

The Population Council. 1999. *Peer Education and HIV/AIDS: Past Experience, Future Directions.*

Peer education typically involves training and supporting members of a given group to effect change among members of the same group. Peer education is often used to effect changes in knowledge, attitudes, beliefs, and behaviours at the individual level. However, peer education may also create change at the group or societal level by modifying norms and stimulating collective action that contributes to changes in policies and programs. Worldwide, peer education is one of the most widely used strategies to address the HIV/AIDS pandemic.

This report presents findings from a project designed to identify components and principles that influence HIV/AIDS peer education program quality and effectiveness, as well as gaps in and priorities for operation research. The project was coordinated by UNAIDS and the Horizons Project, 1 and implemented with the Jamaican Ministry of Health, PATH, AIDSMark/PSI, IMPACT/FHI, and USAID. The project 1 The Horizons Project is implemented by the Population Council in collaboration with ICRW, PATH, International HIV/AIDS Alliance, Tulane University, and the University of Alabama-Birmingham. aimed to be a participatory and comprehensive analysis of the strengths and limitations of peer education, and included three phases: a needs assessment of peer education program managers, a literature review on the key topics identified by needs assessment participants, and an international consultation of 45 experts that was held April 18-21, 1999, in Kingston, Jamaica. Consultation participants included peer education program managers, peer educators, donors, and researchers representing Africa, Asia, Latin America and the Caribbean, North America, and Europe.

This project did not attempt to compare peer educators to other communication channels (e.g., health professionals) or peer education programs to other HIV prevention strategies (e.g., voluntary counselling and testing). Rather, given the importance of peer education programs worldwide and evidence from some studies of their effectiveness, the project set out to gather information from research and field experience to help strengthen peer education programs. What emerged were suggestions specific to peer education as well as those that have broader applications to other types of programs.

The needs assessment identified nine topics as priority areas. Key findings and recommendations from the consultation on these nine topics are summarized below:

Integration of HIV/AIDS Peer Education with Other Interventions

Peer education generates demands for services in the intended audience. Therefore, it should be integrated with or linked to services that provide access to condoms, medical care, voluntary counselling and HIV testing, and STI management. Peer education should also be integrated, where possible, with community health and development initiatives. Peer educators are often more comfortable with integrated programming because they prefer being perceived as general community health educators rather than “AIDS educators” due to stigma. What and how to integrate must be based on an analysis of the peer educators’ and the community’s needs, the role of stigma in reaching key audiences, and the availability of human, organizational, and financial resources.

Finding and Keeping Peer Educators

The definition of a peer and the selection process for peer educators were found to vary across programs. Despite differences, consultation participants felt that peer education programs should create partnerships with the intended audience and other stakeholders to develop clear criteria for the selection of peer educators and a manageable scope of work. The need to provide peer educators with some kind of compensation was strongly recognized. Discussion centred on whether compensation should be monetary or non-salary incentives like t-shirts, bicycles, access to loans, free medical care, and/or the status of being a peer educator. Participants recommended that compensation be based on the availability of resources and context-specific values and standards to avoid creating social distance between the peer educator and the intended audience. Peer educators called for increased responsibilities and decision-making authority as well as opportunities for personal and professional growth to improve job satisfaction, retention rates, and program sustainability.

Training and Supervising Peer Educators

During the consultation there was debate about the scope and length of training, with some advocating intense training on only a few critical topics and others promoting broad and comprehensive training. Participants did agree that peer educator training needs to focus not only on how to impart HIV/AIDS information but on participatory techniques that peer educators can use to engage the audience in problem-solving dialogue about behaviour change and underlying gender and socio-economic barriers. Peer educators should also be involved in the design of training curriculum and support materials. In addition, training should be competency-based and ongoing with the aim of increasing knowledge and skills over time. Supervision of peer educators needs to take place in the field as well as the office, and supervisors need to be technically competent as well as motivational and supportive.

Gender, Sexuality, and the Socio-cultural Context

Consultation participants strongly recognized the need for peer education programs to address gender inequalities that affect sexuality and HIV/AIDS transmission and mitigation. But to do this, peer education programs need materials for analysing the gender dynamics and attitudes of the community, project staff, and peer educators in order to increase understanding of the relationships between socially defined gender roles, sexual behaviour, and HIV/AIDS. Evaluation data also need to be analysed by sex to determine whether the outcomes of the peer education program are different for males and females in order to identify what, if any, modifications in the program are needed. In addition to gender, peer education programs need to be particularly attentive to differences in status, rank, and hierarchy that exist in different environments such as the military, factories, and brothels. These differences should be assessed during the formative research phase, and peer education programs need to be sensitive to them when forming peer groups. Programs also need to determine when it is more appropriate to use persons with greater power or status for communicating certain messages rather than “true peers.”

Program Activities to Foster Behaviour Change

Peer educators should participate in formative research and program evaluation in order to inform the design and content of activities. Moving from imparting AIDS facts alone to fostering and sustaining behaviour change in the intended audience involves reinforcing messages through different peer-educator-led or peer-educator-linked activities, such as street theatre, radio call-in shows, support groups, policy advocacy, community mobilization, and so on. Peer education

programs also need to set realistic behaviour change goals that reflect the challenges faced by the intended audience and where they are along the behaviour-change continuum (e.g., pre-contemplation, contemplation, preparation, action, and maintenance).

Care for People Living with HIV/AIDS

Responding to the growing number of people living with HIV/AIDS (PLHA) in their communities is one of the greatest challenges faced by peer education programs. Because of limited program experience, participants did not formulate a list of program recommendations. They did however call for training curricula and materials that describe ways in which peer education programs can address the growing needs for care and support of those infected and affected by HIV/AIDS. In particular, they highlighted the need to better understand the roles PLHA can play as peer educators and how they can be best supported as peer educators.

Stakeholders

Stakeholders can be gatekeepers (e.g., government officials, brothel owners) as well as people who have a vested interest in the peer education program such as the intended audience. Since they are key to the success and the sustainability of the program, they should be involved from the design phase onward in order to address their concerns, needs, and priorities, and instil a sense of ownership of the program. Early involvement also helps peer education programs capitalize on stakeholders' potential contributions, such as financial and human resources. Peer education programs need to clearly establish how the program will benefit stakeholders in order to enlist their support. They also need to develop complementary interventions for educating and mobilizing stakeholders to support behaviour change in the intended audience.

Program Sustainability

Peer education is regarded by some as an inexpensive program strategy because it often relies on volunteers. Yet the costs of implementing high-quality peer education can be high, due to the ongoing need for funds to adequately train, support, and supervise peer educators, and equip them with resource material. In addition, some kind of compensation for peer educators is crucial. Generating financial resources and support is critical to the sustainability of peer education programs. Examples of strategies that have contributed to sustainability include involving the intended audience and stakeholders in the peer education program and creating a sense of joint ownership; documenting program effectiveness and promoting the results to donors, stakeholders, and government; and generating income from condom sales, t-shirts, comic books, and interest from micro credit loans. Peer education programs need to develop short-, medium-, and long-term strategies for sustainability.

Evaluation and Operations Research

A review of the published peer-reviewed and non-peer-reviewed literature reveals some evidence of peer education's effectiveness in certain populations and contexts. When asked why they use peer education, participants stated that it is an effective strategy, although not all programs represented had outcome data to support their perception of peer education's effectiveness for their intended audience. There was tremendous interest among program staff in conducting operations research and being exposed to research findings about the effectiveness and cost-effectiveness of peer education programs, and those that answer operational "how to" questions (e.g., How can PLHA be motivated and supported to become and continue as peer educators?). It

was strongly felt that donors should provide sufficient funds for evaluation of peer education programs and that in-country research capacity should be better utilized and strengthened.

Conclusion

The process of conducting a needs assessment to identify topics of concern to program managers and peer educators worked well for developing the consultation agenda on HIV/AIDS peer education. Bringing together representatives from a wide range of peer education programs enabled consultation participants to share ideas across continents and cultures, deepen their understanding of critical programmatic issues, and affirm what they are doing well and what they need to do to strengthen their programs. Program managers and peer educators alike stated their commitment to broadening peer education from a strategy that focuses on providing information to one that addresses the diversity of determinants of behaviour change through expanded dialogue, community mobilization, policy advocacy, and the provision of HIV-related services.

To accomplish the research and program goals identified by this project, continued funding by donors and governments is needed. Participants strongly felt that such investments are critical if continued strides are to be made in controlling the HIV/AIDS epidemic and mitigating its effects on families and communities.
