

# Strengths, challenges and barriers of trained peer educators in providing community HIV prevention education in KwaZulu Natal.

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## BACKGROUND

Peer education has been recognized as an effective strategy for community education. According to Harrison, Smith and Myer (2000) a successful peer education programme transfers the control of knowledge from the hands of experts to lay members of the community, thereby making the educational process more accessible and less intimidating. Peer educators are known members within their communities for different reasons either through the church or as advocates for the communities.

In 2005 and 2006, researchers conducted prevention trials at nine sites in KwaZulu Natal: Botha's Hill, Umkomaas, Isiphingo, Tongaat, Verulam, Hlabisa, Chartworth, Durban Central and Durban South. 40 peer educators were identified and selected from these communities. The selected educators were all females between the ages of 23 to 55 and were chosen based on their active participation within their communities. 25% of the peer educators were retired professionals who were already doing peer education work on other issues like TB and teenage pregnancy while the others were involved in youth and women groups within their communities. The 40 peer educators went through a 5 day training programme on HIV awareness, prevention, treatment, care and on how to help people develop skills to change behaviour. During the 5 days training peer educators were given strategies on how to best deliver messages to the communities on HIV/AIDS.

After two years of implementation, the peer educators were convened again to describe their implementation of community education, identify the challenges they faced and suggest possible solutions on how to address the challenges.

## Methodology

A participatory approach was used to assess the 40 peer educators' challenges and strategies during implementation of training in the community. This included using role plays, group evaluation and completing an individual evaluation form.

## STRENGTHS, CHALLENGES AND BARRIERS

### Access

Peer educators claimed access to their audience in their natural environment without being conspicuous. They reported that their being well known in the communities made it easier for them to have access to the community members' young and old alike as people respect them due to their past good work in the community.

The initial challenge was the discomfort of adults in discussing sexual issues. A change of attitude resulted as more information was learned and the value of their role to speak to the youth more vigorously was encouraged.

### Communication

The peer educators received feedback from community members trusted them because they are part of their communities and therefore were not perceived as outsiders. 75 percent of the communities were careful about discussing their issues with them until they understood that the all peer educators are bound by a confidentiality code and ensure that they keep all the information discussed with their audience confidential.

It was also observed that having inside knowledge of their audience and using appropriate knowledge and terminology made their audience felt comfortable to talk about issues of sexuality and HIV/AIDS.

### Knowing HIV status

The peer educators found that about 80% of the people in the communities were fearful of knowing their HIV status. They continually educated the communities on the benefits of knowing their status.

After some time of having given HIV/AIDS awareness, about 10% of the people changed their minds and went for VCT.

30% of the peer educators believed that community members were testing for HIV more now that ARV was available and accessible to everyone locally.

## Youth

Youth in the community were finding the HIV awareness training useful as they learn about HIV transmission and prevention, but the knowledge did not change their attitude and behaviour.

## HIV Status of Peer Educators

Community members perceived all peer educators to be HIV positive since they were educating people about HIV/AIDS. They were seen as positive therefore recruiting more people to be like them.

The peer educators tried and showed people the seriousness of HIV/AIDS and in turn the audience lose focus on them as individuals and focused on HIV/AIDS.

## Condom Use

Peer educators found that most of their audiences were not keen to use condoms. This was mainly caused by lack of correct information, cultural barriers and myths. For instance, many men within communities did not understand why they should be using condoms when they have paid lobola and now they were asked to use a condom.

All peer educators believed that they should continually communicate a clear message that condoms were the only method that when used correctly and consistently can prevent against HIV and other STIs.

## ADDITIONAL FEEDBACK

The peer educators unanimously agreed that the training sessions were helpful, however they still needed guidance and support in order to gain more confidence to educate communities. They insisted that they needed regular monitoring as a form of support for their role.

They also mentioned that even though they were not paid they needed recognition and incentives as acknowledgement and that their community education could be sustainable by recruiting more and more peer educators who would represent the community fully.

## CONCLUSION

Peer educators had a positive impact on creating HIV awareness in their community but they need ongoing support from the trainers.



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