



Cape Peninsula
University of Technology

EVALUATING A PEER EDUCATION HIV/AIDS
PROGRAM AT A HIGHER EDUCATION
INSTITUTION IN SOUTH AFRICA

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Objectives

- Evaluate the effectiveness and influence of the peer education and related training programs in the HIV/AIDS unit, with specific reference to the experiences of the peer educators
- Evaluate the experiences of students who have attended a training session facilitated by the peer educators.



AIM

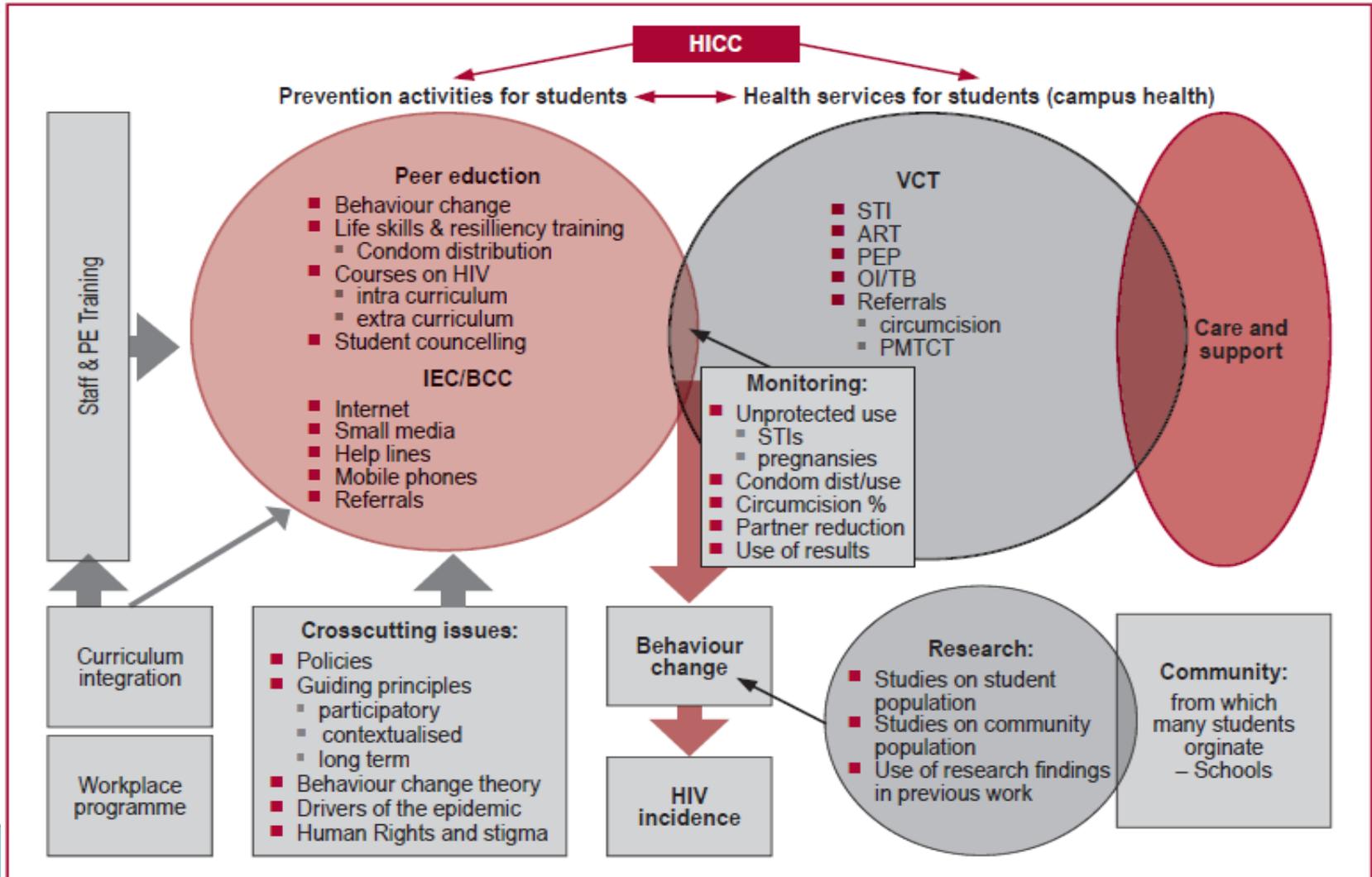


- ▶ The aim of this study was to evaluate and establish the influence of a peer education program amongst students at a selected HEI in the Western Cape.

SOUTH AFRICAN EPIDEMIC

- 37 million people living with HIV globally
- 69% reside in Sub-Saharan Africa
- Close to 50% of world population below the age of 25
- Over 2 million South Africans living with HIV don't know their HIV statuses
- SA has the highest rate of HIV in the world
- 7 million South Africans currently living with HIV
- SA has the highest rate of Gender Based Violence

Background



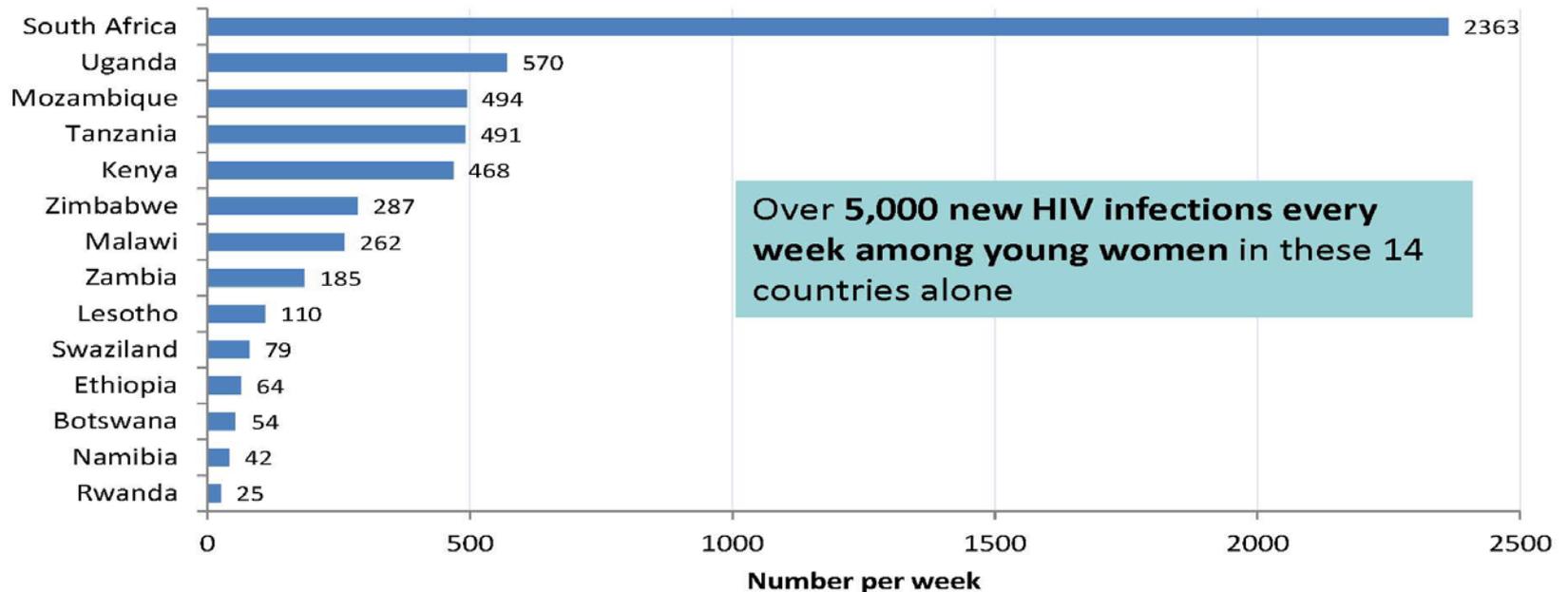
COMPELLING EVIDENCE

HIV Incidence among Young Women

More than 1/3 New HIV Infections Globally Occur among Young Women in Africa

Estimated number of new HIV infections *per week* among young women aged 15-24 years in East and Southern Africa, 2012

Data source: UNAIDS 2013



Methods

- Focus group interviews with peer educators
- Focus group interviews with other students
- Thematic Content analysis



Participants

- 45 peer educators in the training program
- 40 other students that participated in programs offered by the peer educators





Gaining Self Esteem

“So I think I want to make a difference that there is HIV and we need to put it in the right perspective and know the right content and everything, not have something outside that has not been proven, but it is based on information that is factual”.

“ It gave me a sense of self-esteem to be able to face my problems and challenges_... introspection in my life ... and I think I should change the way I live and be able to live a different way”.

“... you tell them why they should condomise, and then at the end of the conversation, it's like okay, cool, I'll condomise ... there's HIV”.



Commitment

“I have family members, who are infected with HIV and AIDS, and I am infected with HIV AIDS, so I told myself let me take this part to be involved”.

Behaviour change

- A peer educator changed his behaviour "*of beating the women in his life and actually changed his whole 'mind-set' as far as his relation to women is concerned*".



Experience of other students

- *So where it took place – at our residences, namely DeBeers – the topics that were covered, as I said, they are topics that are not usually on the table, detailed from sex to contraception and just personal encounters ... so this was different.”*
- *“I found the experience to be informative”.*
- *“What makes it personally beneficial is that opposed to the message (methods) we received, sexual health education before ... now we get it straight from our peers”.*

Discussion

- Students benefitted from structured programs
- They want more autonomy
- Training programs need to change content, format and structure





Conclusion

- If the lifespan of the peer education training programs at HEIs is intensified and more students are engaged in these programs, it would have the potential to develop staff and students as well as communities into advocacy-orientated communities that would eventually challenge the HIV/AIDS pandemic through united mobilized action.
- This is a strong recommendation and a challenge for all HEIs, to take seriously.

References

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