

Peer-to-peer education to prevent drug use: A qualitative analysis of the perspectives of student peer educators from Surabaya, Indonesia

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Peer-to-peer education to prevent drug use: A qualitative analysis of the perspectives of student peer educators from Surabaya, Indonesia

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Abstract

Issue addressed: Adolescence is a transition period between childhood and adulthood during which an individual is more likely to engage in drug use. Peer education is one strategy suggested to discourage adolescents from engaging in negative lifestyle behaviours including drug use. This qualitative research was conducted to understand the perspectives of student peer educators to provide counselling to their peers around drug use.

Methods: Data were gathered at 10 senior high schools in five regions of Surabaya through semi-structured interviews (student peer educators: $n = 20$; teachers: $n = 13$) and focus group discussions (three FGDs with student peer educators: $n = 25$). The data were analysed through thematic analysis following procedures of data reduction, data presentation and conclusion drawing.

Results: The peer educators showed readiness (actual or potential) to provide counselling based on the external factor (confidence of ongoing support) and internal factors (motivate healthy lifestyle choices, ready with an open ear, self-development and share knowledge and experience).

Conclusions: The readiness to provide counselling emphasises the preparedness of the students to help their peers and appeared underpinned by their self development and personal experiences. A capacity building program to enable student peer educators to enhance their skills to motivate healthy lifestyle choices would be of benefit.

So what?: The confidence in ongoing support factor recognises the essential role of stakeholders to visibly advocate for the reactivation of the peer educator program for high school students as a clear sign of support.

KEYWORDS

counselling, drug use prevention, peer education, student peer educators

1 | INTRODUCTION

At the global level, it is estimated that 35 million people suffer from drug use disorders and require treatment services.¹ Research shows adolescence (12–17 years old) is a critical risk period for the initiation

of substance use and that substance use peaks among young adults aged 18–25 years.² In Indonesia, drug use is now emerging as a problem among adolescents. The prevalence of drug users among students (15–22 years old) in Indonesia has increased from 2.8% in 2017 to be 3.2% in 2018.^{3,4}

Adolescence is a transition period between childhood and adulthood which begins at the time of sexual maturity and is generally between the ages of 12 and 17 years.⁵ Adolescent behaviours are related to the social environment and group or peer norms.⁶ An adolescent's struggle to adapt to these social norms has been shown to sometimes result in deviant behaviour such as self-harm, truancy, promiscuity, alcohol consumption and drug use.⁷ These behaviours are likely to escalate, for example drug addiction, depending on certain personality traits in combination with family, environmental, educational, social and community factors.⁸

Peers play an influential role in the life of adolescents.⁹ In modern cities, many teenagers have closer relationships with their peers than with their own family, hence positioning peers as important role models.¹⁰ Considering peers are important role models for adolescents, counseling or discussion and group guidance by peers are important strategies to prevent and decrease drug use.¹¹ Literature suggests that peer education about adolescent lifestyle choices is more effective than lectures delivered by school teachers or instructors.¹²

From 2012 to 2016, a student peer educator program was funded and delivered by the City of Surabaya for students in junior and senior high schools (ages 12-18 years).^{13,14} The program saw 15,000 students in Surabaya participating in training and extracurricular activities.^{13,15} Each of the participating schools selected 10 students and one teacher to participate in the student peer educator training program.¹⁴ The objective of the program was to improve the knowledge and communication skills of participants regarding a range of adolescent wellbeing issues. These issues included the harmful effects of drugs, reproductive health, the basic rights of health, gender-related social issues, adolescent protection from harm and responsible internet use.^{16,17}

The program was discontinued in 2017 due to the changed Federal regulation that the senior high school is no longer under the jurisdiction of City of Surabaya but under the jurisdiction of provincial education office of East Java. Therefore, the peer educator program was stopped among senior high schools in Surabaya in 2017 by the City of Surabaya but remained in place for junior high school students in Surabaya.¹⁸ However, several senior high schools maintain the activities of peer education program for their students using various stakeholder supports.

Peer education through counselling requires a specific set of skills. Peer educators are required to have sound knowledge of the harmful effects of drugs together with good communication skills in order to be credible to deliver the messages.¹⁹ While there is strong evidence supporting the role of peer educators in promoting healthy lifestyle choices among adolescents, there is limited published literature that explores such programs from the peer educators' perspective. Given the increasing use of illicit drugs by adolescents in Indonesia, together with the influence of friends in shaping peer educators' behaviours, peer-to-peer interventions represent an important contemporary strategy. This paper focuses on developing a better understanding of the Surabaya

student peer-to-peer education intervention from the perspective of student peer educators.

2 | METHODS

2.1 | Design and participants

The research was structured as a qualitative study including semi-structured interviews and focus group discussions (FGDs). Purposive sampling was used to recruit participants for this study. Schools that have existing student peer educators were selected from the five regions of Surabaya. Wherever possible, one public school and one private school were selected from each region. Semi-structured interviews were conducted with teachers from 10 schools in Surabaya on the previous implementation of the student peer educator program and the support from the school and stakeholder involvement. FGDs and individual semi-structured interviews were conducted with peer educators from the 10 schools in Surabaya. The data collection method used was based on the number of peer educators who were at the school. Semi-structured interviews were conducted in seven schools where there was less than six peer educators. FGDs were conducted in three schools where there were six or more peer educators. The same questions were asked in the interviews and FGDs. Questions surrounded peer educators' experiences with the student peer educator training and their readiness to continue in the role of being a peer educator for the prevention of drug use.

Once schools agreed to participate, approval for the research was obtained from the district education office. Upon approval, the principal of each school provided advice on which teachers were part of the program. These teachers provided lists of names of the student peer educators at their schools.

2.2 | Data collection and analysis

Data were collected after ethical approval from the Health Research Ethics Committee of the Faculty of Nursing, Universitas Airlangga (HREC approval: 940-KEPK). Researchers coordinated with the schools to arrange data collection including semi-structured interviews (student peer educators: $n = 20$; teachers: $n = 13$) and FGDs (three FGDs with student peer educators: $n = 25$).

Interviews with students and teachers took approximately 30 minutes guided by an interview protocol. With the permission of participants, interviews were audio-recorded for transcription and analysis. For the three participating schools (School 2, 3 and 7) with six peer educators or more, FGDs were conducted. FGDs ran for 45-60 minutes, facilitated by a researcher and audio-recorded for transcription and analysis. The questions for the interview and FGDs were developed by the research team to align with the research purpose. Prior to the commencement of interviews and FGDs a participant information sheet was provided and discussed

including participant rights for recording, and confidentiality. At the conclusion of interviews and FGDs, participants were given information regarding the prevention of drug use and a small gift as a token of appreciation.

Data from the semi-structured interviews and FGDs conducted to understand the readiness of student peer educators to counsel peers were recorded and transcribed verbatim and then thematically analysed. Transcriptions were completed by the research team members. The analysis followed a three step coding process including identification of emergent themes and phrases undertaken by two members of the research team, categorisation of data against these themes followed by comparison between themes by two research team members to solidify the explanation. Differences between coders were resolved through discussion between research team members. Field notes were used to confirm findings and themes.

3 | RESULTS

3.1 | Participant characteristics

The participants in this study were high school students as peer educators (n = 45) and school teachers as peer educator advisers (n = 13) from the participating schools (n = 10) (Tables 1 and 2). Student peer educators were aged 15 to 19 with 42% (n = 19) being 16 years of age. The student peer educators were appointed as peer educators when in the 11th or 12th grade. The teachers were automatically peer educator advisers because of their positions as student counsellor or person in charge of the school health unit.

3.2 | Perspectives of student peer educators

The thematic analysis yielded five themes that collectively explain the perspectives of student peer educators about the peer-to-peer education program. These themes, broadly categorised as external and internal factors, are: confidence of ongoing support (external), motivate healthy lifestyle choices, ready with an open ear, self development and share knowledge and experience. The following sections present each of the themes with supporting data in the form of quotes from the interviews and FGDs.

3.2.1 | Confidence of ongoing support

The students indicated knowing there is support for the peer-to-peer program would greatly encourage their involvement and confidence to participate:

"Yes, it is actually supporting but it is still not enough, the lack of funding also becomes a problem"
(Student 10, School 3).

TABLE 1 Characteristics of Peer Educators

Characteristics	Frequency (n)	Percentage (%)
Age (y)		
15	4	8.9
16	19	42.2
17	17	37.8
18	3	6.7
19	2	4.4
Grade (class)		
10	6	13.3
11	17	37.8
12	22	48.9
Gender		
Male	12	26.7
Female	33	73.3
Experience as a peer educator		
<1 y	18	40.0
1 y	17	37.8
>1 y	10	22.2
Total	45	100.0

TABLE 2 Characteristics of teachers acting as peer educator adviser

Characteristics	Frequency (n)	Percentage (%)
Gender		
Male	1	7.7
Female	12	92.3
Age		
<50 y	8	61.5
≥51 y	5	38.5
Position (task)		
Counselling teacher	9	69.2
Student teacher	2	15.4
Teacher in the School Health Unit	2	15.4
Total	13	100.0

"There is a program from the provincial narcotics agency to improve our students' knowledge in preventing drug use and to train them to be student peer educators"

(Teacher 1, School 1)

"When we were new students, the school invited the police to give counseling about drug abuse"

(Student 9, School 2).

3.2.2 | Motivate healthy lifestyle choices

Many of the student peer educators highlighted their desire to help their peers to make better life choices relating to drugs and other lifestyle issues. They indicated they want to motivate healthy lifestyle choices:

"I want my friends [...] to be more aware of what they need to do with their life to make it more directed... [and being a peer educator] can add insight"

(Student 1, School 1)

"[I will] motivate my friends [to stop using drugs] so they will make others not fall into the same problem"

(Student 11, School 4).

3.2.3 | Ready with an open ear

This theme relates to the student peer educators being ready to listen to their peers. Some students could be reluctant to share their concerns or problems about drugs with teachers or other authority figures for fear of this leading to censure of some description. In contrast, a student peer educator who is perceived as an equal is uniquely positioned to offer an open ear without fear of negative repercussions:

"I want to help my friends, if they get into trouble and go to teachers, they would definitely not be comfortable and would be less open. It would be different if they go to their peers, they will be more open to tell peers regarding their problems"

(Student 3, School 1)

"The problem is that there are many students who do not understand. For example, if they talk to the teachers [about their problems], sometimes they are afraid or do not feel comfortable. If they go to their friends, they would be more open"

(Student 5, School 1)

Yes, my friend is not close to anyone [...] but he feels comfortable with me [to talk about his problems]. So, he told me everything about his problems with his family"

(Student 7, School 7).

"Because my friends like to confide in me, they like to talk to me and tell me about their problems. I think that adds up my knowledge and insight"

(Student 6, School 2).

3.2.4 | Self development

The self development theme relates to the student peer educators recognising that their involvement in the program enables them to

develop their own knowledge and skills. It provides them the opportunity to learn about the solutions to help their peers:

"The more I help my friends to solve their problem, the more I know the solutions that can be offered to them"

(Student 12, School 4).

"[By being a peer educator] I want to learn more about the dangers of drugs....I will gain experience, too, and I can be more empathic and it is sad to see that many of my peers are depressed that they can commit drug abuse"

(Student 2, School 1)

3.2.5 | Share knowledge and experience

This theme acknowledges that many of the student peer educators have experiences or knowledge of drug-related problems with friends and family members. These experiences fuel their willingness to become involved in the peer-to-peer program:

"There were 7 students in my class and all of them are using electric cigarettes. I have a family member who suffered from coronary heart disease before death because of smoking"

(Student 8, School 2).

"As a peer educator, I have helped my friend to deal with his boredom to go to school because he was working and loves money more than school... Well, that is the function of a counselor, I tell him to openly talk about his problems"

(Student 4, School 9).

"I use that story to give them a motivation to stop smoking because of the illness they can suffer from. I told them many times and their habits diminished"

(Student 8, School 7).

"When my friends want to confide in me, I already know how to help them. I also tell them that, actually, I once get the same problem and I can handle it"

(Student 12, School 7).

4 | DISCUSSION

The results show that the student peer educators value the program as both a means to support their peers and to build their skills and knowledge. The results highlight the importance of stakeholder support in encouraging the peer educators' participation, their confidence the role is valued as well as the overall viability of the intervention. This finding is consistent with previous research that showed the importance of

commitment of stakeholders in providing management, organisational and support structures that underpin the viability of the form and content of the program.²⁰ In this study, participants acknowledged that lack of tangible stakeholder support in the form of funding is a central reason that the program is currently inactive in Surabaya high schools. This is supported by the finding from previous research that showed the influence of insufficient funding affected training, supervision, materials, peer educator incentives and transportation needed for the program to be sustainable and viable.²¹ This is a complex situation as the city province no longer allocates funds for the program, yet these student peer educators indicate they are motivated to continue their role as peer educators.

The theme of *Motivate healthy lifestyle choices* shows that the student peer educators appreciate that their peers need guidance to make healthy lifestyle choices including the prevention of drug use. The finding is consistent with findings from previous research that showed peer education has equal or greater effect in promoting adolescent health through improvement of the knowledge, attitude, health behaviour and self-efficacy compared to other methods such as education by teacher, health personnel, lecture, pamphlet and booklet.^{22,23} Adolescents are more willing to accept guidance from their peers than other people in their social or school environments.

The themes *Ready with an open ear* together with *Share knowledge and experience*, highlight the importance of the peer being positioned to offer advice to adolescents. As the data suggest in the *Ready with an open ear* theme, adolescents are often more willing to discuss problems, concerns or their thinking about lifestyle options with individuals who are of a similar age.²⁴ Linking with this important finding is participants' words around their preparedness to *Share knowledge and experience* they have had in their own lives. Being willing to share personal experiences makes the peer educator more credible in the eyes of the person seeking guidance.^{25,26} The student peer educators believed that the guidance they can offer around drug use, and more broadly, lifestyle choices, will be more effective than if it was provided by teachers. This is linked to the comfort of talking to a peer rather than to teachers or adults generally,²⁷ and represents a strong reason to reintroduce the peer education program.

The theme of *Self development* recognises that being trained as a peer educator in the program offers participants the opportunity to increase skills and knowledge around counselling and lifestyle factors such as drug use. While the opportunity for self improvement may be a motivator for participation in such programs,²⁸ participants linked self development to their desire to be more able to assist their friends and peers to make better choices. The peer educators in this study wanted to provide advice, information and counselling, as well as to offer comfort and reassurance to their peers.²⁹ Participants' reported the training as a peer educator means they can offer more solutions to help their friends solve lifestyle-related problems.

It is apparent that student peer educators feel the peer education program is effective in supporting the prevention of drug use

among youth, and at the same time personally rewarding. Student peer educators' perspectives show that there are benefits to be gained by joining the peer educator program. Looking at many advantages that the program offered for the student peer educator and their peers, the provincial city government should re-activate the peer education program. This study and previous research have shown that support from stakeholders is an integral part to improve the skill of student peer educator to continue their role in motivating peers to make healthy lifestyle choices, including drug use. The reactivation of the program is essential to give these students the chance to implement the basic knowledge as peer educators that they already received in junior high school.

4.1 | Limitations

There are several limitations associated with the study. The study included participants from only 10 schools that currently have student peer educators in Surabaya. However, to promote diversity in the participant pool, the 10 schools were selected from all five regions in Surabaya. Also, while the qualitative approach for the study was appropriate, a quantitative study would allow us to describe peer educator, stakeholder and peer participant views on the program. This could be of value when advocating for the program's reinstatement.

5 | CONCLUSIONS

This study concluded that student peer educators perceived limited support from stakeholders during their time as peer educators. They expect the stakeholders to support the peer educator program because it will benefit adolescents in making healthy choices including preventing drug use. These student peer educators also feel they receive many benefits by participating in the peer education program through various activities to improve their knowledge and skills that, in turn, increases their motivation and capacity to help their friends. Looking at these benefits that the student peer educator received through the peer educator program, it may be of value that stakeholders and policy makers review their decision to withdraw support and instead consider ways to reinstate and invigorate the program for the benefit of Surabayan adolescents' wellbeing.

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CONFLICT OF INTEREST

The researcher stated that there was no potential conflict of interest regarding the research, the writings or the publication of this article.

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