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Exploration of Challenges Faced by Peer Educators in the Implementation of Health Promotion Activities at the Institutions of Higher Learning

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Abstract

Peer education programs encompass a variety of health-related topics; however, it is unclear what difficulties peer educators encounter when putting such health promotion initiatives into practice in institutions of higher learning. The objectives of this review are therefore to explore the challenges that peer educators face in the implementation of health promotion activities at the institutions of higher learning and to give recommendations on how to enhance the peer education program to better prepare peer educators for their role and to better prepare them for any upcoming obstacles. This qualitative study used a non-empirical research design, analysing primary research papers and grey literature using a systematic review technique. The study's time frame was limited to 2013-2023, and non-sequential preference adoption was taken into account. The conclusions of this study, which relied on the reviews of standard and fundamental research papers on this topic, were made credible by employing the Preferred Reporting Items for Systematic Reviews and Meta-Analyses and the Critical Appraisal Skill Programme. Peer education program at institutions of higher learning proved to have a positive impact on the health and well-being of students however the peer educators encounter some challenges when executing their duties such as little knowledge and training on some health topics, lack of interest on some health topics, lack of compensation and lack of support among others. Peer education, which is believed to be a useful technique in encouraging students to adopt healthy behaviours, is an interpersonal endeavour that is influenced by the environments, institutional backdrop, key individuals, and the participants' attitudes and aspirations.

Keywords: *Challenges; Peer Educators; Peer Education; Behaviour; Students, Universities*

1. Introduction

Peer education is a widely used technique for disease prevention and health promotion and it entails recruiting members of a particular at-risk group in order to persuade those individuals to alter risky

behaviours and sustain healthy behaviours (He, Wang, Du, Liao, He, & Hao, 2020). Peer education has been proven in prior research to reduce risky behaviours and improve health (Liu, Vermund, Ruan, Liu, Rivet Amico, Simoni, Shepherd, Shao, & Qian, 2018; Young, Cumberland, Nianogo, Menacho, Galea, & Coates, 2015); Hidalgo, Kuhns, Hotton, Johnson, Mustanski, & Garofalo, 2015).

The goal of the Peer Education Programme (PEP), which is provided by the Health and Wellness Clinics within higher education institutions, is to prepare students to engage in conversation with other students in an effort to change behaviour and promote health-seeking behaviours, increase the number of individuals who get tested for HIV, and strengthen community development both on and off campus. Peer educational programs span a variety of health-related topics, such as mental, sexual, and physical well-being as well as the general promotion of health lifestyle which include smoking cessation practices and healthy eating habits (Topping, 2022). However, there are differences in the way that peer-led interventions such as individual peer guidance, peer counselling, peer friend programs, and peer education are structured and delivered (Abdi & Simbar, 2013). In South Africa, to promote the health and wellbeing of students, the PEP focus on key areas of Higher Education & Training: Health, Wellness and Development Centre which include: sexual reproductive Health and contraception, HIV/TB/STI, Gender Based Violence, mental health, disability, alcohol and drug abuse prevention, COVID-19, and LGBTQI with its primary activities being the organization and execution of formal and informal education and talks, the distribution of condoms, one-on-one health talks, community outreach programmes, residence group discussions and awareness campaigns.

Peer education programs provided by peer educators encompass a variety of health-related topics; however, it is unclear what difficulties peer educators encounter when putting such health promotion initiatives into practice in institutions of higher learning. The objectives of this review are therefore to identify the challenges that peer educators face in the implementation of health promotion activities at the institutions of higher learning and to give recommendations on how to enhance the peer education program to better prepare peer educators for their role and to better prepare them for any upcoming obstacles.

2. Literature review

2.1. Peer Education Program at Institutions of Higher Learning

Peer education is explicated as the practice of information and experience sharing among individuals who have comparable issues and traits in order to improve health among members of a community or group of individuals (Akuiyibo, Anyanti, Idogho, Piot, Amoo, Nwankwo, & Anosike, 2021). Peer education program within the institutions of higher learning is a popular strategy to promote behaviours that improve health among students. This program is run by Peer educators who have received training and are capable of sharing knowledge with other students through channels that healthcare workers are unable to use.

Peer education within institutions of higher learning aims to provide students with the accessible, affordable, preventive, and psychosocial support they need to acquire the knowledge, attitudes, and skills required for positive behaviour change (Akuiyibo et al., 2021). Peer education initiatives have been successfully utilized as public health strategies to encourage a range of healthy lifestyle modifications. These initiatives may both inspire the educator and the target group by fostering an awareness of solidarity because they aim to modify the behaviour of the community with the aid of a peer educator or facilitator. According to Abdi and Simbar (2013), peer education initiatives need to be carefully planned and peer educators needs to receive continuous training with regular monitoring and evaluations.

Peer education has been shown to be more successful than conventional methods (such as trainings provided by teachers) especially when it comes to contentious subjects like sexual and reproductive health and substance abuse (Ragavan, Halpern-Felsher, Chang, Carlson, 2016; Hatami, Kazemi, & Mehrabi, 2015; Demirezen, Karaca, KonukSener, & Ankarali, 2020). This is because peers can influence each other's feelings of health, habits, and behaviours. They can inspire attitudes of compassion and confidence because they may be seen by other students as concrete role models, and they can act as effective bridges between health facilities and educational institutions.

2.2. Theories of Peer Education

Peer education is based on various behavioural theories as a widely acknowledged and successful behavioural change technique. Latifi, Merghati-Khoei, Shojaeizadeh, Nedjat, Mehri, and Garmaroudi (2017) propose using a diversity of notions drawn from numerous frameworks while creating interventions. As a result, the authors chose the Theory of Diffusion of Innovation, Health Belief Model (HBM), the Theory of Reasoned Action (TRA), the Social Learning Theory (SLT), and the Role Theory as the theoretical pillars of this review. The theories are briefly discussed below:

2.2.1. The Health Belief Model

The HBM postulates that motivation to get involved in healthy behaviours is influenced by a person's view of those behaviours' effects, vulnerability to those effects, advantages, and obstacles (Rosenstock, 1974). To engage in a particular healthy behaviour, a person has to be subjected to such adverse outcomes and come to the conclusion that there would be negative consequences. The effectiveness of the HBM in promoting preventative behaviours has been supported by numerous studies. Peer education centred on HBM, for instance, has been effectively used as an approach to encourage preventative behaviours amongst female students in Iran (Moshki, Zamani-Alavijeh, & Mojadam, 2017). On the same note, Joorbonyan, Ghaffari, and Rakhshanderou (2022) discovered that after an HBM that emphasized peer education, the intervention education could influence awareness level, susceptibility, degree of severity, advantages, perceived challenges, perceived confidence, behavioural intention, and ultimately avoidance of high-risk behaviour. This proves that the HBM is based on the notion that students are likely to change and cease their behaviour if they perceive they are at risk of acquiring disease and that preventing it will be helpful to them (Glanz, Rimer, & Viswanath, 2015).

2.2.2. The Social Learning Theory (SLT)

According to Bandura, Ross, and Ross (1961), SLT is the investigation of learnt behaviours involving the modelling, observations, and copying of actions that are confirmed by other individuals. As a result of this, contingent upon how such novel behaviours are rewarded or reinforced in the social setting, they either persist or stop. Bandura and Walters (1977) set out to demonstrate that human behaviour is acquired by imitation, or by watching others, and that such insights can direct behaviour and cause imitation in participants in the future. According to Burke and Mancuso (2012), some people serve as examples of human behaviour because of their capacity to influence other people's behaviour.

There are three key ideas in the SLT: People have the capacity to acquire knowledge by observation, and while mental states are integral to this learning process, learning new information does not always result in a change in behaviour. The SLT can be employed to clarify why students can succumb to peer pressure and get involved in risky behaviour. Therefore, one can assume that the extent to which behavior affects an individual depends on a variety of factors, including the characteristics, the observers, and their perceptions of replicating similar behavior. Regarding the assertions of peer education, SLT appears to be pertinent in terms of reinforcement, trustworthiness, autonomy, and model behavior (Turner & Shepherd, 1999). For instance, to be able to be persuasive, peer educators would need to be appreciated by their fellows, and in order for peer educators to be examples to the public, they will

need to practice healthy behavior. Additionally, Turner and Shepherd (1999) noted that the act of effectively putting socially acquired behavior into practice can be seen as motivating for the individuals affected.

2.2.3. The Diffusion of Innovation Theory

According to Rogers (2003), diffusion of innovation is the process through which individuals take up new concepts, methods, practices, ideologies, etc. According to Rogers (2003), an innovation is defined as fresh knowledge, a new perspective, a new way of thinking, or a new practice that may be disseminated to a specific group. According to this idea, Al-Iryani, Basaleem, Al-Sakkaf, Kok, and van den Borne, (2013) postulate that leaders can affect social conventions, disseminate knowledge, and ultimately operate as agents of transformation within their respective populations. Rogers (2003) outlined this procedure and emphasized that, in most situations, the initial few are receptive to the new concept and choose to employ it. Within the institutions of higher learning, a threshold of acceptance will develop as an increasing number of students become receptive to the information as shared by the peer educators. Therefore, in such cases the new concept gradually spreads throughout the populace until a saturation threshold is reached.

2.2.4. The Role Theory

According to Sarbin and Allen (1968), the foundation of role theory is the idea of societal roles and the requirements associated with them. According to Sarbin's (1976) application of this concept to peer education, peer educators will conform to the role expectations of a tutor and act accordingly. Additionally, by taking on a role, people get more committed to and knowledgeable about it. Role theory is also predicated on the idea that disparities in culture between peer educators and students might obstruct communication and therefore peer educators who share a similar background and culture may be better at promoting learning (Turner & Shepherd, 1999). Sabin (1976) contends that other educators should conform to the behaviour expected of tutors. Additionally, by stepping into a peer education role, an individual gains a deeper appreciation for and dedication to that role. It's possible that peer educators will grow more dedicated and comprehend the significance of health concerns better.

2.2.5 The Theory of Reasoned Action (TRA)

According to Ajzen and Fishbein (1975), there are four key concepts in the TRA: attitude, belief, subjective norms, and purpose. This model's basic ideas are that attitudes are an expression of views and are equal to the sum of belief intensity times outcome evaluation for each person's beliefs. Intention reflects the probability that an individual believes they are to carry out a particular behavior, while subjective standards are a result of a society's cultural norms and the drive for someone to follow every significant person in their lives (Ajzen & Fishbein, 1980).

According to the TRA, one of the factors influencing behavior change is an individual's understanding of social conventions or views concerning what other individuals who are significant to them do or think about a certain behavior (Ajzen & Fishbein, 1975). Orr, Thrush, and Plaut (2013) emphasize how people perceive a behavior's potential benefits or drawbacks, as well as what their fellow educators might say about it, greatly influence their views toward adopting that behavior. Due of the ease with which attitudes can be redefined as norms and norms as attitudes, this is considered a limitation of TRA (Ajzen & Fishbein, 1980).

2.3. The Effects of Peer-Led Educational Health Interventions

2.3.1 Improvement of Knowledge and Attitude of Pertinent Health Issues Among Students

The goal of the peer education is to improve adolescent's knowledge, attitude, and abilities in order to support the promotion of healthy behaviours. For instance, Akuiyibo et al., (2021) found that adolescent's understanding of HIV/AIDS, STIs, contraception, and other reproductive-related problems had improved as an outcome of the peer education. Additionally, results from previous investigations highlight that significant levels of peer participation regularly produced notable improvements in knowledge, attitude, self-efficacy, and favourable social standards (Sun, Hai Miu, Ho Wong, Tucker, & Wong, 2018).

According to Khatirpasha, Farahani-Nia, Nikpour, and Haghani (2019), young people in numerous communities lack access to the necessary knowledge because their parents either lack the knowledge and expertise to share with them or they are too occupied or ashamed to talk to their children about topics such as reproductive health. Peer education has been empirically demonstrated to be helpful in enhancing knowledge and with the goal to alter behavior in HIV/AIDS prevention programs among students (Zambuto, Palladino, Nocentini, & Menesini, 2019). According to research, peer-led sexual health education offers an opportunity to strengthen, safeguards and enhance adolescent health outcomes (Becasen, Ford, & Hogben, 2015).

2.3.2 Improvement of Health Outcomes

According to He et al., (2020), peer education was found to efficiently encourage condom usage, HIV testing, and minimize unprotected sex and HIV measures among female sex workers, and men who have sex with males (MSM). In addition, peer education program implemented in schools with limited resources significantly increased the use of contraception, satisfied unmet requirements, and increased demand among females who are sexually active (Wondimagegene, Debelew, & Koricha, 2023). Contrarily, a study indicated that despite broad advancements in attitudes and knowledge, unsafe sexual behaviours did not decrease as a result Khosravi, Kolifarhood, Shoghli, Pashaeypoor, & Amlashi, 2018).

2.3.3. Acquiring of Different Skills

Students who volunteer as peer educators acquire facilitation skills, communication proficiency, understanding of fundamental health issues, and equality against persons affected by HIV/STIs/TB, mental health issues, substance misuse, and gender-based violence. In addition to having the chance to improve their speaking skills and gain knowledge about sexual health in general, peer educators gain from the program by becoming advocates for sexual health in their social circles (Panjwani, Garney, Harms, Rodine, Ajayi, Lautner, & Wilson, 2022). Through this program, peer educators gained leadership abilities, self-confidence, and personal growth. They also felt well-prepared to offer lessons (Panjwani, et al., 2022). According to Dodd, Widnall, Russell, Curtin, Simmonds, Limmer, and Kidger (2002), peer educators may also gain advantages such as chances to grow in self-assurance and leadership abilities as well as recognition from their institutions for their participation.

2.3.4. Role Models for Their Peers

The use of peer educators to convey health messages is a typical example of the capitalizing on the adolescent-peer relationship because peers have the capacity to function as natural educators. Peer education is frequently provided within the school setting and is utilized widely for dealing with adolescent health issues. Though there are many different ways to implement the peer education framework, the outcomes generally include knowledge sharing, early intervention, and prevention (Panjwani et al., 2022). In addition to complementing earlier research, peer educators gain from this

strategy by developing into reliable resources for their peers' health information (Benton, Santana, Vinklarek, Lewis, Sorensen, & Hernandez, 2020).

Peer educators act as recognized or informal role models and have significant influence over how students behave and how information is spread. Adolescents and youth frequently rely on their peers for information, which has an impact on how they perceive and feel various aspects of gender identity (Kornienko, Santos, Martin, & Granger, 2016). This is supported by Turner and Shepherd (1999) who posit that peer influence can be either helpful or detrimental because adolescents frequently change their behaviour to mirror the views of the peer educators they respect. For instance, students and peer educators benefited from the adoption of a hybrid adult-teenage peer educator paradigm when discussing sexual health issues (Panjwani et al., 2022). Additionally, peer educators are considerably more likely to have an impact on group members' behavior because they are thought to be able to establish a degree of trust that permits more honest conversations about delicate subjects (He et al., 2020).

3. Methodology

A systematic non-empirical research design was employed in this study. According to Dan (2017), this research design aims to review advancements in a particular research area [Exploration of challenges faced by Peer educators in the implementation of health promotion activities at the South African institutions of higher learning]. Bwanga (2020) emphasizes that this study design's goal is to make the available information more understandable to those making decisions by identifying, evaluating, and summarizing the outcomes of the reviewed research papers. In order to gain a better grasp of and access to pertinent information on this topic, data was gathered from reputable sources like PubMed, ResearchGate, Mendeley, and Science.gov. As part of the specified procedures of this study design, the following electronic databases were also accessed: EbcoHost, Science Direct, Emerald Insight, ProQuest, Google Scholar, Sabinet, Jstor, and Sage Online. Using non-probability, purposive sampling, different keywords were utilized to find pertinent content on this topic. The primary research studies and analysed grey literature from the listed databases and peer-reviewed journals were limited to the years 2013 through 2023 (not in any particular order or significance), while employing inclusion and the exclusion criteria at all times.

To ensure the validity and relevance of the study's findings about challenges faced by Peer educators in the implementation of health promotion activities at the institutions of higher learning, the Critical Appraisal Skill Programme (CASP) and Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) were applied. Peer education, which is believed to be a useful technique in encouraging students to adopt healthy behaviours, is an interpersonal endeavour that is influenced by the environments, institutional backdrop, key individuals, and the participants' attitudes and aspirations.

4. Findings and discussions

4.1. Challenges Faced by Peer Educators at Institutions of Higher Learning

- **Little Knowledge and Training on Some Health Topics**

Peer educators need to be knowledgeable in various health themes in order to properly guide the courses on peer pressure, media messaging, and assertiveness methods (Chinyama, Rembe, & Sibanda, 2020). This enables them to consider beneficial connections and behaviours and act as role models, which increases the possibility that students will adopt those behaviours (Winter, 2013). The use of peer educators necessitates substantial training, skill development, and time commitment on both the part of the peer educators and staff members. Scheduling is one of the biggest challenges with execution because

peer educators have both academic and social obligations. To manage the various schedules, program employees should use a variety of communication channels, such as emails, WhatsApp, and text messages.

- **Lack of Interest on Some Health Topics**

According to Panjwani et al., (2002), the recruiting of men has its share of difficulties because men are generally less interested in volunteering for the program. For instance, a major component of the peer education program is sexual and reproductive health, which emphasizes safer sex and healthier relationships. Because of this, men tend to steer clear of the program because they think it implies that they will not engage in sex. In agreement with the findings above, Dalana et al., (2022) point out that lack of time and interest in campus peer education participation and health education constitutes a few of the obstacles faced by peer educators in higher education institutions. Further, highlighting the lack of student interest or knowledge of the peer education program, Dalana et al., (2022) speculate that a lack of visibility as well as little knowledge about peer education program may be a barrier.

- **Lack of Compensation**

According to Dalana et al., (2022), one of the challenges in finding peer educators is that they are not paid, unlike resident directors who get an allowance and discounted accommodation on campus. According to Panjwani et al., (2022), Peer educators are not paid for their efforts, but in certain institutions they are given leadership and community service hours in exchange for their participation.

- **Lack of Support**

Peer educators need emotional and psychological support since they interact with a variety of adolescents who have a range of challenges and are subjected to stressful situations which they must learn ways to cope with (Chinyama et al., 2020). The stress and exhaustion caused by the peer education program won't be resolved if there are no support or oversight programs in existence. It might be difficult to properly adopt and administer sexual health programming because it can be difficult to find, educate, and include youngsters as peer educators. The majority of peer-led initiatives do not always provide the tools (i.e., proper recruiting and training) by which peers are able to engage and contribute to the effort. On the contrary, Roussouw (2013) found that most of the participants highlighted that their peer education program received guidance and support from supervisors and office coordinating the HIV programmes.

- **Gender Dynamics**

When discussing sexual and reproductive health issues, there appears to be uneasy gender dynamics amongst peer educators (Dalana, Walsh, Hendon, Butler, Meschke, & McNeely (2022). On the other side, Roussouw (2013) discovered that some peer educators have developed strong bonds with their fellow peer educators via collaboration. In addition, Roussouw (2013) points out that whenever peer educators shared awareness information with fellow students, families, and community members, they were sometimes met with resistance as individuals are reluctant to talk about their medical conditions. They also encountered resistance when urging students to get tested for HIV and were rebuffed when peer educators approached them with condoms. In these circumstances, it is reasonable to assume that the people involved do not view their own behaviour as risky and that they will avoid having to deal with the repercussions of their actions, such as a possibility of HIV-positive result, if they avoid engaging in activities like getting an HIV test. This bolsters the HBM's claim that for a person to engage in a certain beneficial behaviour, they must experience such undesirable results and come to the realization that there would be negative repercussions.

- **Use of Internet to Acquire Information**

Although peer educators are trained to convey information to their peers and also trained to guard against fake and incorrect information that may be detrimental to other students, the challenge for peer educators arises from the fact that students today rely on technology to acquire information, which is not always accurate. Contrarily, research by Vamos, Thompson, Logan, Griner, Perrin, Merrell, and Daley (2020) indicates that a mixed intervention that makes the most of technology and knowledgeable people (such as peer educators and health promoters) to deliver patient-centred knowledge and abilities may aid in improving university students' sexual and reproductive health decision-making.

5. What Strategies Can Be Used to Enhance the Peer Education Program to Better Prepare Peer Educators for Their Role?

- **Compensation and Rewards for Peer Educators**

There is a need to increase awareness of peer educators’ vital function within higher education institutions through incentives and rewards. For instance, peer educators' contributions have been crucial in responding to the pandemic (Arora, Dringus, Bahl, Rizvi, Maity, Lama, Mason-Jones, Kumar, Koul, Bassi, 2022). As a result, a little extra encouragement by means of compensation and training can help boost the framework going forward. In order to attract and encourage participation of more students in the peer education program, the institutions could offer compensation to students who volunteer to be peer educators, perhaps by lowering their tuition debts. To recognize their effort and provide peer educators a sense of success, the peer educators could also be given participation certificates or compensation in the form of allowances for their efforts. According to Bernays, Tshuma, Willis, Mvududu, Chikeya, Mufuka, and Mavhu (2020), receiving this kind of acknowledgment strengthens their position in the community and transforms them into accountable members of the healthcare community. As an alternative, institutions should explore the possibility of hiring unemployed former peer educators on a contract basis to serve as peer educators. This will free up students to concentrate on their academic responsibilities rather than worrying about juggling their roles as peer educators and students.

- **Continuous Refresher Training and Specialization on Identified Key Areas**

Peer educators with the appropriate training can assist students in addressing their needs and serving as a link to healthcare services within higher education institutions. Therefore, it is essential to keep engaging and develop peer educators' capacities to help the university health system beyond their intended purpose in order to ensure the continuity of their duties. Peer educators are crucial players in resource-constrained health systems that are overburdened by health disasters or sudden crises, particularly in countries with low or middle incomes (Kumar, Karpaga, Panigrahi, Raj, & Pathak, 2020). In order to maintain the momentum and engagement of the peer educators, it is necessary to improve peer educators' skills through booster training, encouragement, increasing their visibility, and more formally integrating their newly acquired responsibilities and roles within the health system.

Peer educators ought to be given an opportunity to specialize in particular key areas of their choice and trainings should be tailored for such focus areas as this will give them the chance to become experts in such subject areas unlike when they have to be trained on all key areas of which some they might not be interested in or will have difficult time in understanding the context of such key areas. Because peer educators still have their academic duties to perform throughout the academic year, they should be checked in with by program administrators for peer health education to evaluate how they are doing, what difficulties they are having, and what assistance they require. This approach might make it easier to recognize and handle a variety of issues that could force peer educators to leave their positions.

Peer educators may be able to provide worksite-based lifestyle programs within the institutions of higher learning, but it is crucial to make sure they have the necessary skills, support from management, and interest for peer education. In order to establish a group of successful peer educators and develop techniques for maintaining their participation in the program, studies such as the perceptions of students volunteering as peer educators within universities; the impact of the peer education program within institutions of higher learning are required. Although the COVID-19 restrictions are relaxed, peer education system can be maintained within the universities to spread knowledge about COVID. Peer educators can be used to inculcate the value of proper hand hygiene, social distance, and other infection control strategies crucial to preventing the spread of the virus. Peer educators could act as a possible community feedback system for societal risks such as domestic or gender-based violence, drug and alcohol abuse.

- **Addressing Uncomfortable Gender Dynamics within the Peer Education Program**

Frequent administrative status updates by health promoters or personnel supporting the peer educators may help in detecting and dealing with any difficulties upfront in order to overcome gender dynamics that contribute to conflict within peer education program. In an ideal scenario, discussions about gender dynamics ought to be continuous and integrated into all program activities, such as during trainings, weekly discussions, developing and delivering presentations, and administrative periodic updates. Additionally, establishing group standards can help to further promote positive gender dynamics by examining expectations among peer educators and strategies for handling gender-related problems as they arise within the group. All of these strategies call for program administrators to make an effort to be active in starting talks about gender dynamics and to continuously and successfully tackle problems as they arise.

6. Limitations

This research contains some flaws. First, the research' inclusion criteria were limited to peer-reviewed English-language journals and therefore relevant studies written in languages other than English might have been left out. Second, certain studies that were not indexed in the databases that were searched may have been missed by the search approach. Overall, this review methodology was used to identify and analyse relevant studies on the challenges that Peer educators face in the implementation of health promotion activities at the institutions of higher learning, which gave a thorough overview of the challenges in the context of higher education.

Conclusion

In this review, we explored the challenges that peer educators encounter while seeking to execute health promotion initiatives in higher education institutions. The peer education program at higher education institutions has been shown to improve students' health and well-being, but the peer educators face some difficulties in carrying out their duties, including a lack of knowledge and training in some health-related areas, a lack of interest in certain health-related issues, a lack of compensation, and a lack of support, among other issues. Peer education, which is believed to be a useful technique in encouraging adolescents to adopt healthy behaviours, is an interpersonal endeavour that is influenced by the environments, institutional backdrop, key individuals, and the participants' attitudes and aspirations. It necessitates adequate planning, guidance, leadership, and monitoring. This paper suggest recommendations to enhance the peer education program within the institutions of higher learning.

References

Abdi, F., & Simbar, M. (2013). The peer education approach in adolescents-Narrative review article. Iranian Journal of Public Health, 42(11), 1200-1206.

Ajzen, I., & Fishbein, M. (1980). Understanding Attitudes and Predicting Social Behaviour. Englewood Cliffs, NJ: Prentice Hall.

Ajzen, I., & Fishbein, M. (1975). A Bayesian analysis of attribution process. Psychological bulletin, 82(2), 261.

Akuiyibo, S., Anyanti, J., Idogho, O., Piot, S., Amoo, B., Nwankwo, N., & Anosike, N. (2021). Impact of peer education on sexual health knowledge among adolescents and young persons in two North Western states of Nigeria. Reproductive Health, 18(1), 1-8. https://doi.org/10.1186/s12978-021-01251-3.

Al-Iryani, B., Basaleem, H., Al-Sakkaf, K., Kok, G., & van den Borne B. (2013). Process evaluation of school-based peer education for HIV prevention among Yemeni adolescents. SAHARA Journal of Social Aspects of HIV/AIDS, 10(1), 55-64. https://doi.org/10.1080/17290376.2012.745294.

Arora M, Dringus S, Bahl D, Rizvi Z, Maity H, Lama S, Mason-Jones AJ, Kumar D, Koul P, Bassi S. (2022). Engagement of health workers and peer educators from the National Adolescent Health Programme-Rashtriya Kishor Swasthya Karyakram during the COVID-19 pandemic: Findings from a situational analysis. PLoS One, 17(9). https://doi.org/10.1371/journal.pone.0266758.

Bandura, A., & Walters, R. H. (1977). Social learning theory (Vol. 1). Prentice Hall: Englewood cliffs.

Bandura, A., Ross, D., & Ross, S. A. (1961). Transmission of aggression through imitation of aggressive models. Journal of Abnormal and Social Psychology, 63, 575-582. https://doi.org/10.1037/h0045925.

Becasen, J. S., Ford, J., & Hogben, M. (2015). Sexual health interventions: A meta-analysis. Journal of Sex Research, 52(4), 433-443. https://doi.org/10.1080/00224499.2014.947399.

Benton, A. D., Santana, A., Vinklarek, A. J., Lewis, C. M., Sorensen, J. M., & Hernandez, A. (2020). Peer-led sexual health education: Multiple perspectives on benefits for peer health educators. Child and Adolescent Social Work Journal, 37(5), 487-496.

Bernays, S., Tshuma, M., Willis, N., Mvududu, K., Chikeya, A., Mufuka, J., Cowen, F., & Mavhu, W. (2020). Scaling up peer-led community-based differentiated support for adolescents living with HIV: keeping the needs of youth peer supporters in mind to sustain success. Journal of the International AIDS Society, 23, e25570. https://doi.org/10.1002/jia2.25570.

Burke, H., & Mancuso, L. (2012). Social cognitive theory, metacognition, and simulation learning in nursing education. Journal of Nursing Education, 51(10):543-548. https://doi.org/10.3928/01484834-20120820-02.

Bwanga, O. (2020). How to conduct a qualitative systematic review to guide evidence-based practice Radiography? International journal of Science: Basic and Applied Research, 52(1), 205-213.

Chinyama, N., Rembe, S., & Sibanda, O. (2020). Strategies used by peer-led groups in the provision of Psychosocial Social Support in schools. The Independent Journal of Teaching and Learning, 15(2), 141-159.

Dalana, A. R., Walsh, S., Hendon, W., Butler, M., Meschke, L. L., & McNeely, C. A. (2022). Barriers to recruitment and retention of undergraduate men as college sexual assault prevention peer educators. Journal of American college health, 1-8. https://doi.org/10.1080/07448481.2022.2071618.

Dan, V. (2017). Empirical and non-empirical methods.From: https://www.ls1.ifkw.uni-muenchen.de/personen/wiss_ma/dan_viorela/empirical_and_non_empirical. (Accessed 15 June 2023).

Demirezen, D., Karaca, A., KonukSener, D., & Ankarali, H. (2020). Agents of change: the role of the peer education program in preventing adolescent substance abuse. Journal of Child & Adolescent Substance Abuse, 28(5), 376-387. https://doi.org/10.1080/1067828X.2020.1766618.

Dodd, S., Widnall, E., Russell, A. E., Curtin, E. L., Simmonds, R., Limmer, M., & Kidger, J. (2022). School-based peer education interventions to improve health: a global systematic review of effectiveness. BMC Public Health, 22(1), 2247. https://doi.org/10.1186/s12889-022-14688-3.

Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2015). Health Behaviour: Theory, Research and Practice. San Francisco: Jossey-Bass, John Wiley & Sons.

Hatami, M., Kazemi, A., & Mehrabi, T. (2015). Effect of peer education in school on sexual health knowledge and attitude in girl adolescents. Journal of Education and Health Promotion, 4, 1-6.

He, J., Wang, Y., Du, Z., Liao, J., He, N., & Hao, Y. (2020). Peer education for HIV prevention among high-risk groups: a systematic review and meta-analysis. BMC infectious diseases, 20(1), 1-20. https://doi.org/10.1186/s12879-020-05003-9.

Hidalgo, M. A., Kuhns, L. M., Hotton, A. L., Johnson, A. K., Mustanski, B., & Garofalo, R. (2015). The MyPEEPS randomized controlled trial: a pilot of preliminary efficacy, feasibility, and acceptability of a group-level, HIV risk reduction intervention for young men who have sex with men. Archives of Sexual Behavior, 44, 475-485. https://doi.org/10.1007/s10508-014-0347-6.

Joorbonyan, H., Ghaffari, M., & Rakhshanderou, S. (2022). Peer-led theoretically Desinged HIV/AIDS prevention intervention among students: a case of health belief model. BMC Public Health, 22(1), 8. https://doi.org/10.1186/s12889-021-12445-6.

Khatirpasha, S., Farahani-Nia, M., Nikpour, S., & Haghani, H. (2019). Uberty health education and female students' self-efficacy. Journal of Client-centered Nursing Care, 5(4):231-238.

Khosravi, N, Kolifarhood, G, Shoghli, A, Pashaeypoor, S, & Amlashi, M. (2018). Effectiveness of peer education approach on improving HIV/AIDS related healthy behaviors among immigrant street children: A randomized controlled trial. Clinical Epidemiology and Global Health, 6(3), 115-121. https://doi.org/10.1016/j.cegh.2017.09.004.

Kornienko, O., Santos, C. E., Martin, C. L., & Granger, K. L. (2016). Peer influence on gender identity development in adolescence. Developmental Psychology, 52(10), 1578-1592.

Kumar, M. M., Karpaga, P. P., Panigrahi, S. K., Raj, U., & Pathak, V. K. (2020). Impact of COVID-19 pandemic on adolescent health in India. Journal of Family Medicine and Primary Care, 9(11), 5484. https://doi.org/10.4103/jfmpc.jfmpc_1266_20.

Latifi, A., Merghati-Khoei, E., Shojaeizadeh, D., Nedjat, S., Mehri, A., & Garmaroudi, G. (2017). Theory-based interventions in STIs/HIV Prevention: A systematic review of the literature in

Iran. Medical journal of the Islamic Republic of Iran, 31(131), 1-8. https://doi.org/10.14196/mjiri.31.131.

Liu, Y., Vermund, S. H., Ruan, Y., Liu, H., Rivet Amico, K., Simoni, J. M., Shepherd, B. E., Shao, Y., & Qian, H. Z. (2018). Peer counselling versus standard-of-care on reducing high-risk behaviours among newly diagnosed HIV-positive men who have sex with men in Beijing, China: a randomized intervention study. Journal of the International AIDS Society, 21(2), 1-10. https://doi.org/10.1002/jia2.25079.

Moshki, M., Zamani-Alavijeh, F., Mojadam, M. (2017). Efficacy of Peer Education for Adopting Preventive Behaviours against Head Lice Infestation in Female Elementary School Students: A Randomised Controlled Trial. PLoS One, 12(9), 1-12. https://doi.org/10.1371/journal.pone.0169361

Orr, M. G., Thrush, R., & Plaut, D. C. (2013). The theory of reasoned action as parallel constraint satisfaction: towards a dynamic computational model of health behaviour. PLoS One, 8(5), 1-11. https://doi.org/10.1371/journal.pone.0062490.

Panjwani, S., Garney, W. R., Harms, K., Rodine, S., Ajayi, K. M., Lautner, S. C., & Wilson, K. (2022). Peer Educators as Partners in Sexual Health Programming: A Case Study, American Journal of Sexuality Education, 17(4), 458-473.

Ragavan, M. I., Halpern-Felsher, B., Chang, A., & Carlson, J. (2016). Healthy relationships and physical activity: a qualitative analysis of middle school girls and their parents. Journal of Adolescent Health, 58(2):S87.

Rogers, E. (2003). Diffusion of Innovations. 5th ed., New York, Free Press, 2003.

Rosenstock, I. M. (1974). Historical origins of the health belief model. Health Education Monographs, 2, 328-335.

Roussouw, J.C. (2013). The challenges that peer educators face at Stellenbosch University. Retrieved From: https://scholar.sun.ac.za/server/api/core/bitstreams/71efad0c-7196-46cc-84f8-7f9afb4b5a7e/content (Accessed 30 June 2023).

Sarbin, T. R. (1976) Cross-age tutoring and social identity. In Allen, A. L. (ed.), Children as Teachers: Theory and Research on Tutoring. Academic Press, New York, 27-40.

Sarbin, T. R. and Allen, V. L. (1968). Role theory. In Lindzey, G. and Aronson, E. (eds), Handbook of Social Psychology, Vol. 1. Addison-Wesley, Reading, p488–567.

Sun, W. H., Hai Miu, H. Y., Ho Wong, C. K., Tucker, J. D., & Wong, W. C. W. (2018). Assessing participation and effectiveness of the peer-led approach in youth sexual health education: systematic review and meta-analysis in more developed countries. Journal of Sex Research, 55(1), 31-44. https://doi.org/10.1080/00224499.2016.1247779.

Topping, K. J. (2022). Peer education and peer Counselling for health and well-being: a review of reviews. International Journal of Environmental Research and Public Health, 19(10), 6064. https://doi.org/10.3390/ijerph19106064.

Turner, G, & Shepherd, J. (1999). Method in search of a theory: peer education and health promotion. Health Education Research, 14(2), 235-247. https://doi.org/10.1093/her/14.2.235.

Vamos, CA, Thompson, EL, Logan, RG, Griner, SB, Perrin, KM, Merrell, LK & Daley, EM. (2020) Exploring college students' sexual and reproductive health literacy, Journal of American College Health, 68(1), 79-88. https://doi.org/10.1080/07448481.2018.1515757.

Winter, V. R. (2013). Diffusion of innovations theory: A unifying framework of HIV peer education. American Journal of Sexuality Education, 8(4), 228-245.

Wondimagegene, Y. A., Debelew, G. T., & Koricha, Z. B. (2023). Effectiveness of peer-led education interventions on contraceptive use, unmet need, and demand among adolescent girls in Gedeo zone, south Ethiopia. A cluster randomized controlled trial. Global Health Action, 16(1), 1-9. https://doi.org/10.1080/16549716.2022.2160543.

Young, S. D., Cumberland, W. G., Nianogo, R., Menacho, L. A., Galea, J. T., & Coates, T. (2015). The HOPE social media intervention for global HIV prevention in Peru: a cluster randomised controlled trial. The lancet HIV, 2(1), 27-32. https://doi.org/10.1016/s2352-3018(14)00006-x.

Zambuto, V., Palladino, B. E., Nocentini, A., & Menesini, E. (2019). Why do some students want to be actively involved as peer educators, while others do not? Findings from NoTrap! anti-bullying and anti-cyberbullying program. European Journal of Development Psychology, 16(4), 373-386.

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