Mobile Game Based Learning: Can It Enhance Learning Of Marginalized Peer Educators?

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ABSTRACT

This paper describes an investigatory project to pilot an SMS based game to enhance the training of peer educators of MSM (Males having Sex with Males) groups in India. The objective of this research was to increase the efficacy of the MSM peer educators by bridging the gap between the training needs and their real life experiences. An SMS based game was designed using participatory approaches as a learning support, upholding their real life experiences in game form. The game was designed on an existing platform which provides text role-play games accessed through SMS messages. This paper examines the learning benefits. The findings show that after the intervention the peer educators had better understanding of peer education and organizational support. They also learnt to think critically.

Keywords: HIV/AIDS, Males having Sex with Males (MSM), Marginalised Groups, M4D, Mobile Game Based Learning, ICT4D, Peer Educators

INTRODUCTION

The aim of this paper is to investigate the influence of a game for mobile phones on the learning activities of Males having Sex with Males (MSM) peer educators, by bridging the gap between their training needs and their real life experiences. An SMS based game on mobile phone was designed as a tool to support their learning. The MSM are marginalised and discriminated groups in India. The game was appropriated given their marginalised existence.

The game design used a participatory and iterative approach and was implemented and evaluated among a group of peer educators.

Peer Education

Peer education is described as a horizontal approach that provides an alternative to training by expert professionals, a communication channel to train and support members of the same group as well as change individuals’ knowledge, attitude, beliefs and behaviours (Backett-Milburn,
Areas where peer education is used include young people and sexual health, drug and alcohol use, and smoking cessation. Peer education engages members of a target community such as sex workers, injecting drug users or young people and trains them in health-related information and communication skills, to promote healthy behaviour such as safer sex to their peers (Cornish & Campbell, 2009). Nevertheless, a clear definition of peer education has remained elusive which has often led to an unclear understanding of what it involves and the role of peer educators (Shiner, 1999; National Centre for Education and Training on Addiction, 2003). There is little knowledge about what works and what does not. This gap means there is little knowledge about what are the successful criteria for peer education.

Males Having Sex with Males

In India, this enigma is increased by the extreme marginalisation of the peer educators of the MSM population. MSM is a diverse group including males across all social strata and age (Parivartan, 2006; Naz Foundation International, 2007). The terms ‘gay’, ‘homosexual’, ‘eunuch’, transsexual’ are often used as a means to identify one’s sexual desire, preference and activity and not just an MSM identity, that is, the MSM identity might change according to the behaviour one practices. Nonetheless, these behaviours can often be clandestine affairs occurring sporadically, infrequently over a long period of time or even after being married to a woman. In response to the stigmatisation and discrimination of these MSM behaviours, peer education is part of the Indian government’s efforts to prevent and control HIV/AIDS. MSM peer educators are the members of the same group and similarly experience multiple forms of social and legal discrimination (Chakrapani et al., 2002; Gupta, 2006; Thomas et al., 2011). Same sex behaviours are stigmatised in India, leading to this extreme marginalisation and discrimination. The MSM peer educators often face similar discrimination while undertaking outreach work.

Theoretical Framework

Trainings are in place for the peer educators under the government’s initiative to prevent and control HIV/AIDS but there is no accepted model for best practice and the techniques vary from project to project depending on the intended outcomes (e.g. passing information or behaviour change or skill building) and the target groups (e.g. groups such as MSM or youth or drug users). The rationale for peer education initiatives is also not always clear. There is little evidence of a specific theoretical framework for peer education and the methods applied to peer education vary considerably (Turner & Shepherd, 1999). There is no single theory of peer education but a number of theories such as Bandura’s Social Learning Theory (1977), Friere’s Theory of Participation (1970) and Roger’s Diffusion of Innovation Theory (1995) which support claims about its advantages. Drawing from the theoretical influences on peer education and, given the Indian MSM context, an effective peer educator should:

- Be knowledgeable about the factors influencing health-affecting behaviours, in order to pass this knowledge and support their peers. For example, with the MSM the peer educators should be knowledgeable about the context in which MSM sexual encounters take place and the importance of using condoms.
- Be a role model: peer educators need to practice the desired behaviour and practice the opportunity for peers to observe and imitate the desired behaviour.
- Be empowered: individuals are more likely to practice or change their behaviour if they have confidence or self-efficacy in their ability to do so. Peer educators are required to adopt the desired behaviour but also perform their role as peer educators through talking and interacting with clients. Given the sensitivity of the MSM, this
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