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**EFFECTIVENESS OF PEER EDUCATION IN HIV/AIDS AWARENESS  
AND EMPOWERMENT FOR ADOLESCENT GIRLS AND YOUNG  
WOMEN: A CASE STUDY OF THYOLO DISTRICT, MALAWI**

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**\*Furaha Don Kaluwa, Dr. P. Shuba.**

DMI-St. Eugene University, Zambia.

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**\*Corresponding Author: Furaha Don Kaluwa**

DMI-St. Eugene University, Zambia.

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**ABSTRACT**

Despite significant progress in the fight against HIV/AIDS globally, Adolescent Girls and Young Women (AGYW) in Sub-Saharan Africa remain disproportionately affected. To address this challenge, Peer Education, making use of locally available individuals in the community, has emerged as a popular and cost effective approach to help control the pandemic's spread among this vulnerable population. This study assessed the effectiveness of Peer Education (PE) programs in empowering AGYW and reducing HIV risk in Two Traditional Authorities in Thyolo District, Southern Malawi. Using a mixed-method case study design with a sample of 74 AGYW who directly participated in PE programs, and 4 active Peer Educators, the research found a significant positive correlation between PE session attendance and increased HIV awareness. While 75.5% of regular attendees reported improved knowledge and adoption of "ABC" (Abstinence, Being Faithful to one Sexual Partner and Always use a Condom) HIV prevention behaviors. The findings also identified critical gaps, including low knowledge of Post-Exposure Prophylaxis (PEP) and a lack of vibrant integrated economic empowerment in PE programs. The study concludes that while PE is an effective approach for information dissemination among AGYW, its impact may be hindered by overreliance on volunteer Peer Educators, the absence of a standardized and comprehensive curricula to guide PE sessions and minimal sustainable livelihood support for the targeted AGYW.

**KEYWORDS:** Peer Education, Empowerment, Agency, Adolescent Girls and Young Women, HIV/AIDS Awareness, HIV Risk Reduction.

## **INTRODUCTION & BACKGROUND**

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have for long been among the most serious threats to public health and social and economic progress in the 21st Century. Although important advances in medicine have been made, the pandemic continues to heavily affect people's lives, especially across the African continent, which remains its epicenter (Konuwa et al., 2008).

In spite of the global commitment by governments and international institutions to "end AIDS by 2030," progress has been uneven and marred with challenges. According to UNAIDS (2020), between 2015 and 2020, there were 3.5 million more new HIV infections and 820,000 more deaths than the targets the international community had previously set. This slow pace of progress has been linked to several obstacles, including a notable drop in both international and domestic funding for HIV-related programs, among other reasons (UNAIDS, 2020).

Amid these difficulties, Adolescent Girls and Young Women (AGYW) between the ages of 15 and 24 stand out as a particularly vulnerable group. Worldwide, this group carries an unequal share of new infections and often runs faces unique barriers to prevention that young men do not face (WHO, 2005). Data shows that AGYW currently have the highest rates of new infections in Sub-Saharan Africa, a situation largely influenced by an interaction of biological, social, and structural factors (Dorrington et al., 2006).

In Malawi, HIV prevention efforts have mostly depended on clinical approaches and health education, usually led by medical personnel. Although these methods have helped raise general awareness, they often lacked the meaningful connection needed to shape the behavioral choices of young people. These traditional approaches frequently fail to account for the limited personal agency that many young women and girls face in their sexual lives (He et al., 2020).

To respond to this challenge, the focus of most HIV Prevention programs in Sub-Saharan Africa and elsewhere has moved toward strategies that focus on Individual Empowerment. In this context, empowerment refers to the process of building a girl's confidence in herself and her ability to make life choices, especially regarding her sexual health (Prata et al., 2017).

Peer education has therefore emerged as a key part of this empowerment approach. By leveraging on the social capital and shared life experiences of young people, peer education tries to create a more relatable and stigma free space for learning and behavior change. It was introduced as a workable and practical alternative, based on the idea that people are more likely to change their behavior when the advice comes from someone who understands their

social reality (Michie, 2014). Through the use of "peer language" and local networks, peer education programs can equip AGYW not only with HIV information, but also with practical skills such as assertive communication and condom negotiation (Peykari N, et al., 2011). In rural and hard-to-reach communities, peer educators serve as important links by carrying out HIV risk screenings and connecting isolated girls to formal health services where need be.

This study examined the effectiveness of the Peer Education approach, in a rural setting in Malawi. Conducted in Thyolo, an HIV/AIDS high burden district, in Southern Malawi the research examined whether the current implementation of peer education is comprehensive enough to translate knowledge and awareness into genuine empowerment and ultimately, reduction in HIV risk among AGYW. Thyolo District, provides the perfect case study for evaluating these dynamics. While various NGO's and government agencies have been implementing peer education initiatives in the district, the specific effectiveness of these programs in bringing empowerment and reducing HIV risk among AGYW in Traditional Authorities like Khwethemule and Chimaliro has remained under-explored. There is a documented knowledge gap regarding how these programs are perceived by the beneficiaries and whether they lead to long-term knowledge retention and behavioral adoption. This study aimed to bridge this knowledge gap by providing a comprehensive assessment of peer education in Thyolo. By analyzing the interaction between peer-led interventions and the structural and contextual factors in the district, the research sought to determine if peer education is a sufficient strategy for HIV prevention or if it requires a major redesign to incorporate other important aspects of socioeconomic importance for the benefit of targeted AGYW.

### **Problem Statement**

In Malawi, HIV rates among AGYW remain high, with a marked difference when compared to their male counterparts. While the national HIV rate stands at about 8%, this figure hides the serious vulnerability of AGYW aged 15 to 24, who are getting infected at rates far higher than Adolescent boys and Young Men. In Sub-Saharan Africa, AGYW aged 15 to 24 make up nearly 25% of all new HIV infections, even though they represent only 10% of the population (UNAIDS, 2022). The reasons for this this disparity are deeply rooted in the social and cultural norms of Malawi and Sub-Saharan Africa, where unequal gender power, economic reliance, and limiting social expectations often prevent a young woman from negotiating safer sex or accessing HIV prevention services.

In this context, peer education has emerged as a practical and valuable Social and Behavior Change Communication (SBCC) strategy. Ross et al. (2015) describe peer education as the process through which well-trained, motivated individuals who are usually close in age to the target group share information, ideas, and values in a supportive and non-judgmental way. Peer educators act as role models and sources of knowledge, helping to bring about behavior change and empowerment among their peers. A peer is someone who shares equal standing with another in terms of age, background, social status, and interests. Peers therefore play a vital role in the social and emotional development of most adolescents. They also create space for personal relationships, social interactions, and a sense of belonging. For this reason, peer education is seen as a practical health promotion approach for adolescents (Peykari N, et al., 2011).

Several studies have confirmed that peer education is an effective SBCC strategy, not only for improving HIV knowledge but also for promoting positive attitudes and behavioral changes that help prevent HIV transmission (Adeomi et al., 2014). Peer education has therefore become a practical and preferred approach to fighting the spread of HIV in many high-burden settings, including Sub-Saharan Africa and Malawi. On the other hand, some studies argue that conventional HIV and AIDS education has only been effective in improving adolescents' knowledge about HIV but has not led to meaningful changes in behavior, which is the main goal of such education (Haignere et al., 1997).

Although the strategy has been promoted and utilized for decades as workable and cost effective to reach this vulnerable group, the high rate of new infections suggest a gap between program investment and behavioral impact.

One key issue that has also been observed in studies is that while many AGYW have a good theoretical understanding of the risks linked to unsafe sexual practices, they still engage in high-risk behaviors. This shows that knowledge alone is not enough; there is a clear gap between knowing and behavior adoption, where AGYW tend to underestimate their personal risk of getting HIV, which leads to continued unprotected sex (He et al., 2020).

Furthermore, some studies have shown that even when peer education programs are well-designed and properly delivered, wider structural and contextual factors can greatly limit their impact. These include poverty, gender inequality, cultural norms, early marriage, and limited access to youth-friendly health services, all of which continue to shape AGYW's vulnerability to HIV. These structural drivers, which center on economic dependence and unequal gender power, deeply affect a young woman's ability to act on HIV prevention knowledge (Gupta et al., 2008).

There is therefore a pressing need to assess whether these programs are truly giving AGYW the full range of skills needed for prevention, or whether they remain limited to basic information sharing in an environment shaped by many structural barriers.

### **Research Objectives and Questions**

#### **Main Objective:**

The main objective of the study was to assess the effectiveness of peer-to-peer education in empowering vulnerable AGYW with HIV/AIDS awareness and skills.

#### **Specific Objectives:**

1. To evaluate the level of HIV/AIDS awareness and knowledge gained by AGYW through PE Programs.
2. To assess the adoption of protective behaviors among AGYW who are program participants.
3. To identify gaps in the design and implementation of current PE programs.

#### **Research Questions**

1. How effective are PE programs in increasing HIV knowledge among AGYW?
2. To what extent has Peer Education Initiatives led to behavior change among the targeted AGYW?
3. What challenges and hurdles are there in the implementation of PE programs?

#### **Literature Review**

Adolescent Girls and Young Women (AGYW) continue to be affected by HIV/AIDS at a rate that is higher than other groups. In Malawi, although overall adult HIV rates among those aged 15 to 49 fell by 1.8% between 2010 and 2015, prevalence, among those aged 15 to 24 actually rose from 3.6% to 5.9% during the same period (NSO, 2010; NSO, 2017). In 2012 alone, 6,700 new infections were recorded in the 15 to 19 age group, which is equal to 18 new infections daily. (UNAIDS, 2011), and AGYW in Southern and Eastern Africa account for nearly 30% of all new HIV infections (Muthoni et al., 2020). AGYW also face combined vulnerabilities, as they are more likely than their male peers, to drop out of school, marry early, and experience poor sexual and reproductive health outcomes. The impact of School dropout is especially serious because it removes AGYW from safe social settings that would otherwise shield them from certain risks (Birdthistle et al., 2019). Gender expectations further

limit AGYW's freedom of movement, choice of social groups, and access to social support and financial assets (Amina S et al., 2013).

### **Gender, Social Construction and Increased AGYW Risk**

The way society constructs gender puts AGYW at a structural disadvantage when it comes to negotiating safe sex or giving meaningful consent, leaving them especially at risk of HIV (Campbell & Macphail, 2002). Sexual relationships with older partners, which are often driven by economic need, create a "cycle of transmission" and remain a leading cause of new infections among young women in Southern Africa (De Oliveira et al., 2017). Intimate Partner Violence (IPV) makes this risk even worse by taking away the individual freedom needed to negotiate condom use or say no to unwanted sex (Stockl et al., 2021). In Malawi, both gender-based violence and relationships with older partners are common, shaped by poverty and cultural values that keep women out of independent decision-making.

### **Knowledge Gap among AGYW**

To address HIV/AIDS, it is critical that AGYW have accurate knowledge about the disease. Evidence from various studies shows a persistent knowledge gap around HIV transmission, prevention, and treatment, caused by limited access to accurate information, poor school-based sexual education, and cultural taboos (Iwelunmor et al., 2017). A nationwide Malawian study of 10,422 AGYW aged 15 to 24 found that 28% did not know that using a condom consistently reduces HIV risk, and about one quarter wrongly believed that mosquitoes could spread HIV (Mandiwa et al., 2021). In areas with high HIV prevalence, wrong beliefs about "dry sex" (which some believe has healing properties despite being an HIV risk) further weaken prevention efforts (Akilimali et al., 2022). Haberland and Rogow (2015) attribute much of this gap to school curricula that focus too much on biological facts while neglecting the social and power dynamics of sexual relationships. More importantly, it is necessary to recognize that knowledge alone does not drive behavior change. Cultural, religious, and socioeconomic factors must be included in program design to ensure a more to ensure a more holistic response to the pandemic (Mandiwa et al., 2021).

### **Peer Education as an Option for Addressing HIV/AIDS among AGYW**

Because of the limits of traditional approaches in tackling HIV/AIDS among AGYW, peer education has gained a lot of attention around the world as a cost-effective strategy to influence and empower large numbers of young people (World Health Organization, 2005). Peers, who are mainly individuals sharing a similar age, background, and social standing,

hold a uniquely powerful position in adolescent social and emotional development, offering a sense of belonging, shared norms, and relatable role models (Peykari et al., 2011). Ross et al. (2015) describe peer education as the process through which well-trained, motivated individuals who are close in age to the target group share information, ideas, and values in a supportive and non-threatening setting. Peer education has proven more effective than teacher-led approaches for sensitive topics such as sexual health and substance use (Noori & Merghatti, 2010), partly because peer educators act as cultural brokers who can navigate between traditional values and modern health practices more credibly than external health workers (Wambua et al., 2021). The approach also reduces the stigma linked to seeking help, making peer-led models essential for delivering Youth-Friendly Health Services (Chandra-Mouli et al., 2015). Michie (2014) further connects this approach to the Behavior Change Wheel framework, noting that peer settings offer the social opportunity and motivation that clinical settings may lack.

### **The Need to Study the Effectiveness of Peer Education Approach**

Despite being widely adopted, the effectiveness of peer education still requires ongoing research and evidence. While conventional HIV education improves knowledge, some researchers argue that it has not reliably led to the behavior change among young people that is the ultimate aim (Haignere et al., 1997). Simoni et al. (2011) identify a "peer-educator paradox," where training may empower the peer educator to impact and empower the rural AGYW who is the intended audience, which highlights the need to track how knowledge spreads beyond the trained individual. Without such evidence, programs risk continuing popular yet ineffective interventions (Kelly & Barker, 2016). Data on cost-effectiveness is also very important to justify the inclusion of peer programs in national health budgets in resources constrained settings (Price et al., 2018). Conducting careful evaluations allows policymakers and program implementers to identify what works best, address gaps in delivery, and utilize resources more efficiently (Gallant & Maticka-Tyndale, 2004).

### **Studies Showing Peer Education Effectiveness in AGYW Empowerment**

Several studies from Sub-Saharan Africa support the potential and effectiveness of peer education in addressing HIV/AIDS among AGYW and young people in general. Mwale and Muula (2019) carried out a study in Northern Malawi with 305 school-going adolescents and found that after eight months, those who took part in a peer-led HIV risk reduction program showed a significantly lower frequency of sexual activity, greater condom use, and a reduced

likelihood of unprotected sex compared to the control group. Medley et al. (2009) reviewed 30 peer education program evaluations published between 1990 and 2006 and found that peer education significantly improved HIV knowledge and was fairly effective at improving behavioral outcomes, although effects on biological markers were not conclusive. Medley et al. (2015) further showed that peer-led programs significantly increased HIV testing and linkage to care among AGYW in South Africa, while Ngo et al. (2013) reported a nearly fivefold increase in adolescents seeking HIV testing after peer education was added to sexual and reproductive health services in Vietnam. Similarly, Tokhi et al. (2016) confirmed the vital role of peer educators in promoting condom use, negotiating safer sex, and encouraging testing in South Africa.

The DREAMS Project, which runs across more than ten countries in Sub-Saharan Africa, is a particularly useful example of the impact of well-designed PE Programs for AGYW. Its layered approach combines peer mentoring with health-worker-led and facilitator-led activities, economic support, and linkage to services, alongside careful monitoring and evaluation using evidence-based programs (Saul et al., 2018). A systematic review of the DREAMS Project, covering databases from 2014 to 2024, found positive outcomes including reduced HIV incidence, increased HIV testing uptake, and a reduction in the number of sexual partners (Lavoie & Marie-Claude et al., 2025). Beyond HIV prevention, peer-led support groups have also improved treatment adherence and mental health outcomes for young women living with HIV in South Africa (Toska et al., 2022).

These findings together highlight peer education's broader ability to drive social and behavioral change among young people, and particularly, among vulnerable AGYW.

### **Studies Raising Doubts about Peer Education Effectiveness**

A number of researchers have also raised serious questions on the effectiveness of peer education. Maticka-Tyndale (2012) points to ongoing concerns about peer education's ability to sustain behavior change, citing inadequate training, weak supervision, stigma, and deeply rooted social norms as undermining factors. Stephenson et al. (2008), in their review of peer education programs, concluded that despite early excitement on its potential, peer education may not be as effective as originally envisaged. Similarly, Kim and Free (2008) found no measurable improvement in condom use, number of partners, or unintended pregnancies among AGYW reached by peer education programs. Similarly, Amanda J et al. (2013) found that even a very intensive school-based peer education training program produced no statistically significant differences in sexual health behavior between peer educators and

comparison students. Mavedzenge et al. (2011) note in a systematic review that peer education may consistently increase knowledge but shows weak evidence of reducing biological markers such as HIV or STI incidence when used as a standalone intervention.

Other researchers have argued that peer education often falls short because it does not address structural barriers, as no amount of peer advice can protect a young woman who is forced into transactional sex by extreme poverty (Cornish and Campbell, 2009). There have also been warnings about "volunteer fatigue," given that most peer education programs on HIV rely on a voluntarism model (South et al., 2019). Without professional pathways or financial support, peer educators lose motivation, which leads to dropout, program breakdown, and a loss of community trust.

Taken together, these critiques point to a consistent conclusion: structural and contextual factors such as unequal gender relations, poverty, and inadequate training and support must be addressed for peer education to deliver meaningful and lasting results (Amanda J et al., 2013).

### **Socio-economic Status, HIV Knowledge, and Infection Risk among AGYW**

Poverty and any form of economic hardship are strong predictors of HIV vulnerability. Poverty correlates with lower HIV knowledge and fewer resources to act on that knowledge; it also pushes people into transactional sex, which is a key pathway to infection (Ranganathan et al., 2019). Stoebenau et al. (2016) draw a distinction between the poorest AGYW who engage in sex for basic survival and those who are slightly better off and do so for goods or social standing, showing how economic insecurity shapes risk across different wealth levels. Mandiwa et al. (2021) found that AGYW from wealthier households and those with regular access to radio had significantly higher comprehensive HIV knowledge, which is a pattern seen across Sub-Saharan Africa. In contrast, Enane et al. (2021) found that rural AGYW in the lowest wealth groups have the lowest health awareness, making them the most exposed to relationships where they could be taken advantage of. These findings point to the need for targeted programs for AGYW from poor households, including HIV awareness campaigns and expanded media access, to close the knowledge and vulnerability gap (Mandiwa et al., 2021).

### **Suggestions for More Effective Peer Education Programs**

There is broad consensus that empowering AGYW to reduce the risk of contracting HIV requires both knowledge and structural support. Peer education offers a realistic and

culturally acceptable approach of delivering this support, but its effectiveness depends on how it is designed and funded (UNESCO, 2009; UN OHCHR, 2017). Some of the key recommendations include comprehensive and continuous capacity building for peer educators, ensuring interventions are well tailored to the cultural and socioeconomic conditions of the AGYW and multi-component approaches that tackle the structural causes of HIV vulnerability (DiClemente, 2005). Economic empowerment is especially important. Evidence suggests that combining cash transfers with life skills and peer education can significantly help reduce transactional sex among adolescent girls (Government of Malawi, 2017), and a randomized trial by Pettifor et al. (2016) showed that school-retention cash transfers significantly reduced HIV risk among AGYW, confirming that financial support must go hand in hand with behavior change programs.

Addressing gender dynamics is equally essential. Campbell and Macphail (2002) argue that empowering women alone is insufficient without educating their male peers; Gottert et al. (2020) advocate for male-inclusive peer models, while Dworkin et al. (2015) call for gender-transformative programming that dismantles the patriarchal norms driving the pandemic. At the structural level, combining school-based sexual health education delivered by teachers with peer educators produces better outcomes than implementing either approach alone, this fosters mutual accountability and reinforcement (Ajuwon & Brieger, 2007). Moving away from the voluntarism model and adopting a more professional peer education approach, with standardized training materials, clear referral pathways, and appropriate financial support, is increasingly recognized as essential for quality control and long-term program sustainability (World Health Organization, 2020).

### **Sampling and Methodology**

The study utilized a mixed-methods case study approach. Both qualitative and quantitative data was collected to help paint a complete picture. Quantitative data was collected through surveys with individual AGYW. This allowed the study to assess the possibility of generalizing findings and to test for associations between set variables. Qualitative data was collected through In-depth interviews and focus group discussions involving Peer Educators and AGYW. This helped to provide an in-depth understanding of the experiences and perspectives of AGYW and peer educators.

Systematic sampling technique was used to determine the Sample size .Using Cochran's formula which took into account the population size, desired level of confidence, and margin of error to calculate the appropriate sample size, a final sample size was determined. In total,

a representative sample of 74 respondents, representing AGYW from the two Traditional Authorities was determined. Of these, 49 took part in the individual survey while 25 were part of the Focus Group Discussions.

Purposive sampling was employed to select the Traditional Authorities and AGYW Clubs, where the Respondents were selected from.

The main Inclusion criteria was AGYW aged between 15 and 24 who had participated in community based AGYW clubs and attended Peer Education sessions for at least six months.

### Data Collection Tools

The study used structured questionnaires for quantitative data (analyzed using SPSS) and semi-structured guides for qualitative thematic analysis.

### Conceptual Review

The conceptual framework for this study has three key variables; Peer education, HIV Awareness and Skills and AGYW empowerment and HIV Risk Reduction, as illustrated below. The interaction between these variables ascribes them into an independent, mediating and dependent Variable. As the three variables interact, a number of structural and contextual factors also influence the process.

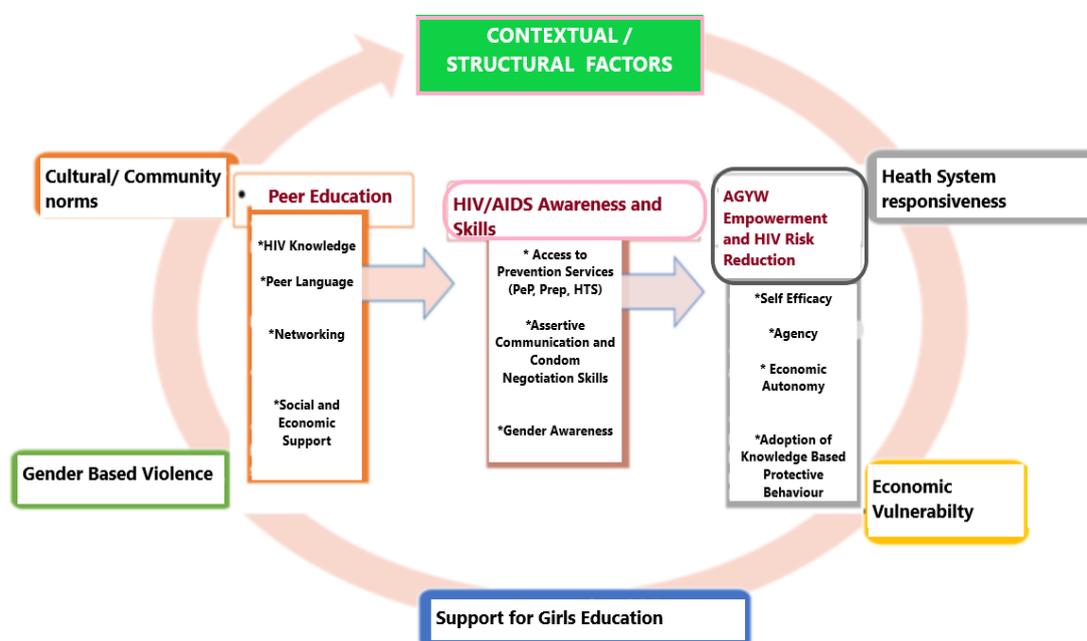


Figure 1: Conceptual framework showing interaction of key variables.

**1. Peer Education :Independent Variable.** Includes training peer educators who deliver interactive sessions with vulnerable AGYWs and ensure available social support networks.

**2. HIV Awareness and Skills : Mediating Variable.** This acts as the bridge, focusing on knowledge of HIV transmission, Access to PEP/PrEP, Condoms and other Prevention Services, and negotiation skills during sex.

**3. AGYW Empowerment and HIV Risk Reduction: Dependent Variable.** This is the final outcome as a result of increased agency, self-efficacy, and adoption of protective behaviors among individual Adolescent Girls and Young Women.

**4. Contextual/Structural Factors:** The three variables are moderated by several factors including cultural norms, economic vulnerability, and health system responsiveness to the needs of AGYW.

### Key Findings of the study

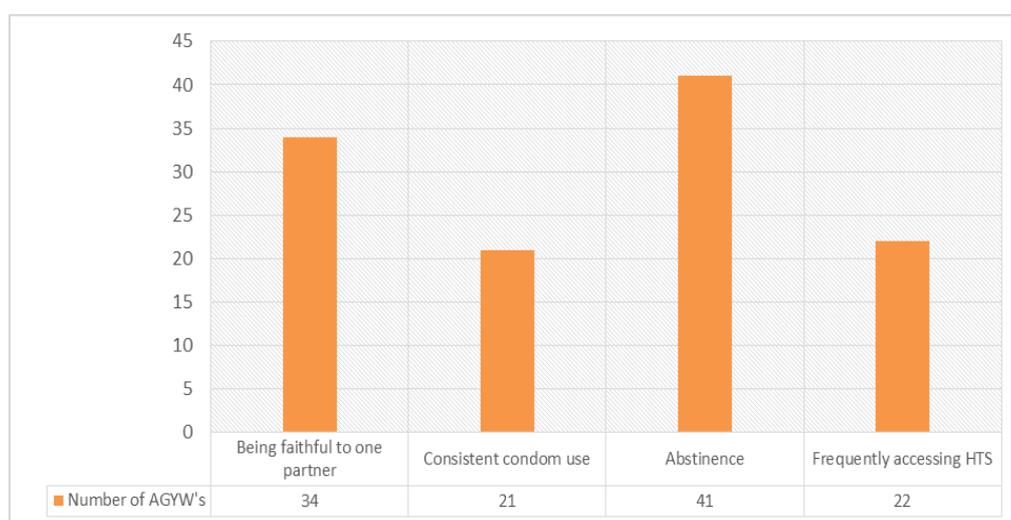
#### 1. Increased HIV Knowledge among AGYW who Attended PE Sessions

The study found a strong statistical link between frequent attendance of Peer Education (PE) sessions and increased HIV knowledge. Chi-Square and Spearman's correlation tests showed a positive relationship between the variables, "Frequent PE attendance" and "Increased awareness of HIV/AIDS and its prevention" ( $p=.001$ ,  $r=.143$ ).

Among those attending weekly sessions, 75.5% strongly agreed that PE had increased their HIV awareness. This is in agreement with findings by Ross et al. (2007), who reported similar results in Tanzania.

#### 2. Adoption of HIV Prevention Behaviours

All participants (100%) reported adopting at least one HIV prevention behaviour linked to the "ABC" approach (Abstinence, Be faithful, Condomize) due to their participation in Peer Education activities.



**Figure 2: Prevention behaviors adopted by respondents after attending PE sessions.**

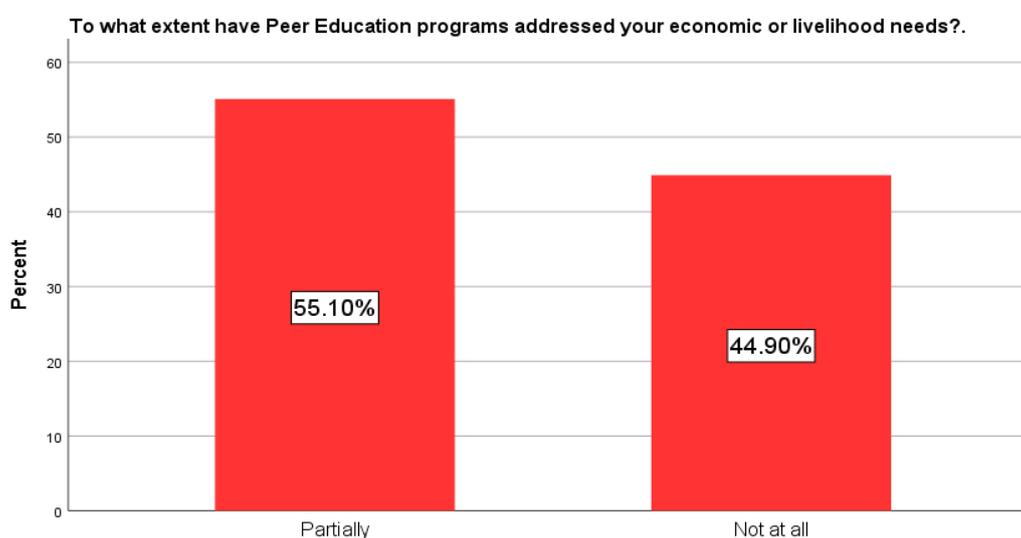
Abstinence was most commonly adopted (83%), followed by faithfulness to one sexual partner (69.4%), and consistent condom use (42.9%). This confirms that PE programs can positively influence behavior change among AGYW.

### 3. Critical Knowledge Gap among AGYW

A significant gap was found during the study, as 44.9% of respondents reported being unaware of Post-Exposure Prophylaxis (PEP), a key HIV prevention intervention. Information gathered from Key Informant interviews revealed that Peer Educators lacked pre-planned topics on PEP and PrEP and did not have a comprehensive curriculum to guide their sessions. Participants who knew about PEP had mostly learned about it from school or radio and did not attribute it to PE programs. The absence of a structured, topic-specific curricula reveals a major gap in the design of PE programs.

### 4. Peer Education's Role in Economic Empowerment of AGYW

While 65.3% of respondents had participated in at least one economic empowerment activity at girls' club level (mainly Village Savings and Loans groups) the benefits were limited. No respondent reported significant economic gains: 55.1% said their needs were only partially met and 44.9% said their needs were not met at all.



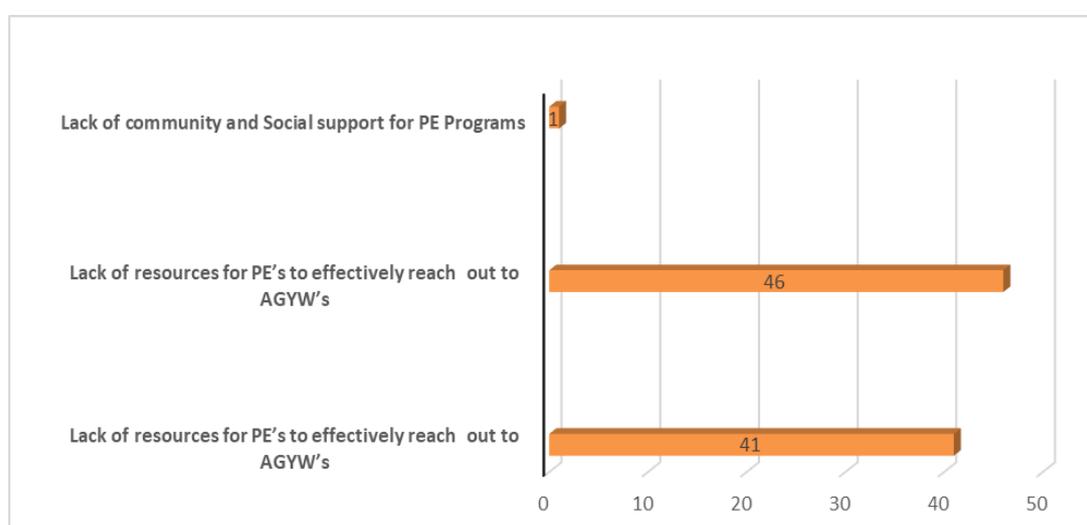
*Figure 3: Respondents view on PE programs ability to meet livelihood needs.*

Interviews with Peer Educators revealed that VSL and small-scale business initiatives had received no mentorship or support in the past three years. This reduced support weakened

participation and savings. Respondents acknowledged the potential of these activities to transform their lives but called for more external support to make them effective.

### Key Challenges in the Design and Implementation of PE Programs

Respondents were asked to share their view on what they considered key challenges in the design and implementation of PE programs. A majority of respondents indicated the lack of comprehensive economic and livelihood empowerment initiatives at girls club level to be a major challenge (93.9%) seconded by lack of resources for PEs to effectively reach out to AGYW's (83.7). 2.0% indicated that lack of community and social support for PE programs as a key challenge.



**Figure 4: Respondents view on Key challenges in PE Program Design and Implementation**

From the data gathered across both quantitative and qualitative methods, the following were the major challenges identified in the design and implementation of PE Programs.

#### 1. Overreliance on the Voluntary Model of Peer Education

Most Peer Educators work on a voluntary basis, only being reimbursed for the expenses they incur as they carry out their work. This set up is problematic as it leads to low motivation and inconsistent delivery. There is also a risk of high turnovers as trained PE's make the decision to drop out and pursue more lucrative roles, to support themselves, which is a loss to the PE programs, considering the resources invested to train PE's. . Most of the PE's that were interviewed expressed willingness to move to paid roles, highlighting that the voluntary model alone is unsustainable.

## **2. Unstandardized Curricula for PE Sessions**

There is no comprehensive, standardized curriculum for Peer Educators. This causes important topics like PEP and PrEP to be left out. A national curriculum, developed by the Government of Malawi through the AGYW Secretariat and Ministry of Health, is needed to ensure consistent coverage of key topics across all projects.

## **3. Lack of Economic Integration in PE Programs**

Economic empowerment activities that are currently being implemented within PE programs, such as VSL and Small Scale Group Businesses, are not effective enough to address the pressing economic needs of AGYW. While VSL and Small Scale businesses have the potential to impact the livelihoods of AGYW, There is need to continuously support the initiatives through continued mentorship and loans, to ensure sustainability.

Better linkages to functioning livelihood programs are required to reduce economic drivers of HIV risk among vulnerable AGYW.

## **RECOMMENDATIONS**

Considering the potential that Peer Education has to empower AGYW and reduce their risk of contracting HIV, the following are the suggestions for more improved PE programs in Thyolo District, rural Malawi.

1. PE programs must be designed to meet the economic and livelihood needs of AGYW in a satisfactory and sustainable way, ensuring they can provide basic needs for themselves and keeping them safe from the risk of transactional and intergenerational sex.
2. PE sessions must use structured guides or curricula to standardize information delivery and ensure no critical topics (such as PEP and PrEP) are left out. The Malawi Government, under AGYW Secretariat, in the Ministry of Youth and the Department of HIV, under the Ministry of Health can spearhead this and ensure all PE Programs for AGYW are utilizing this guiding curriculum.
3. There is need to move away from a voluntary model, Community-based Peer Educators should be formally employed with clear job descriptions, remuneration, and periodic appraisal to reduce dropout rates and improve the quality of services.
4. The referral and linkage system must be strengthened so that vulnerable AGYW identified and referred by PE programs actually receive needed services from the Public Social Welfare System. This will ensure seamless coordination between community

referrals and the social welfare services, thus enabling swift and comprehensive response to the diverse AGYW needs.

## **CONCLUSION.**

Peer Education is an effective approach in empowering vulnerable AGYW in HIV prevention . This research conducted in TA Khwethemule and Chimaliro in Thyolo District, Southern Malawi affirms the effectiveness of the PE approach, in facilitating HIV Awareness, and the adoption of positive behaviors for HIV/AIDS Prevention. . Results from Individual surveys and FGD with respondents who are AGYWs who participated in PE programs and Peer Educators who led community based PE programs indicate a positive correlation between attendance of Peer Education Sessions and increased knowledge on HIV and also adoption of behaviors to help prevent HIV/AIDS . Due to the structural and contextual factors that have a significant impact on the spread of the pandemic and impact of the PE Programs, the research recommends that PE Programs simultaneously address the economic needs of AGYW as HIV knowledge and services are being provided. There is also an urgent need to build the capacity of the public referral and linkage system, led by the Department of Social Welfare, to respond to the diverse needs of vulnerable AGYW. There is also a need to increase support and motivation for Peer Educators by doing away with the voluntarism model and adopting a standardized curricula to be used for HIV and SRH education during PE sessions.

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