

# The Importance of Communicative Action to the Successful AIDS-Responsive Structured Peer Education

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**Abstract**—Peer education is one of intervention activities to change health behavior in coping with AIDS. The objective of research was to study the importance of communicative action to the successful AIDS-responsive structured peer education of housewives. This qualitative research with exploratory approach was taken place in Surakarta, Indonesia, using non-participatory observation, documentation, and in-depth interview with housewives, either infected or not infected with HIV, as peer educator and target of AIDS overcoming program, also Health Service, Surakarta AIDS Commission, Spek HAM NGO and Solo Plus Peer Support Group. Data analysis was conducted using an interactive model of analysis with Habermas communicative action theory. The result of research showed improved knowledge, positive attitude and behavior of housewives having gotten peer education about AIDS overcoming. The successful AIDS-responsive structured peer education for housewives was determined by some conditions: peer educator should understand the goal of program, be committed to the objective to be achieved, consider the need of program running, and be able to solve problem likely occurring, be informative, have credibility and supervise AIDS overcoming effectively. Peer educator, peer promoter and peer contact needed training in the terms of interpersonal communication skill and public speaking, and intensive supervision support.

**Keywords**—AIDS overcoming; communicative action; housewives; peer education; structured

## I. INTRODUCTION

Cumulatively, there have been 2,528 HIV/AIDS cases: 859 HIV, 1,669 AIDS and 701 deaths in Surakarta, Indonesia in the period of October 2005-December 2017. This medical social reality, of course, requires serious and appropriate management. One of HIV/AIDS overcoming programs at community level is peer education [1]. This program has been applied successfully in many countries [2-9]. Peer education activity in overcoming AIDS involves socialization, facilitation, campaign, advocacy about HIV/AIDS including Sexually Transmitted Infections (STIs) prevention, personal hygiene, mental health, parenting and etc. [10-12].

Peer education employs peer group members to facilitate message delivery to target group, because an individual is more available to listen to the messages delivered by those coming from their own environment or those having similar social background [13]. Generally in peer education using the Unstructured Peer Network Model, the Institution Executing and Responsible for Program cooperates with NGOs experienced with peer education implementation. Prospect peer educators meeting criteria are equipped with training containing the material delivered in peer education for maximally 6 days. The trained peer educators then discuss HIV/AIDS issues informally with their peer group with 15 educators for each session in order to have more opportunities to question and to discuss, thereby acquiring adequate conception and knowledge [14,15]. With peer education, community's acceptance to and consciousness of having health and safe sexual behavior are higher related to HIV/AIDS prevention and overcoming, thereby can discontinue HIV transmission chain [16,17].

Generally, peer education runs smoothly, but some of it ceases in the middle of way due to limited resource, weak control, and geographically expanded coverage, and more varying target group selection. The sustainable peer education is accomplished successfully using Structured Peer Network. In this model, network is prepared and planned earlier and then peer educators are recruited and trained. Next, peer educators recruit a number of peer promoters and train them with similar material. Having gotten training, peer promoter recruits people from their community (peer contact) and discusses similar material to what they have studied in training [9,18]. Peer education is included into peer educator's communicative action to target group, so that peer educator needs communicating skill.

Communicative action as formal-pragmatic social relations action is an objective, social, and subjective reality resulting in objectivating, norm-conformative or critical expressive attitude. Communicative rationality is conceived as argumentative talking efforts leading to a consensus that can

analyze the relationship forms in the attempt of achieving collective understanding [19]. It means that there is an agreement between peer education participants, because there is validity claim, propositional truth, normative truth, and subjective sincerity categorizing different discipline categories into symbolic expression. No consensus about worldview indicates so many interest dimensions in developing worldview [20,21]. This research aims to study the importance of communicative action to the successful AIDS-Responsive Structured Peer Education for housewives.

## II. METHOD

This qualitative research design with exploratory approach was taken place in Surakarta, Indonesia. Data collection was conducted from February to April 2017 through in-depth interview recorded using tape recorder, documentation, and non-participatory observation, to obtain database. The subject of research consisted of both HIV-infected and non-HIV-infected housewives to be peer educator and target of program, as well as related stakeholders such as Health Service, Surakarta AIDS Commission, Spek HAM NGO and Solo Plus Peer Support Group. Sampling technique employed was purposive sampling. Data analysis was carried out in-depth using an interactive model of analysis consisting of data reduction, data display, and conclusion drawing [22]. To ensure confidentiality of informants, the research was equipped with informed consent document related to the data obtained.

## III. RESULTS

Surakarta Health Service states that AIDS-responsive structured housewife peer education held by the AIDS Commission of Surakarta has been good. However, when it is implemented in wider coverage, it encounters problems related to program management particularly program preparation and planning, training, supervision, and stakeholder communication and coordination. This activity attempts to construct knowledge, attitude, and behavior that can prevent housewives from being categorized into the risky group. These values are created and affected by friendship in peer group. If in peer group values contradictory to the objective prevail (e.g. values supporting free sex behavior), a housewife will be influenced easily. Peer group can affect a housewife strongly, either positively or negatively. Therefore, attention should be paid to how to create a strong group norm in housewives.

The program manager of Surakarta AIDS Commission said that in the implementation of AIDS-responsive structured peer education for housewives, the effect of peer group is indeed stronger than that of those outside Peer Group network. Those people are selected to be peer educator to help Field Officers (FOs) open new area, initiate individual/group discussion in their residence or coverage area by adjusting the condition. They, then, transfer knowledge and distribute material of Education Information Communication, motivate and encourage behavioral change (using condom and accessing appropriate healthcare service), promote and distribute condom/lubricant, monitor and promote healthcare service (place, method, time, and benefit). The chairperson of Solo Plus Peer Support Group suggested that the criteria for the facilitated groups that can be peer educators are: highly

motivated and willing to be engaged in program, accepted, appreciated, and capable of communicating with its community. In addition, they should work as volunteer, have leadership spirit, can work in team, can be role model, be opened, responsive, and can receive new ideas, have literacy, respect gender equality, can be met easily by their peer group (living in one place in long period of time), and have experience, for example, with being volunteer in other programs before being peer educator.

Several peer educators active in Solo Plus can be role model for their friends. For example, they always wear condom in any penetrative sexual intercourse, access healthcare service appropriately such as conducting right screening, examination, and STIs treatment, Voluntary Counseling and Testing (VCT), including having a power to encourage and to contribute to their friends' behavioral change. Some FOs also open new area actively to make the quality of message carried broader and more in-depth, to make its coverage broader, to follow up the result of FOs' reaching, to select and recruit FO, to manage FO in their work area, to be responsible for their own report/note, to promote and distribute condom and Education Information Communication, and to promote healthcare service center.

AIDS-responsive structured peer education for housewives starts with establishing the second layer, by means of observing housewives surrounding, particularly the closest ones, in which some peer educators select their neighbors in some proximate areas, distribute brochure, find prospect peer educators coming from non-area administrator, and involve second layer in the reaching activity. Then, they conduct outreach in their own area through social organization in the society, conduct presentation in every area, hold discussion activity in group, organize games and outreach in other area. This activity, according to a peer educator, encounters some constraints including the difficulty of establishing second layer. In establishing second layer, a peer education should be prepared for with adequate training and supported with intensive supervision. Because prior training is given for two days only, it is limited to basic materials about HIV/AIDS and drug, and public speaking to conduct reaching activity in group.

A peer educator stated that training such as participatory method in small group discussion and role playing activities are primary factors contributing to the duty undertaken. More special training is given for 30 to 40 minutes continuously and appropriate technique is determined to motivate the group member in every session given. Considering their experience so far, the training given is adjusted with topics or issues developing attractively, such as condom use, VCT, Prevention of Mother to Child Transmission (PMTCT), role playing, and participation in any activities.

The Chairperson of Spek HAM NGO suggested that the problem occurring in the field is related to maintaining motivation and active participation of second layer in order to contribute like peer educator. The incidences in which second layer withdraws from activity, participates less actively in activity, and feels being discriminated from peer educator in its function as peer educator should be avoided. Surakarta AIDS Commission as the organizer program cannot supervise intensively, due to the limited number of facilitators. Most

reaching activities in Surakarta is accomplished through outreach activity in group, because second layer is not prepared with interpersonal communication skill training needed in conducting individual reaching. It is different from group reaching relying on public speaking skill. In addition, individual reaching activity is not organized was the structured explanation, but in the form of face-to-face dialog that cannot be planned before. Talking to a friend to share information about HIV/AIDS and drugs is, of course, much different from making presentation before the audience. The mastery of interpersonal communication skill, particularly to be able to keep delivering information in "housewives' language", is an important element a peer educator should have to conduct individual reaching successfully.

The constraints encountered in peer group environment can be seen from housewives' less appreciative attitude, response, and interest in the material delivered. It can be seen from some peer educators' experience dealing with their friends' insult or uncaring, considering that the material delivered is unimportant, boring, and nonsense. On the one hand, it can be understood because of housewives' intellectuality, knowledge, and experience levels. Additionally, not all leaders in Surakarta area support this activity because they do not want their household activities disrupted.

#### IV. DISCUSSION

The implementation of peer education program needs a good preparation such as developing program specifically and objectively, hiring new members in peer group and coordinating the program. The program is more effective by means of considering several conditions, i.e. peer group's leader should understand completely the objective of program, be committed to the objective to be achieved, consider the need for program to be implemented, and to have problem solving ability. The successful peer education program is highly affected by peer educator's ability of delivering information and conducting supervision, and credibility [1,15,17].

The process occurring in peer-group activity is oriented to cognitive and behavioral aspects. Cognitive-oriented activity includes helping the members having problems, giving advocacy in problem solving, expanding the members' perception on the problem encountered and taking appropriate action in solving problem. Behavioral-oriented activity includes rewarding positive behavior and empathy, encouraging behavioral change, and preparing the members' engagement in social environment change [8,13]. Thus, peer group aims to help its member solve problem and provide education or learning process among its members [23].

Therefore, to achieve the objective of peer education, follow-up measures are needed in the form of developing material, establishing small groups, and improving housewives' access to information source and healthcare service handling HIV/AIDS and drugs problem [15]. In other words, it should be followed up with small-scale local programs, thereby can respond to HIV/AIDS issues effectively.

Structured peer education leads to a relationship between at least two subjects that can speak and act creating an interpersonal relation both verbally and extra-verbally.

Housewives try to reach an understanding about action situation and plan in order to harmonize the action with the mutually approved way. The interpretation is related to definition of situation approved by consensus, such as language understanding as a means of coordinating action, and even strategic action can be conceived as the one organized through egocentric need calculation and coordinated with an attractive position mediated by speech-act [19,21].

Structured peer education uses language as a communication media not limited by speaker and listener, out of the context of pre-definition about their world life, leading simultaneously to something in objective, social, and subjective worlds in order to discuss about the definition of situation generally. In structured peer education, the language is relevant when it is viewed from its speaker's pragmatic corner, particularly in using sentence oriented to the achievement of understanding, taking world relation not only directly but also reflectively. Speakers integrate formal concept of three worlds, arising in other action model one by one or in tandem, into a system by considering this system as a framework of interpretation until they achieve an understanding. They cannot have distant relation to something in objective, social, or subjective world; they even relate their utterance resisting their potential validity to be competed for by other actors [20,21].

The achievement of an understanding functions as a mechanism of coordinating housewives' action in interaction coming to a validity claim agreement about their utterance through intersubjectivity recognizing their validity claim reciprocally. When an informant puts a claim-criticizing ability into her relation with her say about one "world", she uses the fact that the relation between actor and world, in principle, can give objective assessment. So, language serves as a media of achieving understanding as long as housewives keep relating to the management of HIV/AIDS and reciprocally raising an acceptable or fought-for validity claim [24].

For the sake of achieving those rational believes, the communicative conditions as summarized in the ideal speech situation will be achieved [19]. All housewives have equal opportunity of initiating a discussion and in that discussion have equal opportunity of revealing arguments and criticizing other arguments. There is no difference of power between them that can prevent the likely relevant argument from being proposed genuinely. Eventually, everyone expresses her thought sincerely, so that it is impossible that the one manipulates another unconsciously [21]. Program planning and preparation, prospect peer educator selection, initial training, supervision and support, and evaluation by Surakarta AIDS Commission and support of area leaders are stakeholders' attempts and supportability to AIDS-responsive structured housewives peer education.

This activity impacts on housewives who recognize high-risk behavior, basic factors about HIV/AIDS and other diseases belonging to STIs, motivate their friends to look for treatment immediately and completely from competent health workers, AIDS/HIV service in proximate environment, recommend healthcare service center for undertaking VCT, antiretroviral therapy, and PMTCT. In addition, they promote HIV

prevention through abstaining from making free sexual intercourse, being loyal to partner or using condom, practicing their friends to use and to negotiate about condom use with their sexual partner, and promoting condom use to high-risk group, distributing condom, being initiator by means of persuading their friends to support the AIDS overcoming program.

## V. CONCLUSION

Communicative action in AIDS-responsive structured peer education successfully reaches housewives who are generally difficult to open something they considered as privacy to “unreliable” others. Training and intensive supervision supports are needed for peer educator to make second layer or third layer, and so on capable of functioning to be actual peer educator. To improve individual reaching, peer educator should be equipped with interpersonal communication skill and the ways of discussing HIV/AIDS and drug issues personally with peer group, including supporting area.

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