PEER EDUCATION VS HEALTH PROVIDER EDUCATION IN KNOWLEDGE AND ATTITUDE ABOUT PREVENTION AND TRANSMISSION OF AIDS IN HIGH SCHOOL STUDENTS

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ABSTRACT

Objective: To compare knowledge and attitude of high school students who have thought about prevention and transmission of AIDS by peer group and health provider.

Design: This is an experimental study carried out on 417 students from six urban schools in Kerman. Group-1(n=212) received peer education, and group 2 (n=205) experiences health education.

Setting: Both groups were administered, survey at three times: pre intervention and post intervention immediately after four and 6 weeks after the first post test. For both the groups eight sessions were organized about AIDS in 4 weeks. Every session lasted 30 minutes.

Main Outcome Measures: Independent sample T test and repeated measure ANOVA were conducted to assess at baseline and after 4 and 6 weeks.

Results: Both groups had significant improvement in knowledge and attitude (p=0/000) and it was highly significant in peer education group (p=0/000). Six weeks follow up after intervention showed that peer education was better than health provider education (p=0/000).

Conclusion: Education increases the knowledge and improves attitude of students about prevention and transmission of AIDS. Peer education is a more effective method than health provider for AIDS education in adolescent.

KEY WORDS: Knowledge, Attitude, Peer education, AIDS, Teenagers.

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INTRODUCTION

Since 1981 when AIDS was distinguished as a new and distinct illness, more than 50 million individuals throughout the world have been infected with the human immunodeficiency virus. In fact, from the beginning of 1980's getting infected with HIV has spread extensively and it has become an important worldwide epidemic. This infection is spreading in all continents, but with different intensities. During 1990's an exceptional quick metastasis happened in all over India, southeastern part of Asia, and South Africa.[1] About half of the reported cases of this illness are in developing countries among women under 25 years old.[2] Indeed the young constitute the majority of the new cases of infection. However, most of the young either does not believe that AIDS can be transferred to them, or do not know how to protect themselves.[3] The refore, one of the priorities of World Health Organization and the AIDS Prevention Center is to prevent AIDS in teenagers. Indeed, taking care of teenagers is probably the most efficient method of preventing this epidemic; particularly in countries, which have a high

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range of prevalence.[1] Prevention training is the greatest armor for preventing the outbreak of AIDS among the young.[4] Instruction in hygienic vigilances is of the most interesting parts in each step of observations, which are presented by health personnel, and in fact each health personnel can be considered as a health instructor.[5] Up to now there have been several strategies for increasing the amount of information about the danger of AIDS. For obtaining the best results instructional programs should be arranged according to characteristics of different categories, level of literacy, cultural level, and their capacity in learning.[6] One of the specific characteristics of youth is the impressibility from individuals of the same group. The young often imitate their friends of the same age. Considering this characteristic of the young, instructing by individuals of the same group is a strategy which is regarded as an encouraging point in instructing the youth about AIDS prevention.[7] This method has not been evaluated thoroughly, so it needs more investigations.

SUBJECTS AND METHODS

This study is of semi-experimental type and makes use of multistage sampling. First, considering economical, social, and cultural aspects, the city was divided into three areas and from each area two schools and on the whole six Girl's public high schools were selected.
In each area the selected schools were analyzed in one of the two groups. In each school one class from each educational level was chosen at random. Therefore, on the whole 205 individuals were placed in health personnel group and 212 individuals in the group of training by individuals of the same age. A pre-test was performed for both groups to evaluate their basic information and viewpoint. In the group of training by individuals of the same age, those with the highest grades, regarding their own tendency, were selected as instructors of the same group. Instructors were provided with four one-hour training sessions and instructional pamphlets. Members of both groups were provided with eight training sessions in four weeks as twice per week. For evaluating the amount of efficiency and usefulness of trainings post-test was performed in both groups.

Table-I: Comparison of knowledge before education

Test Group	*Before education*	
Index	*Health provider*	*Peer education*
Mean	15.9	16.2
Standard deviation	3.1	1.95

RESULTS

Statistical T-test, K square, variance analysis by frequent measurements, and T-test analyzed data by independent samples. Considering age, parents' educational level, basic knowledge and viewpoint, there was no difference between the two groups ($p>0.05$). There was a meaningful difference between the level of information before and after training in both groups ($p<0.05$). After training there was a meaningful statistical difference in the knowledge level of both groups, since instruction by individuals of the same group was more efficient than instruction by health personnel ($p<0.05$).

DISCUSSION

According to the results of this study instruction increases the awareness and attitude of students toward AIDS and methods of preventing and transferring it. In 1999, Faol showed that instruction could increase the awareness and knowledge level of students about AIDS and the methods of preventing it.[8] In 1999 Sijel also showed that educating on sexual issues and healthy sexual behaviors by individuals of the same age causes an increase in their level of awareness about sexual activities.[9] Besides, the findings of this study show

Table-II: Comparison of attitude pre and post education

Test Group *Index*	*Post test 1*		*Post test2*	
	Peer education	*Health provider education*	*Peer education*	*Health provider education*
Mean	20.3	18.96	19.83	18.14
SD	1.95	3.1	2.11	1.57

Table-III: Comparison of knowledge pre and post education

Test Group Index	*Pretest*		*Post test 1*		*Post test2*	
	Peer education	*Health provider education*	*Peer education*	*Health provider education*	*Peer education*	*Health provider education*
Mean	82.91	82.8	97.98	92.40	95.41	87.27
SD	7.35	9.12	9.49	9.57	8.92	8.12

that the amount of increase in awareness level of two groups has been different and this increase is more evident in the group of instructing by individuals of the same group. Results of the existing study conform to those of Sijel in 1999 and Stephenson in 2003.[9,10] Pillitri believes that teenagers rarely speak about their sexual affairs with health personnel, but sometimes they consult health personnel under the pretext of being asked about their sexual affairs and problems. But health personnel rarely ask such questions, and the young often acquire the information from their friends of the same age.[7]

Considering the results of the existing study, it can be concluded that instruction increases the awareness of students about methods of preventing AIDS, and instruction by the individuals of the same age is more efficient than by health personnel.

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