

Peer Educators as Partners in Sexual Health Programming: A Case Study

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Summary

Over the last two decades, the U.S. has made significant headway in decreasing its teen birth rate. Research conducted by the Centers for Disease Control and Prevention (CDC) has attributed these decreases to efforts that provide medically, factually, and technically accurate sexual education to teens. Currently, about half of the states in the U.S. require sex education in schools. Among those, a smaller number mandates sex education and HIV education. Despite its importance, many states have yet to adopt such decrees. Oklahoma, a state that does not currently require sex education in schools, has the fifth highest teen birth rate in the nation. Nonetheless, the state has made significant headway in addressing the issue based on the work of many community, education, and healthcare organizations.

For the last fifteen years, Teen emPower! has been delivering sexual health programming to middle school students in the Oklahoma City metro area. Using an adapted version of the Postponing Sexual Involvement (PSI) for Young Teens educational program, the Sexual Health And Peer Education (SHAPE) program utilizes a two-stage approach that involves both adult and peer educators to deliver content. The program is divided over two weeks where the first week is led by a health educator that delivers lessons on puberty, reproductive anatomy, STIs, contraceptives, and healthy relationships; the following week, topics such as peer and social

pressures, media messages, and assertiveness techniques are delivered by high school peer educators. In order to prepare peer educators for this work, program staff carry out an extensive process to recruit, train, and engage these high school students. In the spring semester, program staff visit schools to recruit potential peer educators and assist them with filling out an application. Applications are reviewed and vetted through the school to ensure GPA and attendance requirements are met. A select group of applicants are then interviewed, and if selected, are invited to attend the first training.

Approximately 30 peer educators participate each year. The first training is typically held at a hotel in Oklahoma City over three days in the summer. Throughout the day, presenters speak to students on a variety of topics ranging from sexual health to financial literacy. The evening involves team-building activities to help peers and staff get to know each other. Following this training, in the fall, students attend a planning retreat that occurs at a campsite where they delve into the lessons and are provided with the tools needed to effectively deliver the material. During this time, students have the opportunity to practice teaching lessons and develop their public speaking skills.

WE HAVE
SOMETHING
TO SHARE.



THE BIRTH RATE FOR
OKLAHOMA TEENS HAS
DECREASED BY **56%** IN THE
PAST DECADE!

The SHAPE program is then delivered to four middle schools throughout the Oklahoma City metro area in the spring. Peer educators are paired based on their strengths, so that one can support the other. As peers deliver lessons throughout the day, they are given the opportunity to reflect on the lesson and receive feedback from program staff. Typically, students continue to apply to be a peer educator throughout their high school years. In addition to preparation and delivery of lessons, peer educators are also given the opportunity to participate in community service. This extensive program that not only benefits students, but also peer educators, has contributed to the decreases in teen pregnancies in Central Oklahoma.

Introduction

Adolescence, defined as ages 10-19 years, is a phase in human development that is associated with rapid and significant changes. This phase constitutes a transition from childhood to adulthood and affects how adolescents feel, think, make decisions, and interact with their environment. In many ways, adolescents' development may cause emotional, behavioral, and social problems. Due to the unique changes that have immediate and lifelong health consequences not only on themselves but on the future health of their children, this phase requires specific attention in health programs.

Much of the literature on adolescent development emphasizes the dynamics of the adolescent-peer relationship. They conclude that adolescents spend more time alone and with their peers than with their parents or other adults.

However, the influence of peers can be positive or negative. Research suggests that adolescents alter their behaviors to reflect the opinions of the peers they admire. One such practice includes their acceptance of health messages from a peer who shares similar concerns or pressures. This message transmission can occur through the use of peer educators in school-based programming. The history of peer education in schools and youth service programs dates back to the 1960s and has been widely accepted as an effective strategy to address adolescent health issues. Although the methods of applying the peer education model vary considerably, their outcomes broadly comprise information dissemination, early intervention, and prevention and are rooted in several behavioral frameworks.



Context

Theoretical Frameworks

Social Learning Theory

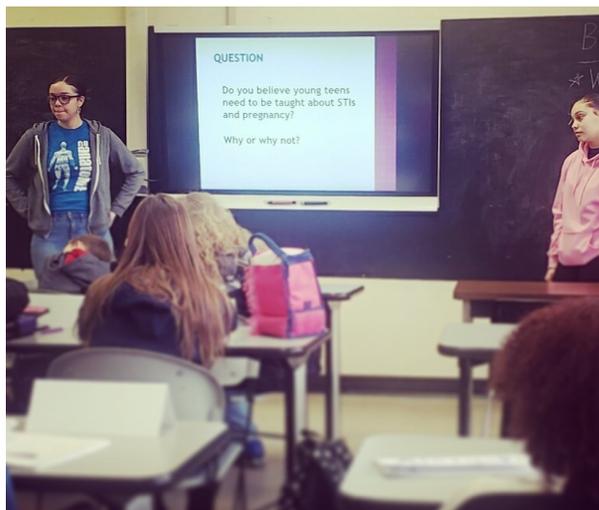
Based on the work of Bandura and colleagues, Social Learning Theory (SLT) is commonly used in the field of peer education. SLT posits that modeling is an important component of the learning process; that is, individuals learn new behaviors through observation and then replicate and adopt the same behaviors. An opportunity to practice the modeled behavior accompanied by positive reinforcement is necessary for the modeled response to be successful. In SLT, characteristics of the models (peers), features of the observers, and the perceived impact of the behavior play an important role in the extent to which similar behaviors are adopted.

Social Inoculation Theory

Social Inoculation Theory (SIT) hinges on the premise that young people adopt behaviors, either healthy or unhealthy, because of social pressure and behaviors are learned through social situations. Concerning its relevance to peer education, the theory regards peers as a reliable source of information and positive role models. In this vein, SIT establishes efficacy as a health promotion and education strategy and is widely used in peer education programs.

Theory of Participatory Education

Finally, the Theory of Participatory Education postulates that learning is an active participatory process for the learner. It emphasizes that empowerment and full participation is key for behavioral change. The integration of an individual's creativity to the learning process cultivates a deep level understanding of the message. Incorporating active roles of both youth and peers in the peer education model provides a sustained approach to engagement and learning.



Drawing on these theoretical foundations, peer education centers on the idea “that it is rooted in a naturally occurring process whereby young people learn a lot from one another as part of their everyday lives.” Put simply, peer education is an educational model where learning is facilitated by people who share similar characteristics, such as those between the same age group or other unique features that are distinct to a group. It helps young people develop positive skills, attitudes, and behaviors while providing social support. Hence, it is considered an effective health education and promotion strategy across broad health issues, particularly relating to sensitive topics such as sexual relationships and substance abuse in adolescents.



Context

Public Health Issue and Community Context

Although the U.S. has seen a decline in its teen birth rates and sexually transmitted infections (STIs) over the last decade, these rates remain the highest among highly developed countries. Despite increasing efforts to address these issues and recent declines in teen birth and STI rates, adolescent pregnancy remains a significant public health issue. Adverse pregnancy outcomes have been associated with adolescent childbearing through increased risk of maternal and neonatal mortality and life-threatening complications for both the mother and child. Furthermore, teen pregnancy and STIs create roadblocks to life goals and contribute to major socioeconomic costs.

Oklahoma, specifically, has the 5th highest teen birth rate in the nation, and Oklahoma County has the highest number of teen births in the state. Significant decreases in this rate have been seen from 2013-2018, with a total reduction of 42% over the five-year period. However, even with the decreases in the teen birth rate in Oklahoma County (29.8 per 1000 females), it remains higher than the overall state rate (27.2 per 1000 females) and the national rate (17.4 per 1000 females). More innovative strategies to actively engage youth in sexual health programming are needed.

Peer Education and Sexual Health

Utilizing a peer-led approach has been cited as one of the most popular strategies for delivering sexual health education and has the potential to improve adolescent sexual health outcomes. However, despite the many efforts to utilize this model within sexual health education and programming, research shows that the majority of these programs do not always provide the means by which peers are able to effectively participate and contribute to the effort. Among the few programs that did involve high peer participation, preliminary analysis showed that high levels of peer participation consistently showed significant results in terms of improved knowledge, attitude, self-efficacy, and positive social norms. Nonetheless, recruiting, training, and engaging peers in sexual health programming can prove challenging.



Sexual Health And Peer Education Program

Since 2005, Teen emPower! has been delivering sexual health programming to 7th grade students in four middle schools throughout the Oklahoma City metro area using an adapted version of the Postponing Sexual Involvement (PSI) for Young Teens educational program, a two-stage program involving both adult and peer educators to deliver content. The adapted program, known as Sexual Health And Peer Education (SHAPE), is divided into two weeks where the first week is led by an adult health educator that delivers lessons on puberty, reproductive anatomy, STIs, and contraceptives. The following week, sessions on peer and social pressures, media messages, assertiveness techniques, and healthy relationships are delivered by high school peer educators. In order to prepare peer educators for this work, program staff carry out an extensive process to recruit, train, and engage these high school students. Drawing on the theoretical frameworks mentioned and documented by evaluations conducted by the Health Promotion Sciences Department at the University of Oklahoma Health Sciences Center, this program not only benefits the middle school students, but also the peer educators themselves. The program model's success is attributed to the extensive, meaningful involvement of peer educators as true partners in prevention and has contributed to the significant decrease in teen births in Oklahoma County over the past decade.

Findings

The SHAPE program provides an innovative way to recruit, prepare, and engage peer educators. Our study revealed that this approach is effective in ensuring that peer educators play an active, relevant role in delivering the program. Although using peer educators to deliver sexual health interventions is not unique to the SHAPE program, the results from our study offer insight into the extensive effort required to effectively incorporate peer educators into these programs. The process described below is broken into three categories: recruitment, preparation, and engagement; it concludes with an exploration of the perceptions of the model's effectiveness.

Peer Educator Recruitment

The extensive recruitment and screening process allows staff to select high school students that would be best suited to participate in the program. Semi-structured interviews revealed that staff are interested in students that are responsible and are highly motivated to participate. Because peer educators are taken out of school in order to deliver lessons at the middle school sites, program staff want to ensure that these students have good attendance and are able to maintain good grades. This is important because these peer educators serve as role models for the younger students they teach, and participation in the program

should not negatively impact their education. In addition to the application and screening process, interviews with applicants are also an important piece because they provide insight into students' motivation and commitment to be a part of the program. Peer educators demonstrate that their inspiration to participate is based on their memorable experience from the two-week program when they were in middle



school. In this way, they relay the impact of this program and their desire to be involved in the effort. Aside from being able to comprehensively screen applicants, peer educators discussed the benefit of the recruitment process because it prepares them for future application processes such as job, college, and scholarship applications. Of the 70-80 students that apply for the program, approximately fifteen are selected to participate in addition to the other fifteen that continued on from the previous year.

“We have high school students who were in our seventh grade program, and the reason they applied to be in our program is because they were in our seventh grade program, and they’ve been waiting since seventh grade to be able to get into this program and to sign up.”

Kathy Harms
Executive Director, Teen emPower!

Findings

Peer Educator Preparation

Peer educators are prepared to deliver lessons through two training camps—one held in the summer and the other in the fall before implementing in the spring. The training program in the summer is focused on getting to know the team and introducing the curriculum while the training program in the fall is more in depth and focuses on preparing students to teach lessons. Observational data indicated that the summer program is held similar to a conference format at a hotel in downtown Oklahoma City where students attend various “break out sessions” and practice their presentation skills. The fall program offers more in-depth training on the curriculum; interviews with program staff explained that this takes place at a campsite in order to remove any distractions so that the peer educators can focus on the content. It also allows program staff to blend the training program with fun activities to make it more engaging and memorable for peer educators.

Both training camps take place over multiple days and provide opportunities to practice lessons as well as participate in team-building activities. During these camps, peer educators are exposed to all lessons taught in the full SHAPE program and are able to determine where they fit in the program, as well as select which one of the four lessons they feel most comfortable leading. This enables peer educators to

have a holistic understanding of the program, but also allows them to focus on a specific lesson for their facilitation role.

“At the very least, you see every lesson take place. So you know the flow of what’s happened the days before you even if you don’t practice teaching those lessons. You’ve seen them done.”

Former Peer Educator

The training camps also provide peer educators with important information regarding their own sexual health. Topics for presentations are selected by peer educators and are typically delivered by professionals from the community.



Other examples of topics include presentations on financial literacy, credit cards, and basic life skills. In addition to these topics, peer educators are also taught effective strategies for facilitating lessons. As described by one peer educator, “So, through those camps, we also learn how to give directions [...] how to bring down a classroom if they’re chaotic and stuff like that.” These camps provide the practical tools peer educators need to be a better educator as well as be more personable in connecting with the students they teach.

“We bring in professionals to present on topics that are directly tied to what we teach and other topics that may enhance our program and benefit our peer educators. For example, we brought in one of a very few sex therapists that practice in Oklahoma. She explained a sex therapist’s role. We have brought in someone who spoke about finances because they can be a critical part of human relationships. We acknowledge that there is so much more involved in healthy relationships and, in fact, sexual health than discussing STIs and contraception. A holistic approach is most effective.”

Kathy Harms

Executive Director, Teen emPower!

Findings

Peer Educator Engagement

Extensive planning is required to prepare for implementation. Program staff must coordinate with schools to identify the dates to deliver the program and then schedule the days peer educators will teach their lessons in order to ensure that they are not missing too many days of school. Once students are fully prepared and trained to deliver the program, they are paired to teach lessons based on their strengths. This gives students the confidence and support they need to deliver lessons.

"We bounce off of each other and work together as a group. [...] So like having that with you while you're trying to learn how to teach was like really comforting to me. And now I can, like, teach on my own. I've taught lessons on my own. And I never thought that I could do that. So like having other people be in the room with us, like helps a lot."

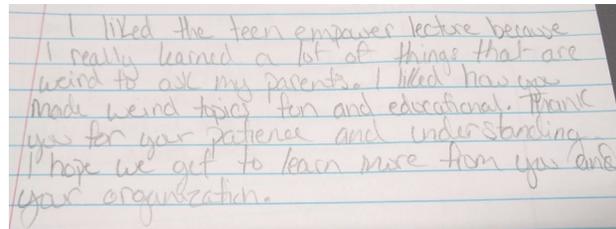
Former Peer Educator

Furthermore, during their day of teaching, program staff have a debriefing session with peer educators during lunch to discuss what went well and what can be improved. This added support helps students improve their ability to lead lessons.

Program Impact

The most significant impact that the use of peer educators has on this program is that it makes the program more relatable. Students feel more comfortable discussing such topics with their peers rather than with adults, and they also feel more open to asking questions. The interactions between students are also worth noting-this program builds relationships among peers and students that goes beyond the time spent in the classroom.

In addition to benefiting students, peer educators also benefit from the program by not only having the opportunity to build their public speaking skills and learn about sexual health generally, but also by being advocates for sexual health within their social circles. By participating in this program, peer educators become trusted sources of information and are truly able to contribute to teen pregnancy prevention efforts in their community.



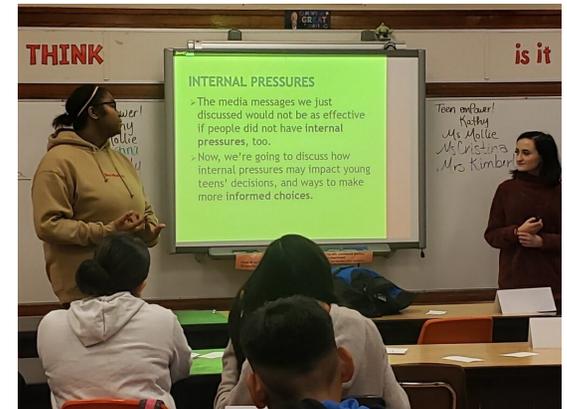
I liked the teen empower lecture because I really learned a lot of things that are weird to ask my parents. I liked how you made weird topics fun and educational. Thank you for your patience and understanding. I hope we get to learn more from you and your organization.

Former Participant

"The logistics are mind boggling. Because you've got all these classes in these grades at multiple schools. [...] It is a labor intensive effort. [...] I will tell you, this is a lot of ongoing energy and organization and logistical planning and moving. [...] This is so different. I mean, this is real, genuine, authentic, meaningful roles with the high school, young people being true partners in prevention in presenting this program."

Sharon Rodine

Independent Consultant, Healthy Teens OK!



Implications for Future Implementation

This case study revealed several important considerations for future implementation of school-based sexual health programming. As described, peer educators can be an effective modality to deliver appropriate content related to adolescent sexual health. These peer educators allow for meaningful connections to be made with the students they teach and provide an environment conducive to knowledge dissemination and retention. However, careful consideration should be given to the recruitment, training, and engagement processes. Namely, a holistic approach is needed to recruit and screen applications that are interested in becoming peer educators. Multiple opportunities to get to know applicants allows program staff to comprehensively assess applicants' abilities and motivations to be a part of the program. Thorough training is also important to ensure peer educators have the ability to effectively facilitate lessons and provides them with the solid understanding of the topics they will be discussing. Not only does this allow peer educators to adopt these healthy behaviors, but it also allows them to serve as positive role models for the students they interact with. Finally, as peer educators implement the program, the way in which peer educators are paired and the support provided by dedicated program staff assist students in enhancing their facilitation skills and ability to serve as trusted peers among their social circles.





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