

## **CHAPTER III**

### **Proposal**

#### **An Intervention to Reduce Unsafe Sexual Behavior Leading to HIV Infection among the Commercial Sex Workers through Peer Education Approach**

##### **3.1 Problem Statement:**

As of the end of 1998, an estimated 33.4 million people worldwide, 32.2 million adults and 1.2 million children younger than 15 years old, were living with HIV/AIDS. An estimated 5.8 million new HIV infections occurred worldwide during 1998. In 1998 alone, HIV/AIDS associated illness cause the deaths of approximately 2.5 million people worldwide.

In Cambodia the first case of HIV/AIDS in 1991 was found among the blood donors. The war, diseases and poverty killed many Cambodians. Nowadays, the HIV virus is killing Cambodians in all age groups. This problem is still of big magnitude for

Cambodia. It is hard to solve this issue because of the poverty and illiteracy of Cambodians. Since the beginning of the epidemic of 1991 to the end of 1998, the total number of people with HIV infection was about 152,221. The number of adults and children who died of AIDS is 6,689 (the Kingdom of Cambodia, National Centre for HIV/AIDS Dermatology and STD). The number of uninfected children who have lost their mother or both parents to AIDS (while they were under age 15) is 5,505.

The HIV seropositivity rate among female Phnom Penh sex workers has increased from 9.2 percent in 1992 to 39.4 percent in 1994 (WHO, and MOH, 1994). The Cambodian economy experienced considerable growth between 1991 and 1997 and this resulted in increased prosperity for a large number of Cambodian males, especially those residing in the urban areas, and a consequent increase in their demand for prostitutes. Few girls choose to become commercial sex workers: most are deceived by traffickers or being sold by their relatives, neighbours or friends

The current prevalence of HIV infection is 41 percent among the commercial sex workers. This prevalence is the highest among the target groups (the Report on Sentinel Surveillance in Cambodia 1998). This is caused by the nonuse of condoms between the clients and the commercial sex workers in sexual intercourse. Condoms are not used by commercial sex workers because they usually are not free to move outside the brothel, and this restricts their access to condoms and medical care. All of these factors imply that

commercial sex workers are at a high risk of acquiring and transmitting HIV/AIDS and being doomed to a life of suffering followed by early death.

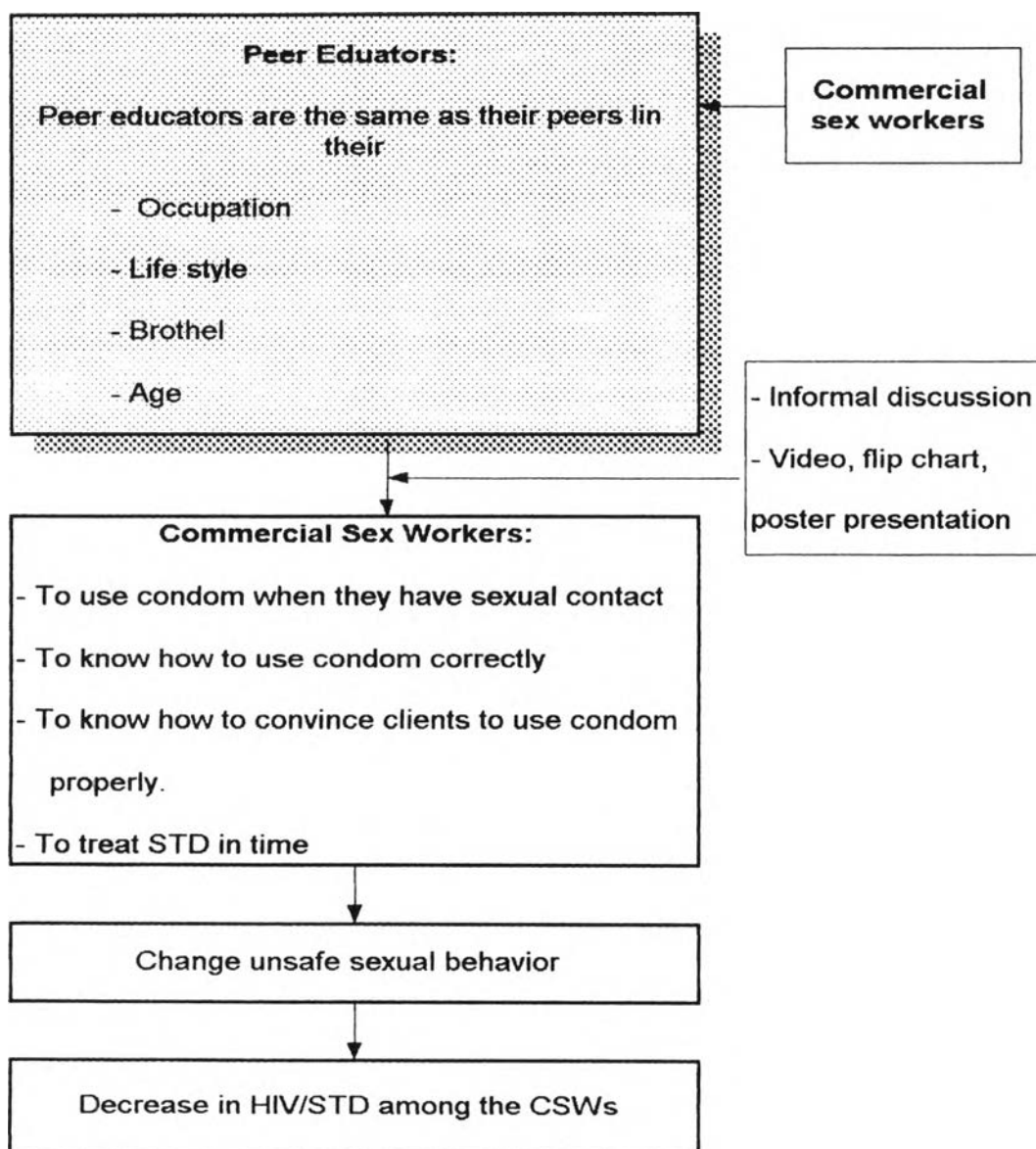
As the effect of AIDS become more and more apparent in communities around the world, people are looking to peer educators for skill training, counselling and support. Most of the countries in the world have been carrying out peer education among the high-risk groups. They used the peer education in group of students, military, police, commercial sex workers and so on. Peer education has been a staple of HIV/AIDS prevention for the past decade, and is the best way to reach people with information about HIV/AIDS and to influence their behaviour by their peers--respected friends, colleagues and neighbours. Their peers are comfortable to talk to peer educators about HIV and AIDS, and that talk to a peer educator is a good way to transmit HIV/AIDS information. Throughout peer education, the peer educators are going to teach their peers by providing some knowledge how to change unsafe sexual behaviour, for example how to practice safe sex, how to use condoms and how to convince men to use them.

Each peer educator has an occupation and life style similar to his or her peers. The typical peer educator is respected, charismatic and literate, with good communication skills and an interest in self-enhancement. Members of the commercial sex workers choose their peer educator. The leadership of the peer educator is a particularly important characteristic. Peer educators engage in a variety of activities from informal discussions to video

presentations. Most talk to more than one person at a time for 30 minutes or less. The peer educator is routinely on his/her job and makes contact with peers weekly.

Figure No.: 3.1

**Flowchart  
Peer Education Approach among CSWs**



### **3.3.1 General Objective**

To reduce unsafe sexual behavior leading to the high prevalence of HIV infection among the commercial sex workers in Tuol Kork.

### **3.3.2 Specific Objectives**

- To increase knowledge, attitude, and practice on HIV/AIDS prevention among peer educators and their peers.
- By the end of the project, the commercial sex workers will increase the use of condoms regularly and properly

### **3.4 Study Site:**

Tuol Kork is the commercial sex workers community. It is located in the Northwest of Phnom Penh City, on the edge of the city. Most commercial sex workers live that community and most of the clients usually go there because it is seems quiet and easy for them to get there at night. It is closer to the city than anywhere else. Tuol Kork has few other people living there, except the commercial sex workers. In this area there are 260 commercial sex workers and 24 brothels. I decided to choose this area to study because it is near by our work place. It is a big reservoir of HIV/STD that could be spread to the clients and their families when they have sexual intercourse with the commercial sex workers

without using condoms. Tuol Kork is a big one of the commercial sex workers community after the biggest one which its name Svay Parc that is also the commercial sex workers community in the Phnom Penh city. The commercial sex workers of Tuol Kork community can representative of all the commercial sex worker community in the whole country because of the motivation of the commercial sex workers. Each commercial sex worker could not stay in a community for along while in term of business. She has to changes the resident otherwise her income will decrease.

### 3.5 Peer Education Program

A Peer Education Program will be set in Tuol Kork for one year (2001-2002). The programme will concentrate on training and supervision of peer educators of the commercial sex worker community. Peer educators organise meetings, distribute condoms, role-play and generally help the peer community. A Peer Education Program will be supported by the World Health Organisation (WHO), GTZ (International Organisation) in Cambodia. The researcher will send two female staffs of the National Institute of Public Health to participate on the program training of trainers at the National Center for HIV/AIDS, Dermatology , Venerology and STD. Then they can train peer educators in Tuok Kork. One of the trainers will be selected as supervisor. The training of peer educators will take place into two stages. The first and second groups each have 13 peer educators. Each group is trained for 5 days. Before and after the training of peer educators, there will be a

pre and post-test among the peer educators in order to measure the change in their knowledge, attitude, and skills. The peer education will be conducted in two stages:

- Peer educator selection
- Peer educator training

### **3.5.1 Peer Educator Selection:**

There are many countries where peer education has become a mainstay of HIV/AIDS prevention. Peer education is one of the good ways to help increase awareness of HIV/AIDS and knowledge of prevention measures (AIDS Captions, 1996). The characteristics desirable in a candidate for peer educator are given as below:

- Their peers recruit peer educators.
- Peer educators are members of the group
- Peer educators have an occupation, age and lifestyle similar to their peers.
- The peer educator is a recognised leader of the group
- The peer educator has a basic knowledge of health matters
- Peer educators have excellent communication skills.
- Peer educators have high levels of ambition and motivation
- Peer educators can speak the same language as the group
- Peer educators are familiar with the group's cultural nuances and are able to convey these norms and values to the group



- The peer educator acts as advocate, serving as a liaison between the group and the target community or group. (Network of Sex Project, 1998)

Peer education provides an opportunity for individuals to perceive themselves as empowered by helping persons in their communities or groups and social networks, thus supporting their own health enhancing practices. At the same time, the use of peer educators sustains intervention efforts in the group long after the professional service providers are gone.

Peer educators not only teach a desired risk reduction practice but she/he models it. Peer educators demonstrate behaviours that can influence community norms in order to promote HIV/AIDS risk reduction within their networks. They are better able to inspire and encourage their peers to adopt health-seeking behaviours because they share common weaknesses, strengths, and experiences. Peer educators should be instinctive communicators.

### **3.5.2 Peer Educator Training:**

We are going to select 26 peer educators from Tuol Kork brothels for training. To be successful in peer educator training, the process has to cooperate with local authority. If owners don't permit the researcher to select their commercial sex workers, then the local authority has a power to close their brothels automatically. Peer educator training will be

conducted for 10 days include both groups at the National Institute of Public Health. Peer educators are usually taught in the classroom setting. All peer educators are taught by using didactic methodology for information sharing. The peer educator training addresses the personal behaviours of the trainees and tries to motivate change in their group.

Session content for training will be related to knowledge on HIV/AIDS and STD such as: what HIV/AIDS is? how can they avoid from it?, how can they use a condom? how to convince their clients to use condom?. In order to get safer sex, the commercial sex workers are trained a negotiation skill to apply with their clients. This skill is very important. The trainers will train peer educators of commercial workers who are selected. The period of training for peer educators will be for 5 days for each group. During the session, there are video, flip chart, and poster presentation concerning the use of condoms and professional attitudes among the participants. This knowledge is tested by means of a questionnaire especially developed for the purpose. All the questionnaires are about the individual wishes of the commercial sex workers concerning the contents of the course. Active participation of the trainees should be asked during the training session. The trainees should be encouraged to ask questions and share their experiences with other colleagues (Network of Sex Project, 1998). The course's participants should be given US\$ 15 per day for attending the training. They are also getting some gifts like T-shirts, badges, food at the meetings, and token payments. The US\$ 15 rewards the time and energy put into the training, as well as covering possible loss of earnings during the course.

When the training session is finished, the participants should be requested to fill out an evaluation form on the content of the session. The trainee's knowledge should once more be evaluated. The trainees are perceived to have a better understanding of the life experience of the target population as well as knowledge of HIV/AIDS prevention. The trainees will also contribute to the spread of new ideas, giving role models for behaviours that can protect against HIV infection.

Before starting peer educator training, we will pre-test questionnaire to peer educators. The questions will include knowledge, skills and attitudes about safe sex behaviour. At the final session of the peer educator training, we again will post-test peer educators. Before and after, the test questionnaire is the same. Because we want to know how much peer educators training activities improved educators and met requirements.

At the end of the training, all participants are awarded a certificate of completion of the course. This serves as a sign of recognition not only vis-à-vis the colleagues of the peer educators, but also via-a-vis members of public agencies.

### **3.6 Peer Educator Intervention:**

When the course for the peer educators is finished, all peer educators are going to spread their knowledge among their peers and clients. Each peer educator has 10 members. The small group discussions have been carried out in many countries in the world, and

were successful in this program. For example, one survey tried to find to what extent the peer education programme influences commercial sex workers; the research staff identified four groups of sex workers who are more or less exposed to the health messages of the programme. The first group identified was the peer health educators themselves; the second group their colleagues in the brothels, and the third their friends. The fourth group consisted of people who did not know anybody trained by Hotline Surya, and therefore were the least exposed group. Much to their surprise the researchers found the friends of peer health educators had more knowledge about HIV/AIDS transmission and prevention than the other non-peer health educators, including those working in the same brothel as the peer health educators. Also the use of condoms with clients during the last night before the interview was highest among peer health educators and their friends (Network of Sex Project, 1998).

In small groups, peer educators present information: pamphlets on safer sex to their peers in order to convince sexual partners to use condoms, to demonstrate proper condom use to support friends and lovers who use condoms. All peer educator support groups discuss changes in sexual behaviour to demonstrate proper use of condoms. During the small group discussion, condoms are provided free to their peers.

Role-playing in small groups is a good way to collect experience from the individuals who comprise the group to provide a broader frame of reference than any single person can offer. Moreover, by sharing problems and analysing their causes,

members of a group can often move beyond the guilt they feel. Seeing that others share the same problems is often a first step toward action for change. The potential for feedback and communication among group members contributes to the effectiveness.

The small group represents an effective method of education that requires personal interactions among educators and learners. The peer educators need to learn the skills necessary to make a group work. Small groups may be as effective or more effective than those relying on individual contact. It seems that the process of discussing issues in groups leads to greater likelihood that embarrassing questions will be asked, thereby leading to better information sharing. Perhaps even more importantly, people's personal commitment for change is stronger when it is expressed in front of others. (Freudenberg, 1998).

Condom distribution should be done during peer educator implementation. The condoms prevent contamination from STD/HIV, and are used in family planning too. The condoms are provided free throughout the target group of commercial sex workers in order to promote one hundred percent of condom use. Condoms are effective when used in the right way with knowledge. One condom is used only once.

### **3.7 Monitoring:**

Monitoring is the process of observing whether program activity occurs as planned, and as scheduled. During the monitoring process, supervisors should look throughout the

peer educator activities: what did they do?. What is the result?. And what is the lack in their process?. Female supervisors should maintain frequent contact with the peer educators in order to supervise and support their activities. These follow-up activities include:

- Facilitating contact between peer educators and their peer groups, and the member of official agencies, public health personnel or supervisors
- Preparing peer educators for the role of mobile health messengers
- Supplying peer educators with additional knowledge which was not included in the basic course.
- Providing peer educators with pamphlets, brochures, or posters and other educational materials.

It is interesting that feedback is given to the peer educators with regard to the implementation of the activities and responses of the commercial sex workers. The supervisor will observe and give feedback to the peer educators of their performances in the brothel. To monitor the peer educators process, the supervisor will test the members of the brothel about the knowledge that the peer educators taught them so that the extent of improvement can be evaluated (for example, the use of condom).

### **3.8 Supervision:**

Supervision is an important part in achieving the objective of the program. The program needs strong regular supervision. The objective of supervision is development in

the performance of peer educators. Monthly, there is one discussion between the peer educators and supervisors about the problems happened while their activities took place. Supervision is a good strategy to find the keys to help the action of the peer educators.

The supervisor has to supervise monthly condom use, so he/she can see the change in knowledge, attitude, and practice among the commercial sex workers, and also see if there is an increase in demand for condom use. Condom use will increase if commercial sex workers and their clients they fear on STD/HIV/AIDS and prevent it while they have sexual contact using condoms.

### **3.9 Retraining:**

One month after the peer educator training is over, one more training is provided. This training is similar to the initial training. The main purpose of retraining is provide new strategies or the latest HIV/AIDS information to peer educators so that they increase their knowledge to improve development of their activities. In addition, the retraining reminds peer educators of what they learned the previous time. The two days are training program will include group discussion, presentation and feedback for peer education performance.

### **3.10 Instrumentation:**

To measure the effectiveness of peer educator training, the researcher will use questionnaires in order to measure the change of knowledge, attitude, and skills among the peer educators of commercial sex workers. The questionnaire will be distributed to the peer educators before and after peer educator training.

### **3.11 Measurement:**

The researcher will measure the change of knowledge, attitude, and skills among peer educators in Tuol Kork before and after peer educator training using the following indicators:

- Knowledge of HIV/AIDS/STD transmission
- Skills in condom use exposure among the commercial sex workers
- Attitude of commercial sex worker persuades their clients to use condoms.
- The prevalence of HIV/AIDS/STD transmission among the commercial sex workers.
- Perception of commercial sex workers of AIDS education in brothels.
- Attitude towards change of behaviour.



### 3.12 Evaluation:

The researcher wants to measure the process of peer educator to determine how much behaviour of peer educators is changed by the peer education approach related to unsafe sexual behaviour resulting in STD/HIV infection. To respond with evaluation, before starting peer education in brothels, a survey will be distributed to commercial sex workers. At the end of the peer education intervention, the same survey will be repeated to determine changes in knowledge, skills and attitude practices related with sexual risk. To evaluate in the right way, the same survey and questionnaire are used again when the peer education intervention is over.

All questionnaires are related with the knowledge, skills, and attitude practices so that the researcher can assess risk as part of STD/HIV prevention. The questionnaires will be in the Khmer language so that interviewer can read them. The questionnaires will be used while the interviewers interview the commercial sex workers. They will be speaking in the Khmer language during the interview.

The program will be evaluated by considering change in the following attributes:

- Intention to use condoms and other plans in response to AIDS
- Communication with peers and their clients about STD/AIDS
- HIV/AIDS and condom use knowledge, attitudes and behaviours of commercial sex workers.

- Increased demand for condom use in brothels.

### **3.13 Data Analysis:**

The researcher will use Epi-Info to calculate some variables related with the knowledge, skills, and attitude practices in order to reduce the sexual risk among the commercial sex workers. Comparison of findings before and after intervention will be done to assess change in the value of variables in brothels. Comparisons of findings from brothels will be done in order to determine the magnitude of change in commercial sex workers.

### **3.14 Expected outcome of the study:**

It is hoped that the peer education approach by using peer educators to educate their peers will be more effective in changing high risk behaviours such as sexual contact without condoms. It is envisaged that condoms use will increase in the brothels because of the commercial sex workers will perceive HIV/AIDS knowledge. The commercial sex workers will know how to prevent STD/HIV infection. Firstly, personnel will accept HIV/AIDS knowledge. Secondly, it will spread and absorbed throughout the whole community. Thirdely, it may spread to the clients. Then the prevalence of HIV/AIDS/STD will decrease not only in commercial sex workers themselves but also in their partners. The

outcome measures of program success will be an increase in knowledge in HIV/AIDS among the commercial sex workers and the skills regarding safer sex.

### **3.15 Lesson Learn and Limitations:**

If the NGO, especially, GTZ closes its operation and can not co-operate with the National Institute of Public Health due to financial or other reasons, the study will not move ahead. If the government policy changes regarding NGO/GTZ/CSW, HIV/AIDS education has to be closed. According to funding problem, the government should continue to support the commercial sex workers like provide free condom to them in order that they can use when they have sexual intercourse with their clients.

The program evaluation will also face a big problem when the researcher wants to measure knowledge, skill, and attitude practice among the commercial sex workers by doing pre and post-test questionnaires because of change in residence or brothel, morbidity, and mortality. Probably, the project will face the sensitive issue between the interviewers and commercial sex workers when they start interview. Because of the big different the life style and occupation, the commercial sex workers could not tell the truth to the interviewers in sexual act.

### **3.16 Conclusion:**

Peer education has been used in many countries in the world and is useful in health education, especially when it is applied in STD/HIV/AIDS prevention. In Cambodia, brothel peer education for STD/HIV/AIDS prevention is one of the most important national strategies to control these diseases in the country. The National Centre for HIV/AIDS Dermatology and STD has been using this model in some brothels in Phnom Penh and provinces. So peer education in this program will be helpful for the National HIV/AIDS program.

In addition, peer educator is one means to provide information directly to commercial sex workers through peer educators. Based on the peer educator, peers could share some ideas or true stories of what is happening among them. The commercial sex workers are available to ask their peer educators what they don't understand like knowledge related with family planning, condom use, and other issues. They always hope the one who will help them is the peer educator only because they are living in the same status, knowledge, and professional level. So in any cases, these two groups can help each other solve the health problem.

### 3.17 Activity Plan

Table No.: 3.1

Activities	Activity Plan: 2001-2002											
	1	2	3	4	5	6	7	8	9	10	11	12
Submit proposal												
Prepare questionnaire for interview												
Prepare document for training												
Selection of trainers												
Select 1 of trainers: supervisor and interviewer												
Supervisor training												
Peer educator selection												
Pre-test												
Peer educator training												
Post-test												
Training evaluation												



### **3.18 Estimated Expenditure for Peer Education Program**

#### **Training of peer educators (5 days):**

- 26 trainees x 5 (days x US\$ 15	US\$ 1,950
- 2 trainers x 10 (days) x US\$ 15	US\$ 300
- Hiring of conference room: 10 (days) x US\$ 40	US\$ 400
- 26 (1 note book + 1 pen + 1 pencil) x US\$ 1	US\$ 26
- Coffee + Tea + Cake: 28 (people) x 10 (days) x US\$ 2	US\$ 560

#### **Condoms distribution (9 months):**

- 260 (people) x 234 (days) x 5 (average of condom use per day): 270,400 condoms	
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#### **Education flip charts and questionnaires:**

- 26 Education brochures x 2 (first and second training) x US\$ 2:	US\$ 104
- 26 (people) x 2 (questionnaires for pre and post-test) x US\$ 3:	US\$ 156

#### **Posters:**

- 24 brochures x 4 (first and second training) x US\$ 5:	US\$ 480
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#### **Training of interviewers (2 days):**

- 1 interviewer x 2 (days) x US\$ 15:	US\$ 30
- 1 facilitator x 2 (days) x US\$ 15	US\$ 30

#### **Interview (4 days: for pre and post-test):**

- 1 interviewer x 4 (days) x US\$ 15:	US\$ 60
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#### **T-shirt distribution:**

- 28 (26 trainees + 2 trainers) x 2 (first and second training) x US\$ 5: US\$ 280

**Re-training (2 days):**

- 26 trainees x 2 (days) x US\$ 15: US\$ 780

- 2 trainers x 2 (days) x US\$ 15: US\$ 60

- Hiring of conference room: 2 (days) x US\$ 40 US\$ 80

- Coffee + Tea + Cake: 28 (people) x 2 (days) x US\$ 2: US\$ 112

**Data entry, data collection, data analysis, report writing: US\$ 400**

**Grand total: US\$ 5,808**



### References:

AIDS Captions. (1996). HIV/AIDS Peer Education: Evolving with the Epidemic.

[www.reservoir.fhi.org/en/aids/aidschap/aidspubs/serial/captions V3-3](http://www.reservoir.fhi.org/en/aids/aidschap/aidspubs/serial/captions V3-3).

Freudenberg, N. (1998). Preventing AIDS: Framework for AIDS Educators. United States, Washington DC. pp. 52

Network of Sex Work Project. (1998). Research for Sex Work Network: Friends of peer educator.

[www.walnet.org/csis/groups/nswp/rswn-980529.html](http://www.walnet.org/csis/groups/nswp/rswn-980529.html).

Network of Sex Work Project. (1998). Research for Sex Work Network: Methodology of the training for peer educators.

[www.walnet.org/csis/groups/nswp/rswn-980529.html](http://www.walnet.org/csis/groups/nswp/rswn-980529.html)

Network of Sex Work Project. (1998). Research for Sex Work Network: Requirements for selection and recruitment of peer educators.

[www.walnet.org/csis/goups/nswp/rswn-980529.html](http://www.walnet.org/csis/goups/nswp/rswn-980529.html)