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To cite this article: L. P. Li PhD , K. W. Chow MSocSci , S. Griffiths MB, BChir , L. Zhang MB, MHA , J. Lam MS & J. H. Kim ScD (2009) University-Based Peer Health Education in China: The Shantou Experience, Journal of American College Health, 57:5, 549-552, DOI: [10.3200/JACH.57.5.549-552](https://doi.org/10.3200/JACH.57.5.549-552)

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Published online: 07 Aug 2010.



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## Clinical and Program Note

# University-Based Peer Health Education in China: The Shantou Experience

L. P. Li, PhD; K. W. Chow, MSocSci; S. Griffiths, MB, BChir; L. Zhang, MB, MHA;  
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**Abstract. Objective:** University-based peer health education is a recent development in China. The authors evaluated a newly implemented program in the Guangdong province. **Participants and Methods:** In September 2006, the authors conducted a cross-sectional study using self-administered questionnaires on 30 peer educators and 247 students. **Results:** All peer educators and the majority of student respondents positively evaluated the program. Although students preferred to seek health information online, approximately one-quarter of the student respondents would contact peer educators. Third-year students were more than twice as likely (29.1%) to contact peer educators than were fourth-year students (13.1%). The peer educators perceived diet, physical activity, safer sex, and mental health as the most relevant student health topics. Peer educators cited acquiring factual information and medical skills, rather than personal development, as the most important things learned from the program. **Conclusions:** Despite some promising results, Western-based peer education models may require cultural adaptation for greater effectiveness in China.

**Keywords:** Chinese, college, health education, intervention, peer education, program evaluation

In the West, peer health education is used effectively to address issues such as interpersonal violence,<sup>1</sup> substance use,<sup>2,3</sup> and sexual health.<sup>2,4</sup> Some noted advantages of peer educators are that they have similar characteristics as their target group, which can facilitate communication, and that they are a cost-effective way to access traditionally hard-to-reach groups.<sup>1-6</sup> Peer education is largely based on the premise that participatory dialogue among equals encourages the desired behavioral changes.

Confucian philosophical precepts of unquestioning deference to paternalistic authority<sup>7</sup> have greatly influenced the

Chinese educational system.<sup>8,9</sup> In contrast to the Western educational tradition, which encourages interactive discourse among students and teachers, Confucian pedagogy is characterized by rote imitation of one's elders.<sup>8-10</sup> However, during the Cultural Revolution (1966-1969) criticisms were raised against traditional education models for their emphasis on hierarchal, authoritarian education, rather than egalitarian social relationships.<sup>11</sup> Socialist-inspired peer health education emerged with the Barefoot Doctors in the 1960s<sup>10</sup> and was followed with family-planning programs in the late 1970s<sup>11</sup> and HIV interventions aimed at injection drug users and commercial sex workers in the past decade.<sup>12,13</sup> Peer health education programs in school settings have only been in use since 1996.<sup>14</sup> Hence, only a small number of evaluations for such programs exist in China.<sup>5,15</sup>

Shantou University Medical College (SUMC) is located in Shantou, a coastal city in southern China (population 4.7 million).<sup>16</sup> SUMC, a 7-year medical school, is one of a few academic institutions in China that have developed a formal peer-delivered health promotion program. In 2005, SUMC initiated the Health Ambassadors Peer Education Program, with the aims of promoting physical and mental health among students, fostering a healthy campus, and providing services to the outlying community.

In this article, we describe the training and activities of peer educators in a Chinese university, report their evaluation of the program, and examine the student perceptions of the program. The effectiveness of a peer education model developed in the West has not yet been carefully examined in a Chinese university setting.

## METHODS

### Study Design

In August of 2006, all 30 peer health educators (100%) of SUMC were anonymously surveyed using a self-administered questionnaire. Local health researchers devel-

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oped the instrument using 3 focus group sessions of peer educators in Shantou and Hong Kong. After the questionnaire was reviewed by supervisory staff of the Health Ambassadors Peer Education Program for relevance, it was pilot-tested on 15 peer educators in Hong Kong before being administered to the Shantou group. In addition to age and gender, the questionnaires asked about their overall impression of being a peer educator, reasons for joining the program, and things learned from the program. The peer educators were also asked to evaluate the program's strengths and limitations. Recommendations for improvement were elicited using open-ended questions.

### Participants

We administered an anonymous questionnaire to 465 third- and fourth-year medical students (out of 260 and 205 students, respectively) during class in September of 2006. The questionnaire asked about their attitudes toward the peer education program, perceived health needs of the student body, and their own health-seeking behaviors, using closed-ended multiple choice questions. The survey was returned by 148 third-year and 99 fourth-year medical students (53% response rate). Ethics approval was obtained from the Institutional Review Board of the First Affiliated Hospital of Shantou University Medical College.

## RESULTS

### Description of the Peer Education Program and Characteristics of the Peer Educators

Each year in September, the Health Ambassadors Peer Education Program is promoted by staff and with informational posters. Thirty medical students are selected from approximately 150 applicants, with a skills and general health knowledge test.

In this study, the peer educators were made up of 30 (15 male, 15 female) second- and third-year medical students whose ages ranged from 20 to 23 years ( $M = 21.4$  years,  $SD = 0.85$  years). Recruits participated in training modules (20 hours each) that covered the following topics: common infectious diseases, first-aid skills, physical activity, food poisoning, interpersonal and communication skills, psychological disorders screening, stress management, and mental health promoting strategies. Experts from various fields conducted the training through seminars, discussions, demonstrations, and lectures throughout the year.

The Health Ambassadors Peer Education Program organized a variety of on-campus activities, such as display booths, first-aid demonstrations, health videos, informational talks, mental health screenings, psychological assessments, mental health hotlines, referral services, and the dissemination of health pamphlets. Regular meetings were held to share health ambassadors' experiences and to plan future activities. The program also conducted extensive primary care outreach services to the outlying

community, such as physical examinations for the elderly in local villages.

### Peer Educators' Evaluation and Recommendations for the Program

The majority of the peer educators rated their experience as either *very good* (43.3%) or *good* (50.0%), whereas only 6.7% rated their experience as *fair*. The majority felt the program met their expectations (73.3%), the training was effective (83.4%), they were able to apply what they learned to their life (76.7%), and they received adequate program support (83.3%). All but 1 recommended fellow students join the program.

The most important reasons cited for becoming a peer educator were the following: interest in learning health-related topics (43.3%), interest in health promotion (30.0%), the perceived need for student health care (13.3%), the opportunity to become acquainted with others with similar interests (10.0%), experience for future employment (6.7%), and relevance to future job (6.7%). The peer educators cited first aid skills (100%), health promotion skills (93.3%), and exposure to student mental health needs (93.3%) as the most important things learned from the program.

The peer educators felt that several health topics were highly relevant to university students in China and should be more emphasized in their training: diet and nutrition (90.0%), physical activity and lifestyle (80.0%), safer sex (76.7%), mental health first aid (66.7%), and self-exploration communication (66.7%). A fair proportion of health ambassadors felt that the following topics were less important and should be de-emphasized: health promotion principles (46.7%), leadership training (36.7%), and weight management (30.0%).

Recommendations for program improvement were increased promotion of the program (96.4%), having more in-depth training (96.4%), providing more specialized training (89.3%), increasing services to the outside community (89.3%), and increasing team-building activities (92.8%). All peer educators (100%) felt that an Internet site would be essential for disseminating topical health information as well as for allowing students to discuss their concerns anonymously.

### Students' Attitudes Toward Peer Educators and Perceptions of Their Usefulness

The student respondents (60% males) were composed of third-year (60%) and fourth-year (40%) students. Out of 247 student participants, 221 (89.5%) were aware of the peer education program. Among this group, 31.2% perceived peer educators to be helpful, whereas 24.3% were neutral and 44.5% felt that they were not necessary. Although there was strong concordance among students and the peer educators in the perceived health needs of the students, only 23.2% would consult peer health educators. Of the students who would not consult a peer educator, 64.9% would rather seek information elsewhere, 47.2% felt that peer educators were unhelpful, 41.2% believed they could manage on their

own, 27.5% were unclear about the role of peer educators, 26.7% cited inconvenience, 16.4% reported aversion to disclosing confidential issues to fellow students, and 10% cited embarrassment. Third-year respondents were more than twice as likely to contact a peer educator than fourth-year students (29.8% vs 13.1%,  $p < .05$ ), despite the fact that there were no noted demographic or schedule-related differences between these 2 groups other than age.

When seeking health information, the majority of students preferentially chose talking to health care professionals over peer educators for acute physical and mental health problems, whereas the Internet was the preferred information source for all other health topics, suggesting that although one-third of students felt that peer educators were useful, peer educators were seen as supplementary, rather than primary, sources of health information.

### COMMENT

There were many striking differences noted between the Shantou peer education program and what has generally been reported in the US. Unlike their Western counterparts, who often cite personal growth (eg, increased self-confidence) and better interpersonal skills (eg, improved communication and teamworking skills) as the most important benefits of being a peer educator,<sup>2-4,6</sup> the Chinese peer educators placed a much higher value on acquiring factual information and medical skills. Additionally, strong recommendations for greater team-building exercises to foster a cohesive group identity, which have not been commonly reported in the West, may partially reflect the high value that Chinese society places upon collectivism and affiliation.<sup>17</sup> Peer educators in the West have traditionally focused on drug abuse and binge drinking, whereas Chinese peer educators perceived that general lifestyle issues were the most relevant student health problems, followed by mental health and sexual health. The peer educators recognized poor diet, physical inactivity, and excessive Internet use as important emerging health issues in China, with strong potential for primary prevention in the university setting.

The students' perception of peer educators as a secondary or supplementary source of health information may partially be because of the novelty of university-based peer education in China and unfamiliarity with the role of peer educators. Nonetheless, this program appeared to attract much greater endorsement from third-year students than fourth-year students. The program directors speculated that fourth-year students may maintain a skeptical attitude toward the qualifications of the younger peer educators because of lingering traditional attitudes. To adapt the peer education to the local culture, it may be helpful to enhance the perceived competence of peer educators with the endorsement of respected authority figures such as medical school professors and with greater publicity of the program.

Although the Shantou peer education program has demonstrated some moderate success, the results also suggest

that improving the effectiveness of university peer education in China will require many cultural adaptations from the Western-based models.

### ACKNOWLEDGMENT

This study was supported by funding from Li Ka Shing Foundation. The authors thank Yuan Xiaohong and Hu Junxian for their data collection efforts.

### NOTE

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