

U.S. Agency for International Development

> Bureau for Global Health

SUCCESS STORIES

HIV/AIDS

Bringing HIV Prevention Programs to Mobile Construction Workers

THE INCIDENCE OF HIV/AIDS IN Vietnam is growing rapidly with Ho Chi Minh City as the locus of the epidemic. Local authorities were having disappointing results in their efforts to reach highly mobile construction workers. Searching for the most effective way to expand prevention efforts to this high-risk group, they looked for assistance from the Horizons Program, an activity funded by the U.S. Agency for International Development. Horizons, in conjunction with local organizations and institutions, undertook an intervention study to assess the use of two different AIDS prevention messengers: peer educators, drawn from the ranks of construction workers themselves; and visiting health communicators operating within an existing education model.

While both groups were found to have a positive impact on the construction workers, the peer educators had some clear advantages. The findings of the study will be used to develop future HIV/AIDS programs.

Under the study, both messenger groups received training in HIV/AIDS and sexually-transmitted infection risk and prevention, group-facilitation skills, and one-on-one counseling. Researchers selected 23 sites from across Ho Chi Minh City and randomly assigned them to one of the education interventions; twelve construction sites agreed to participate. At these sites, the HIV/AIDS messenger carefully maintained records on activities, supplies, and costs, which were regularly monitored over the period of a year.

"Many workers told me that they understood how dangerous AIDS is and how to prevent it through this program. These things they never knew before."

 A labor union staff member

A typical peer educator was male, better educated than his fellow workers, had lived longer in the city, and had already earned the respect of his colleagues. He usually was asked by his workplace or labor union to join the program. By comparison, a typical visiting health communicator was female, a social work student, younger, single, had a higher level of education, and had lived in the city for a shorter period of time than the peer educators. She had volunteered for the program.

Initially peer educators had less knowledge about HIV/AIDS than the visiting health communicators and were much less comfortable discussing sensitive topics. Yet after six months



of training and experience working in the program, the peer educators became more comfortable discussing sensitive topics than the visiting health communicators, and they had equivalent levels of knowledge.

The study found that peer educators were able to reach a higher proportion of the workers than the visiting health communicators; they had a lower dropout rate; and the cost per person contacted was lower than that of the visiting health communicators. Sexual

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Male construction workers in a peer education session.

Many potential disadvantages of using peer educators expressed at the start of the intervention—such as concerns that construction workers might not be capable peer educators or might drop out in greater numbers—were simply not supported by the data.

values of the construction workers improved significantly in the peer educator sites only. And finally, a diffusion effect in the peer educator intervention sites occurred among workers not directly exposed to the education activities. This did not occur in the visiting health communicator sites.

An important factor in the greater success of the peer educator program was the involvement of company management. The study revealed that their support of workplace HIV/AIDS programs was motivated by multiple factors ranging from concerns about the well-being of their workers to desires to reduce stigma in the workplace. The

role the labor union played in addressing early concerns about costs and time spent appears to have been an important part of a successful strategy to get management onboard.

Vietnam, May 2003