

## ***Preconception Peer Educators: Spreading the Word***

Zerin Kashem  
CUNY Hunter College

Service learning gives students an invaluable opportunity to engage with community members outside of the classroom, allowing them to establish networks within the community. They actively participate in the community and then apply their experience to their personal and academic development. Students address a real need of the community and during this process they enhance their social skills and civic responsibility.

This essay describes how the two main components of service learning, teaching and learning, are balanced in a hands-on community project involving minority teens. The importance and effectiveness of youth conducting research about youth is emphasized to highlight its benefits. People are more likely to hear and personalize messages from an individual with whom they can relate to through similar concerns and pressures. Through a role which was less than that of a teacher and more of a facilitator, I learned that establishing such strong connection facilitates the modification of attitudes and behaviors in relation to sexuality as well as violence and substance abuse. I assisted in a training session with teens to connect them to the information, tools, and resources needed to make healthier choices so that they can promote wellness within their community through peer education. The most important part was to engage with community leaders and members to build a rapport. It was important to build a trusting relationship with community members because they are the key to gaining acceptance from the community. From my experience, I learned that I had a personal responsibility to my students and that I had a shared responsibility to my community. This opportunity to connect community members to the community has allowed me to take on a leadership role and has enhanced my skills as a leader.

Since Fall 2012, I have participated in a research traineeship offered through the Brooklyn Health Disparities Center (BHDC). The BHDC represents a partnership between SUNY Downstate Medical Center, the Arthur Ashe Institute for Urban Health, and the Brooklyn Borough President's Office. In addition to obtaining didactic lectures on biostatistics, epidemiology, and research methods, my traineeship also involved a service learning experience that included designing and implementing a community-engaged research project to further enhance my research skills. As a requirement for my traineeship, I participated in a service learning class which focused on the significance of community-based participatory research (CBPR). CBPR makes researchers and community members partners at an early stage of the research to counter the suspicions that communities, especially disadvantaged communities, have toward researchers. Involving community members by educating them about health is an effective approach to implement changes in the community because new information is given to those who need to make changes.

My service learning experience was with Brooklyn Perinatal Network (BPN), a nonprofit community organization whose purpose is to prevent and reduce infant/maternal illness and death in at-risk communities. Based on a model developed by the Office of Minority Health, I worked closely with BPN to implement a Preconception Peer Educator (PPE) program that recruits high school students to serve as peer educators and mentors on the topic of preconception health for other students within their schools and community. Preconception health encourages women to engage in healthy lifestyles before they become pregnant. The high

school targeted for our PPE program is located in Brownsville. Brownsville had the second highest infant mortality rate (7.4 per 1,000) from 2010-2012 among all Brooklyn, NY community districts, a rate that is considerably higher than that of NYC (4.8 per 1,000) as a whole.

My involvement with BPN has taught me the importance of truly understanding a community before implementing any change. It is important to reach out to community members and obtain their approval before proceeding with an initiative to disseminate health information. To help ensure both ongoing and high-level community involvement and that the PPE program was consistent with the values and priorities of the targeted community, several community members were involved in the planning process. The community members were able to contribute constructive feedback and offered invaluable advice on the development and execution of the training. I reached out to Ms. C., one of the high school's guidance counselors to assist us in the recruitment of students who were interested in taking leadership roles in their school/community as peer health educators. Ms. C's personal connections with the students facilitated our recruitment in that she was able to reach out to interested students in an effective manner. I also contacted Mr. L. who is a health educator at the high school and has experience in training students to be peer educators in their school. I had the opportunity to learn more about his role as a leader in peer education with this specific group of students and that allowed me to build on to the development of the training. I felt that it was important to build connections with these community leaders who were already involved with the group of students that we were targeting for our project. By including a community leader like Ms. C in our planning process, we allowed for the community to learn about the program and through this connection, the community became more aware of the goals of this program. It is important that the community feels and understands the need to make a change in the community because without its consent, the program could fail.

As Project Assistant on BPN's PPE program, my responsibilities included: assisting in interviewing potential high school students as future peer educators, participating in group activities, collecting survey data, and analyzing results. The goal of the interview was to assess students' interest in becoming peer educators and playing an active role in their community's health. All of the interviewees were students ages 15-17. They had a good idea of the role of a peer educator and recognized the importance of peer education. However, many of them did not know the definition of preconception health nor the Reproductive Life Plan (RLP). In our aim to promote awareness about preconception health in the community, it was important to address the need of a RLP for everyone. A RLP is set of personal goals about having or not having children. It is important because planning ahead can help an individual make healthier behavioral choices. It did not surprise me that all of the trainees never considered a RLP, though some reported to be sexually active at present. Nor was it surprising that none of them had shared this information with their family members or family physicians. The only people they had shared such information with were their friends and peers with whom they felt more comfortable to confide in. I was able to share that I had felt the need to confide in only my peers about such personal information and to avoid sharing with my family. Coming from a religious and deeply cultured household, I never found it appropriate to talk about sexual matters in any occasion. It is considered to be inappropriate and a taboo in my culture. In addition, I have also never shared such personal information with my family physician as he is a physician for all my other family members and I always feared there would be an issue of confidentiality. Some of the students stated very similar reasons for being discrete in discussing sexual matters outside of their groups

of friends and peers. Being able to relate in such manners with the students has certainly facilitated the flow of our discussions. They became more engaged in discussing their own experiences.

For the most part, the trainees reported not wanting children at the present time but took no additional measures, besides wearing condoms, to reduce their risk for pregnancy. A main purpose of the PPE training initiative was to empower teens to take an active role in their health and to make positive behavioral choices. I felt that I was able to connect with the students because they saw me as an empowered young person. I was there to help them make better and healthier choices about their health and the students felt that these positive messages were valuable. Having the students feel ashamed for being sexually active or taking part in tobacco use would not make them comfortable, but rather much more guarded. It was important to make them feel proud of taking an initiative to improve their choices and become a role model to other peers. They were able to relate to the topics that were discussed and therefore were very engaged in the training. In addition, they appreciated the personal experiences that I shared with them which clearly allowed them to contribute their own experiences to the group and that allowed me to gain a better understanding of how they make choices about their health.

I was able to relate to the students because I also attended a high school serving mostly a minority population. Similarly, my high school did not offer any health education courses and the physical education courses included a brief 30-minute physical activity. Outside of school, most students did not seem to engage in physical exercises nor in healthier behavioral choices. There was a favorite spot near the school that all the students referred to as the "Madison Deli." Students would gather near the deli after school to purchase junk food and have a smoke with their friends. I was one of the students who bought my breakfast and after school snacks from that deli almost every school day. At the time I didn't think much about the choices I was making about my food. I didn't have the education to notice that the contents of my purchases were high in sugar, fat, and carbohydrates. I just went with the flow. Also, not having gained noticeable weight in high school gave all the more reason to not question my choices because I believed that as long as you are slim, you are healthy. Clearly, I was wrong. I ignored the signs of fatigue I experienced when climbing two flights of stairs or when playing basketball for fifteen minutes. Perhaps, if I had the right education about my health, I would have made better and healthier choices. The students I interviewed for the PPE program were very eager to share their similar experience of having an usual deli near the school from which they made most of their food purchases during school days. They revealed that they did not care for the nutritional labels and for those who did, they did not know how to read them correctly. Some of the students also expressed their want to fit into groups by engaging in similar activities such as smoking. Coming from my background, I knew how influential peer pressure can become and how tempting it is to give in to the convenience of the neighborhood deli. It was very clear to me that these kids needed to be educated about how to make better choices about their health. I felt that it was important for me to take advantage of my role in this training to guide them and encourage them to be healthier and having this role made me feel motivated.

A three day interactive training session was held a few weeks after the recruitment. The training consisted of handouts and oral discussions on preconception health, infant mortality, HIV, and STDs. In addition, it also included teaching sessions, skits on peer pressure and tobacco use, videos, and group exercises. I felt that the teaching style was very effective in gaining the students' attention. It was different from what is typically found in high schools where the teacher has difficulty capturing students' attention. My supervisor, Ms. W, led most

parts of the training session while I assisted in leading some of the oral discussions—which was the most enjoyable part for me. I led a discussion at the conclusion of the training. The students were asked to reflect on the structure of the training and their learning experience. This was an opportunity for the students to voice their thoughts. Students were asked what they liked most about the training and stated that “the skit was engaging and interactive” and that “the video was informational.” This feedback demonstrates that the students who attended the training learned valuable lessons and focused on making themselves more knowledgeable to new information. My role was more of a facilitator. I allowed the students to lead the discussion in their own way. Those students who were initially reserved or shy to speak became more comfortable with the environment and began to take part in the group discussions. Our goal was to avoid conducting this training in the manner which they are familiar with in a classroom setting. Rather than presenting myself as a teacher, I wanted to approach them in a less authoritative manner in an effort to make the environment more friendly and comfortable. I believe that this approach certainly played a role in gaining the attention of the students and making this training more effective.

After being involved in the training of high school students I have realized the importance of youth conducting research about youth. I believe that we learned more in depth about the interactions that teenagers have among each other in regards to health because they felt more secure in sharing personal information with someone who is more closely related to them in age. I believe that such detailed information on sensitive topics such as sexual activity and tobacco use would not have been easily collected by an older researcher. I feel that the teenage trainees were able to relate to me and were able to confide in me once I shared my own personal experiences (to ensure a level of comfort in our interactions), which would most likely have not been present with an adult. In general, people are not very likely to openly discuss their sexual life or their use of tobacco to strangers, especially not in person. I did get a sense of discomfort and guardedness from the students during their interview when they were asked about personal information. However, since they were group interviews, when one interviewee engaged in answering the questions, the others were more easily influenced to add their own personal experience to the group. This demonstrates how significantly one’s attitudes and behaviors can be influenced by his/her peers.

Having a service learning opportunity helped me develop a sense of both personal and communal responsibility. I had a personal responsibility to help my trainees complete their assigned tasks and responsibilities in a timely and effective manner. We worked together to complete group assignments and I facilitated their respective assignments by handing them the required information and resources. In addition, the students also learned that they have a responsibility towards themselves and their peers and that effective communication is important in successfully completing a team project. The students and I have also begun to understand the responsibility that we have toward our community. We realized how important it is to promote health education to address an important health topic in a community which is largely affected by it. This sense of responsibility is certainly difficult to fulfill but it is very rewarding at the end. My personal growth also included improving my leadership skills. I encouraged students to think creatively and critically and I learned to be open and accepting of new ideas. My confidence as a leader has greatly improved.

Having done community-based research prior to the PPE program, focusing on a population of African Americans has facilitated my approach to addressing a health concern among teenagers of a minority population. I have always had a strong belief in a community-

based research model because actively reaching out to the targeted community and teaching the people how to take control of their health is much more effective than handing out brochures or flyers on how to make better behavioral choices. Building a rapport with community members allows for a trustful connection with the community. The knowledge learned by one member can easily spread to other members of the community and hearing the message from someone you trust holds a lot more value than hearing it from a stranger. Thus, building a trusting relationship is always the first and most prioritized step to engaging in community-based research.

~

I would like to sincerely thank Brandy Watts at Brooklyn Perinatal Network for inspiring and encouraging me in my community-service learning experience. I would also like to thank Dr. Michael A. Joseph, Director of the Training Core at the Brooklyn Health Disparities Center and Assistant Professor at the Department of Epidemiology and Biostatistics in the School of Public Health at SUNY Downstate Medical Center, for his mentorship.

This service-learning experience was supported by a cooperative agreement from the National Institute on Minority Health and Health Disparities (5P20MD006875-04).