Peer Education for Risk Reduction and Support for People Living with AIDS

A Public Health Approach

In Rehabilitation (05/06) Centers for Drug Users and Sex Workers
Binh Dinh and Dong Nai Provinces

“Song, a former sex worker and trained peer educator, returning to her community, voluntarily went to assist a neighboring family who had a family member with AIDS of whom they were very frightened and reluctant to have in the home. She explained they didn’t need to be afraid, how AIDS was and wasn’t transmitted, demonstrated caring for him and continued to assist them until he died. She then went house to house to talk with neighbors and persuaded them to attend the funeral in support of the family. She returned to the center to encourage the other residents and expressed her joy in being able to have made such a difference. The benefits of helping others help her equally. The center director told me that Song didn’t always have such a light spirit, that when she came to the center she was sad and introverted.”

From a field report by Peter Kaufmann
The Situation

AIDS prevention programs in Viet Nam pay little attention to the people living in drug and sex work rehabilitation centers located in most of Viet Nam’s 61 provinces, even though many intravenous drug users (IDUs) and female sex workers (FSWs) are HIV positive and others are at high risk for HIV infection.

- As of September 30, 2002, more than 55,200 people in Viet Nam are known to be HIV positive.
- 85% of the total are men and 60% of the total are IDUs.
- HIV sentinel surveillance (HSS) sero-prevalence data for 2001 in 30 provinces indicate that 30% of all IDUs tested and more than 5% of all FSWs tested are HIV positive.
- The majority of these positive people are young and sexually active and often do not follow safer sexual or injecting practices. Many FSWs and drug users spend between one to two years in rehabilitation centers, some sent there by their families.

The Project

AT BINH DINH 05/06 REHABILITATION CENTER

The community climate in Binh Dinh allows experimentation and innovation. The Provincial AIDS Standing Bureau (PASB), the Peoples’ Committee and Health Department, in collaboration with FHI staff and consultants, put together an exciting peer education project at the rehabilitation center. An active and progressive center director and very stable, committed staff continuously look for new ways to support the peer educators (PEs) and other residents. The first stage of the project developed a PE program among IDU and female FSW center residents. The 05/06 center staff, as well as the resident IDUS and FSWs are trained in HIV/AIDS prevention, risk reduction and peer education skills. In the second stage, the PE group also works in the community, a major breakthrough for residents of a rehabilitation center. At the heart of this peer education work are drama activities carried out inside and outside the center. The Department of Labor, Invalids and Social Affairs (DOLISA) social workers in 61 communes were trained to support the center PEs on their release. This successful peer education project is now being replicated in Dong Nai 05/06 Center.

Project Objectives

To gain policy consensus among local authorities; to understand staff perceptions about residents and understand residents’ perceptions and beliefs about safer behavior; to develop and implement a training and support strategy to improve staff and commune social workers’ knowledge, attitudes and skills to counsel and motivate safer lifestyles; Center residents learn peer educator skills and form support groups in which to discuss lifestyles and safer behavior; to enlist the knowledge and creativity of residents to develop Behavioral Change Communication (BCC) materials, including role model real stories; to support sharing, monitoring and evaluation activities; to improve the self-esteem and reduce stigmatization of IDUs, FSWs and PLWHAs at the Center and in the community.

Activities

- Situational Analysis and Focus Groups
  - Discussions • Advocacy Meetings with local authorities • Study Visit to HCMC Centers • Design of training/counseling curricula and materials for staff, social workers and residents • Topic talks and forum education for residents about healthy living and safer behaviors.
- Training of residents as peer educators/in education techniques • Real-life Stories written by residents and disseminated.
- Drama and Music performed by residents • Poetry • Question and Answer sessions • Art,
PEER EDUCATION FOR RISK REDUCTION AND SUPPORT FOR PEOPLE LIVING WITH AIDS
A PUBLIC HEALTH APPROACH: In Rehabilitation (05/06) Centers for Drug Users and Sex Workers
Binh Dinh and Dong Nai Provinces

- Posters and comic book displays • Monthly residents’ “Wall-newspaper” • Mini-library established
- “Friends Helping Friends” Group cares for people who have AIDS, including those dying at the center.
- Peer Educators continue PE work in the community • Social workers and commune leaders trained in how to work with released residents.

Training:
Center Residents as Peer Educators: Center Staff and consultants ran eight-day HIV/AIDS peer education training. Educational entertainment training in games, drama techniques, script writing, story writing is run by an FHI consultant.
Center staff and commune social workers: PASB and FHI staff run five-day courses on HIV/AIDS knowledge, prevention and peer education activities, and how to work with IDUs and FSWs. One-day refresher training after two months.
Center staff: One-day TB and HIV/AIDS training course.
Commune social workers: One-day course on the drug codes and regulations.

Achievements
- Center and project staff advocate successfully with local authorities, including police, to gain and maintain support for the activities.
- Held 9 courses for 18 center staff, and 18 courses for 763 residents on HIV/AIDS prevention and training of trainers’ skills; 4 courses for 95 community social workers held on how to support released center peer educators in the community.
- Peer educators experience raised self-esteem because their activities make a difference to others. Positive images of personal responsibility are created and reinforced.
PEER EDUCATION FOR RISK REDUCTION AND SUPPORT FOR PEOPLE LIVING WITH AIDS
A PUBLIC HEALTH APPROACH: In Rehabilitation (05/06) Centers for Drug Users and Sex Workers
Binh Dinh and Dong Nai Provinces

Lessons Learned

- **Community authorities** (Police, Social Affairs, the Peoples’ Committee) must be important players in the activity.
- **Rehabilitation center leaders** were willing to commit to HIV program work and often contribute from their own salaries to help the residents with their HIV/AIDS prevention activities. This strong commitment and a compassionate approach on the part of the Binh Dinh 05/06 Center management staff was a key factor in creating an environment for success of the intervention.
- **People living with HIV/AIDS**, who are FSWs or IDUs, make credible theater performer peer educators and succeeded in getting real and powerful messages across to community people.
- **Theater work** can change the lives of HIV positive people by bringing out creativity and a sense of purpose and usefulness in service to help others.
- **Residents of the centers** participated enthusiastically because they felt useful, gained self-esteem and had the opportunity to tell their stories. Many feel gratitude for another chance to show their best selves.
- **A lot of two-way learning occurs**, with FHI staff and consultants learning from the partners and center residents and vice versa.
- **Center staff understand** there is a great need to connect HIV/AIDS prevention activities and training in the center, to the lives of PEs once they leave the centers. They recommend that the project consider ways to provide training and support for them after they return home.
- **Social workers trained by the project** to support released center residents need good logistical arrangements for this work. Center residents need to know how to contact the social workers. Some released residents do not have much time for peer education as they are earning a living.
- **There are still many center staff who need training** for involvement in HIV/AIDS prevention and care work.
- **Training in care and support services** for people ill with AIDS needs to be added.
- **Some of the core group of HIV positive peer educators** have died or are dying, so new people need to be continuously trained and the center is involved in finding the right people.
- **The implementation time** for these activities needs to be longer than this project has had.
- **Vietnamese media** are willing to feature and focus on this kind of innovation and coverage of such positive stories helps to reduce stigma.


- HIV/AIDS Behavioral Surveillance Surveys
- Capacity Building for Individuals and Organizations
- Behavior Change Communication (BCC) Campaigns
- Condom Social Marketing Using Non-Traditional Outlets
- Men’s Interventions: Peer Education by Barbers and Shoe Shine Boys
- Men’s Interventions: Peer Education by Motorcycle Taxi Drivers
- Men’s Interventions: Peer Education in the Workplace
- The Women’s Health Club and Community Peer Education Project
- Risk Reduction Through Drop-In Centers and the “ECHO” Peer Education Model
- Peer Education in 05/06 Rehabilitation Centers: Risk Reduction and Support for People Living with HIV/AIDS
- STI Management Training for Pharmacists and Private Physicians