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EFFECT OF ADOLESCENT PEER EDUCATION ON TOBACCO USE

Community Medicine

Aniketh N. Gaikwad* Assistant Professor, Community Medicine Department, Rajiv Gandhi Medical College, Kalwa, Thane – 400 605, Maharashtra, India *Corresponding Author

Sundaram Kartikeyan Professor and Head, Community Medicine Department, Rajiv Gandhi Medical College, Kalwa, Thane – 400 605, Maharashtra, India

ABSTRACT

This before-and-after type of educational interventional study (without controls) was conducted among male adolescent tobacco users in a rural area in Maharashtra. The willing participants were explained about the purpose of the study and their socio-demographics and information on self-reported tobacco use were recorded on a pre-tested formatted proforma.

Trained peer educators who were selected on the basis of acceptability, leadership skills, and communication skills conducted peer group sessions with the participants. The post-intervention data were collected six months after initiating the peer education intervention. The pre- and post-intervention difference in frequency of use of smoked tobacco was significant (p=0.01455). Eleven subjects had given up tobacco use over the six-month study period, while four subjects had switched from smoking tobacco to non-smoking type of tobacco. Peer education helped in reducing the overall number of tobacco users and continued efforts would be required to ensure sustainability of this intervention.

KEYWORDS

Adolescents, Peer educators, Tobacco use

INTRODUCTION

Adolescence is a period of transition from childhood to adulthood [1] wherein developmental changes have the potential to create pressure on adolescents [2]. Adolescents undergo varying levels of emotional, behavioural, and social problems [1] and have a propensity to disregard sources of authority, such as, parents, and prefer to socialize more with their peers [2,3].

Peers are individuals who share common characteristics, such as, age, gender, educational status, occupation, socio-economic status, interests and/or health status. Peers provide opportunities for personal relationships, social behaviours, and a sense of belonging and thus play a critical role in the psychosocial development of most adolescents. Peer education is considered as a health promotion strategy [4,5], wherein adolescents receive health messages from peers who are coping with similar problems and pressures [6,7].

The peer educator, who is also a member of the peer group, receives sufficient training and attempts to sustain behaviour change among the group members [8,9]. For a successful peer education programme, it is necessary to identify peer educators with sufficient leadership skills, confidence, technical competency, compassion, and communication skills, who are accepted by others in the group [10]. Peer educators act as role models of attitude and behaviour for their peers [11]. Peer education programmes largely emphasize prevention and early intervention for reducing harm and help assist adolescents in acquiring the requisite knowledge, attitudes, and skills for behaviour modification by setting up inexpensive psychosocial support systems. Peer education can be used to promote peer tutoring, breast self-examination [12], prevent sexually transmitted diseases [13] and has been successfully used to combat substance abuse disorders [14,15].

MATERIALS AND METHODS

This before-and-after type of educational interventional study (without controls) was conducted at Vaitarna village in the western part of Maharashtra State, India. After obtaining permission from the Institutional Ethics Committee, the prospective participants (male adolescents aged 15-20 years) were explained about the purpose of the study and written informed consent was obtained in the local language (Marathi). Socio-demographics and information on self-reported tobacco use (use of any form of tobacco during the one year preceding the study) were recorded on a pre-tested formatted proforma.

Peer educators were selected from among the willing adolescents based on criteria, such as, non-tobacco use, acceptability, leadership skills, and communication skills. Two days a week (except Sundays and public holidays), for about two hours per session, these peer educators were trained about maintaining confidentiality, the terminologies used for various forms of tobacco, various methods of communicating the hazards of tobacco use, frequently asked questions, perceptions and myths about tobacco use, obstacles in quitting tobacco use and how to support those who have decided to quit tobacco. Those willing to quit tobacco use were advised to stay away from situations that induce desire to use tobacco and use chewing gum or mint or cinnamon sticks when craving for tobacco sets in. The post-intervention data were collected six months after initiating the peer education intervention.

The pre- and post-intervention data were collected, compiled, tabulated and then analyzed using Microsoft Excel 2013 and Open Epi Software Version 2.3. Karl Pearson's Chi square test was used to determine the significance of difference in observations before and after the educational intervention. The statistical significance was determined at $p<0.05$.

RESULTS AND DISCUSSION

In the pre-intervention phase, 31 boys were self-reported tobacco users. In the post-intervention phase, 11 boys had given up tobacco use while 20 boys continued to use tobacco. The number of users of smoked tobacco decreased significantly from 19 to 7 (p=0.01455). Though four smoked tobacco users had switched over to smokeless tobacco, the difference in overall number of smokeless tobacco users was not statistically significant (p=0.3334). The reduction in the number (from 5 to 2) of subjects who used both smoked and smokeless tobacco was also not significant (p=0.2520). The overall number of tobacco users decreased after intervention in this study. Similar findings have been reported by another study [16].

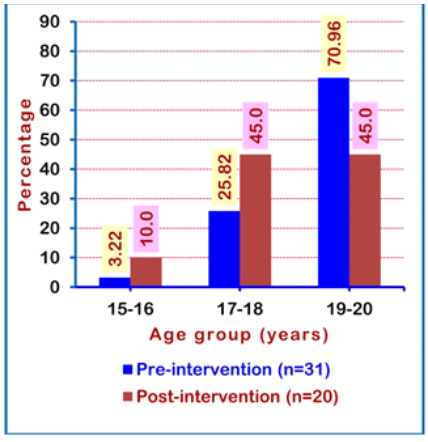

Fig-1: Age distribution of tobacco users before and after peer education

The age distribution of tobacco users is depicted in Fig-1. Percentage-wise, the decrease in tobacco use was observed in those aged 19-20 years. This is probably because tobacco users in this age group were more mature and could understand the deleterious effects of tobacco.

Limitations: The findings of this interventional study cannot be generalized since it was location-specific. It was not possible to verify the tobacco use (or non-use) that was self-reported by participants.

CONCLUSION

Peer education helped in reducing the number of tobacco users. Sustained peer education would be a suitable method for providing behavioral change.

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