for peer educators helps to program progress.
- Gender is an important variable that influence on interest and approach in this regard.
- Peer education is cost effective method for reproductive health promotion.
- University peer educators can become channels of outreach to the larger community.

In addition, this experience showed that reproductive health education is more acceptable than peer counseling in students' viewpoint is. It may be resulted in peer counseling that is more profession and complex than peer education in students' viewpoint.

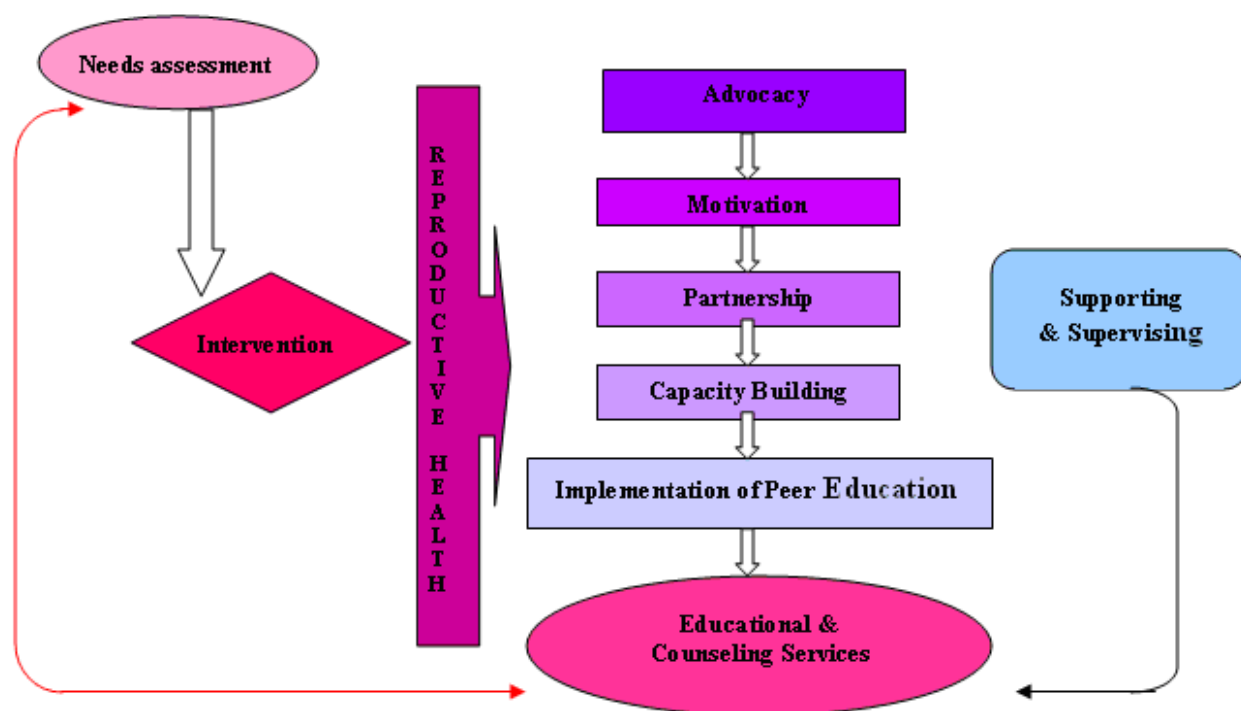


Fig. 1: The flow of Peer educational intervention among university students

Discussion

Peer education is now considered as an effective method for reproductive health promotion in youth. It is based on behavioral theories; social learning theory, theory of reasoned action and diffusion of innovation theory (11).

According to these theories, partnership, ownership, empowerment and reinforcement are critical principles of peer education.

Peer education attempts to put appropriate channels to transfer accurate information through selection and training peer educators and supervised them. Peers are more successful than professions in passing on information (12). Professions have some barriers to high quality primary reproductive health services, such as too little time for clients, lack of privacy and appropriate materials for education and counseling (13). Traditional education is not benefit for reproductive health education in relation to reproductive health subjects, peers would also respect and support the decision and choose the practice (14).

Significance of stakeholders' partnership has said in other studies too (10). Lynn demonstrate that youth partnership empower them through learning by doing (15). Using active learning methods may help creative peer educators. Capacity building of peer educators should be continued process. A study on peer education utilization showed that the knowledge of trained peers have decreased after six months (16). In this regard, monitoring and evaluation help to ensure fresh educators and continuous quality improvement.

In addition to the present study, other researchers also approved some advantages of this educational method such as cost effectiveness, empowerment, and outreach services (17).

It is noteworthy that this study faced with several limitations such as existence of cultural barriers regarding to reproductive health subjects, lack of interest in some clients about revealing their secrets, different potentials, and skills of peer educators, and loss of some peer educators in high levels coarse, majority, because of graduation or engaging.

Some suggestions are noteworthy in this arena.

– Reproductive health peer education program should be integrated with university student counseling center.

– Peer educators training should focus on motivation the target group and consider different approach to motivate them.

– Future intervention should train more peer educators in various levels and residency condition continues.

– To provide an approved curriculum prevent the misinformation and unprofessional advice.

– Program should disseminate based on beliefs, culture and religion condition.

– To provide special website, private line and mail box have great benefits for informal education and counseling.

– Long term follow up, monitoring and evaluation help to effective intervention.

In conclusion, universities are appropriate real world for experience a friendly youth program and then disseminate it to other young communities. There seems peer education is effective strategy for reproductive health promotion and reinforce positive behaviors in youth.

Ethical Considerations

Ethical issues including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc. have been completely observed by the authors.

Acknowledgements

This project was under the supervision of the Deputy of Research and Technology, Ministry of Health and Medical Education, Tehran, Iran.

The authors would like to express their thanks to the UNFPA for their support throughout the completion of this project and to other individuals who in one way or another have helped in the design and implementation of this project and our special thanks to the Qazvin Medical Science University especially peer educators who have made this ex-

perience. The authors declare that they have no conflict of interests.

References

1. Siegler R (2006). How children develop, Exploring child develop student media tool kit & scientific American reader to accompany how children develop. New York: Worth publishers. Available from: <http://www.amazon.com/Childred-Exploring-Scientific-American-Accompany/dp/0716761130>
2. Heaven PCL (1996) Contemporary Adolescence: A social Psychological approach. In *Adolescence Health*. Eds, Routledge. 1st ed. London, pp.170-172.
3. Nokes KM (1996). Intervention to promote safer sexual behavior and educate peers about HIV/AIDS. *J Nurs Educ*, 35(5): 227-29.
4. Cai Y, Hong H, Shi R, Ye X, Xu G, Li S, Shen L (2008). Long-term follow-up study on peer-led school-based HIV/AIDS prevention among youths in Shanghai. *Int J STD AIDS*, 19(12): 848-50.
5. Beth C, Jaworski MS, Michael PC (2001). Effects of a Brief, Theory-Based STD-Prevention Program for Female College Students. *J Adolesc Health*, 29(6): 417-25.
6. Speizer IS, Tambashe BO, Tegang SP (2001). An evaluation of the "Ente Nous Jeunes" peer educator program for adolescents in Cameroon. *Stud Fam Plann*, 32(4):339-51.
7. Poonkhum Y (2003). Providing adolescent-friendly reproductive health services: the Thai experience. In: Bott, S., Jejeebhoy, S., Shah, I., Puri, C., eds. *Towards adulthood: exploring the sexual and reproductive health of adolescents in South Asia*. Geneva: WHO.
8. Paykari N, RamezaniTehrani F, Malekafzali H, Djalalinia SH (2007). The study on key stakeholders' opinion among student counseling centers promotion. *J Med Council of I.R.IRAN*, 25(4):431-40.
9. Simbar M, Tehrani FR, Hashemi Z (2005) Reproductive health knowledge, attitudes

- and practices of Iranian college students. *East Mediterr Health J*, 11(5-6):888-97.
10. Assess the ongoing program on counseling university students [UNFPA Project Report]. Deputy of Research & Technology, MOHME, Iran; 2004.
 11. Turner G, Shepherd J (1999). A method in search of a theory: peer education and health promotion. *Health Educ Res*, 14(2): 235-47.
 12. Clements I, Buczkiewicz, M (1993) Approaches to Peer-Led Health Education: A Guide for Youth Workers. London, Health Education Authority. Available from: <http://www.amazon.co.uk/Approaches-Peer-led-Health-Education-Workers/dp/1854485458>
 13. Peers IS, Ledwith F, Johnston M (1993). Community Youth Project HIV/AIDS. University of Manchester School of Education Report to the Health Education Authority.
 14. Okonkwo PI, Fatusi AO, Ilika AL (2005). Perception of peers' behavior regarding sexual health decision making among female undergraduates in Anambra State, Nigeria. *Afr Health Sci*, 5(2): 107-13.
 15. Lynn A (2005). Youth using research: learning through social practice, community building and social change. *New Dir Youth Dev*, 106: 39-48.
 16. Mevsim V, Guldal D, Ozcakar N, Saygin O (2008). What was retained? The assessment of the training for the peer trainers' course on short and long term basis. *BMC Public Health*, 8: 24.
 17. Mohammad-Alizadeh CS, Wahlström R, Vahidi R, Nikniaz A, Marions L, Johansson A (2009). Barriers to high-quality primary reproductive health services in an urban area of Iran: views of public health providers. *Midwifery*, 25(6): 721-30.