Program Abstract

Title

A Peer Education Program for taxicab/Tricycle Drivers and Other Bridge Populations

Summary

The *Peer education program* was originally implemented in the Philippines, among drivers in the transportation industry. Because the target population acts as a "bridge" by spreading STIs/HIV between high-risk groups (commercial sex workers or CSWs) and the general population (girlfriends, wives, or other sexual partners), this program aims to increase safer sex practices among this key population. The *Peer education program* can be readily adapted to other "bridge" populations in other settings and industries at risk of acquiring and spreading STIs/HIV.

After an initial needs assessment of the target population, transportation drivers interested in becoming peer educators were taught HIV/AIDS information, safer sex practices, how to use and prepare educational materials, and how to teach others safer sex practices during a two-day workshop. After the workshop these peer educators shared HIV prevention knowledge, distributed and promoted condoms, and shared educational materials they created during the program with coworkers and clients. These activities were incorporated into the drivers' daily work routines throughout the duration of the program. Additionally, peer educators met with program staff once a week throughout the program to address any questions or to problem solve ways to most effectively share safer sex messages with others.

A longitudinal, crossover study evaluated the effectiveness of the original program on HIV/AIDS knowledge, attitudes about condom use, and condom use behavior of drivers from two transportation companies in two large cities in the Philippines. One city received the program (intervention condition), while the other city was used as the control condition. Both the intervention and control cities included a taxi driver group and a tricycle driver group. Approximately 700 men (400 taxi drivers and 300 tricycle drivers) in both conditions were included in the study.

Baseline (Months 1 to 3), post-program (Months 16-18), and follow-up (Months 31-33) surveys were conducted. Repeated measures ANOVAs compared changes in the outcomes of interest (HIV/AIDS knowledge, attitudes about condom use, and condom use behavior) between the three time points (baseline, post-intervention and follow-up) and between the two groups (intervention and control).

The program had statistically significant positive effects on the target population's knowledge, attitudes, and behaviors. Specifically, individuals in the intervention condition showed increases over time (from baseline to post-program, to follow-up) in knowledge about HIV/AIDS transmission, positive attitudes towards condom use, and condom use behavior, and these changes were significantly greater than the changes that occurred in the control group.

Global HIV Archive Category

☑ Sexual risk reduction (primary)	☐ Community mobilization	☐ Antiretroviral adherence
☐ HIV testing and education	☐ Reproductive health	☑ High-risk populations (secondary)

Primary content categories reflect the main focus of the program, while secondary content categories may be addressed in other aspects of the program.

Implementation Level

☑ Individual (implemented one-on-one)	☐ Couple/ family (implemented with a couple or family)	☐ Group (implemented in small groups)
☐ Structural (implemented on social, economic, political, or environmental levels)		

Implementation Setting

☑ Community (implemented through community-based organizations)	☐ School (implemented in schools)	☐ Clinic (implemented in clinics)

Original Target Population

In the original implementation, the program targeted members of community-based transportation industries in the cities of Lapu-Lapu and Mandawe in the Philippines. The target population acted as a "bridge" for spreading STIs/HIV between high-risk groups (CSWs) and the general population (girlfriends, wives, or other sexual partners).

This program may be suitable for use in other community-based settings or organized groups where members are likely to act as "bridges" between high- and low-risk groups. This program may be adaptable to groups outside the transportation industry and outside of urban areas if peer educators have the opportunity to interact with others to share safer sex messages.

Program Components

- ☐ Booster sessions for participants
- ☐ Community outreach/ mobilization
- ☐ Condom demonstration
- ☐ Continual assessment of progress
- ☑ Educational materials (e.g., leaflets, posters, comics, magazines)
- ☐ Electronic media (e.g., radio, cell phones, internet, videos)
- ☐ Formalized curriculum
- ☐ Medication adherence and routine clinic visits
- ☐ Motivational interviewing
- ☐ Multi-year program
- ☑ Needs assessment
- ☑ Peer education/ counseling
- ☑ Presentations
- ☑ Role Plays
- ☑ Stakeholder investment
- ☐ STI/HIV testing

Program Length

The original program implementation in the Philippines lasted for more than a year. The entire program consists of five components.

1. Obtaining permission from stakeholders (varies)
2. Conducting a needs assessment (1 day)
3. Needs Assessment and Recruitment seminar (1/2 day)
4. Peer educator training (2 days)
5. Work of peer educators (1 year+)

The time needed to obtain relevant permissions will vary by site. The length of time for peer education is flexible, and may depend on how much funding is available for site coordinators to support the educators' efforts. Ideally, the program should last at least a year to allow peer educators to create change in their networks.

Staffing Requirements/ Training

Peer education program site coordinators (who will facilitate the program) should ideally have a background in health education and a relationship with the target population and local stakeholders. There is no program-specific training required for the site coordinators; the Guidelines for Facilitators provides the site coordinators detailed instructions for how to implement the program. The site coordinators will train the peer educators during a two-day training workshop. An overview to develop a curriculum for this training is also included in the Guidelines for Facilitators. The number of peer educators that are trained as part of the program will depend on the size of the population you wish to serve, but as a guide it is recommended that 6 peer educators are used for every 100 people you wish to reach with the program.

Program Materials

The *Peer education program* package contains all the materials needed to implement the program except for the videos used for the peer educator training seminar and the educational materials that peer educators use during the program. The program package contains examples of slides for the peer educator training and examples of educational materials that peer educators developed and used during the original program, but all of these materials should be tailored to your own country, setting, and population. The Guidelines for Facilitators and Customized Adaptation Handbook provide more specific guidelines on how to develop these materials.

If videos are used during the peer educator training about HIV/AIDS incidence, local relevance, global magnitude, transmission, prevention or myths, they should be obtained locally to ensure that the program is culturally competent and relevant to your own population. In the original implementation of the program, the University of the Philippines and the health department provided slides, and local Non-Governmental Organizations (NGOs) developed videos. The program developers also used video clips from local movies in the peer education seminar.

A Note About Adaptation

The Global HIV Archive program package includes a Customized Adaptation Handbook to help program staff successfully adapt the *Peer education program* for new settings and target populations. The Adaptation Handbook details a set of pragmatic, easy-to-follow steps to facilitate making changes to the program, while preserving the components

that made – or are believed to have made – it effective in the first place.

A Note About Evaluation

Each Global HIV Archive program package contains the evaluation instruments used in the original program. In the original evaluation of the *Peer Education Program*, the instruments were administered orally in the local dialect, in a one-on-one interview format. They are provided in the Original Evaluation Instruments booklet.

The program package also includes an Evaluation Resource Guide, containing select questions to assess relevant HIV outcomes such as sexual risk behaviors and condom use. If you would like to conduct an evaluation survey with your population, it is important to assess the applicability of survey questions to your context/setting. For instance, some questions contain region-specific language and terminology that you would need to adapt to be relevant to your population.

Program Acquisition and Implementation Costs

Global HIV Archive program packages are available in boxed, flash-drive, and downloadable formats. The cost of this Global HIV Archive program package includes:

- *Quick Guide to Your Program Package* – a roadmap to get oriented to the *Peer Education Program* and tips for how to get started
- *User's Guide* – an overview of the program including information about implementation and evaluation
- *Guidelines for Facilitators* – a guide on how to implement the program
- *Information, Education, Communication Samples*
    - Photonovellas, posters, and stickers
    - Flipbook
- *Customized Adaptation Handbook* – a guide for adapting the *Peer education program*
- *Original Evaluation Instruments* – all surveys used to measure the effectiveness of the original implementation including:
    - Baseline Survey
    - Post-Test Survey
- *Evaluation Resource Guide* – a set of survey questions for evaluating HIV-prevention program effectiveness

The following program materials are also available in Tagalog:

- *Information, Education, Communication Samples*
    - Comic books, photonovellas, poster, and stickers
    - Flipbook

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