



## **Peer Education: Participatory Qualitative Educational Needs Assessment**

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### **Abstract**

**Background:** In the area of youth health, peers education is an approach to health promotion. Assess the training needs of peers educators clarifies the components, values, and quality of training protocols. Aim to that we conducted a participatory educational needs assessment of youth peer educators.

**Methods:** Involving youth and key informants in direct collaboration with research team, a qualitative approach was planned based on grounded theory. For data collection a semi-structured guide questioning was designed. Sixteen focus group discussions and 8 in depth interview were held.

**Results:** The majority of participants emphasized on the importance of mental health, life skills, AIDS prevention, contraception methods, and healthy nutrition as the main training topics. They were extremely interested into the comprehensive educational material among their participatory role in peer programs.

**Conclusion:** The training programs should be well defined based on the knowledge, skills and behavior of peers. During the implementation, training programs should be followed to meet the ongoing educational needs of service providers.

**Keywords:** Peer education, Education, Needs assessment, Health

### **Introduction**

In recent years peers education, as well trained peers who could provide a practical example of healthy behavior, has developed in the field of health promotion (1). It typically by partnership with leading members of target groups leads to changes in other members of the same group. Such changes depending on the designed programs can be included on modifying the persons' knowledge, attitudes, beliefs or behaviors (2).

According to available results, peer education and peer support counseling programs, through sharing common experiences on common situations, provide the appropriate supportive qualification for health promotion (3, 4). This effect, especially in specific situations and sensitive issues such as reproductive health problems or HIV/AIDS infected cases, is more highlighted. In this regard youth health providing programs should be more developed through future research on the selec-

tion, training, and integration of peer educators into community participatory programs (5, 6).

In Iran more than 36% of the total population belong to the age group between 15 to 25 years which have an important role in future economic and social development of the country (7,8). Their special health needs is one of the most important priority of health policy makers (9). Despite of this, the related practical studies are limited (6, 10).

These groups have the highest incidence rate for health problems (8). Setting health research priorities reveal that the lifestyles (physical activity, nutritional habits), risky behaviors and various aspects of mental health are the top health problems of these age groups (11, 12). There is a growing need in the field of youth health services that should be followed according to their own real specific needs and preference (13,14). Aim to that, related studies emphasized on the role of well trained peers as capable human resource in health-related programmers (1,15).

There are significant reported achievement on various application of the peer-based health interventions. From them some instances are introduced as the best practices (16-19). Based on the lesson learned different models are developed and proposed for voluntary peer health services (20).

As a part of comprehensive community based study, we assessed the educational needs of youth peer educators. In order to achieve maximum level of participants' confidence and maximum transparency of results we benefited from a participatory qualitative approach (21).

## **Materials and Methods**

This is a participatory research involved youth and related key informants in direct collaboration with research team. The project was conducted in 2009. As it was a vast multidimensional study, present paper has focused on the results of educational needs assessment of youth who were volunteers for peer health education and peer counseling programs.

### ***Field of the study***

The densely populated part of Tehran; with an integrated structure; easy access to the community; homogenous socio cultural situation was selected as the research field. Based on the result of the initial regional survey; The total community size was 60,000. From them about 10,000 were aged 15-25 years.

### ***Advocacy and partnership***

In order to the project presentation several interactive meeting was held. Various aspects of project were discussed and the view points of local residents were considered to modify the essential points of project.

### ***Selection of participants***

From 123 volunteered (aged 15-25 yr), 100 participants who had inclusion criteria of study were selected. The inclusion criteria were as follows: interest in peer programs, politeness, non-judgmental direction, client confidentiality, acceptance of others, appropriate interpersonal communication skills, the ability of role model playing, the ability of dealing with relevant information and program, spending enough time for this program, parental consent. Qualification of participants was approved through predefined interviews and aggregation of scientific experts opinions. From them, 30 persons were trained for conducting the qualitative process and others participated as the FGD session invited.

### ***Data gathering and data analyses***

The designed qualitative method was based on Grounded theory approach often involving the discovery of theory through the analysis of collected data (21). Aim to that using the Straussian approach, consistent data sampling, data analysis and other parts of research process, and repetition of required steps, led to description and explanation of the objectives (21). For data gathering we benefited from in depth interview and Focus Group Discussion. It was 8 interview sessions for informants who were invited from the health professionals and experts in the field of youth. The three factors, which were

applied to youth FGDs designing, were age, sex and educational level. Therefore, 8 groups were identified and 16 FGD sessions (2 sessions for each group) were organized.

For both interviews and FGDs, time of each session was about 1 – 1.5 hour. During each session continues discussion led to saturation and richness of information.

The guide questioning for both individual interviews and FGDs were designed based on related literature review and goal of the study. In the pilot study reliability and validity of instruments were conceptualized. Each guide questioning consisted of eight main questions that covered the study objectives including overall and specific educational needs, preferable training methods, characteristics of trainers, educational materials, and other related components.

Collecting and analyses of data was done manually based on content analysis through which with texts review open coding was performed. In the next step main concepts were extracted, then in axial coding step similar concepts were categorized. Comparison and integration of similar codes lead to novel suggestion, and ideas. The reliability of findings was established through study the amount of similarity between research findings with separate extracted results by independent another expert .

Credibility, dependability, conformability, and transferability are used to describe various aspects of trustworthiness in qualitative methods (22,23). To assess credibility, participants were considered from different position peers and key informants. For conformability, we shared summarized interview findings with the participants at the end of the group discussion (respondent validation). Transferability was obtained through clearly detail methods of data collection, analysis, added quotes, and meaning units.

And for dependability, peer checking and re-analyze was performed by an experienced colleague. Consistency checks between colleagues were also performed through out the coding process (24).

This study was approved by National Ethical Committee of medical research under the super-

vision of Ministry of Health and Medical Education. Participation in this study was voluntary and informed consent was obtained from all of participants. All information collected anonymously and the outcomes would be used for research purposes.

## Results

Using content analysis data analysis was performed for the 8 main axial categories of “life skills”, “spirituality”, “risky behaviours and sexual health”, “Nutritional habits”, “peer’s knowledge and skills”. Based on the goals of the study 198 codes were extracted from about 25 themes. To facilitate the analysis; findings of youth participants and key informants opinion were concluded in the following major domain.

### *Mental health*

In this domain life skills, spirituality and life aims were the main categories. Most of the young boys and girls believed that some subjects such as “today’s young” specifications and their related problem should be considered in their training courses. One of the male participants said :

*“If a young doesn’t know exactly who is he, he never understand where to go”.*

In all of the FGDs ; the conflict between consecutive generations, the aim of the life, and the concept of the responsibility, ... were the most important topics that young need to be informed about them.

Problem solving and decision making as the most important controversial problems were proposed in all of the FGDs. Stress management techniques, healthy promotion of spirituality and self expression skills were the other educational needs which were expressed by most of participants.

Based on the aggregation of interviewed key informant opinions; the most essential topics for volunteers were as follows: life skills, interpersonal relationship skills, cultural and religious basic topics. One of the informant emphasized that:

*“The life skills training is the foundation of other mental health domains”.*

### Reproductive health

Reproductive health covered risky behaviours and sexual health as the main categories. The most important educational area was the Acquired Immune Deficiency Syndrome (AIDS) and its related topics such as society exclusion, psychological problems, hepatitis, suicide, and social stigma. Regarding to these topics some of participants also emphasized on related preventive methods.

The puberty health was the other expressed topic by few female participants. It is mentionable that some female participants point to menstrual disorders and specially to recommendation on dysmenhuria. In both female and male groups many participants refer to contraceptive methods as the essential educational topics.

The key informants focused on sexual health education, high-risk behavior, prevention of sexually transmitted diseases, puberty health and contraceptive methods.

### Nutrition

Nutritional habits was the main categories of this field. Healthy nutrition and the important role of nutrition in healthy life was the first and the most emphasized topic, nearly noted by all of the participants. This was frequently repeated by many of participant that:

*"Knowledge promotion on appropriate dietary habits are very effective".*

The nutritional needs in different stages of growth and development, and out comes of unhealthy nutrition and unusual weight loss programs, specially in youth and adolescence, were the other general educational topics. One of the female participants said:

*"For many girls; the safe nutrition is only a motto and beauty and thinness make the first letter".*

The key informants totally agreed upon the dietary habits, different food patterns, and out comes of unhealthy nutrition and unusual weight loss programs.

### Counseling and training

The required knowledge and skills for peer counseling and education considered as the main categories. Most of the participants mentioned that passing the comprehensive educational courses

will prepare them for the reception of their peer educator role. Nearly all of them expressed that they should be deeply trained for different health training methods, essential counseling skills, the probable challenges, procedures of client referee, limitation and control.

The informants believed that volunteers need to pass basic training on documentation review, the general topics of research methods, peers communication, high-risk situations management, general principles of guidance and counseling, ...they also emphasized that training programs should be continued and completed gradually during the process. One of key informant said that:

*"This process requires a step by step empowerment through which each stage would be set based on the results of previous stages".*

### Other topics

Relationship between spirituality and life, the role of religion in health aspects specially in mental health, substance abuse, exercise and popular ways to encourage teens and young to physical activity were other expressed topics (by a few participants).

## Discussion

Peer group approaches proposed empower young people for community better health (17, 19, 22). Related studies emphasize on different aspects of peer programs application especially for sensitive target groups or sensitive issues such as reproductive health (3, 17, 25).

Findings of related studies demonstrated that understanding the main barriers and requirements of youth programs, light the path of the effective preventive strategies (17, 26). Well trained peers, as capable human resource, play an important role in their peers' health promotion (1, 2).

Our findings highlight the educational needs of youth peer educators. Similarly some other studies discussed on peers' educational needs, and the importance of addressing these within health promotion strategies. Factors influencing the processes of expressing and assessing the needs (27).

Qualitative youth health needs assessment reveals that the outcomes of risky behaviors and mental

health are the most important considerable topics of youth health (17, 28).

Some analytical studies emphasized on the innovative strategies for health needs assessment. They mainly focused on youth risky behaviors and recommendation for better resource allocation (29,32).

Mental health is one of the most important aspects of health that influences the whole individuals' perception of life (33). Present study showed that; interpersonal communications skills; life skills; self expression and problem solving are the most important priority. Some studies illustrate young people's need for concrete information on issues related to communications skills, life skills, and common physiological problems (34-36).

The results of related studies have emphasized on the effectiveness of the life skills training (LST) programs. Deep influencing on target groups knowledge and attitudes, reduction of risky behaviors, promotion of quality of life, developing the self-management and social skills; are the main achievements of these programs (36-38).

In the field of reproductive health regarding the peers and informant opinions; the most frequent required topics were related to AIDS and its outcomes such as transmission, society exclusion, psychological problems and social stigma. After that the puberty health was expressed by few participants. Finally contraceptive methods were the essential educational topics for both female and male groups. Similarly to our findings, some other adolescent/youth peer educators studies emphasized on; HIV transmission and across groups risk reduction (39-42). Stigma and sexual behavior are other expressed educational areas (43).

Healthy nutrition principals and the important role of nutrition for healthy life was the first and the most emphasized topic nearly by all of the participants. Food patterns alongside with individuals' situations considered as the useful training subjects. Similarly other studies proposed the importance of nutritional knowledge production (44).Based on other studies, working with community and more learning about nutrition were prime motivators. Moreover the effectiveness of education may be improved through empow-

erment, additional training, the structured and equitable reimbursement system, and assistance to carry out administrative tasks (29,44).

During the study we faced to some limitations such as: Lack of cooperation of some invited participants, variation of participant's perception, and limitation in generalization of the results.

## **Conclusion**

Considering these findings and other studies suggestions, aiming to capacity building of peer volunteers for active participation in peer health promotion projects we designed the initial compact four days course plan concluded main educational topics extracted from peers' educational needs assessment; mental health & life skills, risky behavior, and nutritional health. To enhance the best quality of education, student oriented methods such as questioning and answering, role playing, games, group discussion, and film analysis were intended. Following that the different research methods emphasizing priorities resetting in health subjects were introduced (in the format of two-day workshop) and volunteers passed a three-day workshop on their main participatory role as a peer educator and peer counselor.

It is noticeable that the programs should be well defined based on the knowledge, skills and behavior of peer participant. Each new experience, considering the pre-test overview should be followed and completed based on educational course post-test and ongoing educational needs. Such continuing training can be followed through question and answer sessions, indirect counseling services (telephone, mail or...), and written materials such as brochures or e-learning.

## **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.

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