

cjsae

the canadian journal for the study of adult education

la revue canadienne pour l'étude de l'éducation des adultes

rcééa

DEVELOPING AND IMPLEMENTING THE PEER
LEADER TRAINING MANUAL FOR
COMMUNITY-BASED SEXUAL HEALTH
RESEARCH: ACTION-ORIENTED IMPLICATIONS
FOR ADULT EDUCATION

Roula Kteily-Hawa, Shriya Hari, Josephine Pui-Hing
Wong, Vijaya Chikermane, Lori A. Chambers, and
Mandana Vahabi

*The Canadian Journal for the Study of Adult Education/
La revue canadienne pour l'étude de l'éducation des adultes*
Editor-in-Chief: Robert Mizzi
French Language Editor: Jean-Pierre Mercier
www.cjsae-rceea.ca

33,1 March/mars 2021, 19–34
ISSN1925-993X (online)

© Canadian Association for the Study of Adult Education/
L'Association canadienne pour l'étude de l'éducation des adultes
www.casae-aceea.ca

DEVELOPING AND IMPLEMENTING THE *PEER LEADER TRAINING MANUAL* FOR COMMUNITY-BASED SEXUAL HEALTH RESEARCH: ACTION-ORIENTED IMPLICATIONS FOR ADULT EDUCATION¹

Roula Kteily-Hawa

Brescia University College at Western University; Ontario HIV Treatment Network

Shriya Hari

Alliance for South Asian AIDS Prevention

Josephine Pui-Hing Wong

Ryerson University; University of Toronto

Vijaya Chikermane

Alliance for South Asian AIDS Prevention

Lori A. Chambers

McMaster University

Mandana Vahabi

Ryerson University

Abstract

This paper recounts the development and implementation of the Peer Leader Training Manual for the Story-Sharing for Sexual Health Research (SSSH) Study conducted in Toronto, Canada. In the disciplinary integration of health and adult education, the community-engaged health research reported here reflects the successful partnership

- 1 We are grateful to all the women who participated in this research. We would like to acknowledge our eight women peer leaders, Abeera Khan, Anjum Sultana, Hadia Akhtar, Mahnoor Shahid, Nora Dikho, Ratna Chaudhary, Roopali Rokade, and Sreya Banerjea, for their important contributions in the successful implementation of this research. This work was supported by the Women's Xchange program of Women's College Hospital for a grant amount of \$15,000. The funders of this study did not play a role in implementing the research, evaluating outcomes, or preparing the manuscript.

*The Canadian Journal for the Study of Adult Education/
La revue canadienne pour l'étude de l'éducation des adultes*
33,1 March/mars 2021, 19–34
ISSN1925-993X (online)

© Canadian Association for the Study of Adult Education/
L'Association canadienne pour l'étude de l'éducation des adultes

of a team of academic researchers with a community-based organization. Eight community-based South Asian women peer leaders were collectively recruited and trained as research associates to explore how stories (relative to fact sheets) can be used to promote dialogue and knowledge about sexual health and reduce HIV stigma among South Asian women. This paper is about the adult education tool used to orient them to the SSSH Study and train them for related field work: recruit SSSH Study participants, arrange intervention site and logistics, deliver intervention, administer pre and post surveys, conduct focus groups, and ensure data security. The manual played a significant role in training the peer leaders who are now prepared to further engage in future community health partnerships. This tool will also be helpful for other community-engaged health research involving sexual health initiatives in marginalized communities.

Résumé

Cet article décrit la création et la mise en œuvre du Peer Leader Training Manual pour l'étude Story-Sharing for Sexual Health (SSSH) à Toronto (Canada). Intégrant les disciplines de santé et d'éducation adulte, cette recherche résulte d'un partenariat entre une équipe d'universitaires et un organisme communautaire. Huit animatrices paires d'origine sud-asiatique, recrutées et formées comme associées en recherche, ont exploré l'utilisation de témoignages (comparativement aux fiches d'information) pour promouvoir le dialogue et les connaissances sur la santé sexuelle et pour réduire la stigmatisation relative au VIH chez les femmes d'origine sud-asiatique. L'article présente l'outil de formation à l'étude SSSH et au travail de terrain : recruter les personnes participantes, organiser et livrer l'intervention, administrer les pré- et post-questionnaires, animer les groupes de discussion et assurer la sécurité des données. Le manuel a joué un rôle important dans la formation des animatrices paires, qui sont maintenant prêtes à participer à de futurs partenariats en santé communautaire. Cet outil sera aussi utile aux autres recherches axées sur la santé sexuelle au sein de communautés marginalisées.

In the disciplinary integration of health and adult education, the notion of community-engaged health research—that is, methods that allow for communities, researchers, and practitioners to learn together and from one another—has emerged as an important tool for deepening our understanding of how underrepresented groups navigate adversity (Israel et al., 2010; Zieghan, 2012). This paper contextualizes the development and implementation of a training tool to guide peer leaders involved in the Story-Sharing for Sexual Health Research (SSSH) Study as an educational initiative that treats learning as a process of co-creation between learner and teacher (Freire, 1970).

The SSSH Study was spearheaded by the Alliance for South Asian AIDS Prevention (ASAAP, 2015). Born out of community activism in 1989, the ASAAP became incorporated as an independent AIDS service organization in 1995 and is mostly supported through municipal and provincial government funding. Its work focuses on normalizing topics such as sexuality and HIV/AIDS stigma (ASAAP, 2017) by providing HIV/AIDS, sexual health, and support services for South Asian communities in the Greater Toronto Area (GTA). Its vision is an inclusive, stigma-free world for the South Asian communities to congregate and

determine their own health and well-being (ASAAP, 2018). The ASAAP aspires to promote dialogue and knowledge about sexual health and HIV stigma among South Asian women.

By way of background, the SSSH Study focused on storytelling to deliver sexual health education to adult learners. In the context of HIV sexual health adult education, stories have the capacity to provide richer critical understandings of how complex social and economic conditions converge to produce and perpetuate HIV-related disparities. They also generate a more holistic awareness of risk, choice, empathy, and stigma among women in marginalized communities (Larkey & Hecht, 2010). The SSSH Study from which this paper derived strived to answer several questions, including how might capacity building be achieved in sexual health community-engaged research through training peer leaders to deliver story-based sexual health education (Kteily-Hawa et al., 2020; Wong et al., 2019)?

This question is the focus of this paper, with one answer being the development and implementation of an especially designed training manual for peer leaders to deliver community-based adult education pursuant to HIV sexual health and HIV-related stigma. To that end, this paper delves into a critical examination of the development and implementation of a text-based resource (manual) for the SSSH Study. Kelly (2010) acknowledged the widespread use of peer-based programs in HIV prevention and other health promotion campaigns, claiming that “health messages may have greater credibility when they come from someone who is seen as similar to the ‘receiver’ of the message” (p. 141). Enough is known about peers educating peers to affirm that this approach is a strong contender for (1) effective HIV/AIDS prevention and sexual health promotion, (2) conducting health-related research, and (3) contributing to peer leader and community capacity building (Backett-Milburn & Wilson, 2000; Campbell, 2004; Peterson et al., 2017).

After describing the composition and role of the SSSH Study research partnership (which was responsible for the genesis of the training manual), the discussion turns to a detailed account of the development and implementation of the manual to train peer leaders recruited for the SSSH Study and insights into its ability to foster capacity building.

The SSSH Study Research Partnership

The SSSH Study received research ethics approval from Ryerson University and written consent from the SSSH Study participants and the peer leaders whose experience is the focus of this paper. The SSSH Study community research partnership comprised academics from three Canadian universities and members of the ASAAP and its networked GTA communities (see Kteily-Hawa et al., 2020; Wong et al., 2019).

The ASAAP is an experienced community leader in engaging peer leaders in sexual health programming. It had previously adopted storytelling models to strengthen community outreach, thereby creating a strong foundation for the SSSH Study. Earlier endeavours include a storytelling model to further develop Brownkiss, which is an online community platform (since 2003) designed to provide accessible, informative, and engaging sexual health information for South Asian women. The ASAAP (2017) found that peer-led story-sharing blogs (2012–2013) were an effective approach to breaking community silence and promoting open conversations about sexual health and the need to resist systemic marginalization.

To facilitate the SSSH Study, the ASAAP mobilized long-established partnerships with community members and researchers affiliated with publicly funded universities in Ontario. All researchers were racialized women who had previously collaborated on community-based research projects in sexual health, had experience in bringing a gender-equity lens to sexual health work, and had experience in storytelling epistemologies.

Key to the research partnership was an understanding that this was a study initiated by, led by, and rooted in the lived experience as well as sexual health expertise of racialized women researchers and community educators. As such, this community-university partnership arose through an organic process through connections between racialized women with experience and skills in sexual health and community-based empowerment, including peer capacity building in South Asian settings.

Because the ASAAP itself is embedded in South Asian sexual health education networks, the community-based participatory research (CBPR) (Israel et al., 2010) context of this partnership arose in a community-led format whereby community knowledge strongly informed the research framework, including grant writing (the SSSH Study was successfully funded by the Women’s Xchange program, Women’s College Hospital), peer leader recruitment and training, and SSSH Study participant recruitment. As a caveat, because CBPR and community-based research (CBR) “share a common overriding framework [despite there being] finer points to each approach” (Roche, 2011, p. 1), both terms are used in this paper unless otherwise noted. CBPR is used in instances that especially resonate with community members’ *participation* more so than the research being grounded in community per se (CBR).

The collaborative research partnership comprised a six-member community research team and eight peer leaders (research associates). The entire team was involved in the SSSH Study’s design, implementation, and evaluation. The first author (RKH), the research coordinator (SH), the ASAAP’s Women’s Health Committee members (LC and MV), and both co-principal investigators (VC and JW) were all involved in preparing this manuscript. The SSSH Study emphasized building the collective capacity of South Asian and racialized women to meaningfully lead research. Continuing the CBPR focus in research capacity building, several members of the research team participated in authoring this article, including ASAAP staff members. The peer leaders have subsequently contributed to other manuscripts and presentations as well.

Theoretical Underpinnings

To help determine the capacity-building aspect of using an especially developed training manual for community health research peer leaders, several theories were deemed relevant to interpreting their experiences with implementing the original document within community settings. First, Mezirow’s (1981) transformative learning theory involves several elements, including a disorienting dilemma, critical reflection, self-examination, and exploration of options to move forward. This process starts with a person engaging in activities that make them lose their sense of direction and their way (confused, perplexed, lost), leading them to modify or shift their meaning schemas or meaning perspectives, which are part of their frame of reference for interpreting their world (Mezirow, 1991). The shift has an influence on the person’s life. Their transformation can be augmented by engaging both in their own

critical reflection and through discourse with other adults while exploring other options (Mezirow, 1981, 1991).

Second, in Dewey's (1933) constructivist learning model, learners construct their knowledge and understanding of the world through experience, and the meaning they attach to these experiences is influenced by the interaction of prior knowledge and new events and their interactions with others. As such, learning is both individually and socially constructed (Dewey, 1938). According to social constructivism (Vygotsky, 1978), learning is a collaborative process, and knowledge is constructed from individuals' interactions with their culture and society. For example, Vygotsky (1978) believed that community plays a central role in the process of making meaning.

Finally, according to Kolb's (1984) experiential learning theory, new experiences feed the drive to develop new concepts and ideas; hence, new knowledge. He proposed that "learning is the process whereby knowledge is created through the transformation of experience" (Kolb, 1984, p. 38). As such, effective experiential learning is positioned in concrete experiences, which provide opportunities to observe and reflect, giving rise to new ideas or the modification of existing concepts; that is, new knowledge that learners can then apply to the world around them.

Method

The SSSH Study used a mixed-method design involving an intervention, surveys, and focus groups. This generated both quantitative and qualitative data to gain deeper insights into the phenomenon being examined in this paper: the efficacy of a peer leader training manual for capacity building during community-based health research.

Site and Sample

The SSSH Study participants ($N = 78$ self-identified South Asian women) were purposively recruited through the existing networks of partnerships across the GTA that the ASAAP had developed before the SSSH Study. The eight South Asian women peer leaders were recruited and hired through the ASAAP's GTA networks as well.

People

For the purpose of this article, *participant* refers to South Asian women taking part in the SSSH Study's peer-led intervention. *Peer leader* refers to racialized South Asian women especially trained to deliver the sexual health information education sessions and collect data from the SSSH Study participants (pre- and post-education session surveys and focus groups). *Research team* refers to both academic researchers and the ASAAP staff members.

Goals

The SSSH Study assessed the impact of story-based versus fact-based interventions on South Asian women's (a) knowledge of HIV/STIs (sexually transmitted diseases) and (b) HIV-related stigma. It also explored the potential of parasocial contact through peer-facilitated intervention as a way of reducing HIV-related stigma. For clarification, parasocial refers to the story reader bonding with the story and its characters (written by peers) with the improved social connection contributing to deeper learning about sexual health

(Campbell, 2004; Peterson et al., 2017). This article details the process and value of developing and implementing a training manual used for preparing community peers to become peer leaders and research associates to deliver sexual health information to participants and conduct field work in CBR settings as a means of building community capacity in research as well as in sexual health.

Intervention

The 78 South Asian women SSSH Study participants were randomly assigned to either a story-based or fact-based intervention. Upon obtaining written consent, they were invited to complete a demographic survey and a pre-intervention questionnaire that solicited both demographic information and assessed HIV knowledge and stigma. Trained peer leaders (see next sections) then delivered a 45-minute sexual health intervention (fact sheets or stories). After the intervention, the peer leaders invited the SSSH Study participants to fill out the same sexual health survey again to assess short-term changes in their sexual health knowledge and HIV/AIDS stigma, attitudes, and perceptions of HIV transmission risk.

After the participants completed the post survey, the peer leaders facilitated an audio-recorded focus group session to further understand participants' engagement with the intervention material (fact sheets or stories). At the end of the focus groups, the SSSH Study participants were given a list of community resources comprising health services and social support organizations. The total intervention lasted approximately 3 hours.

Detailed results and findings from this mixed-method pilot intervention are reported elsewhere (Kteily-Hawa et al., 2020; Wong et al., 2019). Succinctly, the intervention resulted in short-term gains in HIV/STI knowledge, comfort around talking about sex, and stigma reduction for those women who were in the story-based versus fact-based intervention. This paper focuses on the development of the training manual and the peer leaders' use and evaluation of same during the SSSH Study.

Peer Leader Recruitment and Training

The eight recruited South Asian women peer leaders were made aware of their roles in the SSSH Study and the scope of their responsibilities, and they were paid for their labour through honoraria. After signing contracts, including informed consent for release of information around training evaluation and sharing of field notes and notes captured in journals for research purposes, peer leaders underwent an intensive 4-day training session facilitated by the research team using an especially developed training manual for the SSSH Study (Kteily-Hawa & Hari, 2015). Peer leaders learned to both connect with partner agencies and host and run sexual health education sessions with South Asian participants. They were also trained as research associates to collect qualitative data through audio-recorded focus group sessions and field notes and quantitative data through administering pre and post questionnaires (see next section).

Peer Leader Training Manual Development and Content

The SSSH Study *Peer Leader Training Manual* (Kteily-Hawa & Hari, 2015) was developed by the first and second authors of this paper with input from various members of the research team drawing on different elements of expertise. The first author of this paper (RKH) has significant experience in conducting research in the context of HIV and South Asian women and contributed to the manual through development of various chapters on CBR, including recruitment strategies and running the focus group sessions. The ASAAP research coordinator (SH) contributed her experience in community development for sexual health among South Asian populations, including key knowledge such as workshop development, running focus group sessions, and confidentiality. She also coordinated the manual's development by connecting with various research team members who contributed key information such as research design and the field note guide.

In more detail, the training manual sets out the information shared with peer leaders during their training sessions, including the purpose of the SSSH Study and its research design. The manual reviews information key to conducting qualitative CBR: recruitment strategies, addressing challenges in recruitment, and conducting focus group sessions. The tool includes helpful checklists and tables for peer leaders in conducting community-based qualitative field research through focus groups, including materials and activities checklists to keep track of focus group sessions and a partnership development table to track which partner agencies had been contacted. The training manual also has 11 appendices covering all focus group materials that peer leaders would need, such as a field note guide, pre and post surveys, focus group facilitation strategies, and the focus group discussion guide (see Figures 1–3) (Kteily-Hawa & Hari, 2015).

Manual development continued after the initial first draft via peer leader input. Intended to be a living, growing document, later versions of the tool have since incorporated suggestions from the SSSH Study peer leaders who, using it in the field, contributed their own suggestions for different sections. As they refined their roles, peer leaders made notes in the manual to indicate their learnings. They also compared their field notes with that of their colleagues in order to better understand their role and assimilate information they had gathered regarding “how” to go about running focus groups. As an example, some peer leaders found easier and more practical ways of achieving goals while doing the work on the ground; these suggestions were incorporated into the manual on an ongoing basis. This de facto capacity building helped inform the research project in an organic, community-driven way and was important in sustaining an iterative model of developing CBR tools.

Recruitment

Partner Organizations

Recruitment consists of leveraging existing networks in order to coordinate with partner organizations. The intent is to find venues and organizations that are easily accessible to South Asian women and promote the sessions to South Asian women in the community.

Organizations can offer support in any way, or multiple ways, listed below:

1. Can the organization offer a space/venue for the actual focus group session to take place?
2. Can the organization promote the study to South Asian women through any of the following ways: Facebook, Twitter, email, recruitment flyers?
3. Does the organization have existing pools/groups of people who would be interested in focus group sessions?

Feel free to use the Recruitment Table below to organize the support you are coordinating at organizations. Organize a master copy of this contact information through a shared, password-protected online document.

Recruitment Table for Partners/Organizations

Organization	Time/Date of Focus Group Session	Organizational Contact	Peer Leader Contact	Venue (Y/N) Name of Space	Promotions (Y/N)	Recruitment Pool Y/N

(Please note that you might be setting up the focus group session for *another team* to lead. If you are setting up sessions you are not leading, contact the Research Coordinator so those sessions can be passed on to other groups.)

Figure 1. Recruitment Strategy Page, Peer Leader Training Manual (Kteily-Hawa & Hari, 2015)

<p>Strategies for Approaching Organizations</p> <p>Contact people you know, or people in relevant positions, at organizations catering to South Asian women. You can do this by email, phone, or in-person chats. Keep a copy of relevant documents at hand. For example: If you're speaking on the phone, follow up with an email post. If you are chatting in person, carry a copy of the recruitment flyer to pass on.</p> <p>You might want to approach organizations that:</p> <ol style="list-style-type: none"> you are currently at in a volunteering, working, or student placement capacity you have a particularly strong relationship with cater to the demographic we are seeking to work with (over-18 South Asian women) through <ol style="list-style-type: none"> programs and services online networks have existing regular groups of South Asian women such as a community centre, an on-campus club, a place of worship, a South Asian women's group <p>Strategies for Recruiting Participants</p> <p>Focus group participants should meet the recruitment guidelines. While they should have something in common, they should not be too similar (e.g., many know each other) or too different. The goal is to get a variety of perspectives that will foster discussion.</p> <p>Try to over-recruit by 2 participants, to a max of 14. Typically, about 10–20% may not show up for a focus group session. To decrease diffusion of responsibility ("other people will show up, so it is OK for me not to go") and minimize no-show rates, emphasize to potential SSSH Study candidates that their participation is important and an agreement to participate is a commitment on their part. Make participation as convenient as possible. Location may seem insignificant, but it is an extremely important aspect of the session. Accessibility regarding transportation (Toronto Transit Commission [TTC] tokens, parking spaces) and building space is also important.</p>	<p>Strategies to Organize the Session: Coordination of Venue/Time/Participants</p> <p>As mentioned previously, organizations typically offer a space, a pool of participants to recruit from through existing groups, and/or advertising/promotional support.</p> <p>You might want to consider:</p> <ol style="list-style-type: none"> availability/timings of existing women's groups at some organizations <ul style="list-style-type: none"> this will tell you when existing groups already convene availability of women who are interested in participating <ul style="list-style-type: none"> feel free to ask them what times/days they find convenient timings of venues offered by organizations <ul style="list-style-type: none"> these should match up as best as possible to when the participants are free to meet timings you and the rest of your team are available at <ul style="list-style-type: none"> as discussed, you might run the sessions for venue/participants you coordinate but you also might not (depending on how closely tied you are to the venues and/or participants) to avoid social desirability bias and possible breach of confidentiality, it is recommended that you match participants you personally know to another session. Use the Facebook group and contact the Research Coordinator to coordinate matching up these participants or any other team you may coordinate with an available session does the venue support us ordering refreshments/meals? <ul style="list-style-type: none"> Peer leaders will coordinate food/refreshments for each session <ul style="list-style-type: none"> ASAAP can coordinate this if the focus group takes place at ASAAP Peer leaders should save the receipts and will receive reimbursement from ASAAP Food should be inclusive of dietary restrictions and preferences
--	---

Figure 2. Recruitment Strategies, *Peer Leader Training Manual* (Kteily-Hawa & Hari, 2015)

Below are the necessary materials and tasks that need to be completed in order to run the sessions.	
Materials Checklist	
<p>Handout Sheets for SSSH Study Participants</p> <ol style="list-style-type: none"> 1. Document Packages (at ASAAP) <ul style="list-style-type: none"> o Fact Sheets <ul style="list-style-type: none"> ▪ Chlamydia ▪ HPV ▪ HIV o Stories <ul style="list-style-type: none"> ▪ More Than Fiction (2 stories) ▪ Chlamydia ▪ HPV ▪ HIV o Service-Referral List (for those wanting it) o ASAAP Brochures 2. 4 Letter-Sized Envelopes Containing <ul style="list-style-type: none"> o Consent forms o Pre-session questionnaire o Post-session questionnaire o Contact form 	<p>Session Apparatus for Peer Leaders</p> <ol style="list-style-type: none"> 1. Ground-Rules Chart 2. Agenda Chart 3. Audio Recorder (three (3) total, one (1) per group) <ul style="list-style-type: none"> o Extra Batteries 4. Pens (enough for all participants) 5. Honoraria, TTC Tokens, and Appropriate Sign-off Sheets 6. Locks and Bags for Transporting Data 7. Tent Cards (for focus group participants' names) <ul style="list-style-type: none"> o Peer leaders can also use folded paper 8. Journal for Field Note Taking <ul style="list-style-type: none"> o Post-session notes
<p>Activities Checklist</p> <ol style="list-style-type: none"> 1. Recruitment activities are completed (coordinate with the Research Coordinator and check Recruitment Table) 2. The session is confirmed with the partner and/or contact organization 3. Team roles have been determined (Lead Facilitator, Support Facilitator, Field Note Taker) 4. All materials are secured (coordinate with the Support Facilitator and Materials Checklist) 5. Food/refreshments have been ordered 	

Figure 3. Focus Group Checklist, *Peer Leader Training Manual* (Kteily-Hawa & Hari, 2015)

In addition to the 4-day training session, the project coordinator held formal weekly debrief sessions with the peer leaders to discuss data collection progress and any challenges they faced. Peer leaders brought their emergent field notes and reflective journals to the debriefings. These weekly meetings also provided a platform for sharing any dilemmas or challenges they were facing during the process of data collection (e.g., recruiting participants, running interventions, administering surveys, conducting focus groups). The project coordinator, with the support of the research team, provided suggestions for these dilemmas. The training manual was used as a resource and as such, it was a living document in that changes were made throughout the study to address pertinent on-the-ground activities.

Why the Tool Was Needed

Basically, in order for the participants to experience the aforementioned intervention (story- versus fact-based sexual health education), peer leaders had to be trained to deliver the intervention and collect field data attesting to its reception and impact. Their training also placed a heavy emphasis on building the collective capacity of South Asian and racialized women to meaningfully lead research. Their capacity was developed through the previously described extensive 4-day training using the especially developed *Peer Leader Training Manual* (Kteily-Hawa & Hari, 2015), which was designed to guide the peer leaders participating in the SSSH Study. Trained as research associates, they played a significant role in the study. They learned about communication, HIV/STIs 101, social determinants of health, confidentiality, and secure transport of research materials.

The tool (*Peer Leader Training Manual*) was needed because it served as a guide to orient peer leaders to all stages of the field work that they would encounter while taking part in the SSSH Study. After being oriented to the manual, the peer leaders used it extensively when conducting field research for the SSSH Study. It was a necessary component of building their CBPR skills and capabilities. Regarding the latter, they learned to effectively connect with partner agencies to host sessions, strengthen communication strategies to address challenges in focus group sessions, and build leadership capacity through various roles in community-based field work: lead facilitator, field note taker, and support facilitator.

Another benefit of the training manual and its usage emerged from the ASAAP's efforts to record, organize, and archive all learnings gained through the peer-led training sessions. With these insights, the ASAAP gained capacity as an AIDS service organization to build research capacity for future sexual health research projects (ASAAP, 2017). This capacity helps produce knowledge that is considered valid by multiple stakeholders, including the communities they serve, institutions, and the academe. The SSSH Study *Peer Leader Training Manual* (Kteily-Hawa & Hari, 2015) was therefore a necessary tool in building community capacity in sexual health at individual and organizational levels (Wong, 2001).

Intended Users

Although the manual was intentionally developed for the peer leaders in the SSSH Study, we anticipated that other groups wishing to build both CBR and sexual health capacity within their communities would use it as well. Other communities can thus modify the tool to help their community researchers who are interested in peer capacity-building initiatives. This tool is also envisioned to be one of many in a growing body of community-based work that recognizes resiliency, empowerment, knowledge production, knowledge sharing, and skill building originating from *within* communities as key to empowerment initiatives (Freire, 1970).

Because the tool was built through links between researchers working in community and academic settings, it represents the dynamic contributions and perspectives of various stakeholders in community-based sexual health. By association, the manual is primarily for community-based workers, especially researchers and organizations striving to support community knowledges, ways of knowing, and community-driven research initiatives.

Recommended Usage

Ideally, this tool should be used in CBR settings with community peers engaged in field work related to recruiting study participants, delivering sexual health education, organizing and facilitating focus groups, collecting pre- and post-intervention data, and facilitating discussions with community members. The tool should be used to increase collective capacity in CBR, serving as a supplement for peer leaders or peer research associates who are relatively new to the nuances of field work. In a general sense, peer research associates must demonstrate familiarity with both the research project and the entire team so they can communicate effectively with study participants.

To continue, peer research associates are expected to apply ethics and teamwork principles in their leadership role as they engage with study participants and the research team. They are also expected to confidently and competently assist with the research in an independent and professional manner. After benefiting from a training and orientation program for the specific research project, peer leaders can participate in research team meetings, offer their unique perspective to the project, and play a key role in data collection and often analysis.

This particular tool enables peer leaders to connect effectively with partner agencies and community networks, plan focus group sessions, and practise field work. It is meant to be used in conjunction with training sessions offered by experienced researchers and community-based experts who can thoroughly cover all chapter content. This living document is also meant to change with each group’s specific area of research focus (i.e., the evergreening principle).

For example, in the manual, the SSSH Study’s focus group discussion guide listed specific questions for peer leaders to ask participants to learn more about how the latter were responding to the focus group workshop materials. If the tool is being used in initiatives that scale the SSSH Study for other marginalized populations, much of the content and research design could remain the same with room for iterative improvements as other CBR projects unfold. Other agencies will likely have different research questions with the manual changing to that effect. As a professional, ethical courtesy, any group using this tool should give credit to the SSSH Study (Kteily-Hawa et al., 2020; Wong et al., 2019), the ASAAP (2017), and the manual’s authors (Kteily-Hawa & Hari, 2015).

Field Testing

In effect, this tool was tested in the field through the SSSH Study. Based on their experiences on the ground, peer leaders relied on, worked with, and offered feedback for the training manual. As reflected in their journals, debriefing sessions, and in situ and subsequent personal communications with research team members, peer leaders reported relying on the chapters pursuant to understanding their role as peers, the research design, and conveying necessary information to potential study participants. Prior to setting up a focus group, peer leaders said they reviewed the manual to ensure they were connecting with partner organizations, gathering the necessary materials for focus group sessions, and coordinating among themselves to take on the three rotating roles.

Peer leaders said they used the manual to ensure they were completing all necessary components of the research design: going over the consent form, conducting sexual health education sessions, collecting pre and post questionnaires, and explaining the components

of and conducting the focus group sessions. After the latter, peer leaders said they again relied on the manual to ensure they were securely transporting the confidential materials (i.e., consent forms, pre and post surveys, and audio-recordings) to a secured storage area. In effect, they reported using the manual as a guide to understand the necessary components of field work and identified it as a helpful tool in their roles as SSSH Study research associate and peer leader with fellow South Asian community members.

Lessons Learned

Regarding lessons learned, peer leaders' feedback while and after using the tool has been key to iterative improvements. The research team stayed in touch with the peer leaders after the SSSH Study wrapped up. They learned that peer leaders had identified more strategies for enabling participant access. To illustrate, the peer leaders observed that some SSSH Study participants found it difficult to reach sessions on time due to accommodating the needs of partners, families, and children. Although the manual did include a section on connecting with partner agencies and asking them what they could provide by way of participant support, the work on the ground taught the research team that it needed to ensure the prioritization of specific needs of the target population: child care, culturally sensitive food, and transportation options.

Peer leaders also noted that participants' English language comprehension varied widely. The initial version of the manual did not provide detailed coverage of how to account for this issue when pacing and conducting a session. In another example, in the debrief session, peer leaders acknowledged that they tended to offer additional explanations or provide "the correct answer" during the focus group discussions. Ways to address these and other challenges in the future were developed through the debrief sessions.

Actually, ASAAP (2015) produced a video recounting the findings from the SSSH Study. In excerpts from the video, the principal investigator (VC) reported that the study had "a brilliant team of researchers as well as eight fantastic peer leaders." With confidence, the peer leaders shared their perceptions of the research process and SSSH Study outcomes. Roopali Rokade observed that "at the end of the focus group, I couldn't [help but] notice that they were very articulate despite language barriers. They had very strong opinions about how they want sexual health information to be reached out to them and they had some valuable suggestions."

To continue, Nora Dikho said the "women talked about social support networks.... They just talked a lot more about the social aspects behind health that you don't really get [when conducting workshops] with fact sheets." Ratna Chaudhary noted that "one thing that surprised me in working with my own community was their eagerness to participate in these kinds of workshops. [Sex is normally taboo] but when they are totally among their own groups...they want to share their ideas. We got such intimate moments" (ASAAP, 2015).

Theoretical Affirmation

With regards to the theoretical underpinnings of this research, the roles of research assistant and peer leader were interpreted using transformative (Mezirow, 1981), constructivist (Dewey, 1933, 1938; Vygotsky, 1978), and experiential learning (Kolb, 1984) theories. For clarification, these peer leaders were and remain part of the South Asian community and

the ASAAP’s networks, so it was easy for the research team to remain in contact and track any resultant transformations. The ASAAP’s subsequent video also revealed moments of disorientation and attendant transformation.

Following the tenets of Mezirow’s (1981) theory, peer leaders were routinely presented with new and different dilemmas while engaging with the SSSH Study participants, community contacts, other peer leaders, and the research team. Examples include handling sensitive, intimate moments, reconciling participants’ eagerness to attend workshops about a taboo topic, and dealing with their unpreparedness for participants’ language inadequacies (often on the fly). These experiences required them to hone their reflection skills through in situ editing of the manual, journaling, and debriefing with the research coordinator and each other. Also, after completion of the SSSH Study, many of the eight peer leaders continued their transformational pursuits in health education as leaders in the community: two pursued higher-level education in gender studies at the master’s and doctoral levels; one pursued a master’s in public health; and another became an ASAAP board member and remains engaged in local sexual health education work around the GTA (discerned through post-study personal communication with the second author [SH]).

Second, in accordance with Dewey (1933, 1938) and Vygotsky’s (1978) work around constructivism (i.e., people construct their own knowledge through interaction with others), we conclude that peer education settings can contribute to people’s cognitive growth if they have repeated occasions to experience real-life events (Campbell, 2004; Peterson et al., 2017). We learned that peer leaders had increased their capacity as leaders and educators in sexual health within South Asian communities by assimilating information and knowledge gained from their peer leader training and focus group facilitation.

Regarding Kolb’s (1984) experiential learning, peer leaders learned as they engaged in the field work, which was informed by the manual and their perception of it as an editable, dynamic resource that refined their facilitation of focus group sessions, writing field notes, and enhancing their critical reflexive practice. The last involves critically reflecting on and thinking about the impact of their assumptions, values, and actions on others—what is not being said and how is it affecting the intervention (Cunliff, 2016)? By the end of the SSSH Study, journal entries revealed that peer leaders viewed themselves not only as learners but as leaders in sexual health with the capacity to disseminate relevant information to community participants (Campbell, 2004; Peterson et al., 2017).

Conclusions

The training manual supported peer leader learning in three ways. First, the manual existed as an editable document that enabled them to transform their own sense of leadership through a critical reflexive practice of engaging with the concept of their roles as lead facilitator, support facilitator, and note taker. Second, the repeated interactions that peer leaders experienced through real-world settings and conversations with one another and the research team promoted constructivist learning through interactions with others. Third, experiential learning was relevant as peer leaders were given an opportunity to put into practice the information that they had assimilated. New knowledge was thus gained by reflecting on previous experiences with delivering the interventions and the survey administration and focus group data collection processes. Their capacity to be research assistants and peer leaders was augmented through being part of the SSSH Study, which

entailed special training using a manual purposefully developed for the project (see Kteily-Hawa & Hari, 2015).

With regards to the development of the *Peer Leader Training Manual* and any future versions, a key takeaway is that peer leaders in future studies should have more structured opportunities to inform its development, especially through in situ edits and formative input strategies during any study. With this iterative process in mind, the manual itself can be viewed as much more than a training tool. It in fact aids capacity building when engaged in community-based work.

Indeed, while the manual supported peer leader education and training through initial orientation followed by their own dynamic in situ editing, the manual at the end of the project was itself a product of peer leader capacity building. This community-based, collaborative research tool served to bring new insights to the HIV/AIDS knowledge base. Better yet, the manual trained and supported South Asian community-based women to be experienced researchers who are now prepared to further engage in future community health partnerships.

References

- Alliance for South Asian AIDS Prevention. (2015). *Story-sharing for sexual health* [Video]. YouTube. <https://www.youtube.com/watch?v=k4QUAXFXP0U>
- Alliance for South Asian AIDS Prevention. (2017). *About*. <http://asaap.ca/about/>
- Alliance for South Asian AIDS Prevention. (2018). *ASAAP 2018 annual report*. https://issuu.com/asaap/docs/asaap_2018_annual_report-005
- Backett-Milburn, K., & Wilson, S. (2000). Understanding peer education: Insights from a process evaluation. *Health Education Research*, 15(1), 85–96.
- Campbell, C. (2004). Creating environments that support peer education: Experiences from HIV/AIDS prevention in South Africa. *Health Education*, 104(4), 197–200.
- Cunliffe, A. L. (2016). “On becoming a critically reflexive practitioner” redux: What does it mean to be reflexive? *Journal of Management Education*, 40(6), 740–746.
- Dewey, J. (1933). *How we think*. D.C. Heath & Co.
- Dewey, J. (1938). *Experience and education*. Macmillan.
- Freire, P. (1970). *Pedagogy of the oppressed*. Continuum International.
- Israel, B. A., Coombe, C. M., Cheezum, R. R., Schulz, A. J., McGranaghan, R. J., Lichtenstein, R., Reyes, A. G., Clement, J., & Burris, A. (2010). Community-based participatory research: A capacity-building approach for policy advocacy aimed at eliminating health disparities. *American Journal of Public Health*, 100(11), 2094–2102. <https://doi.org/10.2105/AJPH.2009.170506>
- Kelly, J. A. (2010). Popular opinion leaders and HIV prevention peer education: Resolving discrepant findings, and implications for the development of effective community programmes. *AIDS Care*, 16(2), 139–150.
- Kolb, D. A. (1984). *Experiential learning* (Vol. 1). Prentice-Hall.
- Kteily-Hawa, R., & Hari, S. (2015). *Story-sharing for sexual health [study] peer leader training manual*. ASAAP.
- Kteily-Hawa, R., Hari, S., Soor, J., Wong, J. P., Chikermane, V., Chambers, L. A., & Vahabi, M. (2020). Paradigm shifts in sexual health: Quantitative analysis of story and fact-based

- health education interventions. *Canadian Journal of Human Sexuality*, 29(1), 45–56. <https://doi.org/10.3138/cjhs.2018-0037>
- Larkey, L. K., & Hecht, M. L. (2010). A model of effects of narrative as culture centric health promotion. *Journal of Health Communication*, 15(2), 114–135.
- Mezirow, J. (1981). A critical theory of adult learning and education. *Adult Education*, 32(1), 3–24.
- Mezirow, J. (1991). *Transformative dimensions of adult learning*. Jossey-Bass.
- Peterson, P., Sackey, D., Kay, M., Correa-Velez, I., & Nicholson, C. (2017). Using a peer led researcher to connect with vulnerable communities around health. *International Journal of Integrated Care*, 17(3), 1–8.
- Roche, B. (2011). *New directions in community-based research*. Wellesley Institute. <https://www.wellesleyinstitute.com/wp-content/uploads/2011/11/newdirectionsinabr.pdf>
- Vygotsky, L. S. (1978). *Mind in society*. Harvard University Press.
- Wong, J. P. (2001). *Empowerment through community participation: A case study of a Chinese peer parent leader project in Toronto* [Master’s thesis]. University of Toronto TSpace Repository. <https://tspace.library.utoronto.ca/handle/1807/15616>
- Wong, J. P., Kteily-Hawa, R., Chambers, L. A., Hari, S., Chikermane, V., Ragulan, S., Islam, S., & Vahabi, M. (2019). Exploring the use of fact-based and story-based learning materials for HIV/STI prevention and sexual health promotion with South Asian women in Toronto, Canada. *Health Education Research*, 34(1), 27–37. <https://doi.org/10.1093/her/cyy042>
- Zieghan, L. (2012). Community engaged health research: Communities, scientists, and practitioners learning together. In L. M. English (Ed.), *Adult education and health* (pp. 46–64). University of Toronto Press.