

15.9 Choose peer education groups carefully

Findings A [US smoking prevention study](#) has important implications for the peer-led group work strategy also used in British schools.

The findings derive from 1961 students aged 11–12 at 16 ethnically diverse Californian secondary schools. Eight schools implemented an eight-lesson smoking prevention curriculum adapted to reflect the cultural heritages of Hispanic pupils (the majority) and those of Asian descent (about a quarter); eight implemented the unadapted lessons.

Each lesson relied on work in small groups led by a pupil. Cutting across the two curricula, in a randomly selected third of classes a worksheet prompted teachers to select leaders and groups. In another third, leaders were the pupils nominated most often for this role by their fellow pupils, but groups were formed at random. In the remaining third (the network method), pupils were grouped as far as possible with the leaders they had nominated.

Over the year from just before the lessons started, after the adapted curriculum only slightly fewer pupils (5% versus 7%) started smoking than after the standard version, and there were no overall differences between the group/leader allocation methods. However, there were substantial differences depending on which curriculum each allocation method had been paired with. When both leaders and groups had been chosen in an informed way by the teacher or by the network method, the adapted curriculum was preferable to the standard version, cutting smoking uptake by about a quarter and a half respectively [▶ chart](#). When groups had been formed at random, the standard curriculum was slightly more preferable. Looked at another way, when the curriculum made no particular cultural references, grouping pupils at random was preferable; when it did, it was best to make an informed selection.

In context Compared to random allocation, the network method and to a lesser degree teacher-allocation created leaders and groups who respected and liked each other, and were presumably more prepared to engage in deeper and franker interactions. Paired with a curriculum which demanded this as pupils explored each other's heritage, the result was that the curriculum's messages were more often absorbed and embodied in resistance to smoking. Less easy to understand is why with the standard curriculum, these same groupings actually did worse than random groupings. It is also unclear whether the sensitive nature of the interactions was critical, or the fact that these concerned the pupils' heritage.

While these results broadly 'make sense', they derive from a single study in schools whose majority population is in Britain a small minority. An [earlier US study](#) of smoking prevention (with pupils the same age as in the featured study but mainly white) selected peer leaders and groups using a method similar to the featured study's network method. Smoking initiation outcomes favoured this over teacher-selected peer leaders or teacher-taught lessons, though the methodology precluded secure conclusions. In this study too, the curriculum demanded a high degree of social interaction between pupils dealing with personal and sensitive issues.

Practice implications Curricula which involve exploration of sensitive topics via teaching methods which demand a high degree of interaction, seem to work best when either the pupils or their teachers have selected groups of pupils who feel comfortable with each other, and peer leaders they look up to. Choosing leaders and groups based largely on the pupils' own privately expressed preferences, subject to a teacher familiar with the class exercising ultimate discretion, may be the best option. Such care may be particularly important when classes contain groups of pupils from distinct cultural groups and the lessons reflect and involve exploration of those identities.

Featured studies Valente T.W. *et al.* "The interaction of curriculum type and implementation method on 1-year smoking outcomes in a school-based prevention program." *Health Education Research*: 2006, 21(3), p. 315–324 [DS](#)

Contacts Thomas W. Valente, University of Southern California, Building A Room 5133, 1000 South Fremont Avenue, Alhambra, CA 91803, USA, tvalente@usc.edu.

Thanks to health education consultant [Blaine Stothard](#) for his comments.

