The experiences of youth peer educators sharing health information

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Abstract

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 the 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, SE Regional Community Health Services, Child and Adolescent Mental Health Services, Shine SA, and Blue Light Outdoor Adventure with grant funding from Focus on Youth and the Innovative Community Action Network in 2011.

High school students 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 drug and alcohol, sexual health, and 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 other youth through ad hoc and more formal means, and to 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. Focus group discussions and interviews were recorded and transcribed and analysed for themes using an iterative process.

Results: Themes identified 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 including that young people were motivated to participate by their interest in a career in the caring professions and a desire to help others; the training was challenging, and for some disquieting; peer educators identified as having considerable responsibilities in their role and this lead to personal growth however undefined boundaries to the roles had the potential to be burdensome.

Discussion: This research sought to understand the impact of this program on the young people who volunteered to take part in the iPOP program as peer educators. As a consequence of the themes identified recommendations have been made to strengthen this community-based peer to peer health promotion program and to inform the development of similar programs in rural Australia. These recommendations include: ensuring a safe learning environment for learning challenging information; ensuring active participation of peer educators in the planning, implementation and evaluation of programs; and providing a defined end-point with certificate of recognition for peer educators’ 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 peer educators thrive in this challenging and important role.

Background

There are very few health and wellbeing services that specifically target young people throughout the Limestone Coast region of South Australia. Major health issues affecting this age cohort include drug
and alcohol, sexual health and mental health. Youth-friendly sexual health services in the Limestone Coast Region are either unavailable or highly challenging for young people to access due to lack of awareness, distance, cost and perceived confidentiality issues. Given the social dislocation, reduced educational outcomes and poverty issues caused by early unplanned pregnancies, it seems incongruent that the health system provides specific services to young pregnant woman, but fails to make targeted services accessible to prevent conception and reduce the health risks associated with sexual activity. In addition young people with depression or other mental health issues, family conflict or substance abuse issues face similar barriers to accessing support. Prevention, early intervention and support in all of these areas can markedly reduce the harm caused to young people, improve education/work outcomes and reduce welfare dependency.\(^{(1)}\)

The lack of health services with a special focus on youth is a near universal issue in rural areas where low population density necessitates generic health services to meet the needs of culturally and demographically diverse population groups.\(^{(2, 3)}\)

Peer on peer education programs have been previously demonstrated they improve health knowledge and attitudes,\(^{(4, 5)}\) as well as health behaviours in young people.\(^{\text{6-9}}\)\ The Information: Peer on Peer Program (known as iPOP) sought to improve awareness of health issues affecting young people and increase awareness of the services available to young people in the Limestone Coast region with the aim of increasing health seeking behaviours in this cohort. The project planned to progress these outcomes through supporting Peer on Peer information exchange regarding local health services for youth-relevant health issues.

**Intervention**

Project funding was provided by Focus On Youth and the Innovative Community Action Network, ICAN. The project was led by the Community Development Officer employed by the local Council (author KL). In addition the following partners agreed to provide in kind support or reduced costs: Shine SA, Child and Adolescent Mental Health Services (CAMHS), Red Cross’ Talk OUT Loud program, a Country Health SA Youth Health Worker and Drug and Alcohol Educator, SE Regional Community Health Social Work and Women’s Health Teams, and Blue Light Outdoor Adventure, SA Police.

Thirty-two volunteer young people (ages 15-19) from the Limestone Coast were recruited through advertisements in the local newspaper and local lifestyle magazine to join the iPOP program. Volunteers were then interviewed by health workers in their own school or at other suitable locations. Interviews were an information exchange allowing the volunteers more information to make sure the program was for them and for police check paper work to be completed. (Police checks are standard for recruitment of all health volunteers). The iPOP organisers were keen that the information would get to a diverse range of youth peer groups so there was no right type of peer educator. The interview process did highlight some young people with mental health and previous trauma experiences that allowed risk management and planning for the camp that was invaluable.

Volunteers were provided with training to become peer educators in health and wellbeing. Initial training involved a three day camp, at Blue Light Outdoor Adventure. Education focused on sexual health (lead by Shine SA), mental health (lead by Red Cross and CAMHS), and drug and alcohol support (lead by a local Drug and Alcohol Youth Health Worker). The Sexual Health sessions were comprehensive beginning with values and some revision on body parts. The sessions emphasised safety, pleasure and respect and included contraception, gender and identity, consent, sexually transmitted diseases and homophobia.

The peer educators were also provided with ongoing support and further training by health professionals from Community Health at monthly meetings conducted in both the upper and lower areas of the Limestone Coast.
The peer educators’ role for the remainder of the year then involved sharing the information they gained with their peers through one to one ad hoc or more formal presentations to class or community groups. Together with the health professionals, peer educators worked to develop pathways for young people to access health services. An important message imparted to the peer educators was that it was not their role to solve their peers’ problems only to share information on available services and refer on.

It was expected that most peer educators would make a one year commitment to the program, before leaving the iPOP program, school community or region. For this reason the initial commitment by the collaboration was to support iPOP annual training camp on a yearly basis for five years.

Evaluation
This qualitative research project sought to understand the experience of volunteer youth in their role as peer educators using a complexity theory conceptual framework. Complexity Theory recognises that individuals develop and adapt in perpetual response to multiple, incongruous, and competing changes in their social and environmental context.

All peer educators were invited to participate in one of two focus groups conducted in December 2011 via an email or letter posted from the Co-ordinator of the project (KL). Parents and guardians of the peer educators were also invited to participate in a separate focus group. All of the focus groups and individual interviews were facilitated by an independent researcher not involved directly in iPOP (LWt). Focus groups and interviews were recorded and transcribed verbatim. All transcriptions were de-identified prior to analysis in order to protect the participants’ identities. Initial coding was performed by LWt, and then selective coding to define major themes was performed by the research team (LWt, LWk, MC) through an iterative process involving constant comparison, discussion and clarification. Due to the tight-knit nature of the community and small number of research participants, the research team chose not to annotate quotes in any way, to protect the identity of participants.

Results
Two focus groups (one with peer educators and one with their parents/guardians) and one in depth interview were conducted with 7 peer educators and 4 parents in total. Focus groups allowed the facilitator to explore the range of views and experiences of the research participants, while developing an understanding of the usual experience of peer educators.

The focus groups explored initial awareness of the iPOP program, the motivation for participating, responses to the training camp and experiences of participants in their role as peer educators. Themes identified 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. These are described in detail below.

Initial awareness of program
Students became aware of the program through advertisements in local media such as the local paper and local lifestyle magazine. Some of the participants had the program brought to their attention by their parents who saw it as a good opportunity. Some of the parents and iPOP peer educators raised the point that a number of other students may have been interested in iPOP, but failed to see the advertisements. One suggestion made was to increase awareness by placing advertisements in school newsletters as a form of recruitment.

Motivators/rewards: shaping career intent
Peer educators frequently expressed prior interest in caring professions including health, counselling and humanitarian careers. The program provided these individuals with the opportunity to gain insight into aspects of these potential career paths and shape their career intents. The possibility to gain topic credits for high school completion was rarely the focal reason for program participation. The majority of
students recognised that participation in the iPOP program could be advantageous for them in regards to future job and study applications, thus they took on the role of a peer educator with much pride.

“... At the time when I applied for it I wanted to be a Social Worker....Yeah it was a big insight. It helped me realise that I wanted to do health work.”

**Motivators/rewards: making a difference**

Students described their enjoyment in helping people as a frequent motivation for participation in the iPOP program. There were students who described direct or indirect (through peers) exposure to distressing events such as suicide, self-harm and pregnancy fears. Many students involved in the program desired knowledge which would be helpful for dealing with these situations and allow them to make a difference in their own and others’ lives.

Parents saw the iPOP program as an opportunity for their children to gain information from a range of quality sources about issues facing teenagers, and how to get help. A number of parents indicated that their children had strengths such as being confident, articulate and caring individuals. This matched the qualities that the peer educators felt were necessary to take on the role. This role provided peer educators with an opportunity to help others personally in one on one interactions, and to provide information more generally for example through a school class session. Being involved with the iPOP program also helped the peer educators understand “everything that we [the peer educators] have to worry about...as teenagers”, and aided one to make sense and understand unfortunate events of the past.

“I did it for my friends because they need it a lot at the moment. In term one, one of my friends committed suicide, and I’ve been trying to work with some of my friends since then to stop that from ever happening to anyone. And it’s the worst thing to go through, and... just to make people’s lives a bit more pleasant and help them.....I kind of understood it better, why it all happened and just the emotions that everyone had and what he had “

**Placing the camp in context: peer educators anticipated disquiet**

The iPOP program leaders anticipated that the camp had the potential to be challenging, eye opening and likely to take students out of their comfort zone. Parents indicated that the literature and introduction provided eased a lot of questions and concerns regarding the camp, and responsibilities of the peer educators, it “filled us in reasonably about the expectations”. Some of the parents also expressed that they were relieved to discover that the student group was almost exclusively girls.

It was discovered that there had been some angst amongst the participants prior to the camp. One of the parents described having to push her child somewhat to attend, whilst some of the other peer educators encouraged friends to participate in the program so as to improve their personal level of comfort.

The main perceived challenges of the camp were described as learning explicit information and sleeping in the same room as a group of strangers. In general much of the group had no complaints about staying in the same room as other participants with one describing that it actually helped to bring the group closer together by the second day. However, one participant did in fact find it extremely disconcerting staying in the same room as others. A suggestion was made by one parent to have an option of a day stay for future camps so as to allow debriefing in a “safer” environment.

“With the camp I wasn’t really game enough, like I didn’t know any of the girls who were going, and so I sort of got my friends to go with me because I was a bit nervous......So to have them there really helped. But I think I could have done it alone.”

“I thought it was better to get closer to people and to try something new. I liked it--not knowing anybody.....When I first got there it was kind of awkward, but by the second day everyone was like together and it was more comfortable.”
Camp outcomes: new knowledge
Peer educators described learning significantly more information about all three focus areas - drugs and alcohol, sexual health and mental health. The knowledge was described as “more subsurface stuff and getting into the real crux of it” particularly in comparison to the more superficial education received at school, and from parents. In the context of the camp students seemed to step up and take strong ownership of this new information. However, both peer educators and parents expressed some disquiet about the explicit nature of the sexual health sessions. This new knowledge had a profound effect on a number of the peer educators behaviour immediately following the camp. This is potentially related to the peer educators increased confidence to discuss these topics openly as well as hold and express their own opinions.

“Maybe some of the [sexual health] information could have been more PG-M instead of MA. Some of it could have been a bit lighter instead of very intense.”

“She did come home from the camp, and she certainly had her eyes opened to areas that we had never discussed, so it was a huge learning curve for her. I think she was one of the younger members of the iPOP group...There certainly were some questions that she asked....Probably just the range of intercourse, the types and variations, it’s not just the types that they’ve perhaps been exposed to and heard about. There are other forms that she perhaps found a bit scary. I think too the range of drugs, like it’s not just marijuana that’s the worry, there’s all these other drugs as well. ...So she’s had to step up and handle a lot of information that is very new to her.”

“if they’re just talking about going to parties and were like ‘Well, don’t do this because this will happen, and in the future this will happen, it’s just not good!’ ....I thought I knew it before but I obviously didn’t because they [my classmates] have no idea about anything that would happen.”

Camp outcomes: self-care strategies
The peer educators described being motivated to help their peers. Parents recognised that their children risked taking on the burden of other people’s problems. The camp aimed to provide students with strategies to talk to people and provide information and advice about how to get help, without becoming too involved. Peer educators described being given clear boundaries and reinforcement that they were not counsellors.

“They sort of told us how to talk to the person, while not becoming involved, so we weren’t part of what they were going through. It was more just so they [the peer] felt comfortable.”

Some of the peer educators described exploring a number of different ways to cope with the array of difficult emotions they dealt with early on in the program. One of the largest pressures placed on the peer educators was the responsibility to maintain confidentiality. This was emphasised within camp training, though many of the peer educators found this responsibility challenging and sought people to debrief with.

Camp experience: moral dissonance
It became apparent that the sexual health session caused concern and even outraged to a number of peer educators. Many felt the session advertised and supported sexual activity, for example by the handing out of condoms. They felt it conflicted with their own, their families’ and schools’ morals/values. One parent tried to prepare her daughter prior to the camp for the potential that perspectives raised could differ with those of their family. On the other hand a small group of the peer educators were reported to have responded to the handing out of condoms by becoming excited and exhibiting bravado taking large numbers of condoms.

One student expressed that the confronting nature of the sexual health session was exacerbated by a small number of peer educators who used their new found confidence of sexually explicit topics as a means of power over those in the group experiencing moral dissonance. However, overall there was
some recognition that the explicit nature of the session may have helped in the end as the peer educators developed more confidence to talk about sensitive issues.

“I just thought some of it, like mainly the sex, (’cos we had a whole day of sexual education and the rest were just half days) it was really intense. I thought some of it was wrong, like they taught us how to put a condom on and how to access the G spot so I didn’t think it was beneficial to know those things. Like it was just advertising it more than trying to get us not to, like they don’t want kids under 17 in South Australia to have sex and then... I don’t know I got the wrong message.”

“a couple of girls really freaked her out to be honest.....And I guess at the end of the day she [peer educator] was articulating that she didn’t feel like her wellbeing was taken care of, and maybe for her....that might have been solved if she was able to come back to a place of safety [referring to home] in between getting the information.”

“I could not sit here and talk about condoms before.”

Peer educator experience: emotional load

Peer educators described occasionally taking on other people’s problems and feeling anxious about issues their peers were facing such as sexually transmitted diseases, drug and alcohol use and suicide risk. Many expressed frustration at not being able to influence or help their peers at times. Two peer educators reported becoming concerned about their own wellbeing during the year. Both were able to seek help from a trusted adult who supported them to see a health professional.

The peer educators on a whole described a determined responsibility to maintain confidentiality and this prevented debriefing with friends and parents. However, this sense of confidentiality did bring some of the peer educators together to debrief, as they recognised themselves as a collective with this common role. It was initially hoped that the monthly facilitated sessions for peer educators would prevent this need to debrief with each other. Though on reflection there were a number of significant obstacles to using these sessions effectively for debriefing: for example the timing and location of sessions caused logistical challenges. There was an impression amongst the group that these sessions simply rehashed information provided at the camp. Several parents described that their daughters continued to feel uncomfortable with a few members of the group of peer educators.

“Yeah, it’s just kind of pushed the emotional barriers kind of as well, ’cos [sic] you do hear everyone’s problems. Like it says to not become involved with it, but you hear what their problem is and you do learn all about what’s happened and stuff. You don’t get involved but just the knowledge and stuff is hard sometimes.....”

“It is really frustrating if you know and they can’t see it at the time...I just tell myself that it is their choice and they’ve got the last decision. We can’t do anything for them. We just have to give them what we know and see what they do with it, whether they change or not. We can’t change people.”

We [small group of peer educators] went to [location deleted] and stayed up till midnight almost every night just talking about everyone’s problems and making sense of it all...”

Peer educator experience: undefined boundaries

Peer educators had initially been motivated to participate in the program in order to help people. Universally they felt empowered by their new knowledge and defined themselves as peer educators. In some cases however this led to a pervasive sense of obligation to help and look out for people. The peer educators often fell into one of two groups. There were those that used the title to take on a leadership role within their school or broader community, actively spreading information on the topics in which they had new found knowledge. The other group took some protection from anonymity and sat back and watched. A handful of students expressed confusion about how to go about approaching people to provide information or distribute items including pamphlets and condoms.
One of the difficulties the peer educators expressed was: knowing personal and sometime explicit and confronting information about a friend that “you can’t really forget”. This was disquieting and concerning as peer educator found it unclear whether the role of peer educator was an independent entity separate from themselves. For example, using the title enabled them to feel they could debrief with each other, a licence they would not take with another non-peer educator student. Some peer educators were also unclear about whether they had stopped being a peer educator at the conclusion of the year, or how this transition could, or would, occur.

One suggestion was that the 2011 peer educators could be involved in the 2012 program as mentors helping to impart knowledge on how they found the experience and strategies they developed to prevent getting too deeply involved in people’ issues.

“I feel like I need to help people all the time”

“I feel I could probably do more with the information I know. Like I don’t really put myself out there and say “Oh that person looks sad”. I could just go up to them and talk to them. I guess I’m a bit worried that I’m seeing it and it’s not really there. If you know what I mean…”

“My brother had a friend and my brother told his friend that they were handing out condoms and his friend was like “Yes get me one of those” and I was like ‘Are you actually going to use it or am I just wasting my time!’ and he was like ‘Oh…’ And so… I guess it’s just difficult with the condoms and stuff, how do you know who to give it to? And that sort of thing, they didn’t really talk about that. I guess it’d just be kind of awkward if you went up to someone and said ‘Here, have this’.”

Discussion

The 2011 iPOP program was an ambitious pilot program aimed at improving young people’s knowledge of important health and wellbeing issues, and the relevant health services which could be accessed within the Limestone Coast Region. The program aimed to do this through intensive education and ongoing support of a small group of students and young people within the region. It relied on them disseminating information to their peers through whatever means with which they felt comfortable.

Peer education is based on the concept of equality; it allows interactions between individuals of similar age, experience and backgrounds. The use of peer education has been very successful around the world particularly focusing on areas such as HIV awareness and prevention campaigns.(10, 11) However, few have looked at the impact on the peer educators themselves.(7, 12) As a preliminary step in the evaluation of the iPOP program this evaluation has not sought to measure the success of information dissemination, but has sought to explore a more fundamental principle of “first do no harm” by seeking to understand the impact of this program on the young people who volunteered to take part as peer educators.

Thirty-two young people volunteered to become peer educators and attended the three day education intensive camp. These peer educators and many of their parents recognised that there were a number of attributes that might enable them to thrive in the program including: being interested in the welfare of their peers, and being willing to speak up. These attributes may assist screening of potential peer educators for suitability within other similar peer educator programs across rural Australia.

Even though the majority of peer educators demonstrated increased knowledge, and confidence to talk about the topics covered, a number also stated that they felt out of their depth and overwhelmed by some of the situations within which they were placed. In general the iPOP monthly education and support sessions, allowed the peer educators to discuss these issues and develop personal boundaries. This however is an area of the program that needs further improvement. The authors recommend that other groups developing peer education programs in rural Australia ensure that project resources allow for accessible and tailored ongoing support for peer educators.
There was certainly evidence of growing interest in the iPOP program as it was rolled out, and the suggestion to consider additional advertising for participants in school newsletters is worthy of note. With a better understanding of what attracted students to the iPOP program in its first year, more can perhaps be made of the capacity for the program to enable students to make a difference amongst their peers, and to shape career intent. The authors recommend that new peer education programs could partner more closely with regional Education Departments to support recruitment, and screening of potential participants as peer educators.

There was a significant gender bias in the iPOP participants with only one male peer educator in the group of 32 volunteers. The reason for this was not explored during this evaluation. It may well be related to gender bias in career intent, and gender differences in how young people choose to manage their problems. Having mainly a female group of peer educators may reduce the effectiveness of this program to reach young men. On the other hand, the camp context was deemed disquieting enough without adding the pressure of a more obviously mixed gender group. It may be necessary in the future to run gender segregated sessions on sexual health at the initial information camp. This would potentially reduce any gender related stigma that the males place on the role of peer educator, while also allowing for the sexual health sessions to focus on specific gender issues.

There is a considerable gap in the current research which has looked at the impact on young people working as peer educators. One study of a peer lead formal sex education program suggested that peer leaders gained knowledge, skills and self-confidence,(12). No studies were found which considered the potential burden of knowing confidential information or specifically explored issues including the emotional load, cognitive dissonance and poorly defined role boundaries. The iPOP program also differs from the majority of those reported in the literature as it is community-based rather than school based, and the expectation of the program is that peer educators will use their new knowledge in informal settings. The community-based nature of the program potentially resulted in engagement of a broader group of peer educators including those not thriving in the school environment, and already operating outside mainstream schools. The authors recommend that new programs consider the diversity of youth when developing partnerships with schools.

Sexual health information provided on the camp was the most confronting for students. The explicit language was experienced as shocking by a few peer educators. Shine SA sexual health information may be best delivered near the end of the three day period of intensive education when the student group had developed some cohesiveness and felt more confident in the safety of the learning environment. A safer learning environment involves supporting the student group to recognise and accept a range of attitudes and values and may have better supported students describing some moral dissonance associated with the information received.

It is recommended that the leaders of peer education programs consider how to ensure the safety of the learning environment when providing students with potentially disquieting information, including how to better support students who experience moral dissonance or who already have relevant traumatic life experience.(13) Possible strategies include incorporating a daily debrief session at camp, and then once out in their school environment arranging for peer educators to have a school contact (e.g. school counsellor) who is willing to support the program and allow the student to come and talk to them whenever required.

One of the limitations of the study was the small number of participants that were willing to be involved in the final focus groups and interviews. Potentially in subsequent years a greater incentive could be provided to ensure more effective participation in iPOP program evaluation. Also as the program matures there is potential to actively engage past and present peer educators in planning, implementing, monitoring and evaluating the program.

Finally, as peer educators expressed some concerns about feeling ongoing responsibility to disseminate information and support their peers to access help, it may be advantageous to provide volunteer peer
educators with some closure and recognition of service. The authors recommend that peer education programs support closure by presenting peer educators with an annual certificate of contribution at the end of the calendar year and asking them to renominate the following year as peer educators, or as mentors for the following year participants.

Peer support programs are beginning to be recognised as important tools to support disempowered populations in rural areas to access and benefit from mainstream generic health services, when lack of critical mass prevents the development of more targeted services. This paper recommends that rural Medicare Locals work with local stakeholders to implement pilot rural youth peer support and education programs to improve equity of access to care in rural areas.

**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.

**References**