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Original article

SATISFACTION WITH PEER EDUCATORS AMONG HIV INFECTED PERSONS

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Abstract

Background An insufficient number of health personnel and excessive workload have been common barriers for the provision of adequate HIV care in Thailand. HIV patients are often discouraged when they experience medication side effects as they commence highly active antiretroviral therapy (HAART). Peer educators present a potential solution to this problem. This report focuses on patient satisfaction with the activities of peer educators.

Method Two hundred and twenty three people living with HIV/AIDS (PLHA) were enrolled into this study following initiation of HAART. A structured interview was used. Complete data of 219 participants at month 4, and 211 at month 12 after initiation of HAART were collected. Focus group discussions were held in 4 selected hospitals. Descriptive statistical analyses were performed. Paired t-tests were carried out to compare satisfaction difference between month 4 and month 12. Content analyses of qualitative data were done.

Result The mean age of participants was 35 (range: 18-73 years) and 53% of them were male. Their need for home visits by peer educators was higher at month 4 than at month 12. Participants expressed a high satisfaction rate with peer educators (time provided; willingness to listen; ability to explain; convenience in making contact when necessary; client comfort in talking to them; attentive to the condition; and provision of help, advice and encouragement in taking anteretroviral (ARV) medications at month 4 as well as month 12.

Conclusion Peer educator intervention could be successfully deployed to support PLHA and help them adhere to antiretroviral medication. **Chiang Mai Medical Journal 2009;48(3):95-104.**

Keywords: satisfaction, PLHA, peer educator

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HIV infected persons on antiretroviral therapy (ART) need to maintain high rates of adherence in order to get the greatest therapeutic benefits from antiretroviral medication. Previous studies have shown that high adherence to ART is a key determinant of the degree and durability of viral suppression[1,2] and has been associated with lower rates of disease progression, hospitalization, and mortality.[3] In contrast, poor adherence correlates with treatment failure[1] and can limit options for future ARTs, due to cross-resistance between various HIV drugs. However, it is difficult for patients to achieve and maintain target adherence rates. Therefore, interventions are needed to improve medication adherence among patients on ART.

There are many tools that have been developed to monitor and increase medication adherence, including electronic monitoring devices,[4] alarm clocks, telephone call reminders, supportive couples-based interventions, educational interventions, counseling interventions,[5] home-based nursing interventions,[6] and the use of peer counselors.[7,8] Yet, there is no evidence that indicates a single optimal tool to enhance adherence to HIV/AIDS treatment regimens.

There are insufficient numbers of trained health professionals available to diagnose and treat the large and growing number of HIV patients. In developing and transitional countries, health personnel often have to deal with excessive caseloads and workloads, which prevent them from being able to provide adequate HIV care. To help address this issue, peer educators present a potential solution. They are able to draw from their own experience and provide a personal perspective that health care providers often cannot. They can also be credible role models to patients and enhance their ability to understand, cope with and ultimately adhere better to a treatment plan.

In this study, we employed peer–based intervention that intended to increase adherence rates among people living with HIV/AIDS (PLHA) on highly active antiretroviral therapy (HAART) in Northern Thailand. This report focuses on patient satisfaction with the activities of peer educators among PLHA who received peer-based intervention.

Methods

Overall design

This was a cross-sectional study conducted as part of a larger funded research that evaluated clinical counseling and peer-led intervention to promote adherence in patients following initiation of HAART in Northern Thailand. Two research methods were used in this study: a structured survey and focus groups. The primary question posed was, ‘How satisfied were HIV positive patients with the activities of peer educators?’

Procedures

People living with HIV/AIDS, who had no prior antiretroviral (ARV) treatment experience (naïve), were enrolled in this survey research during month 4 and month 12 after starting their ARV treatment. They were approached to complete a structured face-to-face interview, during their regular scheduled clinic appointments. In order to minimize bias, two interviewers, who were not members of the local ART clinic staff, were trained in each hospital.

Four focus group discussions were held in 4 selected hospitals in four provinces. Participants included 31 PLHA who were between 25 and 45 years old and had received ART

within 6 months. After 12 months, a second round of focus group discussions were completed at four different hospitals.

This study received approval from the Ethic Committee of the Research Institute of Health Science, Chiang Mai University, Thailand. Clients were informed about the purpose of the survey. Signed informed consent was obtained from all participants in the study. Participation was anonymous and voluntary.

Peer educator intervention

The basis for peer intervention used in this study was the idea of "friends helping their friends". In this project, peer educators were PLHA, most of whom were taking ART, and some had experienced serious illnesses. The peer educators were intended to function as members of the treatment team. Initially, an informal group joined together to help their friends share the same situation. When visiting friends, peer enducators provided psychological support in order to help them cope with HIV, as well as give emotional encouragement, and share their experience in managing signs and symptoms and other problems related to HIV infection. These visits were provided with relatively little scientific or clinical knowledge about the illness or counseling.

To conduct this intervention, we asked these informal peer groups to join our pro-ject. A total of 79 peers were willing to work as peer educators. Each one was trained for about 6 days before beginning their work on the project. The content of the training comprised counseling skill, knowledge about opportunistic infectious diseases, knowledge about antiviral drug medication and treatment, home-based skills, and an understanding on the role of a peer educator. After having worked as peer educators for six months, they needed to attend a 3 day refresher course. The topics covered in this course emphasized review of self confidence, moral support and principles of working, work motivation, and counseling methods, with preparations for participation in clinical case conferences with hospital staff. Peer educators participated in a final training session after having worked for one year in that position, with the main objective of improving counseling techniques and skills. This included counseling on risk behavior, sexual activity, potential acquisition of new partners and pregnancy.

During the intervention, peer educators were supervised by the respective ART team at their district hospital. They were also monitored by central coordinating staff from our project, who visited each peer educator once a month.

Peer educator activities

The peer educator provided two main types of services for their clients. First, they provided services during home visits. These included provision of help when clients suffered discomfort from their illness, and providing mental support, counseling, and advice about drug adherence. Clients were visited when they started ART, developed opportunistic complications of HIV, were alone, were disclosing their HIV status to a family member, or if they had other needs. Each peer educator made home visits twice a week, and spent 30-60 minutes with each client. Second, peer educators also provided services in the ART clinic of each hospital. These included taking care of patients, providing advice and counseling or coping

with HIV and social problems related to the illness. Hospitals generally designated a specific day of the week for the care of ARV patients. Peer educators also helped by following up on patients that missed a ppointments. In addition, some peer educators conducted additional activities in local villages, for example, providing general education about HIV or safe sex to villagers and school students.

Patient satisfaction

Patient satisfaction refers to the patient's subjective evaluation of his or her experience with the activities of peer educators. Pascoe[9] defined patient satisfaction as a health care recipient's reaction to salient aspects of the context, process, and result of their experience. In this study, patient satisfaction can be defined as the user's perception of the quality of activities received from peer educators. In this perspective, patient evaluation of the activities of peer educators involves the patient's opinions of the activities themselves, communication schemes, and overall satisfaction.

Measurement

Satisfaction was measured using a standardized survey. The following closed-ended responses consist of the opinions and satisfaction of participants with the peer educators' activities and overall satisfaction. The satisfaction item used a 4 point response scale, ranging from "never" to "always". An overall satisfaction question used a 10 point scale, with responses ranging from "least satisfied" to "most satisfied"

The focus groups employed a standardized discussion guide. The guide focused on satisfaction with the activities of peer educators by asking questions like 'did peer educators visit you sometimes?' 'How often?' 'What did they do?' 'Do you like talking to them?' 'Any problems?' And 'what was your relationship like with peer educators?'

Analysis

All responses were coded and entered into the Statistical Package for the Social Sciences (SPSS) program. Descriptive statistics were calculated for the data. Changes between month 4 and month 12 were calculated using the paired t-test.

Qualitative data were analyzed using content analysis. Emergent themes were identified from the focus group transcripts. Representative quotes were given to help illustrate predominant themes.

Results

Two hundred and twenty three PLHA on HAART were enrolled in the original cohort at time 0 under the peer educator approach arm. Their mean age was 35 (range: 18-73 years), and 53% of them were male. The majority of participants (67%) had completed a primary education. Forty-three percent had a spouse or other family members to take care of them and give them support when they were having problems or symptoms (Table 1).

However, a few people did not complete the questionnaires because they died or moved to other places. Complete data were available for 219 participants at month 4, and 211 at month 12. Mean CD4 cell counts increased from 82 to 268 Cells/ul over 12 months. Self report adherence for ARV medication was increased at month 12 (Table 2).

Table 1. Patient characteristics (N = 223)

Variable	Frequency (%)
1. Gender	
Male	117 (52.5)
Female	106 (47.5)
2. Age in years	
<30	47 (21.1)
31-45	165 (74.0)
46-60	9 (4.0)
>60	2 (0.9)
3. Marital status	
Single	24 (10.0)
Married	120 (53.8)
Separated	10 (4.5)
Divorced	17 (7.6)
Widowed	52 (23.3)
4. Education	
No schooling	9 (4.0)
Primary school	153 (68.6)
Secondary school/vocational training	60 (26.9)
Bachelor's degree or higher	
5. Care giver	1 (0.4)
Self care	
Spouse	50 (22.4)
Other family member	46 (20.6)

Patient opinions of the activities of peer educators

About 88% of participants indicated that they had been visited by a peer educator at least twice during the previous 12 months. The average length of visits was longer at month 4 than at month 12. Over 96 percent of participants felt that the length of home visits (30-60 minutes) was appropriate. At month 4, more participants expressed a need for home visits than at month 12 (Table 3). From the focus group meeting, several themes emerged that support the findings of the descriptive data analysis, as shown in Box 1.

Data on the activities of peer educator, delivered at ART clinics, showed that a larger percentage (96%) of participants received visits at month 4 than at month 12 (66%). Patients were generally satisfied with the amount of time (<30 minutes) peer educators spent with them. It appeared that at month 4 participants may have had a greater need to see a peer educator than at month 12 (Table 3).

Satisfaction with the activities of peer educators

Responses to questions about client ratings and satisfaction with the activities of peer educators during the first year of the ART program are shown in Table 4. The overall

Table 2. Percentage of adherence

	Adherence 100%	Adherence 95-99.9%
Self report adherence for GPO-vir within 1 month at month 4	90.5%	8.6%
Self report adherence for GPO-vir within 1 month at month 12	93.5%	5.6%
Self report adherence for d4T / 3TC/ EFV within 1 month at month 4	85.7%	14.3%
Self report adherence for d4T / 3TC/ EFV within 1 month at month 12	92.9%	7.1%

Box 1. Opinions of the activities of peer educators

"They visit us about once a month…" (male)
"They visit us about 2-3 times a week…" (female)
"They talk about health and drug regimens as well as what to eat and not to eat…" (female)
"…They wanted us to take ART correctly and prohibited us to drink alcohol…" (male)
"We received news from them …they have had many experiences and they advised us on many things" (female)
"Sometimes they bought milk for us and visited us when we were sick" (female)
"They were concerned about us: they asked us about ART side effects" (female)

Table 3. Patient opinions of the activities of peer educators (N=223)

	Month 4	Month 12
	Frequency (%)	Frequency (%)
1. A peer educator took care, provided advice or counseled at the home of the patient	196 (87.9)	195 (87.4)
2. Average visit per client	$\bar{X}$=1.52,SD=.89	$\bar{X}$=1.30,SD=.91
3. Length of time that the peer educator spent on the home visit		
Less than 30 min	15 (7.7)	29 (14.9)
30 – 60 min	145 (74.0)	140 (71.8)
more than 60 min	36 (18.3)	26 (13.3)
4. Opinion of home visit duration		
Too long	- (-)	2 (1.0)
Just right	189 (96.4)	190 (97.4)
Not long enough	7 (3.6)	3 (1.5)
5. Need for home visits by peer educators		
Yes	28 (12.6)	34 (15.3)
No	195 (87.4)	188 (84.7)
6. A peer educator provided care, advice or counseling during follow up visits at an HIV clinic	213 (95.5)	148 (66.4)
7. Duration of time spent by the peer educator in talking with patients at the HIV clinic		
< 30 min	120 (56.3)	96 (64.9)
30 – 60 min	83 (39.0)	47 (31.7)
> 60 min	10 (4.7)	5 (3.4)
8. Rating of time spent talking to peer educator		
Too long	2 (0.9)	- (-)
Just right	206 (96.7)	144 (97.3)
Not long enough	5 (2.3)	4 (2.7)
9. Need for peer educators to meet and talk with patients at the HIV clinic		
No	13 (5.8)	45 (20.2)
Yes	210 (94.2)	178 (79.8)

Table 4. Patients satisfaction with the activities of peer educators

Item	Month 4 (n=219)					Month 12 (n=211)					
	1	2	3	4	Mean (SD)	1	2	3	4	Mean (SD)	Significance
1. Time provided when client needed to talk about ART or related problems	-	27 (12.3%)	85 (38.8%)	107 (48.9%)	3.38 (.69)	1 (0.5%)	27 (12.8%)	71 (33.6%)	112 (53.1%)	3.40 (.71)	NS
2. Willingness to listen to the things clients wanted to talk about	-	11 (5.0%)	90 (41.1%)	118 (53.9%)	3.50 (.58%)	1 (0.5%)	12 (5.7%)	71 (33.6%)	127 (60.2%)	3.55 (.61)	NS
3. Explanation to clients in a way that was easily understood	-	11 (5.0%)	93 (42.5%)	115 (52.5%)	3.48 (.58)	1 (0.5%)	12 (5.7%)	69 (32.7%)	129 (61.1%)	3.56 (.60)	NS
4. Convenience in making contact with peer educators whenever the client needed them	6 (2.7%)	44 (20.1%)	63 (28.8%)	106 (48.4%)	3.22 (.87)	3 (1.4%)	29 (13.7%)	64 (30.3%)	115 (54.5%)	3.40 (.75)	P=.006
5. Comfortable feeling when talking with peer educators about all issues	-	22 (10.0%)	70 (32.0%)	127 (58.0%)	3.48 (.67)	2 (0.9%)	15 (7.1%)	63 (29.9%)	131 (62.1%)	3.54 (.65)	NS
6. Paid attention to the client's condition	2 (0.9%)	25 (11.4%)	85 (38.8%)	107 (48.9%)	3.36 (.72)	3 (1.4%)	14 (6.6%)	79 (37.4%)	115 (54.5%)	3.46 (.67)	NS
7. Helped or advised about taking ARV medications	-	18 (8.2%)	73 (33.3%)	128 (58.4%)	3.51 (.63)	1 (0.5%)	13 (6.2%)	68 (32.2%)	129 (61.1%)	3.55 (.61)	NS
8. Understood difficulties the client faces when taking ARV medication	5 (2.3%)	18 (8.2%)	88 (40.2%)	108 (49.3%)	3.36 (.74)	1 (0.5%)	13 (6.2%)	66 (31.3%)	131 (62.1%)	3.57 (.60)	P=.000
9. Concern for the client's ability to reduce side effects from ARV medications	3 (1.4%)	15 (6.8%)	83 (37.9%)	118 (53.9%)	3.45 (.69)	2 (0.9%)	14 (6.6%)	65 (30.8%)	130 (61.6%)	3.55 (.64)	NS
10. Encourage the client to take ARV medications	-	10 (4.6%)	78 (35.6%)	131 (59.8%)	3.56 (.58)	1 (0.5%)	11 (5.2%)	59 (28.0%)	140 (66.4%)	3.61 (.59)	NS
11. Overall satisfaction (1-10)					9.21 (1.13)					9.08 (1.49)	NS

Note: statistical significance was tested by paired t-test

mean satisfaction was high (>9 on a 10 point scale). There was no statistically significant difference in response at month 4 or month 12. When examining specific questions, patients reported high levels of satisfaction for all items. Ratings of the convenience of contacting or meeting with peer educators and obtaining understanding from them increased significantly from month 4 to month 12. Patients satisfaction about time provided, willingness to listen, explanations provided, comfort in talking to educators, receiving attention, and especially getting help, advice and encouragement to take ARV medications also showed increases in mean satisfaction score at month 12. Themes that emerged from the focus groups are shown in Box 2.

Discussion

In this cohort of HIV infected patients initiating HAART, we focused primarily on patient satisfaction with the acivities of peer educators. Patients reported a high degree of satisfaction with all activities including time spent, communication, support and availability, and a high overall satisfaction rate. In addition, there were increases in the mean score for every item between month 4 and the end of the year (month 12). Qualitative data also supported these findings.

There have been few studies of peer educators for people with HIV. The results of our study are congruent with the previous literature on adherence, which has shown a positive relationship between social support and adherence to ART.[10,11] Those results could help to explain our findings, as the peer educators in this study were trained to provide physical, mental and social support. A number of factors may have contributed to the high level of satisfaction achieved by the peer educators. The study of Linder-Pelz[12] indicated that patient expectations have an effect on satisfaction. In our study, patients were highly satisfied with the activities of peer educators probably because they matched their expectations. Additionally, this group of peer educators had personally experienced similar illnesses and social pressures to their clients. Besides, the home visit allowed the peer educators to enter the patient's social sphere and environment, which may have helped them to understand the needs of their clients better, as well as factors that might be related to adherence. Moreover, since peer educators had a similar socioeconomic or cultural background as the patients, the latter might have found it easier to identify with and trust the former more. Results from the focus groups suggested that the tangible and social support that peer educators provided was important in helping PLHA cope with illness and social stress. Lowly perceived social support was shown to be a significant predictor of emotional distress among HIV positive persons.[13] Thus, the activities of peer educators, especially at the beginning of antiretroviral therapy, could be helpful

Box 2. Satisfaction with the activities of peer educators

"After I got better, [my] peer visited me less because I had to work and I did not have any problems such as before."(male)

"…I am satisfied with the care of peers…"(female)

in supporting and maintaining medication adherence.

However, our study had some limitations. The extremely high medication adherence in this study is noteworthy. Thus, there was insufficient variability to test the comparative impact of clinical education alone versus clinical education plus peer educator arms of the study. It was also more difficult to examine potential relationships between peer educator performance and adherence. The questionnaire battery employed by the study was intended to evaluate several other dimensions of health and behavior. Therefore, there were relatively few questions related to satisfaction. This may have reduced the variability observed in responses.

Nonetheless, this study demonstrates that peer educator intervention can be successfully deployed to help support patients with HIV and their adherence to antiretroviral education. In the face of a shortage of health care personnel, it is encouraging that this group of patients, with modest educational background, was able to satisfactorily fill the role of peer educators. The model employed in this project has already been disseminated more widely throughout the health service in Northern Thailand. In the future, the challenge will be to maintain, enhance and extend the service provided by peer educators for the care of people with HIV and other chronic illnesses.

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ความพึงพอใจของผู้ติดเชื้อเอชไอวีต่ออาสาสมัครดูแลผู้ติดเชื้อเอชไอวี

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บทคัดย่อ

ความเป็นมา การขาดแคลนบุคลากรสาธารณสุขทำให้การดูแลผู้ติดเชื้อเอชไอวีมีไม่เพียงพอ โดยเฉพาะระยะแรกที่ได้รับยาต้านไวรัสเอชไอวี มักมีอาการแทรกซ้อนจนทำให้ผู้ป่วยท้อแท้ หมดกำลังใจในการกินยา และเลิกไปในที่สุด กลุ่มอาสาสมัครดูแลผู้ติดเชื้อเอชไอวี ได้ช่วยเติมส่วนขาดนี้ รายงานนี้มุ่งศึกษาความพึงพอใจของผู้ติดเชื้อเอชไอวี ต่อการปฏิบัติของอาสาสมัครดูแลผู้ติดเชื้อเอชไอวี

วิธีการศึกษา ลงทะเบียนผู้ติดเชื้อเอชไอวี ที่เริ่มรับยาต้านไวรัสเอชไอวี จำนวน 223 คน สัมภาษณ์หลังกินยาต้านไวรัสเอชไอวี 4 เดือน ได้ 219 คน หลังกินยาต้านไวรัสเอชไอวี 12 เดือนกลุ่มตัวอย่างเหลือ 211 คน จัดสนทนากลุ่มผู้ติดเชื้อเอชไอวี จาก 4 โรงพยาบาล วิเคราะห์ข้อมูลโดยสถิติเชิงพรรณนา ทดสอบค่าที และการวิเคราะห์เนื้อหา

ผลการศึกษา กลุ่มตัวอย่างอายุเฉลี่ย 35 ปี ร้อยละ 53 เป็นชาย ในช่วง 4 เดือนแรกต้องการให้อาสาสมัครดูแลผู้ติดเชื้อเอชไอวีไปเยี่ยมบ่อยๆ กลุ่มตัวอย่างมีความพึงพอใจอย่างมากต่อการปฏิบัติของอาสาสมัครดูแลผู้ติดเชื้อเอชไอวี ในด้านการให้เวลาแก่ผู้ติดเชื้อเอชไอวี ความสนใจฟังปัญหา การอธิบายให้เข้าใจ ความสะดวกในการติดต่อ ความรู้สึกไว้วางใจที่จะพูดคุยด้วย ความรู้สึกถึงความเอาใจใส่ การได้รับความช่วยเหลือ ความเข้าใจในปัญหาจากการกินยาต้านไวรัสเอชไอวี และการให้กำลังใจ ระดับความพึงพอใจโดยรวมในเดือนที่ 4 และเมื่อครบ 1 ปี ไม่มีความแตกต่างกัน

สรุป การศึกษานี้ชี้ให้เห็นความสำคัญของอาสาสมัครดูแลผู้ติดเชื้อเอชไอวี ในการช่วยเหลือและเป็นกำลังใจให้ผู้ติดเชื้อเอชไอวี **เชียงใหม่เวชสาร 2552;48(3):95-104.**

คำสำคัญ: ผู้ติดเชื้อเอชไอวี อาสาสมัครดูแลผู้ติดเชื้อเอชไอวี ความพึงพอใจ