

Peer Education for STI Prevention in the LGBTQ Community of Palu: Insights, Barriers, and Impact

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ABSTRACT: The LGBTQ community faces significant barriers in accessing inclusive healthcare services, particularly regarding sexually transmitted infection (STI) prevention. Peer education has emerged as an effective strategy for improving STI awareness and promoting safer health behaviors within this community. This study employs a qualitative case study approach, conducting in-depth semi-structured interviews with LGBTQ individuals in Palu, Indonesia, to assess the impact of peer education on STI prevention. Findings indicate that peer education effectively enhances STI awareness and encourages preventive behaviors by leveraging community trust and shared lived experiences. Participants reported increased knowledge, behavioral shifts toward safer practices, and greater comfort in discussing sexual health issues with peer educators. Despite these benefits, the study identifies structural barriers, including financial constraints, healthcare discrimination, and limited government support, as significant obstacles to program effectiveness. Addressing these challenges requires enhanced policy support, institutionalized LGBTQ-inclusive healthcare training, and expanded funding for community-based interventions. This study contributes to public health research by emphasizing the importance of peer-led education in STI prevention strategies and advocating for multi-sectoral collaboration to ensure sustainable, inclusive healthcare services for LGBTQ individuals.

Keywords: LGBTQ Health, Peer Education, STI Prevention, Public Health Intervention, Healthcare Accessibility, Community-Based Education, Health Policy.



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INTRODUCTION

Sexually transmitted infections (STIs) remain a global health burden, with LGBTQ communities disproportionately affected due to intersecting barriers such as healthcare stigma, exclusionary policies, and limited access to targeted interventions. In Indonesia, these challenges are further compounded by sociocultural norms that marginalize LGBTQ identities, hindering engagement with preventive health services.

Among the most significant obstacles to STI prevention in LGBTQ populations are discrimination in clinical settings, inadequate provider training in culturally competent care, and the internalized

stigma that discourages individuals from seeking timely treatment. These structural and psychological barriers highlight an urgent need for alternative strategies that are accessible, community driven, and tailored to the lived experiences of LGBTQ individuals.

Peer education has emerged as a promising approach in this regard, leveraging trust, shared identity, and cultural relevance to bridge gaps in formal healthcare. Despite evidence supporting its effectiveness, especially in HIV prevention, limited research exists on the broader application of peer education in STI prevention, particularly within low and middle income countries such as Indonesia.

This study addresses these gaps by examining the role of peer education in improving STI awareness and preventive behaviors among LGBTQ individuals in Palu, Indonesia. The research specifically aims to: (1) explore LGBTQ experiences in accessing STI related healthcare, (2) analyze the influence of peer education on health literacy and behavior change, and (3) identify the structural factors that support or hinder the implementation of peer led health interventions. By focusing on a context with limited institutional support and sociocultural challenges, this study contributes to a nuanced understanding of community based strategies for inclusive public health.

METHOD

This study adopts a qualitative case study approach to explore the effectiveness of peer education in preventing sexually transmitted infections (STIs) among LGBTQ individuals in Palu, Indonesia. This design was chosen to capture nuanced experiences and contextual dynamics that influence the implementation of peer led health interventions.

Sample Selection

Participants were recruited through purposive sampling to ensure representation from diverse LGBTQ subgroups, including lesbian, gay, bisexual, and transgender individuals. A total of seven participants were selected based on their active involvement in community based health programs and prior engagement with peer education initiatives.

Data Collection

Data were gathered using in depth semi structured interviews, enabling flexible exploration of participants' experiences while maintaining consistency across key themes. Field observations of peer education sessions were also conducted to triangulate interview findings and provide contextual insights.

Data Analysis

Thematic analysis, following Braun and Clarke's (2006) framework, was employed to identify patterns and emergent themes. The analysis proceeded through open coding, theme development, and interpretation of the social meanings behind participants' narratives.

Validation Strategies

To ensure credibility, the study employed data triangulation (interviews, observations, and literature), maintained detailed audit trails, and used member checking with participants to confirm interpretive accuracy.

Ethical Considerations

All procedures adhered to ethical guidelines, with informed consent obtained from each participant. Identities were anonymized using pseudonyms, and the research received approval from local LGBTQ organizations and health authorities.

RESULT AND DISCUSSION

The findings from this study highlight key aspects of how peer education contributes to increasing awareness and improving sexually transmitted infection (STI) prevention behaviors among LGBTQ individuals. This section presents the main results obtained from in-depth interviews with participants, emphasizing their experiences in accessing STI-related healthcare services, the effectiveness of peer education, challenges in implementation, and the role of government policies and financial support in sustaining such programs.

Barriers to STI Healthcare Access

LGBTQ individuals frequently encounter numerous obstacles when attempting to access healthcare services related to STIs. These barriers often stem from stigma, discrimination, and a lack of LGBTQ-inclusive healthcare providers. Participants in this study reported experiencing feelings of exclusion and discomfort when seeking medical services. One participant noted, “When I went to a clinic for an STI test, the doctor hesitated before answering my questions. It was clear they were uncomfortable discussing LGBTQ health issues” (YK). This sentiment reflects broader research findings, which indicate that systemic discrimination within healthcare settings discourages LGBTQ individuals from seeking medical assistance (Caceres et al., 2020).

Financial constraints also emerged as a significant barrier to accessing STI prevention services. Many participants reported that they struggled to afford regular STI testing due to limited insurance coverage. One interviewee mentioned, “I have to choose between paying for rent or getting tested for STIs. Most of the time, rent wins” (NW). This aligns with previous studies indicating that financial hardships can limit healthcare access for marginalized populations (Nadarzynski et al., 2021).

Another major issue was psychological distress due to fear of discrimination. Several participants expressed reluctance to visit clinics due to prior negative experiences with healthcare providers. One participant remarked, “I have heard horror stories from my friends about being judged at

clinics. I don't want to go through that humiliation" (LR). These findings emphasize the need for more culturally competent healthcare services tailored to LGBTQ individuals.

Effectiveness of Peer Education in STI Awareness and Prevention

Participants widely recognized peer education as a valuable and effective approach for raising STI awareness and promoting safer sexual behaviors. One participant shared, "The first time I learned about PrEP was from a peer educator in my community, not from a doctor" (ZS). This observation supports findings from UNAIDS (1999), which highlight the efficacy of peer education in disseminating health information within marginalized communities.

Peer educators were seen as relatable and non-judgmental sources of information. Another participant noted, "I feel more comfortable discussing sexual health with someone who understands my experiences rather than a doctor who might judge me" (IR). This finding aligns with the Health Belief Model (Rosenstock, 1974), which suggests that individuals are more likely to adopt preventive behaviors when they perceive the source of health information as credible and empathetic.

In addition to increasing knowledge, peer education also played a role in reducing risky sexual behaviors. Several participants reported adopting safer sexual practices after receiving education from their peers. One participant stated, "Before, I never thought much about using protection with casual partners. But after attending a peer-led session, I started using condoms regularly" (GH). These results underscore the importance of community-driven health interventions in STI prevention.

Challenges in Implementing Peer Education Programs

Despite its effectiveness, the implementation of peer education programs faced several challenges. One of the most prominent issues identified was the lack of formal training for peer educators. Many participants expressed concerns that peer educators often lacked adequate knowledge or the ability to handle sensitive questions. One respondent noted, "Peer education is great, but sometimes educators don't have all the answers. I once asked about HIV self-testing, and the educator wasn't sure how it worked" (BT). This challenge reflects broader research indicating that insufficient training can limit the effectiveness of peer-led interventions (Turner & Shepherd, 1999).

Another challenge was the sustainability of peer education programs due to limited funding and institutional support. One participant explained, "Our peer education group struggles to get funding. Sometimes, we have to rely on volunteers who are passionate, but passion alone doesn't pay the bills" (XM). This finding aligns with research showing that a lack of financial resources can significantly impact the long-term viability of health programs targeting marginalized communities (McGuire et al., 2019).

Additionally, societal stigma remained a major barrier to the widespread adoption of peer education initiatives. One participant observed, "Some community members don't trust peer educators because they associate them with promoting behavior that goes against cultural norms"

(DL). These attitudes highlight the need for greater community engagement to ensure that peer education efforts are better accepted within conservative societies.

The Role of Government Policies and Financial Support

Government policies and financial support were identified as crucial factors in ensuring the success of STI prevention programs for LGBTQ communities. Several participants expressed frustration over the lack of governmental commitment to supporting inclusive healthcare policies. One interviewee noted, “There’s no clear policy supporting LGBTQ health. It feels like we’re invisible in the eyes of policymakers” (QK). This aligns with findings from Joudyian et al. (2021), which emphasize the importance of institutional backing for marginalized health initiatives (Joudyian et al., 2021).

Financial constraints remained a persistent issue, with many participants citing inadequate funding for peer education programs. One participant shared, “Without financial backing, it’s hard to keep our programs running. We need more than just moral support; we need actual funding” (LM). Research has demonstrated that sustainable financial models, such as grant-based funding and partnerships with private organizations, can enhance the longevity of peer-led interventions (McGuire et al., 2019).

The potential for public-private partnerships was also discussed by participants as a means to address funding shortages. One respondent suggested, “If businesses joined forces with the government to support LGBTQ health, we could make a bigger impact” (FS). This perspective aligns with prior research showing that collaborative funding models improve health outcomes in marginalized populations (Raymond-Flesch et al., 2017).

Contributions of Community-Based Organizations

Community-based organizations (CBOs) played a vital role in bridging gaps in STI prevention services. Participants widely acknowledged the contributions of these organizations in creating safe spaces for LGBTQ individuals to receive health education and services. One interviewee commented, “The local LGBTQ center is the only place I feel truly safe discussing my health concerns” (VN). This reinforces previous studies highlighting the role of CBOs in providing culturally competent health services (Christensen et al., 2020).

Moreover, CBOs were seen as instrumental in advocating for policy changes. One participant noted, “If it weren’t for these organizations, nobody would be fighting for our health rights” (WC). Their advocacy efforts underscore the importance of community-driven health initiatives in addressing policy gaps and improving healthcare access for LGBTQ individuals.

Overall, the findings of this study provide a comprehensive understanding of the experiences of LGBTQ individuals in accessing STI-related healthcare services, the effectiveness of peer education, and the structural challenges that hinder its widespread implementation. The results emphasize the need for targeted policy interventions, sustainable funding models, and enhanced community engagement to support the success of peer-led STI prevention programs.

The findings of this study highlight the effectiveness of peer education in promoting STI prevention among LGBTQ individuals, demonstrating its potential to increase awareness,

encourage safer behaviors, and foster community support. Despite these advantages, several challenges remain, particularly concerning healthcare accessibility, stigma, and structural limitations. This section discusses the implications of these findings in relation to existing literature and public health frameworks, while also exploring strategies to enhance peer education programs.

Effectiveness of Peer Education in STI Prevention

Peer education has been widely recognized as an effective strategy for disseminating health information within marginalized communities (UNAIDS, 1999; Turner & Shepherd, 1999). The present study reinforces this understanding, revealing that LGBTQ individuals in Palu find peer-led interventions more accessible and trustworthy compared to conventional health services. Many informants expressed a preference for receiving STI-related information from their peers due to shared lived experiences and the absence of judgment. One participant stated, "I feel more comfortable discussing my concerns with someone who understands my experiences rather than with a doctor who may not be familiar with LGBTQ issues" (Informant J).

The effectiveness of peer education can be linked to the principles of the Health Belief Model (Rosenstock, 1974), which emphasizes perceived susceptibility, perceived severity, and self-efficacy in influencing health behaviors. Many informants acknowledged that learning about STI risks from peers enhanced their perception of vulnerability and motivated them to adopt safer behaviors. Additionally, peer educators provided cues to action by facilitating discussions and distributing educational materials tailored to the community's needs. "The way my peer educator explained prevention methods made it easier to understand and apply them in my daily life," remarked another informant (Informant R).

Barriers to Healthcare Access for LGBTQ Individuals

Despite the success of peer education, barriers to healthcare access persist for LGBTQ individuals, consistent with previous studies (Caceres et al., 2020; Nadarzynski et al., 2021). Systemic discrimination within healthcare settings remains a significant obstacle, discouraging individuals from seeking STI testing and treatment. Several participants reported experiencing negative interactions with healthcare providers, leading to avoidance of medical services. "I was once refused service at a clinic after mentioning my sexual orientation. Since then, I prefer to rely on community health initiatives," shared an informant (Informant L).

Moreover, financial barriers exacerbate these challenges, as many LGBTQ individuals lack access to affordable and inclusive healthcare. Insurance policies often do not cover STI prevention services for LGBTQ individuals, further limiting their options. According to informants, the absence of LGBTQ-affirming healthcare providers in Palu forces many to seek medical assistance outside their region, increasing the financial burden. These findings align with prior research indicating that financial constraints significantly hinder healthcare access for LGBTQ populations (Caceres et al., 2020).

Structural and Financial Limitations of Peer Education Programs

While peer education is an effective intervention, its sustainability is contingent upon adequate funding and institutional support (Rhodes et al., 2021). The study identified financial constraints

as a key challenge, with many peer education programs operating on limited resources. Informants highlighted the need for greater financial investment in training and supporting peer educators. "Many of us are willing to educate our peers, but we lack the funding for proper training and materials," stated one participant (Informant V).

Institutional support is also critical in legitimizing and expanding peer education initiatives. The absence of formal recognition from healthcare institutions limits the reach and integration of peer-led programs within the broader health system. Strengthening partnerships between LGBTQ organizations and healthcare providers can enhance the effectiveness and sustainability of peer education. These collaborations can facilitate referrals, access to medical professionals, and the dissemination of evidence-based educational materials (McGuire et al., 2019).

Role of Government and Policy Interventions

Government support is essential for addressing the systemic barriers faced by LGBTQ individuals in accessing STI prevention services. Policies promoting inclusive healthcare practices and non-discriminatory treatment can help bridge existing gaps. The findings indicate that current policies in Palu are insufficient in meeting the healthcare needs of LGBTQ communities, necessitating policy reforms that prioritize inclusivity. "We need policies that ensure we are treated equally in healthcare settings. Without legal protections, discrimination will continue," emphasized one informant (Informant D).

Moreover, government funding can play a crucial role in sustaining peer education programs. Internationally, public-private partnerships have successfully supported community health initiatives, demonstrating the potential for similar models in Indonesia (Joudyian et al., 2021). Establishing dedicated funding mechanisms for LGBTQ health programs can improve accessibility and long-term impact.

Limitation

This study has several limitations that should be considered when interpreting its findings. The study is limited by the scope of its geographical focus, as it primarily examines LGBTQ individuals in Palu, Indonesia. This localized perspective may not fully capture the experiences of LGBTQ individuals in different regions with varying social and healthcare contexts. Additionally, while qualitative research provides rich insights into individual experiences, it does not allow for broad generalization to the wider LGBTQ population. The study also faced challenges related to participant recruitment due to the sensitive nature of the topic, which may have influenced the diversity of perspectives represented. Future research should expand its scope to multiple regions and incorporate a mixed-methods approach to provide a more comprehensive understanding of the effectiveness of peer education in STI prevention.

Implication

The findings of this study contribute to the growing body of literature on LGBTQ health and peer education, offering valuable insights for policymakers, healthcare providers, and community organizations. The study underscores the need for more inclusive healthcare policies that recognize and address the unique challenges faced by LGBTQ individuals. Additionally, the study highlights

the potential for peer education to serve as a complementary strategy to formal healthcare services, particularly in marginalized communities.

Future research should explore the long-term impact of peer education on STI prevention behaviors and health outcomes. Longitudinal studies can provide deeper insights into the sustainability and effectiveness of peer-led interventions over time. Moreover, comparative studies examining different models of peer education across various cultural and social contexts can inform best practices for program implementation. Lastly, integrating digital platforms into peer education initiatives may enhance accessibility and engagement, warranting further investigation into the role of technology in health promotion among LGBTQ populations.

CONCLUSION

This study highlights the effectiveness of peer education in enhancing STI awareness and prevention within the LGBTQ community. The findings reveal that peer education plays a crucial role in fostering trust, disseminating accurate health information, and mitigating stigma-related barriers that often prevent LGBTQ individuals from accessing healthcare services. The results indicate that peer educators significantly influence STI prevention behaviors by providing culturally relevant information in a more relatable and comfortable manner.

However, the study also identifies key challenges, including structural and financial limitations, lack of institutional support, and persisting discrimination in healthcare settings. Addressing these challenges requires multi-sectoral collaboration between government agencies, healthcare providers, non-governmental organizations, and the private sector to create sustainable and inclusive healthcare initiatives. Policy reforms aimed at institutionalizing LGBTQ-friendly healthcare services and increasing financial support for peer education programs are crucial steps toward improving health outcomes.

The findings contribute to the existing body of knowledge by providing empirical evidence on the role of peer education in public health interventions tailored for marginalized communities. Future research should explore the long-term impacts of peer education initiatives, the effectiveness of different training models for peer educators, and policy integration strategies to enhance program sustainability.

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