The experiences of youth peer educators sharing health information

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Background: There are limited rural health and wellbeing services that specifically target young people in the Limestone Coast region of South Australia. In particular youth-friendly drug and alcohol, sexual health, and mental health services can be challenging for young people to access. These challenges are found in many rural regions where low population density necessitates generic health services to meet the needs of culturally and demographically diverse population groups.

Intervention: A collaborative project was developed by Wattle Range Council, Community Health Services, Child and Adolescent Mental Health Services, Shine SA, and Blue Light Outdoor Adventure with grant funding from Focus in Youth and the Innovative Community Action Network in 2011.

High-school student and youth volunteers were recruited to participate in an Information Peer on Peer program known as iPOP. This program involved attending a three-day peer educator workshop where information was provided about drugs and alcohol, sexual health, mental health issues affecting young people and services provided by local and state-based health providers. The volunteer peer educators were then encouraged to share their knowledge with their peers on an ad hoc and formal basis, and participate in monthly support and training meetings.

Methods: In late 2011, at the end of the first year of the iPOP program, peer educators and their parents and guardians were invited to participate in separate focus groups or interviews to describe their experience of the program. Interviews were recorded and transcribed and analysed for themes using an iterative process.

Results: Themes included: shaping career intent; anticipated disquiet; new knowledge; self-care strategies; moral dissonance; emotional load; and undefined boundaries. Together these themes tell a story of the strengths and risks of the iPOP program.

Discussion: This research sought to ensure that the iPOP program first did no harm to the volunteer peer educators. As a consequence of the themes identified, recommendations have been made to strengthen this community-based peer-to-peer health promotion program, including: changing the education program slightly to improve the safety of the learning environment; ensuring active participation of peer educators in the planning, implementation and evaluation of future years of the program; and provided a defined end-point with certificate of recognition for students’ contribution at the end of their commitment.

Conclusion: Engaging youth in peer-on-peer education can be a successful way of spreading important messages; however, it is a complex process to ensure the safety of those who volunteer as peer educators. This community collaborative project begins to develop strategies to ensure these youth thrive in this challenging and important role.