

Session 2.1 – What is peer education

Aim

To allow participants to understand the nature and purpose of peer education

Learning objectives

At the end of this session participants will be able to:

- To explain the concept of peer education
- To identify the benefits and limits of peer education
- To understand the difference between peer education and outreach

Key points

1. Peer education involves training and supporting members of a given group to effect change among members of the same group
2. Peer education varies in types and roles of educators, in education and information methods and in linkages with support services

Materials and handouts

2.1.1 Handout: Peer education concepts and theory

Handout 2.1.1 Peer education : concepts and theory

1. Peer:

Someone belonging to the same societal group especially based on age, level of education or status.

2. Education:

Development, training, persuasion, knowledge resulting from an educational process.

3. Peer education:

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 change at an individual level with the aim of modifying a person's knowledge, attitudes, beliefs or behaviours. Peer education may also effect change at the group or societal level by modifying norms and stimulating collective action that contributes to individual change as well as changes in programmes and policies. Peer education:

- Involves peers in communicating HIV prevention information and strategies in ways that can lead to behaviour change
- Respects the influence peers bring to bear on each other
- Honours informal education
- Recognizes that education on HIV, abstinence, condom use, health issues and substance abuse has a better chance of leading to behavioural change when its source is a peer
- Focuses on the affinity among peers, especially among vulnerable people who may treat external sources of information with suspicion but are conscious of the solidarity between members of their own group.

4. Outreach:

In this approach, the peer educators share characteristics with, but rarely belong to, the same social group as those receiving peer education. They may be the same age, from the same ethnic group, speak a common language or share the same sexual orientation. It is important that the peer educators are identifiable with and are seen as having credibility among the target group. The intervention is tailored closely to the characteristics of the target group and takes place in settings where they congregate (shooting galleries, bars, pick up places for sex workers).

5. Types of peer-led approaches for youth (1)

	Educational approach	Outreach approach
Target	Primarily used to reach mainstream youth	Used to reach out-of-school youth, particularly high risk, marginalized, hard to reach youth
Settings	More or less formal settings (school, youth centres,	Informal settings such as bars, gathering points, transport stops

Participant notes: Day 2

Type of activities	Planned activities, often complementary to other curricular activities	Informal meetings
Methods	Using participatory, interactive techniques	Various information sharing techniques, spontaneous discussion, can include counselling
Focus	More or less structured groups, with or without adult presence/facilitation	Small groups, often one-to-one contact

Types of peer-led approaches (2)

	Peer information	Peer education	Peer counselling
Objectives	Awareness Information Attitude change	Awareness Information Attitude change Skills building	Information Attitude change Prevention skills Problems solving/coping skills Self esteem Psychosocial support
Coverage	High	Medium	Low
Intensity	Low	Medium/high	High
Confidentiality	None	Important	Essential
Focus	Community Large groups	Small groups	Individual
Training required	Briefing	Structured workshops Refresher courses	Intense and long
Examples of activities	Distribution of material at public events World AIDS day activities	Repeated group events based on a curriculum	Counselling of young people living with AIDS Clinic based youth counselling on reproductive health

6. Benefits of peer education

- Effective in increasing people's knowledge and skills
- (Young) people find peer approaches acceptable
- Involvement in programmes enhances the personal development of peer educators
- Peer education projects can be a mechanism for giving people control over their own health
- Peer education projects can be inexpensive to set up.

7. Constraints to peer education

- Difficult to keep peer educators motivated and interested
- High turnover among peer educators

Participant notes: Day 2

- When educators are paid, they may not do the peer education because of genuine interest and this may affect their performance
- Difficult to find the right incentives for peer educators
- When educators are not paid, they may not have sufficient time because of their work or they will stop if they find paid work
- Peer educators have to be very good role models and this is often difficult to evaluate
- Difficult to develop and keep good selection criteria
- Training, supervision and retraining needs constant attention
- It is difficult to scale up peer education programmes
- Programmes are difficult to sustain as they always need outside funding

8. Behavioural theory and Peer education

Peer education as a behaviour change strategy is based on both individual knowledge as well as on group empowerment and collective action theories. A number of theories assert that people adopt a certain behaviour not because of scientific evidence, but because of the subjective judgement of close trusted peers who act as role models for change. Some of these theories that have influence on peer education are:

a. Theory of Reasoned Action

The intention of a person to adopt a certain behaviour is determined by:

- The person's attitudes towards this behaviour (his/her beliefs about the consequences of the behaviour)
- A person's perception of the social norms or beliefs that people important to them hold about a particular behaviour

In the context of peer education this concept is relevant considering that:

- People's attitudes are highly influenced by their perception of what their peers do and think
- People are motivated by the expectation of respected peer educators

b. The Social Learning Theory

Individuals can increase their ability to take control of their own situation (self efficacy) by acquiring new knowledge and skills that teach them how to better handle situation. This learning can occur:

- Through direct experience
- Indirectly by observing others with whom the person identifies
- Through training in skills that lead to confidence in being able to carry out a behaviour

In the context of peer education it means that the inclusion of interactive experiential learning activities are very important and that peer educators can act as important role models.

c. The Diffusion of Innovation Theory

This theory argues that certain individuals (opinion leaders) from a given population act as agents of behaviour change by disseminating information and influencing norms in their community. Their influence on group norms is seen as a result of person-to-person exchanges and discussions.

Participant notes: Day 2

In the context of peer education it means that selected peer educators should be trustworthy and credible opinion leaders within the target group, especially in outreach situations.

d. Health Belief Model

The Health Belief Model is based on various belief patterns in people that are used to predict their behaviour (a belief is a conviction that something is true or will happen). The beliefs considered necessary for behaviour change are:

- That the person believes that s/he is susceptible to the health threat
- That the disease has a high degree of severity (pain, death, social consequences)
- That the benefits of a preventive behaviour outweigh the cost and inconvenience of the behaviour
- The behaviour is possible for them to carry out
- That there is a 'cue to action' which prompts them to want to carry out the behaviour. Cues can come from mass media or from influence from others.

The key to the theory is the person's belief in the severity of the condition and their belief in their susceptibility. Too much of both can lead to fear, anxiety and guilt and denial. The model is logical, but people can make rationalisations or create myths to escape the fear, anxiety and guilt.

Session 2.2 – Steps in developing a peer education and behaviour change communication strategy

Aim

To provide participants with an overview of all steps that need to be taken in the development of a peer education and a behaviour change communication programme.

Learning objectives

At the end of this session participants will be able to:

- List the different steps in a peer education and behaviour change programme
- Understand how all sessions in the workshop fit into these steps and in the overall strategy

Key points

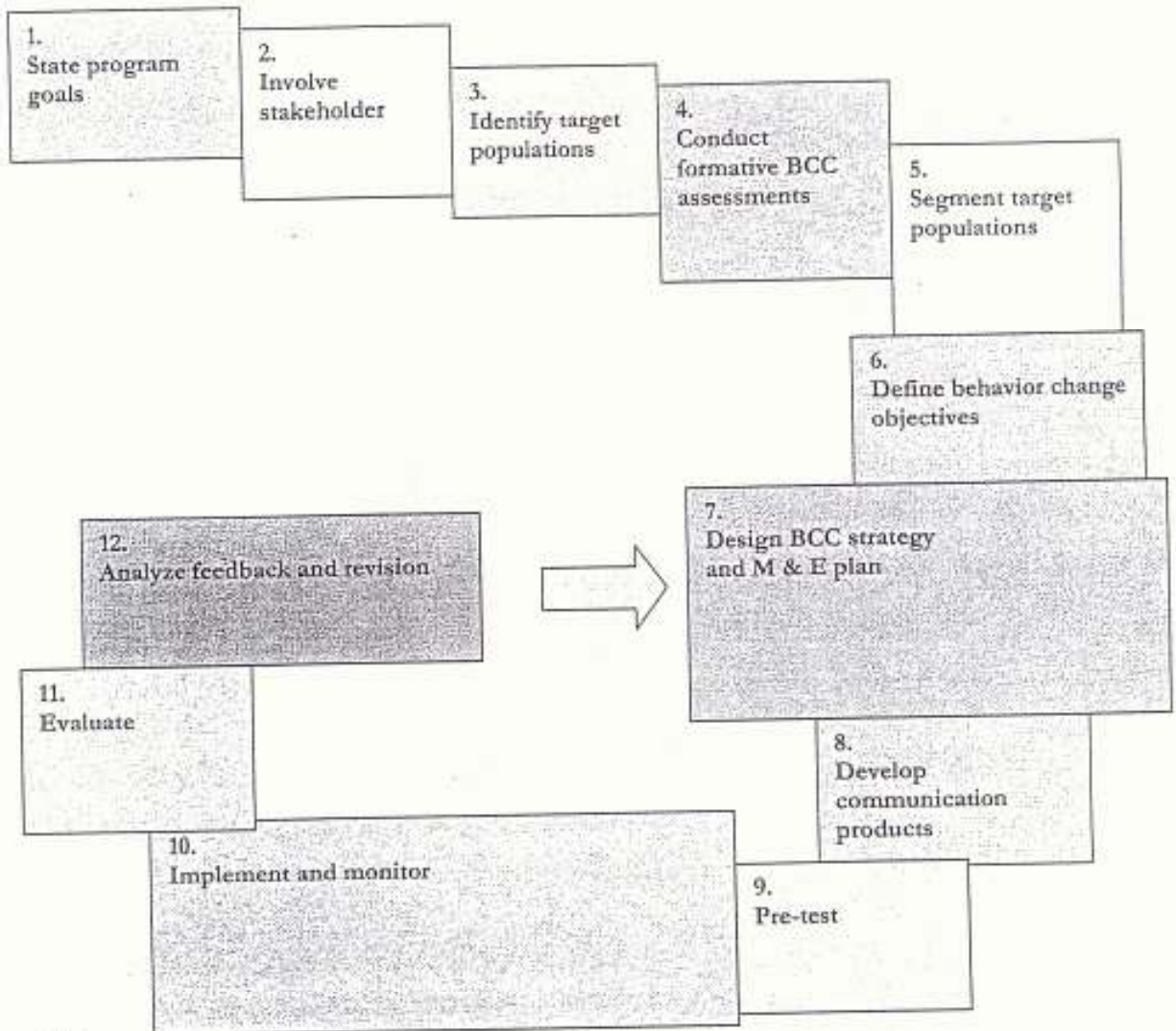
1. Behaviour change communication has to be based on an assessment of knowledge, attitude, practices and skills of the target group and has to take into account the social environment as well as skills to change and sustain new behaviour

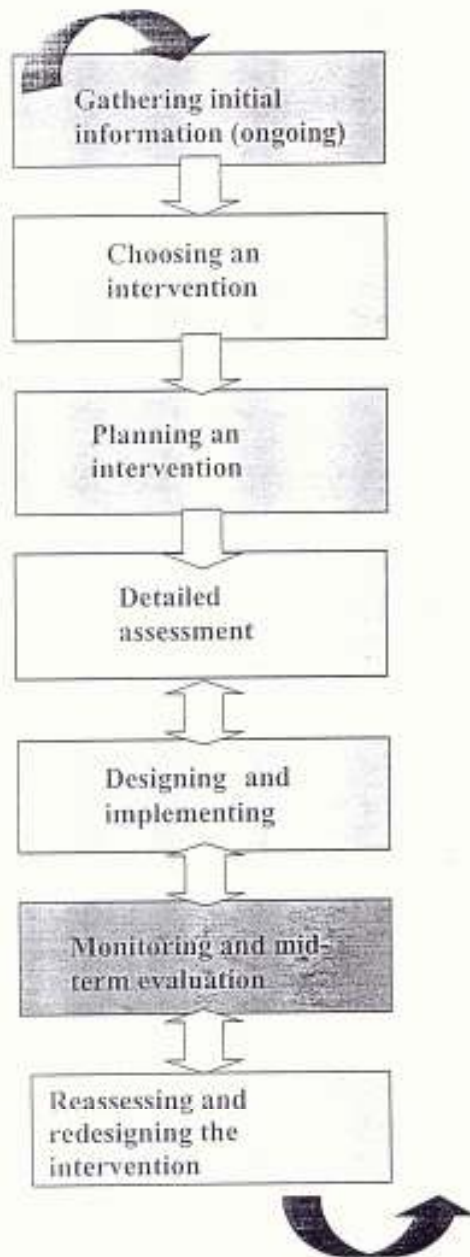
Materials and handouts

2.2.1 Steps in a behaviour change strategy (FHI)

2.2.2 Steps in a peer education programme (SHAKTI, Bangladesh)

Figure 2. Steps in developing a behavior change communication strategy





The following section sets out some of the steps that have been found effective in designing and implementing interventions in Bangladesh. This module is based on the experience of CARE's SHAKTI project, an intervention to reduce the transmission of HIV and promote safer behaviors among a population of brothel-based sex workers in Tangail. Not all these steps may be necessary or possible, and modifications may need to be made to suit particular vulnerable groups.

Generally, projects are implemented according to the steps shown here .

Fourteen steps discussed in detail in this section will take project workers through planning, designing and implementing an effective intervention. In order to start intervention, workers will need to know which risk-group to choose. Steps 1 and 2 will guide them through selecting a vulnerable group and an appropriate intervention site. At this stage it is important to assess both the needs of the vulnerable community and the feasibility of the intervention.

Any successful intervention is grounded in solid research that helps identify who is at risk, the perceptions

and beliefs of the group, the problems of the community (e.g., stigmatization, incorrect knowledge of HIV/AIDS), group behavior, the legal and social context of their behavior and barriers to behavior change. This is also the stage when intervention can begin in tandem with assessment, and the project can enlist the help of the community in collecting

Selection of the vulnerable group and location

- Step 1: Identifying risk behaviors and vulnerable groups, and prioritizing an intervention group
- Step 2: Selecting an intervention area by mapping

Getting to know the group

- Step 3: Development of trust and building rapport with the community
- Step 4: Rapid stock-taking and knowing the community better
- Step 5: Selecting guides
- Step 6: Providing services to the community

Design and implementation

- Step 7: Collecting baseline information
- Step 8: Peer outreach services
- Step 9: Preparing education materials

Modifying your program and organization

- Step 10: Monitoring and evaluation
- Step 11: Creating an enabling environment
- Step 12: Empowerment
- Step 13: Sustainability
- Step 14: Assessing your organization

information. Steps 3-6 will help workers assess the needs of the community and enlist their support and trust.

Session 2.3 – Case study presentation

Aim

To provide participants with a practical example of a peer education intervention.

Learning objectives

At the end of this session participants will be able to:

- Understand how this particular intervention was developed
- Understand how objectives were developed
- Learn how the situation assessment was carried out
- Understand the barriers for behaviour change and the impact of the intervention

Key points

1. Reaching IDUs needs innovative approaches and the development of trust between the NGO and the target group
2. Selection, training and motivation of peer educators is a continuous process that needs careful monitoring
3. Peer education interventions have to be linked to different services based on the needs of the target group

Materials and handouts

2.3.1 Leaflet on the project

Session 2.4 – Setting aims and objectives

Aim

To provide participants with the knowledge and skills for developing aims and objectives for peer education and behaviour change communication.

Learning objectives

At the end of this session participants will be able to:

- Understand the need for clear aims and objectives
- Develop objectives that are specific, measurable, achievable, relevant and time constrained.

Key points

1. Clear aims and objectives are helpful when starting an intervention programme
2. Objectives should be SMART: specific, measurable, achievable, relevant and time constrained.
3. Aims and objectives can only be finalised after a participatory assessment has taken place.

Materials and handouts

2.4.1 Handout: Goal, aims and objectives

Handout 2.4.1 – Goal, aims and objectives

A **project goal** is a goal to which the project contributes. It is wider than the project itself. Also other projects will contribute to the achievement of this goal. Often the project goal clarifies the link between the project and the National HIV/AIDS strategy and objectives. For instance, overall goal of a project can be: the reduction of HIV/AIDS prevalence in Pakistan.

The **project aim** is the objective to be reached by implementing the project. It describes the intended effects and aspired benefits of the project. For instance: the reduction of HIV/AIDS prevalence among IDU in Pakistan.

The **(specific) objectives** of a project describe the results that must be obtained in order to reach the project aim. Usually projects have a number of objectives.

Why have a goal, aim and objectives?

A goal, clear aims and objectives are helpful in setting common ground for different stakeholders (project managers, staff and volunteers; target group; public and private sector actors): if all know the goal, the aim and the objectives and agree to them, all will work towards a common goal. It helps in reducing conflicts between different expectations, interests and motives of the different stakeholders involved.

Aim and objectives help in explaining the project to people outside the programme: while outsiders may feel uneasy about the activities of the programme (for instance harm reduction activities), they will be more understanding if they know its goal, aims and objectives

Aim and objectives guide the subsequent strategies and activities for intervention: clearly defining where you want to go makes it much easier to decide how you will get there

Aim and objectives also facilitate evaluation: if you have clear measurable objectives, evaluation will tell you whether you have achieved your objectives

Key elements in objectives

The key element of objectives is that they must be SMART (**s**pecific, **m**easurable, **a**chievable, **r**elevant, **t**ime constrained):

Specific: the objective should state clearly what the programme is trying to achieve such as “provide education to groups of IDUs or “contact IDUs and provide needles and syringes

Measurable: the objective should be able to be measured fairly easy without massive resources devoted to research and evaluation: a measurable objective might be “to conduct peer education training with 100 IDUs

Achievable: within the available resources: if funds and outreach workers are only sufficient to reach 100 IDUs, then an objective of reaching 1000 IDUs would not be achievable

Participant notes: Day 2

Relevant: the objective must contain an activity which is effective in HIV prevention among IDUs and relevant to the IDUs: an objective to teach IDUs to bake cakes would not be relevant

Time constrained: the objective must contain a limit to the time it will take to be achieved, otherwise it is difficult to measure: for example to 'reach 100 IDUs in three months' or 'to conduct peer education training for 100 IDUs within one year' are time constrained.

Examples of SMART objectives

- To establish a community advisory committee for an outreach programme within one month
- To establish an outreach workforce of six trained outreach workers within three months
- To contact 100 IDUs and provide them with information about HIV risk reduction within six months
- To bring 50% of sex workers to use condoms every time they have sex with a client
- To achieve a 25 % increase in consistent condom use among female IDUs
- To distribute 5000 needles and syringes to IDUs within 6 months

If objectives have been formulated according to SMART principles, the formulation of indicators is greatly facilitated because they can be directly derived from the objectives.

The aim and objectives are needed prior to starting a project or programme but they should be re-examined and discussed with staff and stakeholders at regular intervals: the objectives may very well change once the initial assessment has been done together with the intended target group.