

Constraints and Limits for HIV/AIDS Peer Education Programs in India

Terminal Project Presentation – Greg Bowles



Purpose

To explore stakeholder attitudes:

- On peer education programs to prevent HIV among young people in India
- For a potential sexuality education curriculum in the public school system of India, with one goal of such a curriculum being HIV prevention

Methods

The screenshot shows the MAMTA website in a Microsoft Internet Explorer browser window. The address bar displays <http://www.mamta-himc.org/>. The website features a navigation menu with links to Home, About Us, Our Strengths, Current Projects, Our Partners, Publications, Jobs, Feedback, and Contact Us. The main content area includes a logo for MAMTA Health Institute for Mother and Child, a navigation sidebar with links like Home, About Us, Our Strengths, Projects, Our Networks, Annual Report, Publications, and Achievements, and several informational sections. One section, 'From The Executive Director's Desk', states that MAMTA has been working on issues of Health and development across the various marginalized population - in rural and urban setting. Another section, 'Young People', addresses young people's (10-24 years) health and development issues. A 'Geographical Presence' section includes a map of India and lists various activities such as Advocacy, Capacity Building, Field Intervention, Networking, and Research & Documentation. A 'Collaborations' section mentions MAMTA's twinning partner RFSU (Swedish Association for Sexuality Education) and its involvement in the Advanced International Training Program.



Interviews and focus groups with young people, parents, teachers and school administrators in rural and urban areas, as part of an internship with an NGO based in Delhi, India

Overview of HIV and India

- **The country of India is home to over one billion people**
- **There are fourteen official languages, and over 1600 dialects, and a high illiteracy rate**
- **According to the World Bank, 86% of the country lives on less than \$2 a day, 44% live on less than \$1 a day**

Overview of HIV and India

- **India has 5.1 million known cases of HIV at this time, according to the UN**
- **The percentage of the population with HIV is expected to climb past the crisis point of 2% of the population and 1% of pregnant mothers, possibly within the next decade**
- **Over half of new HIV infections are happening to young people below age 25, worldwide and in India**

Some statistics:

- In one survey, 36% of respondents said people with AIDS deserve the disease, and the same percentage think they should kill themselves
- 20% think AIDS is a punishment from the gods

Yet

- 22% of new HIV cases are married women with a single partner

Peer Educators:

“Everyone in my village knows cases where the husband gave the wife AIDS,” one young male peer educator said in a MAMTA focus group, “but the family will always blame her. Even if they know he had sex with other women, they say it’s the wife’s fault because she didn’t do what she was supposed to, you know, what a wife is supposed to do.”

“People in my city tell me I shouldn’t be helping these drug addicts. They think it’s better if people like that just die anyway, so why should someone who doesn’t use drugs like me try to teach them how to keep from getting HIV?”

Eighteen-year-old peer educator

Peer Education Programs

The principle behind this idea is that peers can reach out to otherwise difficult to reach populations.

Reasons often cited are that peers:

- Have insider access and credibility
- Are not perceived as threats
- Empowerment/
cost effectiveness



Peer Education Programs



Melinda Gates of the Gates Foundation meeting with sex workers of the Sonagachi peer education project

The PROMUNDO project of Brazil to address masculinity and violence against women



Peer Education Programs - MAMTA

MAMTA works in direct health care & medical training, but with young people the focus has been peer education



Peer Education Programs: Potential Constraints & Problems in India



The Potential for Violence

“It’s very easy for for you (MAMTA) to tell us here in Delhi what to talk about... But when I go home to my village they will beat me if I talk about dirty things, like how to use condoms.”

Peer Education Programs: The Potential for Violence

“Some of the police are good people... But some threaten you if you talk about sex. They don't think AIDS is a problem so they aren't going to let me talk about it.”

Seventeen-year-old peer educator for MAMTA

“I would slap my daughter's face if she talked about dirty things.”

Parent discussing a potential sexuality education or peer education curriculum focused on HIV prevention

Peer Education Programs: Potential Constraints & Problems in India

“None of us are going to teach about condom use, no matter if someone tells you they will. We aren’t going to challenge elders on that, never.”

Eighteen-year-old peer educator

“Not one village elder in my village believes in AIDS. They believe in malaria, or cholera, because they can see them. They just think AIDS is something you city people and foreigners make up.”

Twenty-two-year old peer educator

Peer Education Programs:

Parental Opposition & Opposition from Teachers

“If anyone is to discuss these issues, it is to be teachers. My son is not going to talk about sex.”

Parent discussing a potential sexuality education or peer education curriculum

“You people (MAMTA) can come here and tell me what I should do, but you don’t live here. If I get fired for talking about dirty things, are you going to give me a job?”

Teacher at a village public school in India

Peer Education Programs: MAMTA

“I think we ask too much of peer educators sometimes. I don’t have to live in their community. I don’t receive threats from police or other people. Sometimes we just give them this information and hope they are smart enough to know when to say something and when not to say anything, but we don’t train them in that.”

*Dr. Shubha Shankar Das,
Program Manager
of Research & Development, MAMTA*



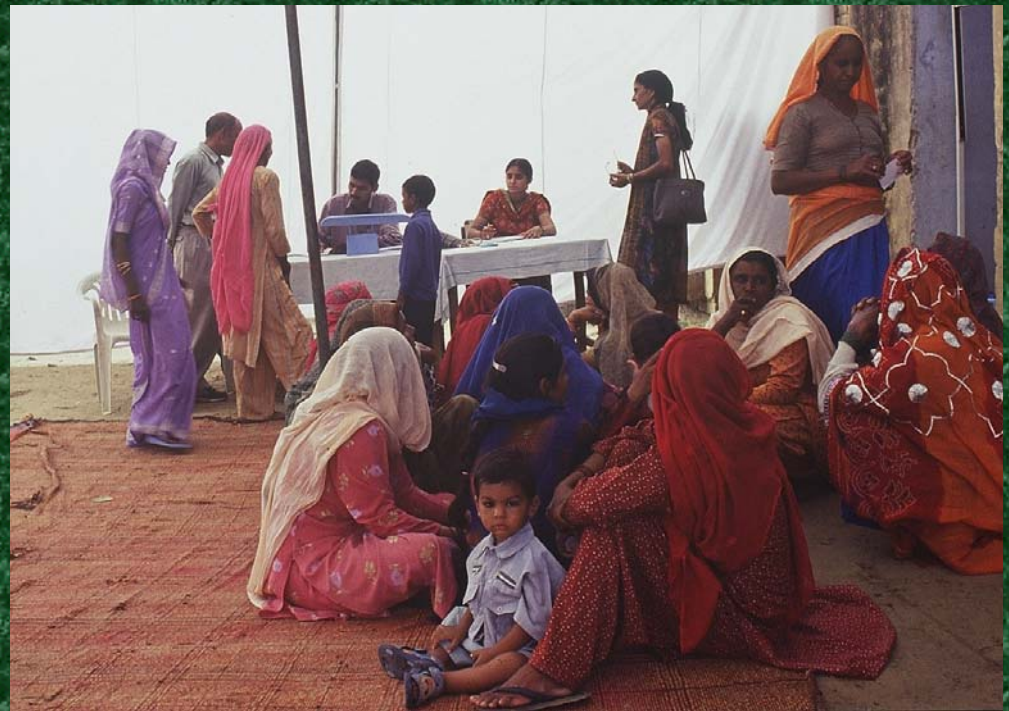
Discussion of Findings

- Young peer educators work within a different kind of sub-community than some other groups that have been successful with outreach using peer education
- Many of the peer educators only feel comfortable talking within a small circle of people, negating some of the outreach effects of this approach to prevention and education for HIV
- While peer education for HIV prevention among young people in India might be an important and useful strategy, there is a need for strong institutional support, including support from within the school system

Discussion of Findings

Based in part on some of the findings presented in this study and on other research by MAMTA, a study is now being conducted to:

- Further analyze stakeholder attitudes, emphasizing a school-based curriculum
- Conduct a pilot study in two rural and two urban slum schools using this curriculum



Next Steps: from peer education to a school-based sexuality education curriculum

MAMTA will work in conjunction with the Australian International Health Institute and Prof. Martha Morrow

This project aims to develop and implement an appropriate and sustainable sexuality education program that enhances knowledge and brings about changes in attitudes of secondary school students on sexual and reproductive health.



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Questions?

