PEER TO PEER - ABC BEHAVIOURS AND LIFE SKILLS FOR POSITIVE CHANGE IN UGANDA

A Time-Space Case Study Of The Impact Of Peer Education To HIV Prevention In Uganda

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ACKNOWLEDGEMENTS

ABSTRACT

The purpose of this case study was to explain the impact of peer education to promote behavioural change in a student community. The ABC behaviours to abstain, be faithful and use condom have been central and unique behavioural approach to reduce HIV infections in the 1990s in Uganda. Behavioural and empowerment theories, including diffusion of innovations, are central for this study.

Semi-structured interviews with former peer educators from Mbarara University of Science and Technology were conducted to understand the behavioural change over time with several positive outcome. In conclusion, this study confirms that peer education has an important role to reduce stigma and to empower the student community. Positive outcome related to this can be reduced HIV infections, increase of condom use and reduction of unwanted pregnancies and abortions. However, the stigma around homosexuality is a sensitive concern and needs to be further addressed.

Key words: Peer education, Stigma, Empowerment, ABC behaviours, Diffusion of innovations

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1. INTRODUCTION

1.1 ABC Behaviours - A Ugandan Success To Deal With HIV

The triad ABC (**A**bstinence, **B**e Faithful and **C**ondom use) is a unique strategy developed in Uganda to change sexual behaviours. Uganda was the first African sub-Saharan country to acknowledge HIV and AIDS in the community and to implement interventions in the 1980s. In 1986, a clear policy was developed by the Ugandan AIDS Commission to focus on mass education and awareness campaigns, blood system safety, women's empowerment, voluntary counselling and testing, prevention of mother-to-child transmission, and treatment (Murphy et al., 2006). This policy consisted of many dimensions of public health strategies including ABC behaviours. Research measuring the effectiveness of the ABC approach in Uganda reveals significant positive changes suggesting that A, B and C behaviours played an important role in reducing HIV infections during the critical period between late 1980 and mid-1990 (Singh et al., 2003).

Uganda is located in Eastern Africa as a landlocked country bordering Kenya, South Sudan, Congo-Kinshasa, Rwanda and Tanzania (Figure 1.1). This specific location allows for potential geographical routes for dissemination of HIV via dynamic influx of people from neighbouring countries. The first cases of HIV in Uganda were identified in Rakai district and the western shore of Lake Victoria, which are regions of Uganda with one of the highest prevalences of HIV in the world. The high prevalence of HIV in this region appears to be associated with elevated flux of people between Uganda and Tanzania. This diffusion was a result of truck transportation routes, in addition to war conflicts during the Amin dictatorship between Ugandan district Rakai and Tanzanian district Karagwe. The area, with approximately 30 percent of infected individuals at the time, is recognised as the land of young orphaned children, old people with several generations of youth and adults already dead or dying in HIV (Gould, 1993:76). Thus this region represents an ideal locus to investigate the impact of peer education and the ABC approach as important tools to prevent and reduce HIV infections.
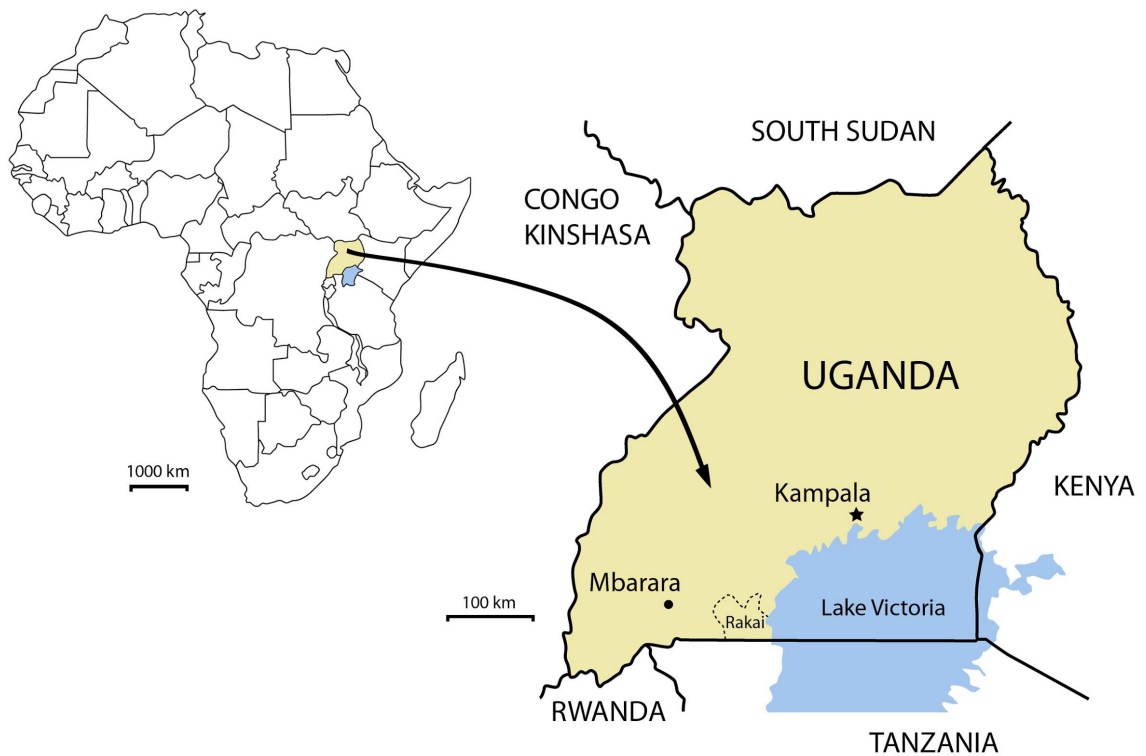
Figure 1.1. Map of Africa, to the left, showing the geographical boundaries of Uganda (as pointed by arrow) with other African countries. Map of Uganda, to the right, to highlight Mbarara and Rakai district in the western shore of Lake Victoria (Modified from Bruce Jones Design Inc. 2013).

1.2 Uganda On The Map

As a former British colony, Uganda has experienced a very violent history since independence in 1962, with the dictatorships of Amin and Obote gaining international prominence for their brutality. The current president Yoweri Museveni has been running the country since 1986 and has brought stability in most parts. As highlighted in my undergraduate thesis, Yoweri Museveni also played an important role as president in introducing ABC behaviours and along with religious leaders in empowering the community to reduce HIV infections (Forkstam, 2010). The informants for this study were former students at the University in Mbarara, located close to Lake Victoria and the borders of Congo-Kinshasa, Rwanda and Tanzania. Mbarara is the economic capital of Western Uganda, and administrative center of the Mbarara District.
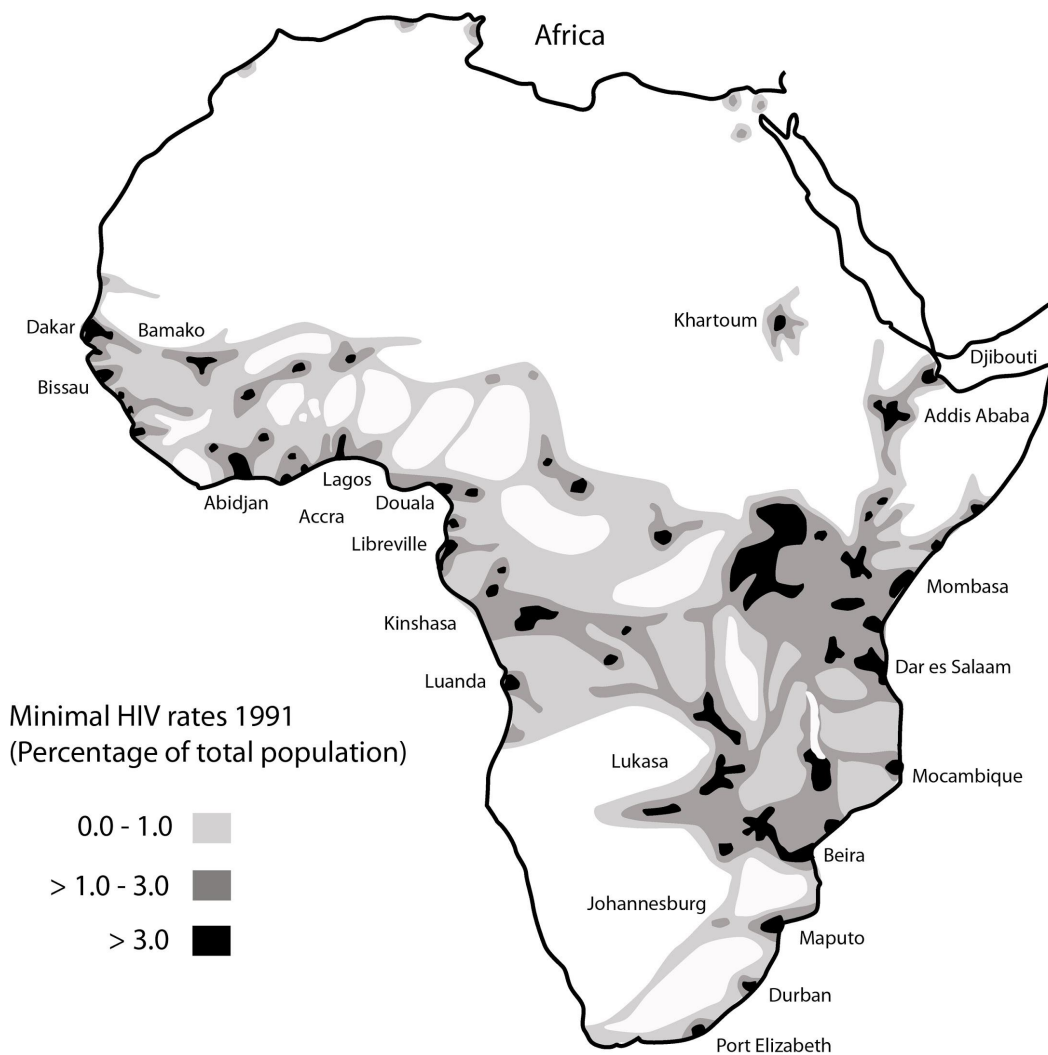
Figure 1.2. The generalised map of HIV infection in Africa around 1991 compiled from many specific and detailed sources with "spot heights" to estimate space and time (Modified from Peter Gould 1993).

1.3 AIDS Space - The Hierarchical Diffusion Of HIV

To understand the dynamics of HIV epidemics it is important to explore historical variables within a geographical context. In 1993, Gould created a model with AIDS space that explains the structures of hierarchical diffusion (Figure 2.1). Originally considered as a rural disease, HIV/AIDS became urban due to influx of population into the cities, globally and within Uganda, which has been facilitated by the airline networks. This led to a significant increase in number of HIV infected people in the early phase of the epidemic. The rural disease brought to the urban areas with explosive diffusion was in reverse brought back to rural areas after urban interactions (Gould,

1993:76). Systematic diffusion of HIV back into rural areas has been mainly attributed to high risk groups, usually considered core transmitters (i.e. prostitutes, troopers, truck drivers) with sexual intercourse as a main route of transmission. Within the Ugandan context, this diffusion could be noted by a significant increase of infections of entire families, which ravaged many villages, especially at the west shore of Lake Victoria. In figure 1.2 below this case of the highest level of infection at the west shore of Lake Victoria is visualised. Consequently, in 1991, Uganda featured one of the highest HIV prevalence (15 percent); however, as result of the ABC approach and the overall Ugandan HIV prevention policy, the level declined to 5 percent. This proportion has remained stable but recent estimates report a slight increase to approximately 6.5 percent (UN AIDS, 2017).

1.4 Peer Education - A New Angle On ABC Approach?

In my undergraduate thesis I explained discursively if the ABC approach was the successful explanation of how to reduce HIV prevalence in Uganda (Forkstam, 2010). My literature analysis provided stable grounds to understand the geographical impacts on HIV in a glocal[1] context of Uganda. The critics describe the ABC approach as the behavioural responses to empowerment, leadership and social mobilisation instead of a single strategy or programme. In vulnerable populations, such as sex workers, and to address non-heterosexual risk groups, such as men who have sex with men, and intravenous drug users, the ABC approach fails as a strategy in absence of a diversified approach (Murphy et al., 2006). Thus, it is important to understand how adjuvant approaches such as peer education and enhancing life skills could be combined with the ABC approach to increase prevention and effectively reduce HIV transmission.

This is therefore the angle I will explore in this thesis. The unique situation in Uganda is that the message of HIV prevention was delivered from the government in many different channels with not only a diversity of approaches and programmes but also through different actors in the society, such as political and religious leaders, and non-governmental organisations. This not only helped address the message but also created a nationwide commitment (Cohen, 2003). This strongly suggests that empowerment, as a product of peer education, is essential to create the policy change. Therefore, understanding how peer education contributes to empowerment is crucial to evaluate the impact of adjuvant strategies to prevent and reduce HIV not only in specific target groups but also in the community.

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[1] Glocal means global in a local context.

1.5 Sweden And Uganda In Collaboration To Fight HIV

Between 2007 and 2011, I had a unique opportunity to conduct a field study in Mbarara, Uganda, with focus on one specific target group: students from the Mbarara University of Science and Technology (MUST). Mbarara is the economic capital of Western Uganda, and administrative center of the Mbarara District. My aim was to uncover which behavioural responses, besides ABC behaviours', could be translated into the concept of life planning skills. These skills are essential in Uganda especially in public health strategies to outreach the young population. In the theory section of this thesis, these skills as empowerment theories are explained in detail. The choice of focussing on students as a target group was based on the fact that boys and girls are segregated until secondary school, but are brought together during University. During this time, students generally start their sexual life for which knowledge of life skills can be crucial to reduce HIV transmission and unwanted pregnancy. In the early 2000s new HIV infections and unwanted pregnancy were considered as huge challenges at the universities in Uganda. This is one of the reasons why the division of Social Medicine and Global Health at Lund University (LU) and the faculty of Medicine at MUST created a collaboration called LUMUST (Lund University, 2017), a twining development project financed by Sida. LUMUST was established in 2003 and one of the objectives was to establish a peer education programme similar to the student organisation in Lund called Project 6 (P6). Peer education is a method with a minority of peer representatives from a population, in this case students, attempting to inform or influence the majority. In 2003, the MUST Peer Project (MPP) was founded and was to be built on the same structure and principles as P6 to involve students about sexuality and life skills. When P6 was founded in 1991, its was a new international approach to tackle HIV and to raise awareness among students. The success was prised some years later in 1996 at the International HIV and AIDS conference in Toronto.

In my role as project coordinator for P6, the first study trip to Uganda was conducted in 2007. During 2009 and 2010 I was hired as project coordinator for LUMUST with special focus on peer education and visited Uganda several times. There are many similarities in the way Uganda and Sweden approach HIV prevention among students, but many differences are also evident. One of those critical differences was the Ugandan approach of ABC behaviours' and life skills. P6's main objectives are to provide free condoms and peer counselling to all students in their daily activities. In addition, providing condoms in Uganda turned out to be an extremely sensitive issue, to the point where MPP decided to name their condom providing activities *Secret Service*, which can explain cultural differences. For my study ten former peer educators from MPP were interviewed in November and December 2010 about their experiences and outcomes using ABC behaviours' and life skills as tools for peer education.

1.6 Aim And Research Questions

For this field study, the underlying baseline is the requirement to reduce HIV in the approach of a broad public health policy. In this context, very little is known about how life skills could be associated with ABC behaviours to contribute to reducing levels of HIV transmission. Here, I ask whether peer education could be used as a communication tool to help disseminating life skills to promote positive behavioural changes towards HIV prevention programmes. In figure 1.3 on the next page the central hypothesis is described as the impact of peer education with the two pillars ABC behaviours hand-in-hand with life skills to promote behavioural change such as reducing stigma and at same time empowering the community.
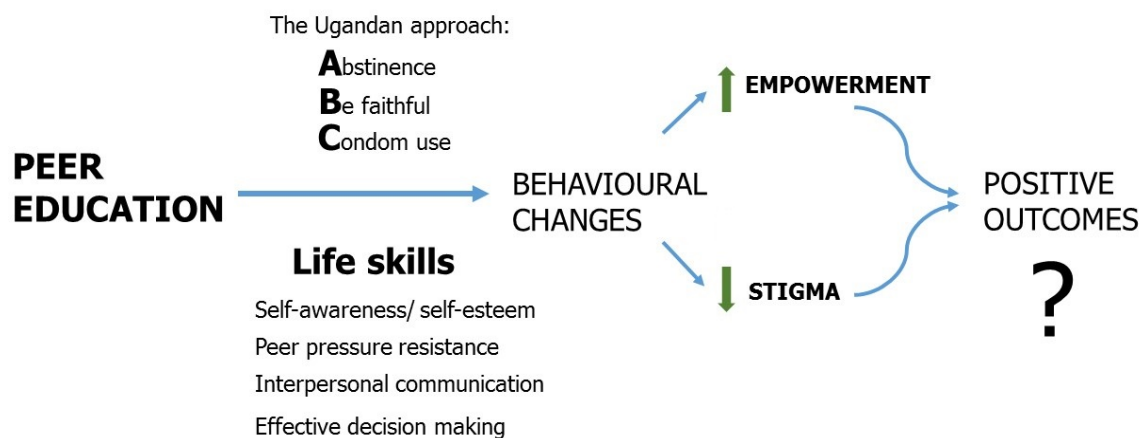
Figure 1.3. The hypothesis of this study.

My findings in my undergraduate thesis were that there was a correlation between declining HIV prevalence rate and the impact of the national public health interventions such as ABC behaviours. In theory, this appears logical but there are many new questions that need to be answered. Mbarara is one city in the southwestern Uganda, close to Lake Victoria where the highest prevalence of HIV transmission was seen in the late 1980s. In this study the target group chosen to be examined is students at university. It is interesting to examine the behavioural change among students as a specific target group and in a higher HIV prevalence area' such as Mbarara. The former students at MUST and peer educators at MPP can be a useful tool to find out if the improvement of their work with life skills and peer education has been successful towards the national public health policy and the ABC approach.

Therefore, in this thesis I pursued the answers to the following research questions:

Can peer education be used with ABC behaviours hand-in-hand with life skills as pillars to promote behavioural changes?

Can the stigma in society be reduced and students become empowered through peer education?

What positive outcomes can be seen as result of promoting behavioural changes?

1.7 Disposition

The disposition of the thesis is divided into five blocks. The first block contains introduction to the thesis with research problem, aim and research questions explained together with a brief introduction to Uganda. The second block introduces the theoretical framework and in the third the methodology is explained. In the fourth block the theories are applied to the analysis and my findings are discussed. In the last block, the conclusion, my results are summarised and the hypothesis confirmed if peer education with the two pillars ABC behaviours hand-in-hand with life skills are promoting behavioural change such as reducing stigma and at same time empowering the society. In the same block further research opportunities in the field of peer education and behavioural change are discussed.

2. THEORETICAL FRAMEWORK

In this thesis the central theoretical framework is relating to behavioural change and diffusion of innovations. In this section the theories to explain the impact of ABC behaviours and life skills as tools for peer education are explained. Stigma and empowerment are also vital elements for this study's theoretical framework.

2.1 Stages Of Change For Behavioural Responses

Time and space can in collaboration be essential to drive a change, a positive behavioural change, and to understand behaviours. However, to overcome stigma and to be empowered in the end we have to understand the social and geographical perspective of different target groups. The *stages of change* can be used to address positive behavioural change. The stages are precontemplation, contemplation, preparation, action and maintenance. For example when we discuss condom awareness, the first two stages of change are defined as not using condoms every time and not planning to start using them every time in the next six months (precontemplation) or to consider using condoms every time within the next six months (contemplation). The last three stages of change are defined as planning to begin using condoms every time within the next 30 days (preparation), having used condoms every time for less than six months (action) and having used condoms every time for six months or longer (maintenance). (Grimley et al., 1996:455pp)

2.2 Behavioural Theories Central For Peer Education

The stages of change can drive positive behavioural changes but to be successful, peer education can be seen to be one broadly accepted effective behavioural change strategy. There are several well-known behavioural theories behind peer education. In this study one central behavioural theory, *the diffusion of innovations theory*, played a key role in the development of peer education (later described). There are three other central behavioural theories that also played a role in the development of peer education. In the following section these theories are mentioned to understand the various theoretical frameworks that build up peer education.

The social learning theory states that some people can function as role models for some specific behaviour because their need for stimulating behaviour changes in other people's. *The theory of reasoned action* asserts that an individual's attitudes to change

behaviours is influenced by what their peer educators would think about it, in both positive or negative consequences. *The theory of participatory education* considers lack of empowerment at community or group level in correlation to socioeconomic background as major risk factors for poor health. (Abdi & Simbar, 2013)

The most central theory applied to this study though is *the diffusion of innovation theory* that focuses on an innovation as new information, a belief, a practice or an attitude perceived to the peer educator or peer leader and can be diffused to a peer group. In this theory 'opinion leaders' are employed to transfer information, influence group norms, and in the end act as change agents within their population. (ibid.)

2.3 Diffusion Of Innovations In Time And Space

The geographical perspective in relation to time and space can show us the impact in diffusion of innovation. This theory explain how and why new ideas and technology are spreading (Rogers, 1962; Rogers, 2003). Rogers proposes that the spread of a new idea has four main elements: the innovation itself, communication channels, time and a social system. In conclusion, an innovation is communicated over time among the individuals in a social system. However, the diffusion of innovations theory can be applied to variation and span of multiple disciplines (ibid.). In line with Rogers, Hägerstrand already back in 1953 described in his doctoral thesis *Innovation Diffusion as a Spatial Process* how dynamic and incremental simulation of spatial processes can be used at the spatial scale of the individual. The link between space and time were seen as a dialectical relationship (Hägerstrand, 1953).

Innovators reaching the critical mass can be related to peer education. The peer educator is the innovator and the critical mass is the peer group that is addressed to the message. According to Rogers (1995), *"opinion leadership is earned and maintained by the individual's technical competence, social accessibility, and conformity to the system's norms"* (Rogers, 1995:27). Opinion leaders, applicable on peer educators, typically have higher social status in the social system, are more innovative than most others, and are centrally located in the social system's interpersonal communication networks (ibid.). Similarly, *the two-step flow theory* to communicate can also be in line with peer education. Lazarsfeld, first in the 1940s and later together with Katz, developed this model how ideas can be brought from the mass media to a wider population using opinion leaders as communication tools (Rice et al., 2012:379pp). Gould's *model of AIDS space* (Figure 2.1), mentioned in the introduction, can also be relevant to address to diffusion of innovations how to create a peripheral position of HIV diffusion from Mbarara in relation to Kampala as a capital (Gould, 1993:30pp).
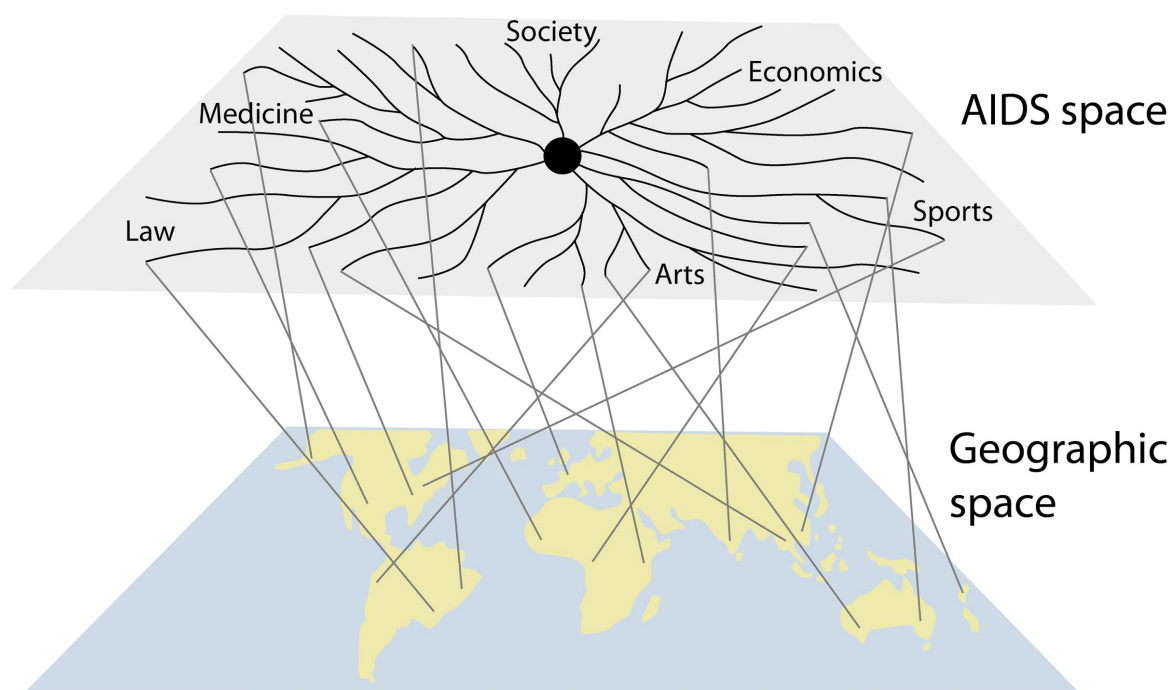
Figure 2.1. AIDS Space - projecting the map of HIV effects onto the more familiar map of the world to highlight the way through human communities in real spaces and actual places (Modified from Peter Gould 1993).

These theories together with other behavioural theories, less important for this thesis, are building up the concept of peer education, central for this study. Peer education programmes have been set up in many different continents, countries and have had an important impact applied to a specific cultural or geographic setting. Researchers have been studying the behavioural change in this projects. For example P6, earlier described, was founded in 1991 after significant increase of chlamydia infections in the student community. Gary Svenson was setting up the project and in 2002 evaluated the impact of the project in his PhD thesis. Svenson was studying how the development of student empowerment in this project reduced the level of STDs including chlamydia. According to Svenson (2002) five steps are required in a peer education programme: 1) clear project aims and objectives, 2) consistency between project design and the external environment, 3) clear investments in terms of human and economic capital, 4) an appreciation of that peer education is a complex process to manage and requires highly skilled personnel, and 5) adequate training and support for peer educators. In the early years of the project students became more aware of condom use to reduce infections in the community. In the new millennium condom awareness was reduced as an estimated effect of antiretroviral treatment for HIV that lead to higher risk taking among the students (Svenson, 2002:37pp). Still this project, P6, has been role model for many other peer education projects created globally including my case of MPP in Uganda.

Based on diffusion of innovations, peer educators can be homophilous to the peers they are educating. Thus, the peer educators *"share common meanings, a mutual subcultural language, and are alike in personal and social characteristics"* (Rogers, 1995:19). However, a peer education programme may not have access to all students to recruit opinion leaders. Application of diffusion of innovations throughout a peer education programme will influence the way in which peer educators are recruited and selected, how they are trained, how they develop and implement programming for their peers, and how and when the programme is evaluated (Ramseyer Winter, 2013).

2.4 ABC Behaviours And Stigma In Uganda

The ABC behavioural approach is confirmed in my undergraduate thesis to be one of the main reasons to reduction of HIV prevalence during the 1990s in Uganda. In Africa, a large part of the population do not have access to biomedical treatments, mainly antiretroviral therapy, because of their costs. Recent research indicates development of vaccine to prevent HIV, but also to kill the virus in infected individuals (Kang & Gao, 2017). Despite this advancement, the long term implementation of a vaccine is expensive and will take time to reach the population in many African countries. Therefore, approaches to reduce the transmission that focus on the behavioural level are crucial in finding intervention programmes.

In Western Europe and the United States interventions can be found in gay male communities, among intravenous drug users and with needle exchange programmes. These have been successful because of the possibility in legislation and more liberal moralisation (Barnett & Whiteside, 2002:79). In an African country usually the high levels of stigma and taboo create criminalising legislation towards homosexuality and abortion. The stigma rapidly leads to discrimination, which can be seen as "geography of blame" (Kalipeni et al., 2004:19). In this environment, interventions are hardly successful or possible at all.

In Uganda homosexuality is criminalised. The gay community has become an underground movement with difficult access possibilities. Therefore the public health interventions are difficult to mobilise within the target group. The general approach is that the intervention programmes in Africa need to be generalised to the population but still there are target groups, such as the gay community, without possible intervention. (ibid; Barnett & Whiteside, 2002:79)

The success of national policy making with behaviour change towards HIV is therefore limited in Africa because of the generalised phenomena. Uganda is one of the few countries where the national level has succeeded with the ABC approach as a behaviour change in the local context. Barnett & Whiteside (2002) explain the success as *"the*

nature of society and the expectations of the future it is possible for people to have" (Barnett & Whiteside, 2002:80). The levels are tackling the countries' cultural, social and economical structure as in a behavioural change. The failure in the income distribution increases urbanisation that forces the prevalence of concurrent partners to a new stage of infection. Culture and religion can reject access to health care and create a violent environment (ibid:78).

2.5 Life Skills As Empowerment Strategies In Uganda

Peer education is central for MPP but life skills, also called life planning skills, are central in a Ugandan context to help young people learn how to maintain their bodies, grow as individuals, work well with others, make logical decisions, protect themselves when they have to, and achieve their goals in life. In a theoretical approach these life skills can be seen as empowerment strategies and are categorised into three main areas. Firstly, skills of knowing and living with ourselves, i.e. self-awareness to enable us to understand and appreciate our strengths and weaknesses, and self-esteem to enable us to be aware of our worth. Secondly, skills of knowing and living with others, i.e. peer pressure resistance to reject or refuse negative influences from peers' values, beliefs and practices, and effective communication to enable us to effectively pass on or receive messages. It requires us to be good listeners, and to be articulate and clear when communicating with others. The third main area consists in the skills of making effective decisions, including critical and creative thinking in the decision making process (PATH, 2003:17pp).

In this study, these life skills as empowerment strategies are central to confirm the effect of reducing stigma and empowering the student community. Historically, in Uganda ABC behaviours, together with empowerment of women, have been essential to reduce HIV infections. Rowlands (1998) applied a feminist approach to power and emphasis on how power is generally debated under a neutral definition of power. This neutral definition does not take into account how power is distributed in society, such as by gender, class or other systems of oppression (Rowlands, 1998). She creates an empowerment framework that is more applicable to unequal power distributions in society, based on thoughts by Foucault (1982) on power and several feminist interpretations. In line with the concept of life skills, this empowerment framework explains three dimensions in which *power over, power to, power with,* and *power from within* can be experienced in; relating to empowerment on personal, collective, and close relationship levels. In figure 2.2 on the next page these dimensions are shown to interconnect to the elements.
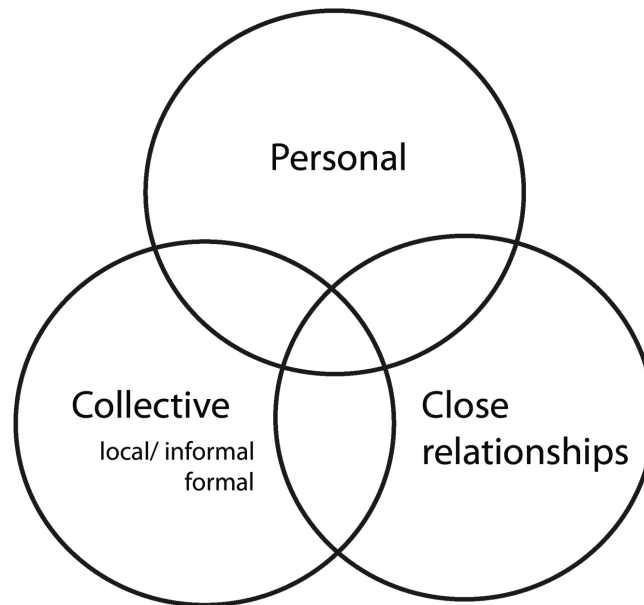
Figure 2.2. The three dimensions of empowerment (Rowlands, 1998).

Power over is an understanding of external pressures on decision-making. *Power to* refers to the ability to create new possibilities within one's community or living situation; how to make decisions within those relationships. *Power with* is seen as collective action, how individuals seek a communal response to an issue; to take collective political action. Finally, *power from within* is about the ability to develop individual confidence and capacity. This empowerment framework is not only applied to the feminist theory, but can also be applicable for other marginalised groups, especially within a development context. (Rowlands, 1995:103pp)

Life skills are all about empowering young people in challenging situations to adopt healthy behaviours. Together with peer education, the central theme is empowerment. In peer education it is about empowering a minority of peer representatives from a population in attempts to inform or influence the majority. At the individual level the targets are knowledge, attitudes and behaviour. But at the community level normative or other social determinants are highlighted. The next section will explain the methodology of the thesis, before leading into the analysis in section 4.

3. METHODOLOGY

In this section, the methodological approach of this thesis, and also the limitations experienced in the field, are discussed. The data collection, sampling and the use of semi-structured interviews are explained. In the end, the importance of intersubjectivity and source criticism are highlighted.

3.1 Methodological approach

The main purpose of this study was to understand the impact of peer education and ABC approach to promote behavioural change, such as reducing stigma and community empowerment. To achieve this goal, a qualitative method was used to interview former peer educators to assess the impact of ABC behaviours on their peer experiences and personal development. This method provides possibilities for the researcher to gain a deeper understanding of the scientific problem than using a quantitative method (Clark, 2005:12pp). This single-case study can contribute to a better understanding of behavioural and empowerment theories. The description of the material sought to highlight the individual experiences of each informant in the peer education programme. This approach reflects the real life of people in a community, emphasising the underlying experiences and processes in their behaviour (Thurén, 2007:15pp). Interviews were conducted in English and the former peer educators perceptions and experiences were transcribed but not interpreted. This approach enables more reliability in the transcription from local spoken language to written words without any manipulation. Consequently, the transcribed interviews reflect an authentic representation of the knowledge of the population about behavioural response. Because objectivity can be questioned in qualitative methods, in this study the direct responses are reported in the way they were formulated, with no further interpretation. The purpose of this study is rather to highlight the social reality in a dynamic landscape of change and how the individual creates and constructs this change (Bryman, 2011:20pp).

3.2 Limitations

The first study plan for this thesis was to interview students involved in the student association, MPP, to understand their experiences disseminating HIV prevention practices among the students at the university. This study plan was confirmed within the student association and with the Dean of Students. However, despite the study being approved several months in advance, the proposal to interview students was

unfortunately denied only a few days before my departure for Uganda. In Uganda a student qualifies as property of the university. Regrettably, there was no viable time to proceed with an ethical clearance to interview students. The process of obtaining an ethical clearance takes several weeks, thus making it impossible to proceed within a limited timeframe. Given these circumstances, the original study plan had to be modified as to exclude student interviews and focus on the former peer educators.

In Kampala, the most suitable approach I found was to interview former students that were involved as peer educators during their studies at MUST. At that time, many of them were living in different regions in Uganda. I focussed on the students based in Kampala and Mbarara. Many interviews had to take place at evenings while trying to find new informants during the day. Several interviews had to be cancelled because of unforeseeable circumstances.

Limited fieldwork time also imposed a challenge to obtain new informants. All data collection was made in late 2010. This time coincided with my elected role as party leader and local councillor. My political assignment postponed the finalisation of this thesis. Therefore, this study has to be seen as an historical case study out of the data from 2010. In terms of changes within Uganda when it comes to HIV infections the level is still the same, that is about 6.5 percent as in 2010 (UN AIDS, 2017).

3.3 Semi-structured interviews

In this study semi-structured interviews were conducted, with an interview-guide with open questions to discursively get a deeper understanding, in time and space, of the experiences, trends and behaviours within the student community. Interviews were used as a qualitative method for gathering primary-data and are suitable in studies to get a deeper understanding of the informants' attitudes and feelings (Clark, 2005:12pp). Ten individuals participated in the semi-structured interviews. Two of the interviews were conducted as focus-groups with three informants discussing and helping me as an outsider to develop a more interesting outcome in the semi-structured interviews. The study-field in this case contained outcomes that were unknown beforehand, partly because of contextual differences. For example, in one focus-group there was an interesting discussion about whether the successful use of ABC behaviours can be explained as a vertical or horizontal approach (see more 4.1.3). These unforeseen dimensions did demonstrate that semi-structured interviews are the most applicable method to use for this study. The opportunities to reflect and develop the interview-guide gradually during and in between the interview sessions gave more interesting responses to the research questions. In the broad questions deeper conversations can access information and support the informant to express more freely with own words (Valentine, 2005:32pp).

3.4 Data collection and sampling

In this study, the former peer educators are defined as informants. My intention was to interview a selection of peer educators as informants and the peers as respondents. Unfortunately, the only informants or respondents I could access (as described in Limitations above) were the former peer educators. The reason for carrying out a field study was to get in contact with relevant stakeholders, which otherwise could not be interviewed or sometimes even identified. Not only could the former peer educators describe their own attitudes, experiences and reflections as peer educators in university, but also how peer education and life skills had been used in their life after university. The selection of informants was carefully discussed with the gatekeeper to identify key actors, from founders, former peer leaders and recent graduated peer educators. An individual who has the knowledge and possibility to make other people participate in research is called a gatekeeper (Valentine, 2005:32pp). The gatekeeper was a former peer leader in the project with a broad network of former peer educators that were still involved in the training of the peer educators. The study was estimated to consist of about 8 to 12 interviews to be able to answer the research questions. The size of the sample is dependent on when the data-collection does not highlight more relevant information to the study. After 10 interviews enough information about the former peer educators experiences and reflections were gathered. The sample is gendered because there were evidently differences between how men and women addressed different concerns, for example in sexual and gender-based violence. The male (M) informants and the female (F) informants are indicated by the letter M or F and a number marking the order in which the interviews were conducted.

The most critical part of the study was to acquire field interviews. Even though many of the informants were already identified in Mbarara and Kampala, the distance between the cities is about five hours. All of the informants had commitments with work which made it more difficult to organise interviews. Upon consent from the informants, a recorder was used in all the interviews. Before each interview the informant was warranted anonymity. The purpose of the study and practical information about the interview were explained. All the interviews were about one hour that is an appropriate time-frame for both the informant and the researcher to be able to keep focus during the session. The questions to the informants followed a discursive analytical approach for the research question for this thesis.

There is a problem for outsiders to be able to implement studies because of data mining and the fatigue of interviews without any result. The original plan was to present the data continuously during the stay in Mbarara and to discuss my results in the end to all the informants in an open assembly, but this was practically impossible because the interviews were not conducted in the same place. One way to compensate for this situation was to both using the method to interview four separate informants and to create two focus-groups with three informants in each group. This made the interviews

more interesting and facilitated understanding of the discourse and discussions behind different situations. Separate interviews were conducted with M1, F1, M2 and M3. In the first focus-group F2, F3 and M4 participated. The informants participating in the second focus-group were F4, M5 and M6.

3.5 Intersubjectivity and source criticism

Intersubjectivity and source criticism are of great importance for a thesis. The author is aware of this. References to the materials are directly transferred in the text. In the interview situation both prestige and faithfulness of the respondent are considered, i.e. "tendencies" and "independence" (Esaiasson et al., 2005:311p). Therefore, the informants are unidentified because of the independence and irrelevance to highlight their names.

As an outsider, it was easy for me to bring a top-down perspective in the field. In this study this risk was eliminated through already established contacts on five travels to Uganda between 2007 to 2011. The experience of being involved in the field in Uganda for more than four months in total in a period of 2007 to 2011 gave me essential opportunity to understand the impact of peer education.

4. ANALYSIS

In this section, the outcome of my interviews with the informants is discussed. The findings suggest that peer education promotes important behavioural changes to reduce stigma and to empower the target group. In section one, the ABC behaviours and life skills as tools for peer education will be discussed. In sections two and three, positive behavioural change to reduce stigma will be discussed and later, the positive behavioural change to empower will be brought up.

4.1 ABC Behaviours And Life Skills As Tools For Peer Education

In the Ugandan HIV prevention policy the ABC behaviours tend to be a vertical approach. First we ask us if the target group addressed can abstain. If the answer is no, the next question will be if the person is involved in a relationship. If the answer is yes, the next question that emerges will be to maintain faithfulness in this relationship and to end sexual networks with other partners involved. If there is no relationship and the person cannot abstain, this person will be offered condom prevention. In contrast, life skills can help empower the community to make informed decisions. Empowerment and behavioural strategies build up the capacity for peer educators to achieve positive outcomes.

4.1.1 Religious Influence Of Abstinence

In the present study, the informants agreed about the success of using the ABC behavioural approach in Uganda as a geographical area, but at the same time they had very different opinions about how to communicate the message to a specific target group. My findings revealed that informants, especially with religious backgrounds, tended to promote this vertical approach. According to them, every single student should be questioned to be abstaining, to be faithful (in a relationship), and, if none of these above were possible, to be educated how to use a condom. Informant F4 said:

> "...personally I was one of the people who had an issue with condoms as a peer educator, because we are preaching more the C than the A and the B... Though it was good students used condoms, from my view as a Christian, that used to bug me. It also affect other people. MPP's image was condom supply... people just come to get condoms... condoms are condoms but sometimes I thought we as peer educators was supposed to be preaching the ABC... If someone access a condom

they jump over A and B. We should first counselling on that... In MPP we
followed CBA instead. In the university, not only in MPP, they used to put
condoms in the toilets in the bathrooms... the same telling just go and have sex."

However, this informant also agreed using condoms is better than unprotected sex. This indicates that, even though informants with religious backgrounds tend to favour abstinence and faithfulness, they show support to the use of condoms as an important tool to prevent HIV transmission. Informant F4 continued:

"Okay, we know students having sex, but at least... they do have protected sex...
but then you are not even telling them A and B. If you failed the A, and then you
failed the B, then you can go to the C. Not just skip everything and jump there."

Similarly informant F2 said:

"...personally I had a problem with the condoms... many people had cultural
issues with condoms. It was a moral promoting sex. To tell people to use a
condom was... to tell they should have sex whenever they wanted. I came to a
point if I like it or not I have to change so I can go to them who are sexually active
to be healthy and responsible."

Condom can be seen as problematic because of religious impact and the inequality gender structure as a male protection (Barnett & Whiteside, 2002:79). This was the greatest challenge to try to target all students with different backgrounds and religious beliefs. Informant F3 informed:

"...coming out was a challenge to various students - religious, non religious,
muslims - to make all in the student body to find you as accredited peer project.
You reach out to everyone. If you are too liberal you lose out one section of the
students. And then again too conservative you lose out to another section of the
students. So we seek the balance."

Abstinence is far more successful to communicate if the target group consists of young and virgin people, who seem to be more easily persuaded to delay any sexual activity. Informant M1 emphasised:

"...the most people... at primary school, secondary school, will easier follow what
their parents tell them. If your parents tell you... not to engage in any
relationships, you will listen because they are paying the fees and the parents are
closer to their children when they are in primary or secondary school."

Consistent with this notion, informant M1 continued: *"...when you go to the university,*
it's different, you are on your own." At university, curiosity around sex is intense and preaching the message of abstinence from intercourse in a student campus setting will

be very difficult. Other informants agreed about the difficulties to reach out for university students to abstain. Informant F3 said:

> *"...when we were in school, abstain makes sense. When you finish school, the message is harder... when someone has knowledge they make more informed decisions... if there is someone who is telling you to abstain, it is better than no-one saying anything."*

This informant also refers to peer influence, how to use the peer education to be a role model. Informant F3 continued: *"...we are a group of people and we are abstaining and we are faithful and we otherwise use condoms."*

4.1.2 The Historical Impact Of ABC Behaviours In Uganda

In the 1990s, studies confirmed that ABC behaviours had a significant importance in the decline of HIV infections. The analysis released by Singh et al. (2003) shows some results in the sexual behaviour change. More Ugandans tended to abstain (A) and not having sex at young ages. The rate of young men having their first sexual intercourse decreased substantially and the median age for young women rose from 15.9 in 1988 to 16.6 in 2000. Among the people having sex, sexual activity did not decline. (Singh et al., 2003)

The second (B) result is that levels of monogamy increased. Sexually active men and women, especially the unmarried ones, of all ages were more often just having one sexual partner in a one-year period in 1995 than in 1989. From 1995 to 2000, the number of married men with just one sexual partner increased significantly, whereas there was no significant variation in the number of married women. The proportion of men reporting three or more sexual partners also fell during the first period. (ibid.)

Finally (C), the results of condom use rose steeply among unmarried sexually active women and men. Among the unmarried men who had sex in the last four weeks, the proportion of the ones using condoms during their last sexual intercourse rose from 2 percent in 1989 to 22 percent in 1995 and finally at 57 percent in 2000. Among the unmarried women, condom use rose from 2 percent (1989) to 14 percent (1995) to 37 percent in 2000. In younger age groups, condom use is even higher. The conclusion is significant in the period from 1989 to 2000. The success in Uganda was to include all three behaviours in the ABC approach. (ibid.)

The statistical trend is generalised from many sources and highlights the impact, especially (among men) in reduced numbers of sexual partners and a sexual debut in more mature ages. The statistics above show the general population but in specific age groups we can see more significant trends. Between 1989 and 2000 in the age group of

15 to 19-year-old women having their sexual debut declined from 74 percent to 51 percent, and among men it dropped from 68 percent to 42 percent. In the same age group, remarkably high, as much as 78 percent of unmarried men and women reported zero sexual partners in the past year. (ibid.)

However, the data about condom use needs to be improved, since remarkably almost the majority of unmarried youth, particularly young women, is not using condoms at all. (Murphy et al., 2006). Still today you can see the same tendency that ABC behaviours in combination with abstinence, faithfulness and condom use target the whole population in Uganda and stabilise HIV infections to 6.5 percent of the population. In Uganda the ABC approach can be seen as a vertical approach intended to satisfy both the public health perspective and the religious community concerned about condom use. In the next subsection ABC is discussed as behaviours within the student community.

4.1.3 ABC Behaviours - Vertical Or Horizontal Approach?

In the second focus group, two informants raised an interesting point of view on the fact that ABC should be seen as vertical or horizontal in the student's approach. Earlier, informant F4 mentioned ABC must be seen as vertical approach. However, as a strategy for the whole country, informant M5 suggested:

> *"...if you abstaining you are 100 percent safe from HIV. When you are faithful 99,99 percent safe. You can not get HIV if you are with your partner... you can have sex without a condom. If you refuse to be faithful and you can not abstain that means you are having many partners. So with your many partners use condoms with each of them. And this is the strategy C... Strategy A applies in your young life, right? When you are young and maybe before you come to university... It is A, A, A, A... The strategy for the whole country... I think it is for the region, for Africa basically prevention for HIV/AIDS... make sure that everyone who can abstain should abstain and it is more emphasised in the youth... Being faithful has been emphasised in marriage. If you have been going to any place where they are talking to marriage counsellors, whatever partners, engagement, they are talking about being faithful. Do not bring HIV into your family... all these campaigns... get off the sexual network. That is the strategy for being faithful. That is where the marketing comes from."*

The informant addressed the same message as many other peer educators. Abstinence is successful to delay sex debut in early ages, to maintain faithful to one's partner and to move away from the sexual networks. And, if one cannot abstain or has no partner but still wants sexual interactions, condom will be the solution. In the specific student environment, at the campus, the informant does not apply this typical vertical ABC behaviours' approach. Informant M5 continued:

"When you go to university it is well known students are experimenting… In the university you watch porn movies… in the university setting, the older youth they are having sex. They are looking for their mates… what is emphasised for them is condom use. To prevent them from getting HIV… we have seen that trying to tell them to abstain… In marketing even when you say, do not smoke. You increase the number of smokers. There are dead devils out there… Is not gonna stop the rate of sex and HIV transmission… what is effective in their age group is C and that is the ABC strategy. I think is being used to still being followed and I still think it is effective… the youth are abstaining, if they are reached by this initiative. The youth in the villages are having sex from early ages. They do not get the information of being abstained. If you go to a school where they have promise rings and celibacy they are abstaining. There are people that have lost their sexual networks with 70 percent in the past three years who have become faithful… Students are picking up condoms. The knowledge of condom and condomising has increased and have improved the quality… ABC strategy has been implemented and is working in different aspects when you understand the strategy."

However, the other informant disagreed about this horizontal approach and wanted to work harder for abstinence and being faithful. Informant F4 said:

"...the condom are more popular, more attractive, more accessible and easily believable… with A being tiny, B increasingly bigger and C humongous… someone can tell me, let us have sex and the first they say let us use a condom… frankly speaking the train A is tiny, B is moderate and C is just in your face. That is why I believe that strategy is not effective, because we are pro somethings and ignorant to others."

In line with this idea, one informant could also face this very skeptical approach towards the condoms and questioning of ABC behaviours as successful. Informant M2 emphasised:

"...giving people condoms was not bad but it was not enough… of course there are people having a challenge with the C, actually a few members in the project were saying we should not doing the C because it is demoralising students telling them to have sex… worst problem was that many students would find it hard to go to the shop and buy condoms. They feel embarrassed to go and buy condoms… the good thing with the peer educators is that we have differences but… I have right to disagree… that is a part of the team. We are honest to our differences and opinions… because personally I believe giving out condoms is the right thing."

In contrast to this very skeptical approach towards the condom, there is a significant positive behavioural change seen among the informants. The life skills go hand in hand

with ABC behaviours. Informant F2 mentioned the outcomes of reduced stigma and empowered students, adding:

> "To talk about the effects… you still bury your head in the sand and know that not everyone can use abstinence, that not everyone is faithful and that some people really have sex, and some unprotected sex."

4.2 Positive Behavioural Change To Reduce Stigma

In the last section, ABC behaviours and the behavioural approach are essential for the peer educators. ABC can be seen both as a horizontal and vertical approach, but the behavioural response to condom use is more applicable in the student community. The outcome is positive behavioural change to reduce stigma and to empower the community. In this section we study the reduced stigma and in the next section how empowerment is confirmed. The former peer educators at the university, my informants, advocated the concept of life skills, in addition to the ABC behaviours, worldwide known for its effectiveness in the Ugandan HIV prevention policy. Life skills are basic skills in young people's life, to overcome stigma, to build up self-esteem, to learn how to communicate and to be empowered Life skills were addressed by all my informants, and all seen as instrumental in a positive behavioural change. Peer education can be seen as a communication tool to enhance ABC behaviours and life skills. Informant M1 said:

> "If I have not joined the MUST Peer Project… I think I would be incomplete. I would be lacking in communication skills and I would be lacking in life skills. I would be lacking in leadership also… I got a lot of those free skills… I got exposed to many people, whom I until today turn to for advice and professional development… It really empowered me."

Similarly informant M3 informed:

> "Peer education has taught me so many life planning skills that I believe in now. In which many of them are adopted in my daily life. The most important life skills I have learnt is decision making skills… To make ABC decision… To let somebody come and influence your opinion… many things makes us get challenges in life."

4.2.1 Strategies To Deal With Stigma In Society

Stigma has always played a central role in the peer education dynamics in the Ugandan context. According to the informants, it was clear that the perception of the stigma related to homosexuality, use of condoms, unwanted pregnancy, abortion, sexual and gender-based violence and HIV has changed over this period. My informants had to deal with stigma in a perspective of eight years while working as peer educators at the university. In the next subsections stigmatised issues brought up by the informants around HIV, condom use, unwanted pregnancy and abortion are clarified.

4.2.1.1 HIV

The stigma related to HIV has changed over time. For example, one of the informants reported that HIV had a very negative impact in the early years. In the Ugandan society and also in the university campus, people were afraid to disclose their HIV status. As indicated by informant M2:

> *"Very few people will come up to you and say they have HIV. Not even if you are a peer educator. For a long time it has been stigmatised. Some people will actually keep it to themselves and say that they have HIV. Many other problems with drugs, alcohol, relationships, mastrubation and pornography they come for but HIV not."*

Similarly informant M5 said: *"...now even you are encouraged to talk about that we have HIV positive… disclosure is big opening but… HIV was used to be stigmatised."* By contrast, with advancement of medication and education about HIV, there was a significant change in the perception of people living with HIV over time. Informant M1 emphasised: *"That was also a change somehow, a dramatic change, it* [HIV] *was going down because of the increased sensitisation."* Informant M1 continued that:

> *"It went up to the grassroots level, from the institutions of higher learning to secondary schools, primary schools and even to the villages… very many non-governmental organisations got involved… providing a lot of free services, especially education service and also treating them who were infected."*

The society was morally judgmental towards people living with HIV. Informant M1 continued that: *"People think you are very promiscuous, you are labeled of being irresponsible… and for some people they were saying it was kind of suicide, you already signed your death sentence… So once they broke those barriers of stigma people began to access knowledge about HIV."* In line with this notion, informant F2 made a personal reflection:

"...on a personal level it is about attitude change. I say it now openly. I used to have the fear, not stigma. When you meet a HIV positive person you get scared... when I was in the peer education that fear left and then I accepted a HIV positive person. I know it is not their fault. To not stigmatise them. To understand them. People do make mistakes. To accept them or whom they are. Love them. That is what I learnt the most from the peer project. That is what I always will remember. Whatever I am I do not fear. I can face someone that is infected. That was a very strong experience. We invited someone who was infected to come and stand in front of you and to realise that he looks absolutely healthy... You look at them differently. You will not again pass judgmental. You accept them for whom they are. And that is just something I really learnt."

In the society, suicidal rate was high among people living with HIV, who also used to resign from their jobs or quit their studies at university. The government therefore implemented an HIV policy for all the institutions. As indicated by informant M1: *"There was an HIV policy that were designed in all institutions within the country… people now live freely, declare their status freely and also know… still if you are HIV positive you can live a very productive life."* In agreement with this perception, informant M4 said: *"...we also have a HIV policy in our* [governmental] *office… this is a good start… to identify everyone who is HIV positive and to even pay for their medicine."*

As mentioned earlier, the stigma around HIV changed with time. A peer educator, more recently, involved never witnessed stigma about HIV at the university, as indicated by informant M3: *"...actually I have seen many students being helped rather than being stigmatised. That is something good… maybe there are very few cases. I never received any cases of stigma."* Similarly informant F1 concluded: *"It is very confidential to not stigmatise people live with HIV."* One of the informants also stated that today with antiretroviral therapy you live as healthy life as someone not having HIV. As indicated by informant M1:

"Today they [people living with HIV] *are very healthy. We do not see anyone suffering from AIDS... like something you can live with. It is like asthma now. Someone having asthma is not a big deal. So having AIDS is not a big deal now."*

4.2.1.2 Condom Use

The use of condoms have historically been tabooed because of religious and cultural influences. As a result, informants report that family and peer pressure against condom use was high, not only in the early 1990s but also in the early 2000s, despite the impact of the ABC approach. As indicated by informant M3:

> *"In Uganda we have a lot of cultural attachments… Condoms were so much stigmatised that in most families if they had talked about a condom, your parents would even banish you from their home. If you are lucky enough you would be banished. But in some cases you would hear about kids being killed just talking about condoms or seen them having condoms."*

At the university, when the peer project was founded, one of the problems targeted was about the negative attitude towards condoms in an attempt to change the views about their use and reduce new infections. Informant M1 addressed:

> *"…that students had problems with drugs, students had problems with abortions, students had problems with pregnancy at school… many students did not know their HIV status and they did not want to know. And most of them had a very negative attitude to use condoms. So we found out there was a gap."*

In the early years the students called peer educators sex workers because they advocated for condom use. Informant F1 emphasised:

> *"We were called MUST Prostitute Project… I did not even have a relationship. Just because we were talking about condoms we were prostitutes… we were having condom raid after coming back from Sweden. Going to student dormitory and teach them* [the students]*… Some would say do not leave me a pack but please talk about condoms."*

According to the informants, there was a positive behavioural change connected with the impact of the ABC approach with religious and political leaders addressing the concern to use condom. Informant M3 said: *"…because of modernisation… parents talk with their kids about condoms… some would rather them not to have sex… it has brought up abstinence… those who go ahead to have sex… they have protected sex."* Informant M3 continued:

> *"…with the present situation I do not see any stigmatisation, maybe if you go deep down in the village where the culture is still rigid and hard, I feel there is stigmatisation… also our religion is kind of stigmatisation but these days it has reduced. People have realised that you better use a condom."*

Consistent with this, informant F1 said: *"There is positive behavioural change. At least in the country I see a trend where young people always use a condom… have a condom with them… It becomes a culture that is good."*

In the university environment, condoms are not anymore tabooed and peer education has played an important role according to the informants. For example, one of my informants reported that the shame had decreased, information about sexuality and life skills can easily reach students and they are even coming to the project to pick up

condoms to supply the students dormitories. Informant M3 emphasised: *"In the end of the day they realised that it is nothing to be ashamed of to save your life."*

4.2.1.3 Unwanted Pregnancy And Abortion

The first time in life students are not segregated is during university studies. In primary, secondary and high school, girls and boys attend different schools. Abstinence is therefore easier to maintain until high school. One of my informants reported that it is widely acknowledged that students are experimenting sexually at university. Informant M5 said: *"if I want my child to have sex I pay for him to go for university education, because he will get sex from there. The influences are wrong. The peer pressure. The sexual stimuli. Sex sells."*

However, the stigma around condoms in the early 2000s led to unwanted pregnancy becoming one of the top concerns addressed by the peer educators. In Uganda, abortion is illegal but a significant number of pregnant girls have tried unsafe abortions, imposing high risk to their lives. Several informants reported that the peer educators introduced focus group discussions about unwanted pregnancy to socially accept students in the campus to become parents, hence mitigating its negative impact. For example, informant M4 noted:

> *"I think most times is a shock… they are confused… and most of their decision is made out of guidance from a peer educator… To help them to make the right choices. To make them open up their eyes and maybe see that being pregnant is not the end of the world. It does not mean you have to live your life over the mistake you made. You make a mistake and move on."*

In contrast to the stated above, in some cases the peer educators also helped students in desperate need to get in contact with professionals to proceed safely, but still illegal abortions. One of the informants reported about girls becoming pregnant after rape or financially have to quit university studies if giving birth. Informant M2 reported that:

> *"Personally I give them* [the girls] *information… if you really have to abort… there are doctors who are doing it… actually a friend of mine… he will do abortion even if it is illegal."*

4.3 Positive Behavioural Change To Empower

In the last section, we can see how stigma was reduced as a behavioural change in the community. In this section we discuss how the behavioural change can empower the community. The peer educators work with the behavioural change strategy, peer education, to empower a specific target group. As indicated by informant M1:

> *"...peers are having a common understanding... or people in the same age... and peer education is actually... a kind of facilitation where you help people to understand or to change their behaviour in a positive direction or to provide information to become better."*

Teachers, doctors or other professions can provide knowledge to every single target group. At the same time to receive the message, tendencies shows that teachers listen better to teachers and doctors listen better to doctors. You trust better someone belonging to the same group or background as your own. Informant F1 referred to teachers and said: *"...they empower you, but they teach you. They give you their experiences."* The perception of being a peer educator is brought up in different ways. Sometimes you educate peers, sometimes you are a counselor but you are always communicator and leader for your peers. Similarly informant M2 highlighted the importance of education to use condoms and said:

> *"...behavioural change does not happen without education… why to use them, how to use them and after that giving out condoms it is different than just coming and giving out condoms."*

4.3.1 Peer Education Empower The World

In a geographical context peer education as a tool has been used in many different settings. Only one of the informants had been involved in peer education programmes before joining the peer project in university. The informant told me that peer projects were developed and designed in Botswana to bring people to talk more openly about sex. This peer project was called PACT and was focusing on peer counselling for teens. Informant M5 said:

> *"...it was about empowering people with information about HIV/AIDS… these empowered people would talk to the youth and try to influence their behaviour change… open forum for discussion about sex, STD, HIV/AIDS and sexual and reproductive health. Those was the main objectives of PACT… HIV in Botswana… the highest rate in the world. That was one strategy that was put in. I*

was lucky enough to be involved in that first project that was started. It became
very big. In the whole country. Now supported by the government."

This is important to highlight, how peer education has played an important role in many countries to change behaviours. Peer education programmes has been set up in Africa and Asia to empower youth to make informed decisions. (Abdi & Simbar, 2013)

4.3.2 Peer Pressure Resistance

One of my informant's addressed a village situation where stages of behaviour is implied. In the village the boys were not motivated to stay in school and they started to smoke and drink alcohol. The teachers had no capacity to keep the boys in school. My informant used the skills as peer educator to change his brother's behaviour. Informant M3 said:

> *"There is quite behavioural change because most of the kids were taking alcohol*
> *and smoking… He has changed. He is reading his books… He is avoiding groups*
> *because of peer pressure… He is trying to avoid these groups so he can*
> *concentrate on his studies."*

For many informants the lack of self-esteem is one important matter to fall for peer pressure. Informant M2 emphasised: *"...most important life skill is self-esteem… everything starts with you… most of problems are because of lack of self-esteem."* Similarly, informant M2 referred to positive behavioural change and said: *"Self-esteem is where everything starts from."*

4.3.3 Peer Counselling As Empowerment Tool

All of the former peer educators are bringing up their important role as peer counselors. In university, students are provided with professional counseling, but this service can in different situations be difficult to access. Students can have many sensitive concerns they prefer to address with someone understanding their needs and frustration. Informants reported counseling services was growing after focus group discussions highlighted a diversity of topics. One of my informants described how counseling was changing and liberating the mindset. Informant F1 said: *"I think I got too liberal… I do not care what you are or what you believe in. I look at people as human beings… before I was judgmental but now I am more liberal."* She continued:

> *"...I love to not be judgmental and to learn more things. I can make decision that*
> *are informed… maybe not good for my behaviour but at least I know what I am*
> *doing. It made me a leader, I would love to think I was a leader, administratively*

maybe not but students feeling like you have done the job for them, listen to them."

Informants were also telling about their experience how peer counselling could develop hand-in-hand with other activities to educate and discuss important issues. Informant M5 noted:

"First year people were coming to me for counselling, it was not so many like two-three in a week. It was always relationship issues, my girlfriend is cheating. Actually in those days we used to do a lot of focus group and top talk time on relationship. How to care a relationship, how to get them started etc. In the third year I first did a interest group discussion about condoms. It opened up into contraception and actually a lot of people heard about that specific interest group discussion. I got a lot of request to run it again. And also when we did door to door. When I visit you in the room they would always say can you show you again how to use the condom. They wanted to know everything science, bullshit, myths etc. I came very common for that. My counselling rate went much higher to more than 15 people in a week. And mostly they wanted to know about contraception. Condoms and all others. I needed to read more about all the different contraception."

The informants were bringing up different cases where peer counselling was applied to empower the students. The typical situations were about alcoholism, use of contraception and unwanted pregnancy. Informant F1 described in detail how to prevent abortion and said:

"...this student came to me. He had a problem… his girlfriend was pregnant… he does not want to have a baby… as you know abortions are illegal in Uganda, but it happens… later the couple came to me, and the girlfriend was very reluctant… did not want to say anything to me [when the boyfriend was around]... *I call the girl back alone… she said she did not want to have the abortion. It was because of the boyfriend who does not want to have a baby because he is too young… she was scared about all the side effects. I said it is your body and if you are very reluctant you can postpone… after some time she decided to produce the baby… they* [are] *still together. This is a successful issue."*

In line with this, informant M3 said: *"...make that person realise she is not alone in this world. She is not the only person. There are other people facing that problem and overcome it."* Informant M5 became personally involved in these families and emphasised: *"...I call them my children now who are alive and living. I have been counselling their mothers."* Informants addressed, it used to be hard to distribute condoms. Peer counselling was one way to deal with this issue. Informant M5 said: *"...people come to my room I had a movie library and I used to give a condom for every time someone borrowed a movie. Then people were also free to comment and get*

movies.” The informant can identify how the student community in time had a positive behavioural change. Informant M5 continued:

> *“...*[before] *they needed them but did not want to feel that they come for the condoms. They came for the movies. I have a date today, give me a nice movie to set a romantic scene. And then give me five condoms. First they got what they was given. Later they wanted more.”*

4.3.4 Peer Communicators For Empowerment

Peer education can be successful to deal with stages of behaviour. The informants reported the essentials about communication skills as prior to life skills. Informant M1 said: *“...we were introduced to life skills and were challenged to develop those skills… when we acquired those skills it was easy to communicate.”* However, to communicate, the carrier of the message has to be aware about if the target of the message will listen. Knowledge can be communicated from a professional to a peer educator and this peer educator transforms the message to be accessible for the student. Informant 6 noted:

> *“...nothing like this* [peer education] *has been discussed before in the university… nothing was peer like and dealing with behaviour challenge. No-one was coming out to dealing with students. It was not safe to do like this. And then the fact that when a student needed to get confidence… we needed to keep up with trainings… how to deal with students… how to communicate with them… I think the university administration was kind of scared. Are you really gonna talk about this issues in the university? What is your agenda? And also the fact we have to own the project from bottom-up. How to include the students to own the project. We have to come in strong to know what to do. We really have to know what we really want to do.”*

Informants highlighted the importance of communication and education to make informed decisions. Informant M2 emphasised:

> *“...we wanted to see positive behavioural change… the best approach to reduce HIV… using condoms as behavioural change… instead of telling someone to use condoms, telling why they could use condoms… abstain, be faithful and use condoms is* [not] *enough. Tell them why they should use condoms and why they should abstain… addressing the drinking is better than saying just go and use the condoms… addressing behavioural change was the best approach.”*

Similarly, informant M5 said:

"Yes it was huge. Huge change in all the aspects. As long as we talked about it [stigmatised issues] *we broke the ice… The campus responded by being more open about those issues we discussed, brought up, campaigned for, advocated for that semester… for those topics in that year it was always a change. As the years comes and cover more and more topics I believe in a positive change. Peer educators move out in different parts of the country, in different parts of the world but we still hold the ideals. Wherever we make a small change."*

4.3.6 Peer Leaders For The Future

Within the student community, peer educators developed their skills to become peer leaders. They were role models for the students. Peer education and life skills are fundamental tools they bring with them continuously in their professional and personal life. They become peer leaders for the future. Several informants addressed how they developed as individuals. Their self-esteem was growing and, from being shy, many tell how today they use the communication skills outside the university to advocate for change in different sectors in Uganda. Peer influence continues like waves in the water. Informant M1 quoted:

"I would be incomplete… lacking in communication skills… in life skills… in leadership also… I got exposed to many people, who I until today turn to for advice and professional development… [The peer project] *really empowered me. I got a lot of knowledge… exposed to leader skills… exposed to computer skills… taught me to live responsibly, know the value of life and know so much about AIDS, before... I would not communicate... not afraid to share with others... I am more aware of myself, I am more useful, I feel I am needed in every community I am."*

The academic leaders and teachers at the university were negative against the peer project but in the end they saw the capacity of peer influence for positive behavioural change. Informants were helped to different positions after university studies. In line with this, informant F1 said:

"...the job I have right now, I was recommended by my lecturer. My lecturer was very against me being involved in MPP, instead of being in class. But still when this job came up he was recommended me first because I have been involved in MPP."

4.3.7 To Empower And To Be Empowered

In the Ugandan HIV prevention policy one of the successes is to empower, especially women, but also youth. Informants reported the lack of empowerment from university. Informant F1 said:

> "...student's voice is not being heard… not allowed to say anything, like the colonial way. There is fear, we are lagging behind as university… we are very oriented on our work. We are not being empowered to say stuff. Students are not being allowed to participate."

However, informants can see correlation between peer education, life skills and empowerment. Informant M3 emphasised:

> "...it is all about skills to empower other with the same skills. I can say that life planning skills are part of peer education. Peer education can be the title and life planning skills is what makes peer education… in the end of the day if you can not make a decision for yourself you can not help somebody make a decision… a blind man can not lead a blind man. So you need somebody to see and help the blind person."

Peer educators are role models to empower students, as indicated by informant F1:

> "We did empower students, we open up students to be their own leaders… now five years on, at the university having things attached to the leadership… they need a forum where they can use their life skills… to empower students to actually have a forum."

Not only did peer educators empower other students, but they were also empowered themselves. Informants concluded that life skills are useful for the rest of one's life in different situations. As indicated by informant M3:

> "It has empowered me... that is an achievement for me… if I would not be involved in peer education I doubt I would have helped my brother… that young people in my village. That is an achievement for me. The knowledge itself… because it is what I reply on in my life style."

Similarly, informant M5 concluded his appreciation for how peer education has developed him as an individual and said:

> "For me peer education has [been] a cornerstone of who I am today. And it is very important. Being a peer educator has empowered me so much. In fact MPP's motto is realising our dreams… I talk about the life skills side. MPP has learnt me

know myself. To be confident. Almost to the extent that you come out as arrogant but with the confident to be assertive… something I learnt throughout my life in peer education… all the small activities you been doing and they get successful and you increase the confidence in yourself. I can do it. To just do it. So whenever I have an idea or a thought. I find out how to do it creatively. And that is what peer education has done for me."

5. CONCLUSION

5.1 Horizontal ABC Behaviours In The Student Community

In this study, peer education reveals an important impact of the success of ABC behaviours and life skills thereby giving support to the hypothesis that this approach can be used in conjunction with ABC behaviours to promote *behavioural changes*. In line with the theoretical framework of this study the informants reported a maintenance in positive behaviour according to *stages of change*. In figure 5.1 below the positive outcomes from the hypothesis, also mentioned in the introduction, is added.
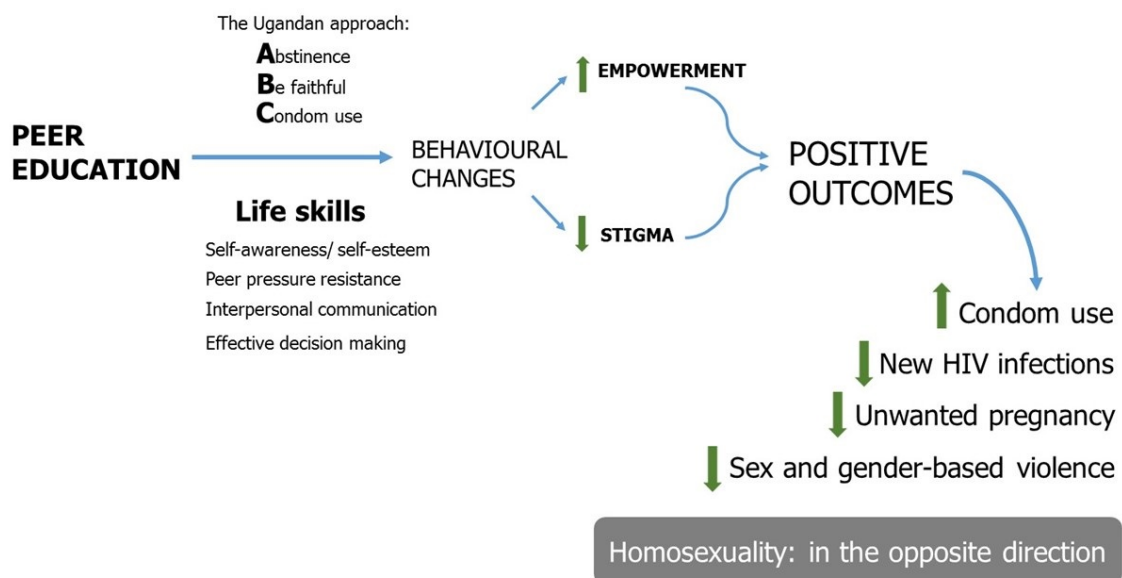
Figure 5.1. The hypothesis of this study, including the positive outcome.

All informants discussed different behavioural responses within the student community as a result of the implementation of the peer project. Students with different backgrounds and beliefs were welcomed and participated in the peer project. For example, students with religious background as well as for religious peer educators demonstrated relative resistance to embrace alternative strategies to fight against HIV dissemination; however, with time and effective communication they lowered their resistance threshold and started to accept and access the information.

The findings of this study also revealed that there is a clear dichotomy on how students with different backgrounds perceive the interaction of peer education and ABC

behaviours. Religious students generally approach the ABC behaviours as a vertical strategy without having the need to deal with the moralisation of the condom as promoting sex. In contrast, non-religious and more liberal students approach ABC as a horizontal strategy that target different groups in a Ugandan context at the same time. The findings also indicated that the cohort of students interviewed belong to an average group above the age to be attached to the message of abstaining. This supports the notion that the students in this study are also in a period of life where sexual networks are more representative because they do not always stay in a relationship. Therefore, the combination of peer education and the use of ABC behaviours can be seen as a critical integrative approach to target individuals from different backgrounds within Uganda.

5.2 Time And Space For Behavioural Changes

Empowering theories (i.e. life skills) in combination with behavioural theories (i.e. the diffusion of innovations theory) are shown to improve behavioural change in the student community as pointed out in this study. It is observed that these changes occur following temporal and spatial scales. In a temporal scale, peer educators are opinion leaders that transfer knowledge and motivate other peers to maintain the behavioural changes as a continuous process through time. This gives support to the *stages of change* theory which include stages of precontemplation, contemplation, preparation, action and maintenance. It is clear that to go through all those stages of changes time is needed to implement a positive behavioural change. For example, change in behaviour to use condoms can only be effective if consistent through long periods of time. According to the stages of change theory, it may take between one and two years for a change in behaviour to be consistent.

Several informants revealed that before the peer project, condoms were seen as promoting promiscuous sex. As a result of sex without condoms, informants reported an increase of HIV infections and unwanted pregnancies among the students. Through the process of peer education along the years, there was a change in the perception of the use of condoms as they were no longer stigmatised and the peer educators could easily talk and hand out them. This reveals that a perceptual change of the use of condoms was only possible through incremental behavioural changes throughout time, giving support to the temporal aspect of the stages of change theory as highlighted in the theoretical framework of this study.

Behavioural changes not only occur in a temporal scale but also in a spatial scale. According to the diffusion of innovations theory, knowledge is transferred from a peer educator to a target group enabling them to become empowered and thus having the potential to act as future peer educators to other target groups. In a geographical perspective this transfer of knowledge can also occur with the physical dissemination of

peer educators in different regions. For example, when a peer educator moves from the University city to their home village in a rural area they allow knowledge to be transferred. Consequently, a change in behaviour might occur in a different geographical location. This process is multidirectional, reflecting the ability of peer educators to reach multiple geographical locations. In conclusion, these temporal and spatial scales are consistent with *innovation diffusion as a spatial process* as suggested by Hägerstrand in which the link between space and time is seen as a dialectical relationship.

5.3 Peer Education Can Reduce Stigma And Empower The Student Community

In the analysis section the informants answer the second research question and confirm that *peer education reduces stigma and empowers the student community*. From the start of the project in 2003 until the time of conducting the interviews in 2010 there was a huge behavioural change in the student community. The informants highlighted that before the peer project students living with HIV were stigmatised and did not disclose their HIV status. Further, female pregnant students tried to proceed with high risk illegal abortions mainly because of stigma in the student community to be a mother to a child as a student. The informants also highlight the stigma around condom use. In combination with ABC behaviours and life skills, peer education can be seen as tools to empower a community and with this information provided stigma reduces at same time. As indicated by some informants their role as peer counsellors has helped disseminating new ideas with higher possibility for the community to access the information. These findings are also in line with the diffusion of innovations theory.

The empowerment theory about *power over, power to, power with,* and *power from within* also relates to the behavioural changes as reported by the informants. According to the informants, previous peer pressure inappropriately influenced the students to adopt a stigmatised approach upon HIV, pregnancy and condom use. For example, peer education can be considered as an external pressure on decision-making, reducing stigma about condom use and thus can relate to *power over*. Peer education also leads to effective long term behavioural changes in student community such as consistent increase use of condoms which refers to *power to*. It was also noted in this study that peer education also change behaviours in a collective dimension. For example, the use of condoms can be disseminated from the student groups to the community and ultimately to the society, which refers to *power with*. Lastly, this study also revealed that peer education promotes changes in the level of self-esteem leading to an increase in confidence and better decision-making, which relates to *power from within*. In conclusion, this study reveals that the multiple dimensions of the empowerment theory shape the process of behavioural changes in the student community analysed.

5.4 Life Skills Could Be An International Behavioural Success

Life skills, together with ABC behaviours, are fundamental in promoting behavioural changes to reduce stigma and empower the student community. There is a popular adage that says: *if we can not love ourselves, how can we love somebody else*. This clearly summarises the essence that life skills are crucial tools to improve self-understanding and self-knowledge in addition to helping interpersonal perception and communication. Mastering life skills marks a point in life that one is ready to make effective decisions. The informants in this study confirmed how these empowering theories, mentioned earlier, can help the target group to grow as individuals, collaborate with others, make logical decisions and in the long run achieve their goals in life.

The informants also confirmed that peer pressure resistance to reject or refuse negative influences from other peers was high in the student community before the peer project started. Upon implementation of the peer project, informants reported that strategies to deal with peer pressure resistance were developed. The informants themselves and also the peers did build up self-awareness and self-esteem mechanisms in the student community.

Life skills should be seen as important ingredients in all schools globally and as an important tool to empower youth. These skills are generally taken for granted and not frequently taught or addressed to young people. Life skills strategies help individuals improve their interpersonal communication not only with professional peers, but also in their private lives leading to effective decision making, critical and creative thinking. The informants, the former peer educators, are all highlighting how important it has been for their successes in life to have had the possibility to implement these skills for their future leadership. The informants also reported that they developed from shy first year students into potential future leaders of Uganda.

5.5 Positive Outcome As A Result Of Promoting Behavioural Change

The third research question was *what positive outcome can be seen as a result of promoting behavioural changes*. As mentioned previously and shown in figure 5.1, three important outcomes were observed: (1) information about condom use was provided and students started to protect themselves, (2) fewer students were infected with HIV and (3) a decrease in unwanted pregnancy among students occurred.

Sex and gender-based violence is reported by few female informants as a growing trend in the university. Informant F1, today working as a doctor, said:

> "...the students are different from when I was a student. Then it was about condom. Today one of the areas is about sexual and gender-based violence within the university is growing now. Because I see many students coming being emotionally abused by boyfriends."

The Ugandan HIV prevention programme included empowerment of women. This has also been reported as one of the successful behavioural responses to the reduction of HIV infections in Uganda. In line with this approach, peer education is confirmed to be seen as a tool to empower young females to take control of their situation.

5.6 Homosexuality - A Huge Stigma With Lack Of Empowerment

This study revealed that peer education can be considered an important factor in HIV prevention in Uganda. In this study, it was expected that peer education would be conducive to removing the stigma about HIV, condom use and unwanted pregnancy within the student population. In fact, these positive outcomes were confirmed by the findings of this study. Interestingly, contrary to the predictions of the current study, stigma towards homosexuality did not follow the same positive trend and has been the focus of debate in Uganda during the recent years.

Already at the time of this field study, sex between the people of same-sex was defined as a criminal act in Uganda. An Anti-Homosexuality Act was signed by President Yoweri Museveni into law in 2014 to prohibit any form of sexual relations between persons of the same sex and to prohibit the promotion or recognition of such relations. However, in the same year, the Constitutional Court of Uganda ruled the Act invalid on procedural grounds (McGoldrick, 2016). The law, called by international media "Kill the Gays Bill" due to death penalty proposed in the original version, was widely criticised from other countries and international non-governmental organisations. The debate in Uganda in the last decade unified a homophobic climate. National media, religious leaders, politicians and the people are agitating homophobic values. The leaders of lesbian, gay, bisexual, trans, intersexual and queer (LGBTQ+) communities are regularly published with pictures in the national media. In contrast to the hypothesis of this study, homosexuality is still a stigmatised topic in Uganda. All informants reported one controversial topic still being observed at campus is about homosexuality.

The informant M5 emphasised:

> *"...that thing* [homosexuality] *has always been a stigma… before you could hear about HIV, now it is on everyone's tongue… now homosexuality is the issue that it is difficult to talk about"* and continued *"...if you put up a topic like that people almost shot you down, put down your poster. That is the most controversial topic in my opinion at the university at the moment."*

Uganda is a country that is famous internationally for knowing how to face the HIV challenge and empowering a community with a clear message of ABC behaviours; however, as indicated in the interview fragment above, homosexuality is still seen as an issue. In contrast to the empowerment framework addressed in this study, this marginalised group has no interconnection between the personal, collective and close relationship levels (Figure 2.2) because of stigma and fear in the society. Homosexuality will be of a great concern for the future directions in Uganda. There are reports that HIV infections are increasing in the country because of the lack of public health interventions. Peer education can be a powerful method to reach out marginalised groups. Further research about the impact of stigma and lack of empowerment of the LGBTQ+ community is strongly recommended. Future studies would be also important to reveal the impact of peer education on behavioural changes in the last seven years in Uganda.

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