Journal of Rural Advancement
(ISSN 2347 - 2561)
Vol. 09, Issue 01, April 2021

A critical review on peer education regarding sits and HIV prevention in India

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Abstract

Peer education is also known as peer learning or peer mentoring. Peer education is surrounded by considerable ambiguity to encourage greater clarity in an operational framework. This education is a community-based intervention being implemented worldwide. Two different forms of peer learning, "peer tutoring" and "peer collaboration," are distinguished. It has its potential as peer tutoring for transmitting information and drilling special skills. One of the beliefs of peer education is that it is cost-effective. Peer education has been identified as a more economical way to deliver health training. Peer education advocates of peer education rarely refer to theories in their rationale for particular projects. Peer education is much more consistent in the country in comparison to other innovations in education regarding health care. Peer education offers educators the opportunity to benefit from taking on meaningful roles. Peer education in India is presumed to be an essential part of the syllabus to be delivered before young learners.

Keywords: Peer collaboration, Peer education, Peer learning, Peer tutorial, HIV, SIT.

Peer education is also known as peer learning or peer mentoring. Peer Education is an approach to health promotion, in which community members are supported to promote health-enhancing change among their peers. Peer education is the teaching or sharing of health information, values, and behavior in educating others who may share similar social backgrounds or life experiences (Boyle et al 2011, Sriranganathan et al 2010). Sexually Transmitted Infections (STIs), including HIV (Human Immunodeficiency Virus), mainly affect sexually active young people and are a vital problem in India being vigorous every day. More than one-third of students in this study had no accurate understanding of the signs and symptoms of STIs other than HIV/AIDS. Causes of the increased rates of STIs/HIV in young people are complex, however, the main reasons include biological factors, risky sexual behavior patterns (early initiation of sex, premarital sex, bisexual orientation, and multiple sexual partners), transmission dynamics and treatment-seeking behavior (Harms et al 1998).

Although popular, peer education is surrounded by considerable ambiguity. To encourage greater clarity an operational framework (Shiner 1999). The author recommends that consideration should be given to what constitutes "peers", the aims and methods of an intervention, and how peer educators are involved. Reflecting a gap in the existing literature, particular attention is paid to the nature of peer

involvement. A key distinction is posited between "peer development" and "peer delivery" and it is suggested that there is a "fit" between location, approach, and client group.

Damon (1984) discovered to two different forms of peer learning, "peer tutoring" and "peer collaboration," are distinguished. Each has its potential use: peer tutoring for transmitting information and drilling special skills; peer collaboration for facilitating intellectual discovery and the acquisition of basic knowledge. Damon and Phepls (1989) presented critical distinctions among three approaches to peer education. Peer tutoring, cooperative learning, and peer collaboration are contrasted with one another along dimensions of equality and mutuality of engagement. It is argued that peer tutoring tends to foster dialogues that are relatively low on equality and varied in mutuality; cooperative learning fosters ones that are relatively high in inequality and low to moderate in mutuality, and peer collaboration fosters ones that are high in both. There are also some important variations in task and reward structure that cut across the three approaches. In general, the peer learning arrangements that seem most likely to generate productive instructional dialogues are those that encourage joint problem solving, that rely on intrinsic rather than extrinsic rewards, and that discourage competition between students.

Peers and peer education are important to influence and approach changing health behaviors. One of the beliefs of peer education is that it is cost-effective. Peer education has been identified as a more economical way to deliver health training (Wiskochil et al 2007).

Peer education advocates of peer education rarely refer to theories in their rationale for particular projects. Turner and Shepherd (1999) review a selection of commonly cited theories, and examine to what extent they have value and relevance to peer education in health promotion. Whereas most concepts have something to suggest towards the elucidation of why peer education might be operative, most principles are limited in possibility and there is little experiential evidence in health promotion practice to support them. Peer education would seem to be a method in search of a theory rather than the application of theory to repetition. Starting from the assumption that gender inequalities play a key role in driving the epidemic amongst young people, Campbell and MacPhail (2002) outline a framework for conceptualizing the processes underlying successful peer education.

There is rising evidence of augmented premarital sexual actions among young persons. While generalization is difficult, studies indicate that between 20% and 30% of young men and up to 10% of young women have premarital sexual experiences. Women have a higher incidence of STIs than men because of their greater biological susceptibility (UNFPA 2004). Peer education is empowering from both the standpoint of the peer educator and the individual receiving service. Peer education has been operative in encouraging knowledge, attitudes, and intention to change behavior in AIDS prevention. The results of implementing peer education are inconsistent, with little consensus on why some projects succeed while others fail in India. It can be concluded that the lessons learned and implications for current trends in peer education are much more consistent (Wight et al 2002) in the country in comparison to other innovations in education regarding health care.

Peer education offers educators the opportunity to benefit from taking on meaningful roles. Peer educators can act as enthusiastic advocates for the program and have a sense of purpose in their community outreach efforts (Kim et al 2004).

Peer education is a community-based intervention being implemented worldwide as an approach to HIV prevention (Cornish and Campbell 2009). They concluded with lessons learned and implications for current trends in peer education when comparing two HIV prevention programs run by sex workers in India and South Africa.

Peer-based outreach is a popular strategy in which former or current drug addicts are employed as peer educators to contact and educate out-of-treatment addicts (Dhand 2006). The research workers reported that to provide insight into issues of empowerment, peer relationship dynamics, and social diffusion processes among drug-using communities, and peer-based situations more generally (Dhand 2006).

Peer education in India is presumed to be an essential part of the syllabus to be delivered before young learners. NACO, (2005) is of the view that young adults aged 15–29 years, account for 32% of AIDS (acquired immunodeficiency syndrome) cases reported in India and the number of young women living with HIV/AIDS is twice that of young men.

References

Boyle J, Mattern C O, Lassiter J W and Ritzler M S. 2011. Peer 2 peer: Efficacy of a course-based peer education intervention to increase physical activity among college students. Journal of American College Health. 59(6): 519-529.

Campbell C and MacPhail C. 2002. Peer education, gender and the development of critical consciousness: participatory HIV prevention by South African youth. Social Science & Medicine. 55(2): 331–345.

Cornish F and Campbell C. 2009. The Social Conditions for Successful Peer Education: A Comparison of Two HIV Prevention Programs Run by Sex Workers in India and South Africa. *American Journal of Community Psychology,* 44(1-2): 123-135.

Damon W. 1984. Peer education: The untapped potential. Journal of Applied Developmental Psychology. 5: 4331–343.

Damon W and Phelps E. 1989. Critical distinctions among three approaches to peer education. International Journal of Educational Research. 13(1): 9–19.

Dhand A. 2006. The roles performed by peer educators during outreach among heroin addicts in India: Ethnographic insights. Social Science & Medicine. 63(10): 2674–2685.

Harms G, Corea A, Iyambo S, Radebe F, Fehler H and Ballard R. 1998. Perceptions and patterns of reproductive tract infections in a young rural population in Namibia. In: 2nd European Congress on Tropical Medicine. Liverpool, UK.

Kim S, Koniak-Griffin D, Flaskerud J H and Guarnero P A. 2004. The impact of lay health advisors on cardiovascular health promotion. Journal of Cardiovascular Nursing. 19(3): 192-199.

NACO 2005. Monthly Updates on AIDS.

Shiner M. 1999. Defining peer education. Journal of Adolescence. 22(4): 555–566.

Sriranganathan G. Jaworsky D. Larkin J. Flicker S. Campbell L. Flynn S. Janssen J and Erlich L. 2010. Peer sexual health education: Interventions for effective program

evaluation. Health Education Journal, 71(1): 62-71.

Turner G and Shepherd J. 1999. A method in search of a theory: peer education and health promotion. Health Educ. Res. 14(2): 235-247.

UNFPA 2004. Sexually Transmitted Infections: Breaking the Cycle of Transmission. New York: United Nations Population Fund.

Wight D, Raab G M, Henderson M, Abraham C, Buston K, Hart G and Scott S. 2002. Limits of teacher delivered sex education: interim behavioural outcomes from randomised trial. BMJ. 324: 1430

Wiskochil B, Lieberman L, Houston-Wilson C and Petersen S. 2007. The effects of trained peer tutors on the physical education of children who are visually impaired. Journal of Visual Impairment & Blindness, 101(6): 339-350.