

**HelpAge  
International**

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# Using peer education to inform older people about HIV



The first 30 years of the HIV epidemic have shown that it is difficult to find prevention activities that specifically target older people. Prevention efforts have largely been aimed at young people, resulting in lower levels of HIV knowledge among those aged 50 and over. This means that older people are less able to protect themselves from HIV.

## Why older people need to be targeted by HIV and AIDS awareness interventions

Older people are at risk of contracting HIV and many older people are living with HIV. Recent evidence shows that 3 million people aged 50 and over are living with HIV in sub-Saharan Africa<sup>1</sup> and by 2015, more than 50 per cent of people living with HIV in the USA will be in this age group.<sup>2</sup> Contrary to popular misconceptions, older people are often still sexually active and are at risk of contracting HIV through the same routes as any other group of people.

Access to antiretroviral therapy has increased significantly in recent years, leading to reductions in the number of AIDS-related deaths, including a decrease of 20 per cent in sub-Saharan Africa.<sup>3</sup> As a result, more and more people are living into older age with HIV.

As a result of changing family structures due to HIV, many older people have taken on responsibility for caring for children. They have a role in educating the children in their care, including informing them about HIV.

**“Sex is like food: you don’t say ‘because I am old I don’t eat.’”**

*Ruth, 64, Kenya*

Because older people are at risk of contracting HIV, may be living with HIV, or providing care and education to children affected by HIV, it is crucial that they have access to information so that they can protect themselves and others. An effective way of providing this information is through peer education.

### **What is a peer educator?**

A peer educator is someone who is trained to help their peers – people of the same sex, age group, or workplace, for example – to understand issues of HIV and sexuality and find solutions through sharing information and experiences. Peer educators raise awareness by disseminating information and giving people knowledge; they can also become role models by “practising what they preach”. As members of their peer group, they can empathise and understand the emotions, thoughts, feelings and language of those they are talking to, and, therefore, relate to them better.

Peer educators demonstrate behaviour that can influence others in order to reduce HIV transmission and encourage positive behaviour. They are able to inspire and encourage their peers to adopt health-seeking behaviours because they can share common strengths, challenges and experiences. Peer education can also bring about broader changes in society, by modifying norms and stimulating collective action that leads to changes in programmes and policies.

### **Peer education with older people**

Involving older people as peer educators helps give an HIV programme greater relevance to older people in any community. They will feel more comfortable discussing sensitive issues and will be more likely to listen to and accept the information being given. Older peer educators can also help to break down the stereotypical view of older people as not being at risk of HIV or in need of information and support.

### **Recruiting older peer educators**

Peer educators should be recruited from the communities they will be working in. It is important to discuss the recruitment with community leaders and ask for volunteers with the necessary qualities to be a peer educator to come forward. Interested older people should then be made aware of the expectations, the roles of a peer educator, and the objectives of your programme.

Community leaders should be involved in the programme and should have a role in approving the potential peer educators. Community leaders can include area chiefs, village elders, religious leaders, *iddir* society leaders, and village headmen, among others.

It is important to recruit the appropriate number of peer educators for the size of the community involved in the programme. Peer educators should be allocated a manageable number of people or households to support. Five households per peer educator, with a minimum of one visit to each household each month, is a reasonable allocation.

### **Training older people as peer educators**

Where possible, training for peer educators should be delivered by other older people, allowing for open discussion of sensitive issues like sex and sexuality. The training programme should be flexible and bear in mind older people’s specific needs. Older people learn better when they are engaged by real-life experiences, and with examples or issues that they identify with older age. Using participatory approaches and energisers is important in keeping older people engaged and attentive during training sessions.

#### **Role of older peer educators**

Peer educators can become role models for others by “practising what they preach”.

*“Information is very important because it gave me the motivation to go for HIV test and also TB test.”*

*Peter, 60 from Kenya*

### **Structure of a training session with older peer educators**

A training of trainers programme is run to equip a group of trainers with the skills and knowledge to train older people as peer educators. The programme should include sessions on:

- Planning for a session
- Starting a session
- Facilitating participation
- Ending the session
- How to motivate peer educators

### **Content of training sessions with older peer educators**

The peer education training sessions should address the specific needs and challenges facing older people. Training sessions with older peer educators should cover these topics:

- Introduction to peer education for older people
- HIV epidemiology in older people
- Where did HIV come from? A brief history and prevalence of HIV in older people
- Attitudes to HIV in older people
- Changing behaviour in older people
- Transmission of HIV and sexually transmitted infections (STIs) in older people
- Prevention of HIV in older people
- HIV testing of older people
- Talking about HIV and sex
- Living positively with HIV as an older person
- Human rights of older people living with or affected by HIV
- Common health conditions in older people
- Stress management and self-help techniques in older people
- Home-based care for older carers

### **Older people educating and supporting their peers**

As well as visiting people in their homes to discuss HIV and related issues, peer educators can help in other ways, by:

- referring people to appropriate services for treatment of STIs, HIV counselling and testing, and other care and support
- distributing condoms or letting people know where they can get condoms from
- promoting community events to mark commemorative days such as World AIDS Day (1 December)
- filling out report forms on their activities and undertaking monitoring tasks
- attending monthly meetings organised by supervisors their leaders
- holding regular community group sessions with older people on topics related to health, sexuality, social issues, STIs, non-communicable diseases (NCDs), HIV and AIDS, using participatory methods.

#### **Older peer educators**

Older people learn better when using real-life experiences, participatory approaches and energisers.

## Motivating peer educators

Peer educators will need ongoing training and support, such as taking part in learning exchanges and forums, if they are to be well motivated and carry out their role effectively. Their knowledge needs to be updated as the nature and scale of the epidemic changes. “Exposure visits” should be planned to help peer educators expand their skills and give them opportunities to develop relationships with others involved in similar work, and to build support networks.

Peer educators can also play a crucial role in advocacy work at community level, and should be given the opportunity to do so.

Finally, peer educators should be involved in the planning and evaluation of their work, as this will lead to a better understanding and improve their skills for implementation.

## Key points

- **Prevention activities rarely target older people** – yet they are at risk of contracting HIV, may be living with HIV, or have a role in caring for and educating children and other family members about HIV.
- **Training and supporting older peer educators** is an effective way of providing information on HIV to older people, as they are more likely to feel comfortable discussing sensitive issues with their peers, and information is more likely to be given in culturally appropriate ways.
- **Older people learn better when they are engaged by real-life experiences**, with examples or issues that they identify with older age. Using participatory approaches and energisers is important in keeping older people engaged and attentive.
- **Older peer educators need ongoing training and support** if they are to stay motivated.
- **Peer education sessions should address the specific needs and challenges facing older people.** They should be delivered in the local language to ensure full understanding and allow older people to express themselves freely.

## Notes

- 1 Negin J and Cumming R, “HIV infection in older adults in sub-Saharan Africa: extrapolating prevalence from existing data”, *Bulletin of the World Health Organization* 88, 11, 2010, pp. 847–53.
- 2 Effros RB et al, “Aging and infectious diseases: workshop on HIV infection and aging – what is known and future research directions”, *Clinical Infectious Diseases* 47, 4, 2008, pp. 542–53.
- 3 *Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO), AIDS Epidemic Update, Geneva, UNAIDS/WHO, 2009*

Practical guidelines on HIV and AIDS are available at:

[www.helpage.org/resources/practical-guidelines](http://www.helpage.org/resources/practical-guidelines)

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HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

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