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MODEL FOR INCREASING HIV/AIDS PEER EDUCATOR COMPETENCE IN REACHING RISK GROUPS

Sri Handayani^{1 2*}, Rizanda Machmud³, Satya Wydya Yenny⁴, Yantri Maputra⁵

¹Doctor Program of Public Health, Faculty of Medical - Andalas University, Indonesia

²Lecturer of Public Health, STIKES Syedza Saintika Padang

³Professor of Public Health, Faculty of Medical - Andalas University, Indonesia

⁴Lecturer of Medical Education, Faculty of Medical - Andalas University, Indonesia

⁵Lecturer of Psychology, Faculty of Medical - Andalas University, Indonesia

Email: ririhermana388@gmail.com

ABSTRACT

Peer educators have low ability to reach risk groups. Based on the PKBI report in 2020 the achievement of peer educators in reaching risk groups was only 47.6% of the set target. While Akbar's achievement was only 76% of the target in January to July 2020. The aim of the study to formulate a model for improving the competence of peer educators in reaching risk groups and the effectiveness of the model in reaching risk groups is known. This study uses a qualitative method. Results of this research model are explanatory or explain a general picture (generalization). Data were collected primary. Statistical analysis was performed using triangulation. The results of the indept interview on the knowledge dimension obtained information on the PE needs for HIV/AIDS, STI, VCT and interpersonal communication using the lecture method, FGD and case studies, on the attitude dimension information on the PE need for self-concept with the case study method and on the dimensions interpersonal communication obtained information on PE needs for interpersonal communication material with the roleplay method. This model is effective in increasing the competence of the HIV/AIDS peer educator. There were significant differences between the intervention and control groups.

Keywords: Dimensions of Knowledge, Dimensions of Attitudes, Dimensions of Intrepersonal Communication, Reaching Risk Groups.

INTRODUCTION

The incidence of HIV/AIDS is still high and continues to increase (DEPKES, 2012; Desmon, 2015; Tesiman et al., 2016). In 2019 37.9 million people were living with HIV in the world. A total of 23.3 million people were undergoing antiretroviral (ARV) therapy and 770,000 people died of AIDS-related diseases (AVER, 2020). The RI Ministry of Health report on Disease Control Prevention in 2019 in Indonesia there were 50,282 HIV cases and 7,036 AIDS cases, in 2018 46,659 HIV cases and 10,190 AIDS cases, and in 2017 48,300 HIV cases and 10,488 AIDS cases. West Sumatra is ranked 19th in terms of the highest number of HIV out of 34 provinces in Indonesia (Riono & Challacombe, 2020).

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About the authors : Sri Handayani

Email:

The low early detection of HIV/VCT visits is one of the factors causing the difficulty in controlling the incidence of HIV/AIDS (Pencegahan dan Pengendalian Penyakit Kemenkes RI, 2020). The outreach of this support group is carried out by peer educators so that peer educators have an important role in the success of VCT (Khong et al, 2017; Wong et al, 2018; Khoradiyah et al, 2018). Increased competence can be done through training with the right materials, methods, and facilities (Muhtadin & Frianto, 2020). The learning method also greatly influences a person's ability to receive the material provided (Joyce et al., 2011). The adult learning method (andragogy) is different from that of children (pedagogy) where adult teaching is more focused on problem centers and is mutually helpful while children's learning is more focused on subject-centered and directive. Peer educators are in the age range of 25-50 years so the andragogy learning method is more appropriate to use using a social teaching model/strategy approach (Susanti, 2020; Sumanto, 2014).

The purpose of this study was to determine the coping competence of the HIV/AIDS peer educator from items that were still poorly understood by the HIV/AIDS peer educator so that a model was formed in increasing the competence of the HIV/AIDS peer educator.

METHODS

This research uses a combination method (Mixed Method), which is an approach in research that combines or connects quantitative and qualitative research methods (Sugiyono, 2013). The mixed method model used is an explanatory sequential model. Where the research was carried out starting with qualitative research and continued with quantitative research (Creswell, 2011; Sostroasmoro, 2022). In a quantitative study using 5 core informants and 3 supporting informants. With in-depth interview techniques. The stages of the design are Analysis, Design, Development, Intervention, and evaluation (ADDIE) (Dank, 2011). Quantitative study with one group pre-test and post-test design. One group pre-test and post-test design is an experimental study conducted in one group, which was selected at random and no stability test was conducted before the intervention. Quantitative research was conducted with a population of 42 people, where the entire population was sampled.

RESULTS AND DISCUSSIONS

3.1 Results

In this qualitative research, a total of 15 informants were obtained, with the characteristics shown in the table. following:

Table 1. Characteristics of Research Informants

No	Informant Code	Posision
1	Informant-1	Educational Expert and Psychologist
2	Informant-2	Psychologist
3	Informant-3	Director of Akbar
4	Informant-4	Director of PKBI
5	Informant-5	Akbar Field Coordinator
6	Informant-6	PKBI Field Coordinator
7	Informant-7	Peer Educator HIV/AIDS

8	Informant-8	<i>Peer Educator</i> HIV/AIDS
9	Informant-9	<i>Peer Educator</i> HIV/AIDS
10	Informant-10	Sex Worker
11	Informant-11	Sex Worker
12	Informant-12	Sex Worker
13	Informant-13	Sex Worker
14	Informant-14	Sex Worker
15	Informant-15	Sex Worker

Knowledge

The results of interviews with several informants obtained information that the HIV/AIDS peer educator did not yet have the correct understanding regarding whether HIV is an STI disease, HIV/AIDS prevention behavior, age groups that can get HIV/AIDS, whether HIV can be cured, the role of VCT in HIV prevention. /AIDS, the timing of the HIV test, and the part that was attacked by the virus that caused AIDS.

"STIs are like syphilis, aren't they like HIV, they're different"... "Yes, it can be prevented, that's why we share condoms with friends so they don't get HIV, hmmm, what else, yes, condoms, so they should You know that your partner has HIV, you know that if you get it, it can be transmitted too, if the mother is pregnant, the child will get it later, so use a condom so that she doesn't get pregnant"..."So later if someone is positive after the test, they will be given later. medicine for free from the puskesmas, so they don't get sick anymore, so they need to report to us so we can help give information to the puskesmas as well."..."The test is done as soon as possible, when they want to take the test right away, don't wait for them I don't want it anymore, if it has to be in the field, act quickly... hhhmmnn nothing, Sis, everything is at risk and must be tested immediately"...."Hhhmmnn helps, Sis, VCT can help, right." "HIV is transmitted through your blood, sister, so in the blood he attacks and will move again later another ma" (Inf-7)

"Hhhmmmmmm, what can you do, Sis, it could be, Sis, but regarding STDs, we still have very little material, Sis, but a little bit I understand"... "Yes, what we are doing now is prevention, right, by giving condoms, give the lubricant, give metari - material, if the mother has HIV, the child will get it too, right, HIV is transmitted through blood"..."Everything is possible, the important thing is that they are infected"..."Healed, can't do it, Sis, unless they take medicine continue from the puskesmas and continue to consult with the health center"..."If the test can be done at any time, that's what we hope, they will immediately want to test, without being afraid anymore, there is no time, just go ahead. From the day they want to work, they can be tested"..."Yes, it depends on reaching out and they are tested so that they know their status and can immediately seek treatment if they are sick"(Inf-8)

"It's best if the test is done when they want it, Sis, it's not set, even if you just want to work, it's good, right, if you want to be tested first, so you know first and get the info first"..."Sure thing"..." (Inf -9)

Not only material about HIV/AIDS, peer educators also still need exposure and deepening of knowledge related to interpersonal communication (persuasion techniques, counseling and techniques in solving problems in the field) as well as referral pathways when positive cases are found.

"If the basics have all been given, yes. Actually, what they need to master is the technique of influencing, then the technique of counseling. Then there is also an increase in the module. So what should friends do so that he has to be tested, if the results are positive, what should they do. Actually that's what friends need to deepen" (Inf-3)

"Other materials are usually given by the program coordinator. Yes, it is like a solution in solving problems in the field" (Inf-4)

"Everyone wants to be PE, right? Later they will get knowledge from us, basic knowledge related to HIV/AIDS. But sometimes the reception from the money is still lacking, so it's appropriate to deepen them. It's communication, if you're Samo, you can talk if it's difficult to deal with others" (Inf-5)

So that informants from experts, directors and field coordinators also explained that PE still needs a deep understanding of IMS material.

"...Actually, what's difficult is sometimes people who can't tell the difference between STIs, it's hard to remember them. (Inf-6)

"It's more sick. Yes, it's an STI" (Inf-7)

The results of interviews with several informants obtained information that the peer educator was still having difficulties in explaining the material to the assisted group.

"Actually, the infection section, when it comes to prevention and transmission, it's a very basic technique. The HIV section is also because there are positive and negative test results because there needs to be reinforcement for positive patients. Because the dynamics are diverse, there are those who are depressed and can't accept it. So we have to accommodate or handle it otherwise conflicts can occur. (Inf-3)

"Inviting is not easy, right, both VCT and condoms, but we still provide information to friends." (Inf-7)

"We're just PS, we're PS, other people, we can't get sick. When you ask questions, you answer, but it's you, sometimes you still don't understand" (Inf-13)

The informant also explained that it was still difficult for the peer educator to explain to sex workers the basic material of HIV/AIDS so that it was difficult for sex workers to understand the meaning of the peer educator.

It's a contagion. Because there is a maso-maso period, it's like incubation, which is a bit difficult to accept or understand. Therefore, mamarikso's awareness is low. (Inf-5)

There sis. In general, it's just conveyed, if you need more detail, kak wenny usually helps explain (Inf-9)

Yes, it's about 90%. Satisfied with the information.... Regarding prevention measures and the role of VCT, it can only be broadly defined (Inf-11)

I'm a critical person, bro, from something more detailed, bro, sometimes there are those from friends, maybe he knows but he can't explain, maybe he's still unsure, maybe he needs a professional person to answer that (Inf-15)

The peer educator's knowledge regarding HIV/AIDS is still low so that it becomes an obstacle for the peer educator in conveying information directly to sex workers (assisted groups) even though the peer educator has already received material related to HIV/AIDS.

"Inviting is not easy, right, both VCT and condoms, but we still provide information to our friends as best we can,, there are also IMS, asking friends here to help" (Inf-7)

There sis. In general, it's just conveyed, if you need more detail, wenny usually helps explain (Inf-9)

In providing information to sex workers, the informants also believed that appropriate methods were needed so that the target group could more easily understand the material provided.

"If the facilitator is good at telling stories according to the situation of PE and PL, the language is simple, right, the communication is good, you don't feel like you are being cornered. So that the material is not difficult. If it's a bit different in OT, maybe it's okay if you've ever interacted with a community or part of a community, right, so it's really necessary to adopt the right method, don't be hopeless" (Inf-4)

The method used so far in providing knowledge to peer educators with the aim of increasing the understanding of HIV/AIDS peer educators in reaching majority risk groups is the lecture method, but some have been combined with case studies, simulations, and discussions.

If it's from the center, it's usually a lecture, but if we're at the grandstand there are things like discussing cases and simulations. (Inf-3)

If I were the resource person, it would be like a lecture, yes, there will be a discussion on the problems at hand, (Inf-4)

There are lectures, we also teach them to write cases like that.. (Inf-5)

Every year there is a lecture, yes, but the difference is that there may be some additions in the material, such as a new disease, for example. Yes, as usual, there are sources who say that later you can ask questions (Inf-6)

The results of the interview, the right method was given to the peer educator, in order to make it easier to understand and explain again related to HIV/AIDS knowledge, it is better to consider the number of targeted participants so that it can be done through lectures, Focus Group Discussions (FGD), counseling and case studies.

If you can do it for knowledge, you will be given the meter first. Yes, lectures are quite the right choice... If knowledge is precisely in the core material. Like material about HIV. So we need material first and support the development of other methods. (Inf-1)

Ee, the educator, yes, the FGD can focus on discussions if there are many people, individual counseling is also allowed, then use visual aids such as videos, pictures or whatever..(Inf-2)

If you do it often, you can, but it's better to discuss cases instead of one-way lectures from mentors or resource persons, right? (Inf-5)

Attitude

The results of in-depth interviews show that the institution has never organized an activity/meeting with the aim of changing the attitude of the HIV/AIDS peer educator so that the peer educator has a positive attitude when conducting outreach.

Yes, it's only up to knowledge, because I mean that attitude is broad, right.(Inf-3)

As far as I know, for PE to change attitudes, it's actually more about how we make them understand more and encourage us as well. But if it's specific, we don't have it yet, we just add knowledge which we hope will change his attitude. (Inf-4)

Indirectly, if there are many taunya lamo - lamo, I hope that your attitude will change. But there's nothing specially designed (inf-5)

Peer educators felt that the network that was built had no effect on peer educators in conducting outreach to risk groups with the assumption that the outreach targets often changed - the training provided did not improve skills because there were no different materials.

Yes, we are always looking for new ones as targets, yes, it will be tiring if we build networks first. So it's good to go straight to it, bro. There is no difference either (Inf-7). Hhmmnn sometimes the knowledge is given – that's all, Sis, so we already know, right, at least it's new if there is a type of disease like that, so we'll just listen to it. why got gt2 (inf-7)

Peer educators felt that direct communication was more effective for them in reaching risk groups than only through leaflets because of the low interest in reading from the target group.

Direct communication is more implanted anyway. Sis, the percentage is bigger than the leaflet. Even though it's easy to implement, it's really hard. About 40% to 50% can be influenced by this direct communication, bro (inf-7)

Rarely read, yes, sometimes they just leave it in the hotspot, maybe because they are lazy to read - read that, sis (Inf-8)

Sometimes they are not interested in reading, sis (inf-9)

Peer educators lack the desire to always achieve outreach targets, as can be seen from the following interview results:

when it's a pandemic, yes, because the location at 10 o'clock must be closed, while friends at that hour usually go out, so we are confused about where to gather again, there's no kk, they like to change cellphone numbers, yes if you're tired It's okay, it's okay, if it's a little bit, the funds will be liquid, sis (Inf-8)

If it hasn't been achieved, yes, Sis, where else should I look and how else should I persuade them (Inf-9)

Based on the results of the interview, information was obtained that the attitude of the peer educator greatly influenced the desire of the at-risk groups to be involved in HIV/AIDS prevention and control, one of which was to participate in the VCT program. and is able to analyze whether his attitude is in the positive or negative category. In addition, it also convinces the peer educators that their contribution will greatly affect the success in HIV/AIDS prevention and control, especially in reaching risk groups. The method that can be used to form a positive attitude towards PE is by presenting cases of the success of PE in helping fellow PSs and realizing they have a negative attitude now.

"In terms of attitude, my opinion is that for attitude there needs to be support for the PE that is carried out, so besides the material, there is support that is given to touch them so that our goals are achieved, yes, they must be able to distinguish between good and bad attitudes. (Inf-1)

When they are given cognitive understanding through lectures, then we invite us to touch their hearts and feelings, so affective feelings are attitudes that will emerge when we show the importance of understanding HIV, then the spirit of helping is given to them by presenting cases. In these dramatic cases, it is our effort to change their affective attitude so that there is at least a sense of wanting to help, then be grateful if autism appears, autism is intuition to help people without reward. (Inf-2)

"As far as I know, for PE to change their attitude, it's actually more about how we make them understand and encourage us as well. Because that's the attitude that needs to change... That's the statement that we need to strengthen and repeat.

So they believe it's the best choice." (Inf-4)

Interpersonal communication

The results of in-depth interviews obtained information related to the exposure of risk groups to HIV/AIDS Interpersonal peer educator communication materials is still very minimal.

It's still just a theory of HIV anyway. There is no special communication yet (Inf-7)

There sis. It's put into HIV, bro. While walking, don't focus. The focus is HIV, right? (Inf-8)

Peer educators still have problems in conveying information that should be conveyed to risk groups, where KD still cannot understand the meaning of information conveyed by HIV/AIDS peer educators.

"But you still don't understand, do you?" (Inf-13)

There are good and bad responses. Sometimes there are those who understand, but sometimes there are those who are told to read – just read (Inf-14)

For example, it's like someone from an agency comes to us explaining that there are one or two languages that are not clear, like trying to say they understand. For example, friends here who explain, if you don't know, just ask, if you can't answer, we'll read it - just read it, that's all, sis (Inf-15)

Sometimes we don't, sometimes we don't care. My friends, you said that you guys karajonyo like iko, you have sex too freely, you don't know who's coming, do you? Sometimes you guys use condoms..... If that's the case, we'll take care of it but others won't. (Inf-17)

In addition, the results of interviews with informants also obtained information that the provision of material related to interpersonal, therapeutic and persuasive communication and how to communicate is still very much needed by PE.

"Yes, how to apply communication itself, the term in psychology, how to apply communication. When we talk, the listener feels comfortable. Inf-1)

So how do you build an effective communication relationship. If the training in the module is made there are elements or there is material about communication so that it can be persuasive. So there are skills he has for how to build his konasi. (Inf-2)

What yes, because this material is little. I guess that's the way to receive complaints and provide support to PS. (Inf-5)

The informant conveyed that the appropriate method given to peer educators in conveying information to improve the interpersonal communication competence of HIV/AIDS peer educators was to use role play using their own language.

As for the skills, it's through the games, all sorts of role play... It's only good if it's a technical problem, actually, I think it's more adapted to the audience, so it means that the communication we use, the sentences are easy to understand. Yes, so for me, for example, minimizing celestial languages, academic languages, academic jargons (Inf-1)

Training, skills, persuasion communication so there are elements of skills that we provide in the training so that when they want to bring material about HIV, about the dangers of HIV and so on, they have skills, the skill is communication. (Inf-2)

3.2 Discussion

The process of designing the peer educator competency improvement module in reaching risk groups is carried out using the following methods:

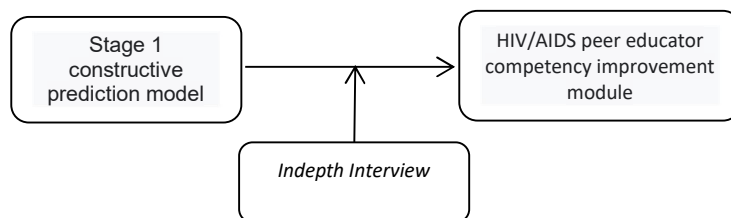


Figure 1. Dimensions of knowledge needed by HIV/AIDS peer educators in reaching HIV/AIDS risk groups

Table 2. Construction of in-depth interviews related to the dimensions of knowledge of HIV/AIDS

Keywords	Category	Theme	Conclusion
Lack of understanding	Knowledge Improvement Needs	Knowledge of HIV/AIDS, STIs, VCT and communication	Material understanding needs
Difficult to convey material	Material needs related to interpersonal communication	Interpersonal communication techniques	Communication skill needs
Education method	The need for the right combination of methods	Lectures, FGDs and case studies	Combination of lectures, FGDs and case studies

Thus, to improve the competence of the HIV/AIDS peer educator, it is necessary to provide materials related to HIV/AIDS, VCT and interpersonal communication to the HIV/AIDS peer educator. The choice of method is expected to take into account the number of target groups so that it can be done through lectures, FGDs or case studies. It can be concluded that the module requires discussion on the themes of HIV/AIDS, STIs, VCT and communication which can be provided by combining the lecture method, FGD and case studies. So that the increase in the competence of the HIV/AIDS peer educator through the knowledge dimension can be fulfilled.

Attitude

Table 3. Construction of In-depth Interview Results Related to Peer Educator HIV/AIDS Attitude Dimensions

Keywords	Category	Theme	Conclusion
Considered unimportant attitude formation material	Material needs related to self-concept	Improved understanding of self-concept (responsibility)	Self-Concept Material Needs
Low self-concept (feel no need for social networks. Low responsibility in meeting outreach targets)			
The need for the right combination of methods	Education method	Study the case	Study the case

Based on Table 3. information on indicators in attitude variables that need to be added to the module is obtained, namely by providing material related to self-concept where this material can be given in the form of a case study.

Interpersonal Communication

The following describes the construction of the results of in-depth interviews related to peer educators' exposure to interpersonal communication materials.

Table 4. Construction of In-depth Interview Results Related to the Dimensions of Interpersonal Communication Peer Educator HIV/AIDS

Keywords	Category	Theme	Conclusion
There has been no presentation of interpersonal communication meter	Material needs	Interpersonal communication	Openness, positive attitude and equality
PE has not been able to convey information so that it is understood by KD			
The need for the right combination of methods	Educational methods	<i>Role play</i>	Using the role play method

Table 4. provides information that peer educators are still very minimal in exposure to interpersonal communication materials, this has an impact on the PE's lack of ability in conveying material skills, making it difficult for KD to understand the information provided by PE. It is recommended that PE obtain material related to interpersonal communication which is carried out using the role play method.

The dimensions of knowledge, attitudes and interpersonal communication are able to improve the competence of HIV/AIDS peer educators in reaching risk groups with the material of competence of HIV/AIDS peer educators, the role of VCT, HIV/AIDS, STI and LGBT, self-concept and interpersonal communication, in the application of the right strategy used in the application of this model is with camah, role play and case studies.

CONCLUSIONS

The competence of HIV/AIDS peer educators can be improved through approaches to the dimensions of knowledge, dimensions of attitudes, and dimensions of interpersonal communication. In improving the competence of the peer educator, several materials that need to be given to the peer educator are the competence of the peer educator, the role of VCT, HIV/AIDS, STI and LGBT, self-concept and interpersonal communication. The right strategy used in the application of this model is by discussion, role play and case studies.

SUGGESTION

It is hoped that this model can be used as a reference in making policies and modules related to outreach to risk groups by peer educators so as to increase the competence of peer educators in reaching risk groups.

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