Workplace HIV/AIDS Peer Educators in South African Companies

SCULPTING GLOBAL LEADERS IN AFRICA

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Foreword

Business in South Africa – like their counterparts on the continent - face many challenges in standing up to the needs of a global business environment; one of these being the scourge of HIV/AIDS.

The downside cost of not acting against AIDS far outweighs the investment called for in dealing with the challenge. South Africa's AIDS statistics highlight our need to act swiftly and act in tandem. The potential impact that business, government and academia can make by joining forces to find best practices to counter the impact of HIV/AIDS in our communities and workforces could be many times over the impact from individualistic effort. South Africa is one amongst the worst-affected countries in the world. There is, however, a silver line to this dark cloud. The World Economic Forum last year acknowledged that South African companies are leading the response to HIV/AIDS on the continent. The impact on the workforce is still to become substantial and the cost of the AIDS pandemic remains significant.

In producing the "Workplace HIV/AIDS Peer Educators in South African Companies" research report, Dr David Dickinson - Senior Lecturer in HIV/AIDS in the Workplace at Wits Business School - has provided a benchmark of workplace HIV/AIDS peer education. His work constitutes one of the most extensive research project into workplace HIV/AIDS of its kind.

We owe our gratitude to companies that opened their doors for this research. We believe this shows, once more, the power of public-private partnerships and value of academic review. Not only does this research provide us with the most comprehensive profile of workplace educators, it also provides a clear indication of how we can harness their strengths to the benefits of all business.

As the report shows, peer educators conduct a great deal of work - not all of it easily visible. Each day, at the coalface of the workplace, peer educators deal with problems of a critical scale – they deal with diversity, tolerance, prejudice, providing services with limited resources, motivating, encouraging and informing employees. Most, but not all, peer educators have access to the basic materials necessary for their work. More training is necessary for them. Greater encouragement for peer educators across the management scale is needed.

This report seeks to give impetus to peer educator programmes in the workplace; provide guidance for companies and encourage an effective response to the pandemic. In line with the mission of the Wits Business School, this is but a small contribution from our side to the big challenge that South Africa faces. We are hopeful that this research will make some contribution to the South African economy and society.

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Executive Summary

This report provides a benchmark of workplace HIV/AIDS peer educators in South Africa and addresses a number of critical issues for workplace based peer education.

The research was conducted in five large South African companies with a total workforce of over 120,000 permanent and non-permanent employees. The companies have approximately 1,780 active peer educators (a ratio of one peer educator to 69 employees). The research consisted of interviews with 29 'key players' involved in the companies' HIV/AIDS programmes; a questionnaire sent out to all peer educators of which 614 were returned; interviews with 75 peer educators across the country; and, participatory observation.

This constitutes the most extensive research project into workplace HIV/AIDS peer educators of its kind in South Africa or globally.

The report documents the profile of peer educators, noting the over representation of women, and African women in particular, within the ranks of peer educators when compared with the overall profile of the companies' workforce. Attention is also drawn to the symbolically important dearth of peer educators from the ranks of top and senior management.

Approximately half of peer educators are volunteers and over 20 percent are elected by their co-workers. The different reasons for becoming peer educators appear to be stable over time, suggesting that there is a need to learn to work with both volunteer and elected peer educators.

Training is being carried out, although there are gaps in refresher training. While the training is often good and well received, there are ways in which this could be improved.

Peer educators are motivated by a concern for others. There is, however, a lively debate as to whether they should be rewarded for what they do. Calls for remuneration, which may emerge, will probably be based on conceptions of fairness and respect and need to be handled sensitively.

Peer educators conduct a great deal of work, not all of it easily visible. The vast majority conduct formal presentations and have informal discussions with other employees, other people at work and with members of their community. Estimations of this activity provide insight into the appropriate ratio of peer educators to employees and to gauge the potential contribution to the national response to HIV/AIDS. A conservative estimate produces the potential of more than 20 million conversations about HIV/AIDS per year - assuming a national peer educator strength of 150,000.

In addition to the forms in which activity is conducted, the report identifies a number of different roles carried out by peer educators. These are:
* The Influencers
* The Advisers
* The Stigma Busters
* The Normalisers
* The Sex Talkers
* The Family Builders
* The Condom Kings

The organisation of peer educators within companies and between companies ranges widely. HIV/AIDS managers and their programmes are under resourced.

Most, but not all, peer educators have access to basic materials necessary for their work. The provision of

working time for peer education clearly increases activity in the workplace. There are mixed signals concerning the level of support received from supervisors and line managers. HIV/AIDS training for line managers clearly helps in this regard. A disturbing 'gap' between peer educators and unions was identified.

Peer educators meet with other peer educators in their immediate workplaces and find this useful. There are few company-wide meetings of peer educators and non across companies. Meeting with other peer educators is linked to increased activity and sustainability. Meeting with other peer educators also assists in problem solving. Suggestions as to how this process can be further facilitated are made.

The local environments within which peer educators operate can be very different to that outlined in company policies. This is often linked to production pressures. Working successfully as peer educators in these areas is often job related. Empowering peer educators to deal with this barrier needs to be specific to company structures rather than generic motivation.

We need to think beyond race, gender and occupation in understanding the concept of 'peer'. Peer educators must be flexibly in dealing with a range of views and beliefs. They are showing remarkable ability in this regard. For example, the question of age status has been successfully responded to by some peer educators.

Drawing a spectrum that ranges between extremes of 'activism' and 'professionalism,' on which peer educations can be located, helps us to better conceptualise peer education. Activism is a critical resource, but should not be relied upon exclusively, while over-professionalizing of peer education should be avoided.

There is a danger that HIV/AIDS will re-racialise the workplace. This should be countered.

Activity by workplace HIV/AIDS peer educators in the community is extensive and goes beyond formal company programmes. This diversity of activity should be acknowledged as a major contribution to the national response to HIV/AIDS.

In drawing together these findings, the purpose of this report is to strengthen companies' peer educator programmes and help contribute to an effective response to AIDS in South Africa.

How this report works:

The report brings together the key findings of the research at five workplaces in South Africa. It contains 15 sections covering various aspects of peer education. At the end of each section is a list of key findings and recommendations to assist organisations in taking back elements of the report to their workplaces. References, acronyms and terminology used, and a full list of references can be found at the end of the report.

Section 1: Background

This section briefly describes peer education as a response to the HIV/AIDS pandemic, particularly in regard to the South African workplace. Existing research on peer education is reviewed and key issues outlined. The question of workplace peer education effectiveness - and how this can be measured - is addressed. Finally, the contribution of this report is sketched.

The AIDS epidemic presents a major social and developmental challenge to South Africa. The Human Sciences Research Council (2005) estimates that 16.2 percent of the adult population (15-49) are infected with HIV. With a cure still remote, it is anticipated that the country will have to deal with the epidemic for decades to come. Demographic models predict that average life expectancy will drop to 46 years in 2010, 22 years lower than it would have been in the absence of AIDS (Rehle and Shisana 2003).

Peer education is widely used tool in the response against HIV/AIDS and 'typically involves training and supporting members of a given group to effect change among member of the same group' (Horizons/Population Council, ND: i). The perceived effectiveness of this strategy draws on research indicating that, generally, 'similarity between message source and recipient is vital to the ultimate impact of the message' (Wolf and Bond 2002:362). Among the advantages of peer education is the ability to access people infected with HIV or vulnerable to infection. This access is both physical and sociocultural (UNAIDS 1999), with peer educators able to communicate effectively because they understand the language and patterns of communication of those whom they seek to influence. They have been used in situations where physical and sociocultural access is often difficult for outside experts such as with intravenous drug users and sex workers. In addition, they are also extensively used where physical and sociocultual barriers are less dramatic but nevertheless significant, such as schools and workplaces.

Companies are now mounting workplace responses to HIV/AIDS, for a range of social and economic reasons (Dickinson and Stevens 2005). Peer education often forms an important component of companies' HIV/AIDS programmes. In its HIV/AIDS Technical Assistance Guidelines, the South African Department of Labour (2003:59) states that 'the core of [HIV/AIDS] education and training is a use of peer educators who have either volunteered or been nominated to conduct HIV/AIDS education sessions'. This promotion of workplace peer education, which is included in other workplace HIV/AIDS guides (Family Health International 2002, ILO 2001, NOSA 2003, World Economic Forum 2003), is based on the perceived advantages of peer education. It is also recognised that such programmes provide a relatively cheap response when compared to the use of professional personnel such as health and social workers (Hemp 2003). This latter consideration is valid, but raises the problem that peer education could be used inappropriately by companies as a 'smokescreen' - hiding the absence of commitment to more expensive elements of a comprehensive HIV/AIDS response (Sloan and Myers 2005). While this may be the case, it ignores the agency of peer educators and HIV/AIDS managers who are committed to effective responses (Dickinson 2005a).

Frequently, the role of peer educators is conceived as limited to their ability to 'translate' technical information about HIV/AIDS and put it into forms that peers understand. While this translating is an important role for peer educators, the danger of this understanding is that peer education is reduced to an (unnecessarily) limited auxiliary role within HIV/AIDS programmes and ignores other activities and roles that they are able to perform. This report explores the wider set of activities undertaken by workplace peer educators.

The Department of Labour (2003) recommends a ratio of one peer educator to every 50 workers.[1] If followed by South Africa's formal sector companies, the Department of Labour's recommendation on peer educators would translate into approximately 150,000 peer educators nationwide.[2] This statistic alone alerts us to the significance of workplace peer educators and the importance of their work. This needs to be understood, first, in terms of what impact their activities have in regard to HIV/AIDS and, second, what barriers they face in achieving this potential. These issues are important for South Africa, the first significantly industrialised country to experience high HIV prevalence rates, and will be of importance as the pandemic shifts from its current sub-Saharan epicentre to larger industrialised and industrialising countries such as Russia, India and China.

A number of issues can be identified from the extensive literature on HIV/AIDS peer education programmes. These issues are important, though care should be taken in generalising them across the very different settings and groups that they report on. In particular, the high level of resources (potentially) available within companies and the relative security and income of formal sector workers makes for very different contexts than informal workers, learners, sex workers etc.

The cultural specificity of peer education activity is stressed in a number of accounts. Shuguang and Van de Ven (2003), alert us to the dangers of centrally organised peer educator programmes overlooking local cultural practices. There is no 'one-size fits all' and this is likely to be true even within a single South African company given the diversity of

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[1] It is not clear what consideration or calculations this ratio is based on. The validity of this figure is explored in Section 7.1 of this report.
[2] Based on a workforce of 7,500,000 in the formal economy.

employees. A related issue is that of matching the profile of peer educators to their peers. While matching race, gender, and age are typically put forward as important factors in facilitating peer educator success (Wolf and Bond 2002), some studies suggest that other personality factors are also important (Ozer, Weinstein and Maslach 1997). This raises the need to think about how peer educators are selected if programmes are to be successful (Ebreo, Feist-Price, Siewe and Zimmerman 2002).

Active participation of peer educators in the planning and organisation of programmes is stressed as a critical factor for success and sustainability by Lewis, Shain, Quinn, Turner and Moore (2002) who argue that peer educator inputs can tailor programmes to better suit their intended audience and raise levels of motivation. Other writers are, however, more sceptical about the ability of peer educators to carry off successful programmes within difficult socioeconomic contexts. Campbell (2004) points to the need for peer educators to operate within broader, multi-faceted programmes that require, as a pre-requisite for success, the successful building of partnerships – not least to ensure that peer educators have support and resources that they need.

Although the idea of peer educators is that they influence their peers, a number of studies have looked at the implications for peer educators themselves. The study by Strange, Forrest and Oakley (2002) indicates that peer educators themselves undergo processes of change that relates to their own sexual knowledge and behaviour but also general life skills. Less positively, James (2002) suggests that in resource-poor communities, the primary impact of peer education programmes may be the personal mobility of peer educators.

While these issues present challenges of greater or lesser magnitude to peer education in a range of settings, there have been recent suggestions that peer education is not an effective response within companies. Thus Mametja (2005) has suggested that 'peer education programmes [in the workplace may be] considered appropriate strategy, but [the] effect may be insignificant'. This assessment rests on relatively limited data (Setswe 2005, Sloan and Myers 2005, Wolf and Bond 2002). Attempts to suggest a 'gold standard' test of controlled, serio-prevalence trials[3] to assess the effectiveness of workplace peer education (Setswe 2005) may be overlooking a number of critical factors in the desire to provide scientific credibility. Briefly, these include the need to assess what the peer education programme is actually doing (versus what management tell researchers it is doing); what barriers peer educators may encounter on the ground which need to be accounted for when measuring effectiveness; that outputs of such programmes extend beyond prevention of infection; and, that the impact

of workplace peer education programmes extend beyond the workforce.

Ozer, Weinstein and Maslach (1997) suggest that peer education is something of a 'black box'. Unless we are able to understand what happens within this box, any evaluation of peer educator activity is likely to remain flawed. This report sheds light on these issues and therefore provides groundwork on which truly rigorous evaluation of workplace peer education, measuring inputs as well as outputs, can be made.

Finally, it is important to recognise workplace peer education in South Africa as a 'social fact': it exists as a process that management is able to facilitate or hinder, but not stop. Hughes-d'Aeth (2002) suggests that we 'milk' peer educator activity by understanding what activities have an impact and promote these. Much of this report follows this approach as it attempts to understand workplace peer education in South Africa and suggests how this activity can be worked with in ways that improve its effectiveness.

The report draws on research into workplace HIV/AIDS peer education conducted in five large South African companies. Following this introduction and a section on methodology, the report looks at the profile of peer educators, how employees become peer educators, their training and their motivation. An extensive section outlines the core activities of peer educators (formal presentations, informal activity and the different roles undertaken in the workplace). This is followed by an examination of how peer educators are organised and the backing that they receive in terms of resources, support, evaluation and self-help. A number of smaller, but important issues, are then explored. These issues include: the local realities that peer educators work within; what being a peer means; the question of 'activism' versus professionalism; the emotional labour involved in peer education and the extent of counselling undertaken; and, finally, the extent and nature of workplace peer educator involvement in their communities.

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[3] I.e. monitor the incidence of new infections among a workforce exposed to a peer educator programme against a similar, controlled, workforce without contact to a peer educator programme.

Section 2: Methodology

Introduction

Five large South African companies in four economic sectors participated in the study between January and November 2005 (see Table 1). Companies were identified from within selected economic sections and included on the basis of them having an active peer educator programme and willingness to allow research access. All companies are unionised, primarily by Cosatu-affiliated unions.

Table 1: Companies participating in the study

Sector	Employees (Permanent and non-permanent)	Company Structure	Major Union(s)	Active Peer Educators (Estimated)	Ratio: Peer Educator to Employees
Auto	3,500	Two sites: manufacturing and sales/finance	Numsa	45	1:78
Auto	4,000	Three sites: manufacturing, warehouse, head office	Numsa	85	1:47
Financial	29,500	Large offices in urban centres and branches across the country	Sasbo	450	1:66
Mining	44,500	Approximately 10 mines and other facilities in three Provinces	NUM & UASA	400	1:111
Retail	41,500	Approximately 15 hypermarkets and 120 supermarkets across the country	Saccawu	800	1:53
Total	**123,00**			**1,780**	**1:69**

Sources: Interviews and Company Employment Equity Reports

The Research Components

The research consisted of four components.

- First, in-depth interviews were conducted with 29 'key players' to establish the nature of company HIV/AIDS programmes and the role of peer educators.

- Second, a questionnaire was sent to all peer educators between May and July though the companies' internal mail systems. Questionnaires were available in English, Isixhosa, Setswana and Sepedi. In total 614 completed questionnaires were returned; an overall response rate of 34.5 percent, which ranged widely between individual companies, from 22.2 to 84.7 percent,

depending on logistical capacity and, probably, the accuracy of estimated numbers of active peer educators.

- Third, in-depth interviews were conducted with 75 workplace peer educators (some also acting as local coordinators) across the country. Interviews were semi-structured and lasted for approximately one hour. Most were done on an individual basis, but three small-group interviews were conducted with three or four peer educators. Interviews probed what peer educators are actually doing within HIV/AIDS programmes and the barriers they face in this regard, their motivations, their understanding of their own agency and behavioural change, and their views on workplace peer education and its possible future. The selection of peer educators was done at a local level by company HIV/AIDS programme 'key players'[4] on the basis of a request from the researcher for active peer educators representing a spectrum of race and gender and, where appropriate, differently sized workplaces and unionized and non-unionized employees. Informed consent was obtained from interviewees.[5] This was granted in all cases. Table 2 shows the interviews conducted for the first and third components of the research. (A full list of interviews conducted can be found in Section 17.)

Table 2: Interviews Conducted

Interviews	Number
Managers and full-time Coordinators (includes Doctors)	13
Occupational Health Practitioners	8
Trade Unionists	4
HIV/AIDS Trainers	4
Peer Educators/Coordinators	8
Peer Educators	67

- The fourth component consisted of a small number of participatory observations. These included a two-day peer training workshop attended by 40 peer educators in the financial company and two one-day workshops of 25 and 120 peer educators, in an auto and the retail company respectively.

Funding

The research was funded by grants from the Faculty of Commerce Law and Management Research Committee, University of the Witwatersrand and the Wits AIDS Research Institute. One domestic air ticket and one day of car hire was paid for by a participating company after changes in the company's circumstances required an additional field trip.

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[4] Usually occupational health practitioners or peer educators in a co-ordinating role.
[5] Ethical permission for the research was obtained from the Wits University Human Research Ethics (Non-Medical) Committee: Protocol Number HO50310.

Section 3: The Profile of Peer Educators

Introduction

Relatively little research has been conducted on workplace HIV/AIDS peer educators in South Africa. In this regard, this research provides an initial 'benchmark' in understanding peer educators and the work that they do. This section provides some basis facts about the peer educators in the five companies researched.

Drawing on data collected from the questionnaire, the age of peer educators, their marital status, level of education and remuneration are documented. Using company Employment Equity Reports the profile of peer educators in terms of race, gender and occupational level is then compared against the overall profile of the companies' permanent employees. Some background as to the nature of peer educators as 'workplace citizens' is provided using the length of time they have been working for their companies, their membership of trade unions, holding union office and acting as Health & Safety representatives. In addition, their participation in religious activity is noted. Finally, the section looks at how close peer educators are to the epidemic in terms of knowing people who are HIV-positive or who have died of AIDS and the extent to which they are involved in community AIDS activities.

Age, Marital Status, Education and Pay

Figure 1: Age of Peer Educators
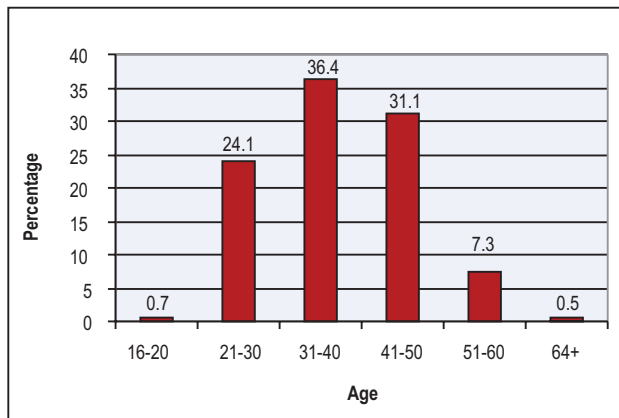
N = 601

Table 3: Marital Status of Peer Educators (Percentages)

Marital Status	Male	Female	All
Married/Long-term partner	61.7	44.3	52.0
Divorced	3.0	11.4	7.7
Widow(er)	2.3	3.0	2.7
Single	33.0	41.3	37.6
Total	100	100	100

N = 598

Figure 2: Education of Peer Educators (Highest Level Completed)
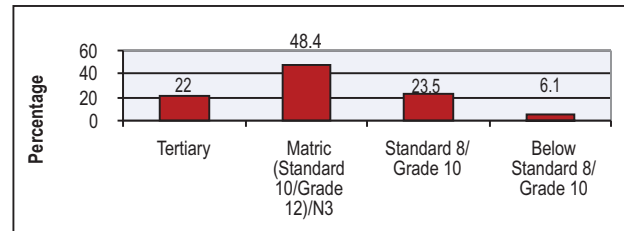
N = 587

Note: The level of peer educators with tertiary education may be over-reported. Short course, run by tertiary-level educational institutions, were considered by some peer educators (with Matric) to constitute tertiary education.

Figure 3: Peer Educator Monthly Gross Income
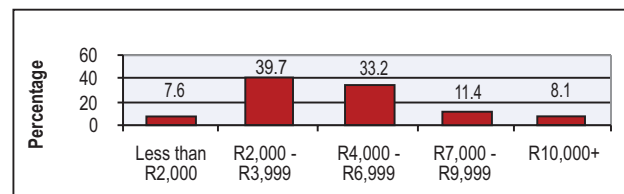
N = 590

Note: Question asked: "What is your usual gross pay each month before deductions? (Deductions include: taxes, UIF, bond repayments, deductions for loans or purchases, maintenance orders, union membership fees etc)."

Race, Gender and Occupational Status

Ideally, to fulfill their role, peer educators should be representative of the workforce at large. Critical categories in this regard include race, gender, occupational (skill) level and age. The first three of these categories can be compared against company Employment Equity Reports that all South African companies with more than 50 employees are required to complete.

Gender	Male					Female				
Race	African	Coloured	Indian	White	Total	African	Coloured	Indian	White	Total
Employees	44.0	5.1	1.9	9.8	**60.8**	17.3	10.0	3.4	8.5	**39.2**
Peer educators	38.1	2.4	0.9	1.9	**44.4**	35.7	11.7	3.3	6.0	**55.6**
'Gap'*	-5.9	-2.7	-1.0	-7.9	**-16.4**	+18.0	+1.7	-0.1	-2.5	**+16.4**

N (Employees) = 123,055: N (Peer Educators) = 580
* Between proportions of employees in company workforces categorised by race and gender and proportions of peer educators

(African) Women Shouldering a Disproportionate Load

Table 4a shows how, in terms of race and gender, peer educators are in fact not representative of the general workforces, but are skewed towards women, particularly African women. Men of all race groups are under represented, least among African men and most noticeably among white men. African women are dramatically over represented and coloured women also over represented but to a much lesser extent. Indian women are marginally under represented as peer educators in comparison to the workforce as a whole; white women more so.

The percentage under or over representation of different race and gender groups (i.e. the difference between their shares of peer educators and the total workforce compared to their share of the total workforce) is shown in Table 4b.

Table 4b: Over and Under Representation of Peer Educators by Racial and Gender Groups

Race & Gender Group	Over or Under Representation of Peer Educators Compared to the Workforce as a Whole (Percent)
African males	-13
Coloured males	-53
Indian males	-53
White males	-81
African females	+104
Coloured females	+17
Indian females	-3
White females	-29

N = 580

Table 5: Comparison of Employees and Peer Educators by Occupational Level (Permanent Employees Only) (Percent)

Occupational Level	Percent Company Workforce	Percent Peer Educators	Gap
Top Management	0.4	0.0	-0.4
Senior Management	1.7	0.2	-1.5
Professionally qualified and experienced specialists and mid-management	5.3	5.4	+0.1
Skilled technical workers, junior management, supervisors, foremen and superintendents	20.6	20.1	-0.5
Semi-skilled and discretionary decision making	47.1	35.6	-11.5
Unskilled and defined decision making	24.9	38.8	+13.9

N (Employees) = 102,009: N (Peer Educators) = 598
Source: Questionnaires and Company Employment Equity Reports. Note: There are potential errors in assigning peer educators to occupational levels as job descriptions vary widely as does companies' policy in assigning employees to occupational levels. This may influence the accuracy of this table.

Symbolic Gaps at the Top

Table 5 demonstrates a symbolic lack of peer educators at top and senior management levels and an apparent over-representation of the lowest-skilled workers. However, this latter imbalance would probably be considerably reduced and possibly reversed if non-permanent workers (comprising 17.1 percent of the total workforce of the five companies) were included in this analysis, since non-permanent employees are seldom, if ever, trained as peer educators while most are in the lowest occupational categories. (Company Employment Equity Reports do not provide a break down of occupational levels for non-permanent employees.)

Race, Gender and Occupational Level

The distribution of peer educators among different occupational levels suggests that it is race and, particularly,

gender, rather than occupational level (despite their high correlation in South Africa) that determine the skewed profile of workplace peer educators. The over-representation of Africans as peer educators can probably be attributed at least in part to the greater impact of AIDS on Africans than other races. While women in South Africa have higher HIV prevalence rates than men (HSRC 2005), this difference is smaller than the over-representation of women among peer educators. This would seem to be better explained by a gendered pattern of concern and responsibility within society generally and within the AIDS epidemic in particular.

The Status of Peer Educators in their Companies

Table 6: Length of Time Peer Educators Have Been Employed at their Companies

Number of Years with the Company	Percentage
1-5	26.9
(1-3)	(10.1)
(4-5)	(16.8)
6-10	23.9
11-15	21.6
16-20	14.6
21-25	9.1
26-30	3.0
31-35	0.7
36+	0.2
Average	11.8 years
Medium	10 years

N = 602

While a small number of peer educators are relatively new to their company (10.1 percent have been there for three years or less), the average time with the company is 11.8 years suggesting that peer educators are, by and large, fairly stable and long-term members of the workforce.

Peer Educator Involvement in other Activities

Table 7a: Workplace Citizenship of Peer Educators

Workplace Citizenship	Percentage	N =
Trade union member	77.6	599
Is/has been a trade union representative	30.2	602
Is/has been a Health & Safety representative	42.5	591

A high percentage of peer educators are active within the workplace as trade union members, shop stewards and

Health & Safety representatives. This involvement in other forms of 'workplace citizenship' is not surprising and suggests that employees who are, in general, concerned with the well-being of others are also likely to become peer educators.

Table 7b: Religious Activity of Peer Educators

Membership/Affiliation	Percentage	N =
Attend religious services at least twice a month	79.1	593

A high percentage of peer educators are religiously active – in a country with 83.5 percent of the population considering themselves to be religious (Statistics South Africa 2004). This was strongly supported by interviewed peer educators who frequently stressed the importance of religious beliefs and activity in their lives.

Proximity to the HIV/AIDS Epidemic and their Involvement in the Community

Table 8: Knowing Somebody Well Who is HIV Positive or Who has Died of AIDS

Knows somebody well who is HIV positive or who has died of AIDS	82.7 (%)

N = 607

The vast majority of peer educators are close to the AIDS epidemic, knowing somebody with HIV or having known somebody who has died of AIDS – the HSRC (2002) study found that 13.7 percent of respondents knew a friend who was HIV-positive – though this of course is likely to be reinforced by their peer educator activity. Tellingly, given what we know of the AIDS epidemic's link to poverty, knowing somebody who is HIV positive or who has died of AIDS is significantly correlated to income (see Table 9).

Table 9: Knowing Somebody Well Who is HIV Positive or Who has Died of AIDS by Income Level

Knows somebody well who is HIV positive or who has died of AIDS	Gross Monthly Income					
	Less than R2,000	R2,000 – R3,999	R4,000 – R6,999	R7,000 - R9,999	R10,000+	Total
Yes (percent)	97.8	86.3	80.3	77.6	65.2	82.7
No (percent)	2.2	13.7	19.1	22.4	34.8	17.3

N = 585

Table 10: Involved in a community-based HIV/AIDS project

Involved in a community-based HIV/AIDS project	46.9%

N = 591

Almost half of these workplace peer educators are involved in some form of community-based HIV/AIDS activity. This significant involvement of workplace peer educators in community-based HIV/AIDS work is reinforced by other findings of the survey that will be discussed further in Sections 7.2 and 15.

The Profile of Peer Educators

- The profile of peer educators is varied, providing a range of different individuals that are likely to be found within South African workforces. However:
  - o There is an over representation of women, particularly African women, as peer educators when compared against the overall profile of the company workforces.
  - o There is a symbolic gap in the under representation of top and senior managers as peer educators.

- Peer educators are active in their workplaces. On average they have been with their companies for almost 12 years; almost a third of them have held union positions; and, 40 percent have been Health & Safety representatives.

- They are close to the epidemic. Over 80 percent know someone who is HIV-positive or who has died of AIDS.

- They are often active in their communities around HIV/AIDS. Forty-six percent of them are involved in a community-based HIV/AIDS project.

Section 4: Becoming a Workplace Peer Educator

Introduction

How employees become peer educators provides us with useful insights. This section, drawing on data collected from the questionnaire and interviews, looks at how long peer educators have been in these roles, the different ways in which they became peer educators, and the extent to which they were screened or evaluated before becoming peer educators.

Becoming a Peer Educator

Figure 4: Date of Becoming a Peer Educator
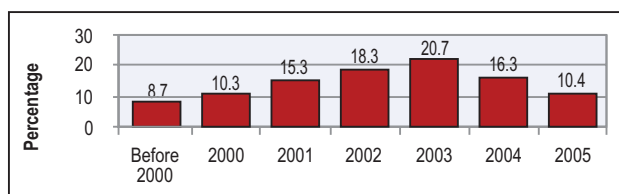
N = 595

The turnover of peer educators through retirement, job loss or transfer, or becoming disheartened, was a major concern for many of the company key players interviewed for the research. One company had received a 'shock' when on running a second national HIV/AIDS related campaign turnover of peer educators of some 30 percent in two years was detected. It is however, instructive that the presence of relative 'long-timers' within the ranks of peer educators, as shown in Figure 4, indicates that sustaining activity is possible.

Interviews with peer educators indicated that they were aware of inactive or only marginally active peer educators in their own workplaces. In general, they regarded this as a problem given that more, and not less, peer education was needed. A minority put forward the view that peer educators needed 'time out' and that inactive ones would, in due course, become active again.

Table 11: How Employees Become Peer Educators

What best describes the way in which you became a peer educator?	Percent
1. I started to conduct peer educator activities on my own	4.2
2. I was elected by my co-workers as a peer educator	21.5
3. I volunteered to be a peer educator	50.0
4. I was asked by another peer educator/somebody involved in HIV/AIDS to be a peer educator and agreed	6.5
5. I was sent on peer educator training by my manager/supervisor and then became a peer educator	9.6
6. I was asked by a manager/supervisor to be a peer educator and agreed	5.1
7. I was told by a manager/supervisor to be a peer educator and agreed	2.2
8. I was told by a manager/supervisor that I should be a peer educator and had no choice but to agree	1.1

N = 552

Note: A significant number of peer educators gave more than one response to this question (despite a request to choose the best option). Their responses are not included. In interviews it was clear that becoming a peer educator was often a complex process in which a number of factors had played a part. This is why some respondents put down more than one explanation of how they became peer educators.

It is clear that by far the largest way in which peer educators take up this role is by volunteering. The second most common method is being elected by co-workers. Along with 'self starters' and those recruited through company HIV/AIDS structures, this comprises of over 82 percent of all peer educators. By contrast, more 'compulsory' methods involving 'nomination' in which supervisors or managers recruit, or where employees are sent on peer educator training represent a much smaller, though not insignificant, fraction of the total. During interviews, a number of committed peer educators indicated that they had, for example, been sent on a peer educator training course without warning but had subsequently taken up their role with enthusiasm. Nevertheless, it is likely that such largely random and coercive processes of recruitment are inefficient.

Volunteers or Elected Peer Educators?

The question of whether it is better to have volunteer peer educators or whether peer educators with some kind of a mandate, such as election by co-workers, is one that is frequently discussed within company peer educator programmes. In interviews with key players there were strong views expressed both for the energy and enthusiasm that volunteering brings but also strong counter views from others that volunteers were less likely to be effective

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[6] It should be noted that this division between volunteers and elected peer educators is something of a simplification. Some peer educator coordinators who had a good understanding of workplace dynamics operated hybrid systems in which they would identify individuals who had a mandate of some sort (e.g. shop steward or supervisor) and who also appeared to have the qualities of a good peer educator. These people were then approached and asked if they would like to volunteer as peer educators.

than peer educators who had a mandate from co-workers either in influencing their peers or ensuring time and support from immediate supervisors and managers in the workplace.[6] The next table helps to address this question.

12: Becoming a Peer Educator by Starting Date

Becoming a Peer Educator (See Table 11 for full description of categories)	Date of Becoming a Peer Educator						
	<2000	2000	2001	2002	2003	2004	2005
1. Self starter	4.7	5.3	2.4	2.0	4.5	6.6	5.3
2. Elected	27.9	24.6	19.5	20.6	18.0	27.5	17.5
3. Volunteered	46.5	52.6	50.0	47.1	45.1	48.4	45.6
4. Recruited by PEs etc	4.7	1.8	7.3	7.8	3.6	4.4	17.5
5. Sent on training	4.7	10.5	13.4	15.7	12.6	3.3	0
6, 7 & 8. Nominated by manager/supervisor	11.6	5.3	7.3	6.8	7.2	9.9	14.0
Total	100	100	100	100	100	100	100

N = 543

Note: Categories 6, 7 and 8 have been merged to facilitate clarity.

The important feature of Table 12 is the stability of the reasons for becoming a peer educator over time. This indicates first, in contrast to a common perception that volunteers represented the first (and finite) 'supply' of peer educations, that there have always been a range of reasons for employees becoming peer educators and that these different reasons are relatively stable over time. Moreover, it would appear that there is little difference in the drop out rate of peer educators that can be linked to the way in which they became peer educators.

This puts the 'debate' around 'volunteers-or-a-mandate-being best' into perspective. The reality seems to be that both volunteers and mandated peer educators are and are likely to continue to constitute the most important routes into peer education. While they may bring different qualities, the real policy challenge is not to work out which is best, but to incorporate both types within peer educator programmes in a way which harnesses their relative strengths.

Screening of Potential Peer Educators

While elected peer educators clearly have to be accepted within company programmes, not all volunteers need, necessarily, to be accepted and it is possible to inform elections by an agreed set of appropriate criteria. In general

the screening of potential peer educators for suitability is done erratically. The more typical situation over the more recent period, with companies often 'ramping up' their peer educator programmes, was an acceptance of any volunteers willing to come forward and the 'press ganging' of employees by managers who had received instructions that their section needed a peer educator. Despite this, the nominating of clearly inappropriate peer educators seems to be usually resolved by their dropping out of active participation. During all my interviews I only heard one account of a peer educator's actions being inappropriate to the extent that he had to be isolated from HIV/AIDS related activity. Nevertheless, the use of screening potential peer educators before training would seem to be a sensible process. However, as Table 13 shows the screening of peer educators, while applied to a minority of peer educators, appears, in fact, to be decreasing.

Table 13: Evaluation and Date of Becoming a Peer Educator

Evaluated Before Training?	Date of Becoming a Peer Educator						
	<2000	2000	2001	2002	2003	2004	2005
Yes	38.8	40.7	33.7	26.7	30.0	17.9	19.7
No	61.2	59.3	66.3	73.3	70.0	82.1	80.3
Total	100	100	100	100	100	100	100

N = 575

- Turnover of peer educators is a problem, but it is possible for peer educators to remain active for long periods of time (six years or more).

- Approximately 50 percent of peer educators are volunteers or self-starters; over 20 percent are elected by co-workers and just under 10 percent become peer educators after being sent on training.

- There is stability over time in regard to entry routes into peer education. This suggests that volunteers are not limited to an early wave. It also suggests that there is little point in debating the relative merits of volunteers and elected peer educators. Both form significant entry routes into peer education and need to be worked with.

- The amount of prior screening or evaluation of peer educators is decreasing.

Section 5: Peer Educator Training

Introduction

Training is a critical component in the initial mobilisation of peer educators as well as facilitating their ongoing activities. This section looks at how many peer educators receive initial and further or refresher training and how this training is evaluated by peer educators themselves. Based on observations of training sessions and interviews, some suggested ways in which training could be improved are put forward.

Training Received

Figure 5: Percentage of Peer Educators Receiving Training
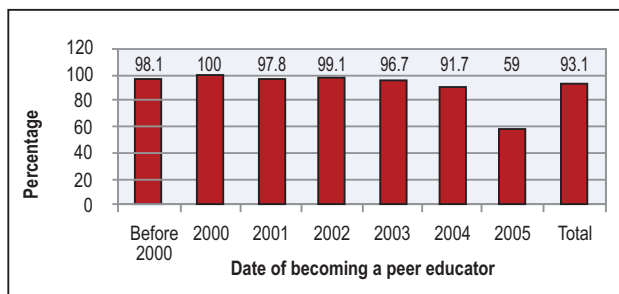

N = 591

The picture shown by Figure 5 is extremely positive; the vast majority of peer educators have received some training and the major gap is in those employees who have only recently become peer educators and will have had less opportunity to receive training. If peer educators who only became so in 2005 are excluded, 96.5 percent of peer educators have been trained.

Training for peer educators generally involves both an initial course and follow-up or refresher courses that are aimed at keeping peer educators up to date, broadening their knowledge and skills and re-energising them. This follow-up or refresher training can take the form of long (e.g. five-day) workshops or a series of one-day events spread over the year. We now look at these two components of training.

Figure 6: Length of Initial Peer Educator Training (Days) (Excluding those who have received no training)
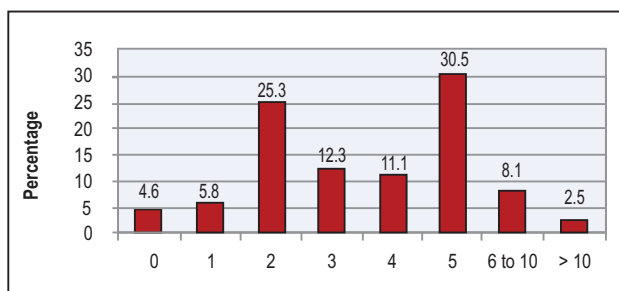
N = 522
Note: Where length of training equals zero, individuals indicated that they had received follow up or refresher training.

Most initial training received is of two days or more, with two or five-day training sessions being the most common. While there are changes in the length of initial training over time (of becoming a peer educator) this appears to be more the result of the different training strategies of companies than a general trend.

Figure 7: Length of Further or Refresher Peer Educator Training (Days) (Excluding those who have received no training and those Recruited in 2004 and 2005)
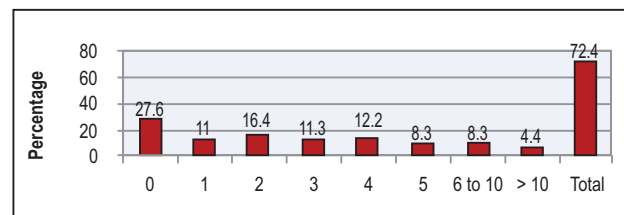
N = 409
Note: 'Total' is the total percentage that received refresher training of any duration (excluding peer educators who started in 2004 or 2005)

The majority of peer educators have received some further refresher training, however, even with more recently recruited peer educators (2004 and 2005) excluded, 27.6 percent have had no follow up to their initial training; a figure of concern.

Most peer educators reported that they were always able to attend the training that was offered (see Table 14), though 30 percent reported not been able to attend some training.

Table 14: Ability to Attend Peer Educator Training

Ability to attend peer educator training	Percentage
I have always been able to attend peer educator training.	69.9
I have sometimes not been able to attend peer educator training	19.4
I have often not been able to attend peer educator training.	3.2
I have usually not been able to attend peer educator training.	1.8
I have never been able to attend peer educator training.	5.7

N = 561

Peer educators who indicated that they had been unable to attend training were asked to indicate why this was the case. Multiple responses were allowed to this question and Table 15 shows these as absolute number rather than percentages.

Table 15: Reasons for Not Being Able to Attend Training

Reason for not been able to attend peer educator training	Number indicating reason (more than one reason could be given)
I'm too busy to attend peer educator training	59
I've only just become a peer educator	45
Training has not been offered	41
I've not been told about the training	31
My supervisor/manager won't release me for peer educator training	24
I don't need peer educator training	10
Other	13

N = 561

There appears to be a fairly broad spread of reasons as to why a minority of peer educators are unable to attend some training sessions. While new peer educators are not a cause of concern, the presenc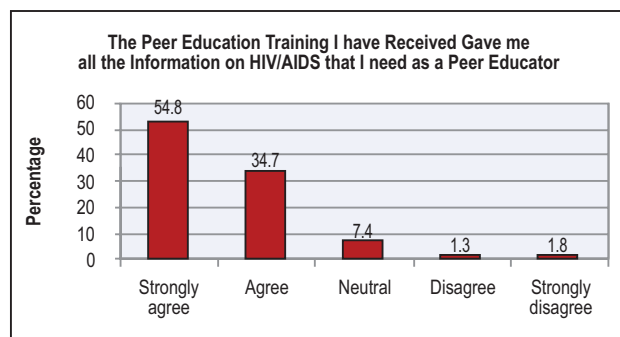e of a small group of peer educators that appear to be hardly reached by training is something that should be addressed. In addition to these explanations, the most common reason given for being unable to attend training is being too busy. This relates both to personal as well as work commitments. Not been told about training, while not appearing as a major problem in Table 15 is probably the 'tip of the iceberg' of more widespread logistical difficulties within peer educator structures. Late notice for training and other meetings was a frequent complaint during interviews. Interestingly, supervisors and managers seem to be a relatively limited problem in regard to releasing employees for training. This, however, is a complex issue that will be dealt with in more detail in Section 10.

Perceptions of Training

Figure 8: Perceptions of Training - Information

The Peer Education Training I have Received Gave me all the Information on HIV/AIDS that I need as a Peer Educator

N = 544

Figure 9: Perceptions of Training – Communication and Presentation Skills

The Peer Education Training I have Received Gave me all the Communication and Presenation Skills I Need as a Peer Educator
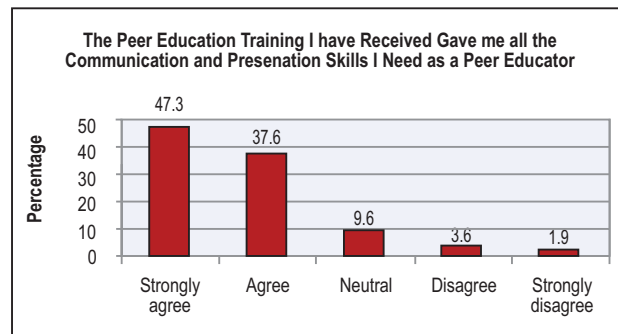
N = 522

Figure 10: Perceptions of Training - Confidence

The Peer Education Training I have Received Gave me all the Confidence I Need to be a Peer Educator
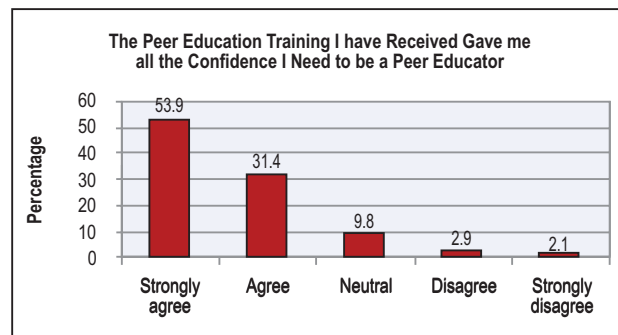
N = 520

Peer educators' perceptions of the value of their training are extremely encouraging. The vast majority agree that it is of value to them in terms of information, communication and presentation, and confidence.

We now move away from the quantitative data collected in the questionnaire to look at this more qualitative issues drawing on the interviews and participatory observations elements of the research.

Improving Training

While there are clearly functioning and well-received training structures in place, an important aspect that the questionnaire was unable to capture is the 'hunger' for more training on the part of peer educators expressed in interviews. For a section of peer educators, this hunger related to their personal career aspirations as well as enabling them to conduct their peer education activity. However, the dominant cause of this hunger for more training was the desire of peer educators to understand HIV/AIDS better

and to be able to help their co-workers and communities. Given these very practical and outcomes-based objectives, peer educators expressed a clear preference for interactive training formats which might deliver less information but which allowed them to fully understand and internalise what was being presented. This largely coincides with the shift in training format being offered by companies.

The amount of training in terms of days is important to consider. However, this should not overshadow the fact that it is the quality of the training and its relevance to the work of a peer educator that is significant. With some exceptions, the participating companies were moving away from 'didactic' forms of training (training in which participants are given information in a formal or classroom manner) towards more participatory and outcomes-orientated styles. Some of this was of a very high quality and was clearly empowering for participants. Nevertheless, it was well understood by interviewees that while training attendees were often 'fired up' to be active in their workplaces, they were often unable to achieve this. This frequent failure to move from training and enthusiasm to action on the ground (and which is not unique to the issue of HIV/AIDS) is probably largely the result of workplace factors that are discussed later in Sections 7.1 and 10. However, greater emphasis on some key aspects of best practice training that were observed during the research could also better equip peer educators to be active within their own workplaces. These include:

· **Less emphasis on information volume.**

There is a tendency to believe that peer education training needs to cover all biological and medical aspects of HIV/AIDS. Some of the issues and concepts involved in explaining this to a lay audience are complex and the pressure to complete the training agenda means that people are left behind. The content of training sessions should be selective, bear in mind the level of education of the participants, and be linked to a longer-term, ongoing training programme.

· **Find out what workshop participants actually already know and believe.**

Good trainers understand the importance of this, but there is often pressure to minimise this stage in the interests of 'moving on' to the training agenda. Yet, bringing out exactly what people know and think and then engaging with this is absolutely critical to instilling a deep understanding of the issue. The alternative, which is not infrequent, is that peer educators have two parallel sets of understandings, one that they developed prior to the training and the one that was given to them in the training.

· **Focus on underlying principles, not 'If A then B.'**

It's better to give peer educators analytical tools which they can use in a range of situations than to give specific responses to particular questions. A clear example of this is the risk of infection. One option is to have endless discussions over every possible situations in which a risk of HIV infection could be occur (or could be thought to occur). The alternative, as some training providers are doing, is to provide the principles that underlie infection, such as the quantity of fluid involved, the concentration of the virus in the fluid, and the nature of the entry point into the body. Once such underlying principles have been understood, peer educators can work out themselves the levels of risk for the majority of situations. Making sure that this happens can require firm facilitation (i.e. throwing a question back to the trainee peer educator to answer it themselves using the tools provided) and time, but it makes for a good investment.

· **Learning by doing**

People best learn by doing. In this regard training should be as close as possible to the situation that they will encounter as peer educators. Thus, training should require participants to present to groups, talk to individuals, and organise events. This often takes time and means that less information can be conveyed during any one training session, but it is a far more effective method in the longer run. Wherever possible, training should also 'go live.' One company's training session involved groups going out onto the streets to run participative HIV/AIDS sessions. Despite trainees clearly being nervous beforehand they returned exhilarated and with a very grounded understanding of what they were capable of and the kind of questions that they would have to deal with from their audiences.

· **Maximise support structures**

Training provides an opportunity to link peer educators to other peer educators and other sources of support. This can include: training peer educators from a particular workplace together; setting up a 'buddy' system in which peer educators are linked to another peer educator in the company; introducing the Employment Assistance Programme (EAP), if the company has one, as a source of support for peer educators (as well as a referral option for others); and, introducing other sources of immediate support such as occupational health practitioners or HIV/AIDS co-ordinators. Refresher training also, of course, is a source of support.

- Training of peer educators is taking place. Excluding those who became peer educators in 2005, 96.5 percent have received initial training. The most common lengths of initial training sessions are two or five days.

- While refresher training is extensive, there are gaps. Excluding those who became peer educators in 2004 and 2005, 27.6 percent of peer educators had not received any refresher training.

- The main reasons for not being able to attend training are: being too busy; because they've only recently become a peer educator; because training has not been offered; and, because they have not been told about training.

- Training is generally well received and is rated highly in terms of the information provided, communication and presentation skills provided, and in giving confidence.

- It is suggested that training could be further improved through: less emphasis on information volume; more time spent on establishing the prior knowledge of trainees; a focus on underlying principles; learning by doing (interaction); and, maximising of support.

Section 6: What Motivates Peer Educators?

Introduction

We have already seen that more than half of peer educators become so as a result of volunteering or simply starting on their own. Another 20 percent become peer educators because they are elected by co-workers. Relatively few become peer educators because they are told to do so. This, however, does not fully explain why employees become peer educators. This section sheds light on this question by understanding why employees become peer educators, by looking at what peer educators think is the most important contribution they can make, and through an interrogation of their views on the appropriate way in which their peer education work should be rewarded.

For the Love of People

All interviewed peer educators were asked why they had become peer educators. What emerged was a desire to combat the epidemic, often as a result of direct experience of the suffering that the disease caused. As one peer educator explained: 'There were seven of us at home, but I've lost two sisters to AIDS. It's affecting everybody's family now.' This desire to assist took a range of forms, however it can be understood broadly to be 'for the love of people' (Dickinson 2005b). In operationalising this love for others, peer educators find practical ways in which they can assist in the response to HIV/AIDS which this section outlines.

Peer Educators Contributions to the Response to HIV/AIDS

As part of the questionnaire an open ended (free response) question asked peer educators what they thought were the three most important contributions peer educators could make in the response to HIV/AIDS. Table 16 shows the responses to this question as coded by the researcher into the categories shown.

Table 16: Contributions to the Response to HIV/AIDS

Most Important Contribution that a workplace Peer Educator can make in the Response to HIV/AIDS	Number responding (Responses categorised by researcher)
Education on HIV/AIDS	207
Raising awareness of HIV/AIDS	195
Support infected/affected colleagues/people	186
Promote prevention of infection and healthy lifestyles	100
Encourage people to test for HIV	99
Promote and/or provide an environment of confidentiality and trust	70
Support the community	85
Understand, respect, love and care for self and others	65
Reduce stigma and discrimination	62
Counsel infected or affected colleagues/people	60
Promote the use of condoms	55
Set a positive example to others	45
Provide advice	40
Refer infected people to others sources of help	35
Encourage people to disclose their status	18
Encourage people to eat a good diet	16
Add value to the company's activities/support the company	10
Other	52

Note: Peer educators were asked to give three contributions which were categorised by the researcher into the themes tabled. Some gave more than three and others less. All clearly identifiable themes were categorised.

The clearly dominant activities that peer educators believe that they can do are: raise awareness; provide education; and, support those who are infected or affected by the disease. In additional to this, however, there is a plurality of activities that peer educators believe are important to do. We return to the significance of understanding this plurality of activity in Section 7.3.

The very limited emphasis placed on assisting the company, rather than its people, is instructive. This evidence was strongly supported by a question asked in the interviews which asked peer educators for their reaction should management close down the peer educator programmes. While the researcher made it very clear that this was a hypothetical question the responses were often lively and dramatic. In fact a 'wall of defiance' was encountered in what were otherwise often 'model employees'. With only one exception, peer educators expressed disappointment, anger, dissent and resistance to such a move. Some talked about mobilising against such a decision while most said that they would simply carry on without management's

support if necessary. As one peer educator put it: 'I'd be disappointed, but I'd go on like [as] a peer educator and help other people. I'm not doing it for them [management]. They can't stop me meeting people; they can't stop people coming to me for advice. I'd just carry on.'

This understanding that peer educators are motivated independently of management is important. While they are working within management-supported and organised structures they do so fundamentally for their own reasons and not for the good of the company (though they are well aware that they activity is in the interests of the company).

This means that, from management's perspective, workplace peer educators must be understood as allies that they need to work with, rather then employees who can be instructed. The implication of this view informs discussions in later sections of this report.

An important question in regard to peer educators and their motivation is their attitude to how their work should be rewarded. Peer educators are essentially volunteers. At best, there may be some time allocated for their activities and a token stipend. One of the auto companies gives a R50 voucher each month for peer educators who formally report on their activity. Elsewhere tangible rewards, if any, take the form of T-shirts, social events, training events, privileged access to information on HIV/AIDS, and acknowledgement in company communications. While companies often attempt to provide peer educators with time to conduct activities, this is not always the case (see Section 9.1) which means that peer educators often have to make sacrifices since peer education represents an added responsibility to their normal workload.

How peer educators view the question of reward for their work is important - both because it informs our understanding on the motivation of peer education and because it presents a potential industrial relations or collective bargaining issue. Peer educators were asked about the questions of reward for their activity both in the questionnaire and in interviews.

Table 17: Views on How Peer Educators Should be Rewarded for their Work

Views on how peer educators should be rewarded for their work	% Total
1. Peer educators should conduct their peer educator work in their own time.	7.5
2. Peer educators should conduct their peer educator work in their own time but should be given recognition by the company (e.g. a braai).	5.3
3. Peer educators should be given time during working hours to conduct their peer education work.	44.6
4. Peer educators should be given time during working hours to conduct their peer education work and should be given recognition by the company (e.g. a braai).	17.2
5. Peer educators should be given time during working hours to conduct their peer education work and should be paid more for doing this.	25.5

N = 589
Source: Questionnaires

The responses to the question on rewarding peer education presented in Table 17 are complex. While the most supported option is for companies to provide time for peer educators to do their activities in working hours, there is a considerable number (over one quarter) who believe they should be paid more because they are conducting additional work. Interestingly, as Table 18 demonstrates, this is not influenced by union membership. Nor, surprisingly, is it influenced significantly by whether the peer educator was elected by co-workers or volunteered. However, it is influenced by gender, with women more likely than men to feel that it is appropriate to do peer educator activity in company time but without extra remuneration.

Table 18: Views on How Peer Educators Should be Rewarded for their Work (Union Members, Elected & Volunteer peer educators, Women and Total)

Views on how peer educators should be rewarded for their work	Percentage Union members only	Percentage Elected as peer educators	Percentage Volunteered to be peer educators	Percentage women only	Percentage Total
1. Peer educators should conduct their peer educator work in their own time.	7.4	6.2	7.5	6.3	7.5
2. Peer educators should conduct their peer educator work in their own time but should be given recognition by the company (e.g. a braai).	4.3	4.4	6.4	4.1	5.3
3. Peer educators should be given time during working hours to conduct their peer education work.	43.7	47.8	44.4	55.9	44.6
4. Peer educators should be given time during working hours to conduct their peer education work and should be given recognition by the company (e.g. a braai).	17.3	14.2	18.0	14.7	17.2
5. Peer educators should be given time during working hours to conduct their peer education work and should be paid more for doing this.	27.3	27.4	23.7	19.1	25.5
N =	444	113	266	320	589

The interviews, however, shed a different perspective on this issue. When asked the same question in interviews, the overwhelming majority of peer educators chose option three but there were strong hints from some that - while they thought this was appropriate because they had volunteered or were doing it as a 'labour of love' - they had conflicting views. In a group interview, a difference between their own personal stance on this question and what they thought was right for peer educators in general, was voiced.

PE 1: This [peer education] is a work of love.

PE 2: That's it.

PE 3: …and if your heart is in it [you don't expect to be paid].
…

PE 3: [But] it [peer education] has become a necessity now. And in terms of that, if I had to look at it from

that angle, and I want to think of other peer educators who would be coming after me, because I know that right now…we are sort of coming from the front and it's [the epidemic] heading towards us and we see it coming on and yes, we're touching it gently, but we're not experiencing the full impact of HIV/AIDS yet….That wave is coming. And in terms of other peer educators, because we know definitely we are going to need them, I would like to see them being rewarded for what they do. Because being a peer educator is not an easy thing.

PE 2: It's no joke.

PE 3: Anybody who deals with people dying is not dealing with an easy thing. It's one of the hardest things, I know for myself…for peer educators to be dealing with that all the time is really hard. And to just not acknowledge them, you'll find you have less peer educators, less people wanting to do this because they'll feel used at the end of the day. And that's not really what we want. We want more peer educators and more people to help with the problem that we are dealing with because the *problem is huge.*

[Supportive acknowledgments from PE 1 and 2].

What appears to be happening within this discussion is that personal motivations are being weighed up against larger needs and positions taken that would be difficult to defend for oneself, but can be justified within a larger framework. Such debates were also reported by other interviewees. The underlying issue appears to be that while peer educators are conducting their activities primarily for the benefit of others they are well aware that their actions will also benefit the company. For this benefit not to be reciprocated financially may well become an issue, even if their motivation for their activity has nothing to do with personal financial reward. The issue seems, in fact, not to be one of money (though money is involved) but of fairness and respect. This question is further explored in Section 12.

What Motivates Peer Educators?

- Peer educators are motivated by concern for others. This is often derived from personal exposure to the AIDS epidemic.

- In operationalising this 'love of people,' peer educators seek to focus on a range of practically orientated activities. The most common of these are awareness, education, and support for those infected or affected by HIV/AIDS. However, there is a very wide spread of other activities that they see as important.

- While working within company programmes their primary motivations rarely stems from a desire to add value to or protect the company from the impact of HIV/AIDS.

- There are mixed signals around their views on remuneration for their peer educator activity. Careful analysis suggests that the arguments for some kind of remuneration is greater at a collective than individual level, but that this may well be more to do with perceptions of fairness and respect than simply being about money.

# Section 7: What do Peer Educators Actually Do?

Introduction

Companies expect their peer educators to conduct formal education or training sessions for employees, conduct a number of more intimate conversations or support sessions with co-workers and to take part in community-related work, typically visits to AIDS orphanages, home-based care organisations or other AIDS-related organisations. The research indicates that peer educators are doing these things. It also reveals a number of insights around the extent to which this is being done, the way that it is being done, the additional activities they undertake, and a degree of specialisation that appears to be present within peer educators' activity. This section deals with these issues.

This, lengthy, section first looks at the formal presentations made by peer educators and drawing on this data looks briefly at the appropriate ratio of peer educators to employees. Second, the informal activity of peer educators is examined in terms of their discussions with co-workers, other people at their workplace, and in the community. This data is extrapolated to the theoretical contribution that 150,000 workplace peer educators in South Africa (see Section 1) would make in this regard. The final part of this section draws on the qualitative data collected and identifies a number of the key roles that peer educators play in the workplace. These are: supporting company initiatives; influencing co-workers opinions; advising; 'busting' stigma; 'normalising' the epidemic; talking about sex; promoting strong families; and, promoting condoms.

Section 7.1: Formal Presentations

At the core of the conventional idea of workplace HIV/AIDS peer education is the belief that, having received training, peer educators will then pass information on to co-workers at team, shift or other meetings though a presentation and the answering of questions. In its simplest form, this can be understood as the 'transmission belt' model of peer education, with information passed on using the socio-cultural access that peer educator provide. Although among the companies' HIV/AIDS managers there was considerable concern as to whether this was actually happening, it is clear that most active peer educators are, in fact, running formal education or training sessions with their peers as the following figures demonstrate.

Figure 11: Percentage of Peer Educators Giving Formal Talks to Other Employees
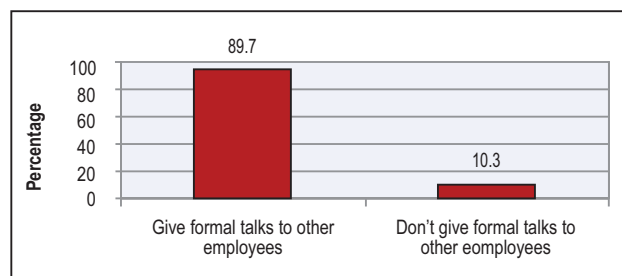
N = 602

Figure 12: Number of Other Employees Addressed on a Regular Basis in a Formal Way
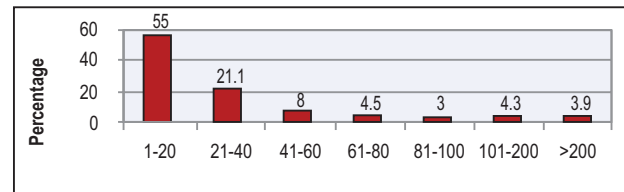
N = 464   Note: Excludes those not giving formal talks

The majority of peer educators who give formal talks do so to relatively small numbers of employees. On the other hand there is a small percentage that deals with very large groups. During interviews it emerged that this latter group resulted from one of three factors. First, some peer educators spoke to a number of different groups on a regular basis, often focusing considerable energy on this aspect of their peer education work. Second, some peer educators do address large groups of up to 300 that are brought into central locations within large workplaces for these talks. Third, some peer educators are given the opportunity to address union or other plant-wide meetings on HIV/AIDS.

While these large group addresses are genuine, they are atypical of peer education activity and have a distorting effect on the average number of co-workers addressed. Because of this, Table 19 presents the average and medium (or mid point) of the number of employees formally addressed by peer educators with a selection of cut off points.

Table 19: Employees Addressed by Peer Educators in a Formal Way

Scenario	Mean (Average)	Medium (Mid Point)	N =
1. No restriction	59.8	20	471
2. Include only <200	28.1	20	445
3. Include only <100	23.3	17	425
4. Include only < 60	18.5	15	384

Figure 13: Frequency with which Peer Educators Address Co-workers Formally
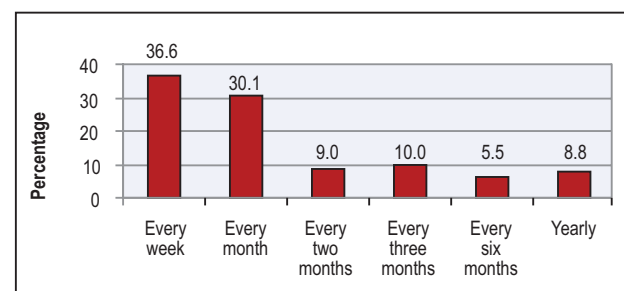
N = 511

Figure 13 indicates that the majority of peer educators who are giving formal talks to employees do so frequently, with two thirds presenting every month or every week.

Running Out of Things to Say? Sustainability of Formal Presentations

Two key concerns emerged from interviews with key players around the formal education sessions run by peer educators. First, the extent to which they were able to actually run meetings, given the pressures to maintain production at shop or office floor level and, second, the sustainability of these talks and whether peer educators would (or had already) run out of new things to say.

The first issue is dealt with later in this report (see Section 10) while the second issue is addressed here. The basic problem identified is that once peer educators have concluded the dozen or so modules relating to HIV/AIDS that they went through in their training they no longer have anything fresh to say and meetings become counter productive. This view of events coincides with a broader observation that peer education programmes start with a lot of enthusiasm and activity but then run out of steam.

During interviews there was a fair degree of support for this concern with a number of peer educators expressing the view that they had passed on all the information they had, that people had become bored and that they had decreased or even stopped holding formal education sessions. A variation on this was where they had put their sessions on hold because they were waiting for further training with more information that they could pass on.

However, there was also a lot of counter evidence presented on this issue by peer educators who were continuing to run formal presentations over long periods of times without running out of topics. Two elements seemed to contribute to this sustainability.

• First, some peer educators had, either though their company programme or on their own initiative, broadened the topics of their sessions beyond HIV/AIDS to other physical and psychological health issues such as TB and stress. This appeared to catch the interest of audiences and also allowed issues of HIV/AIDS to be returned to in a more roundabout but contextualised way.

• Second, the peer educators who had long track records of formal education sessions appeared to also have high levels of interaction with their colleagues. Typically, this would involve them taking up a question from the floor which would then form the topic for a later presentation by themselves or somebody who knew more on this particular issue. The advantage of this is that the group is participating in the choosing of topics

and is engaging actively in a process of education rather than passively receiving information.

Given these two observations, there is a need to think carefully about how peer educators should go about formal presentations. Moreover, we should link this to the type of training that the peer educators themselves receive (see Section 5). If peer educators receive traditional didactic training on HIV/AIDS – in which they are simply expected to learn facts about the disease – then they will most likely replicate this (though without the background knowledge of their trainers) with their colleagues.

Most likely they will run out of new things to say fairly quickly (even thought the knowledge they have passed on may in fact be quite limited). On the other hand if they learn interactively and are given basis analytical skills they should be able to replicate this in their workplaces maintaining interest and generating topics for discussion on HIV/AIDS and a range of related (and relevant) issues.

Formal Sessions as Profiling for Peer Educators

A point made in a number of interviews was that a key benefit of formal education sessions was that it helped to profile the peer educator within the workplace. It was further indicated that in doing this, the peer educator was more likely to be approached by other employees seeking information on a more private basis.

This seems a logical process and is supported by numerous accounts by peer educators of how after a formal education session – in which there were only a few questions raised – they are approached by co-workers who do, in fact, have things they want to ask. As one peer educator explained, 'After the meetings people are buzzing me. There may be no questions in the meetings, but as soon as I've got back to my desk the calls come in.'

Data from the questionnaire provides support for this argument. The following section deals with informal discussions in detail, but for the purpose of this section Table 20 shows that peer educators who conduct formal educations talk to more colleague informally about HIV/AIDS than those who do not.

Table 20: Impact of Formal Talks on Informal Activity

Peer Educators who…	Average No of Informal Discussions on HIV/AIDS with Other Workers per Month	Medium	N =
Give formal talks	9.0	4	329
Don't give formal talks	5.6	3	37

Note: excludes claims to talk to more than 60 other employees informally per month (see Section 7.2)

Assessing the Appropriate Ratio of Peer Educators to Employees

The information in Figure 11 and Table 19 provides a useful basis for thinking about what the appropriate ratio of peer educators to company employees might be. While the Department of Labour (2003) recommends a ratio of one peer educator to every 50 employees, it is not clear how this figure is reached. By using the information on what peer educators are actually doing in the workplace, we can re-assess this figure and its validity.

The first point in evaluating the appropriate ratio of peer educators to employees is that it is important to note that this should refer to active peer educators, rather than the notional number of peer educators (e.g. those that have received training but may or many not have proceeded onto activities in their workplaces).

A second point is that while the number of co-workers addressed by a peer educator is probably the best measure of activity to gauge the appropriate number of peer educators, the ten percent or so of peer educators who are not conducting formal education may well be active in other areas of workplace peer education (see Section 7.3). Thus it would be appropriate to have an additional ten percent of peer educators above that required to cover all employees through formal education sessions.

Thirdly, while the frequency with which these sessions are held is a factor, relying on the information shown in Figure 13 it seems reasonable not to factor this into any calculation (though there may be the need to encourage some peer educators to conduct slightly more sessions than they are currently doing).

If we take the unrestricted scenario (Row 1 of Table 21) in which the average number of people being addressed by the nine out of ten peer educators who do conduct formal education then the Department of Labour suggested ratio is, in fact, approximately correct. However, this relies on an average that incorporates large scale meetings that are questionable as regular peer educator activity on a number of grounds and which distort the average dramatically. Table 21 outlines what the appropriate ratio of peer educators to employees would be in regard to the different scenarios.

Table 21: Scenarios for the Appropriate Ratio of Peer Educators to Employees (Based on Formal Presentations)

Scenario	Average No of Employees Addressed	Average No of Employees Addressed incorporating a 10% non-formal education component	Suggested Ratio: Peer Educators to Employees
1. No restriction	59.8	53.8	1:54
2. Include only <200	28.1	25.3	1:25
3. Include only <100	23.3	21.0	1:21
4. Include only < 60	18.5	16.7	1:17

Note: The calculated ratio of peer educators to employees includes the approximately 10 percent of peer educators who do not conduct formal education sessions with co-workers.

The appropriate ratio of peer educators to employees – based on the idea of all employees receiving some formal education from peer educators on HIV/AIDS in addition to other peer educator activity – depends on assumptions as to the appropriate size of formal education sessions conducted by peer educators. However, there is a strong case for arguing that a cut off on the number of people that a peer educator should be addressing on a regular basis should be considered. If this is done, then it is clear from the data presented that the ratio of one peer educator to every 50 employees is not appropriate and that a higher ratio of peer educators should be considered.

Section 7.2: Informal Activity by Peer Educators

As already indicated in addition to making formal presentation peer educators also conduct informal communication processes in which they talk to individuals about some aspect of HIV/AIDS. This informal activity varies enormously in scope and includes; answering factual questions, engaging in discussions, providing advice, providing support and giving help to people both in and outside the workplace. Frequently, peer educators are also engaged in the same informal manner on other health topics and, indeed, other matters of concern to workers such as managing debt.

This section looks specifically at the informal activity of peer educators around HIV/AIDS. It does so in relation to this work with other employees, other people at work (who are not company employees),[7] and with members of the community.

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[7] A Note on Informal Activity at Work with People Who are Not Company Employees
The category of 'other people at work (who are not company employees)' was added to the questionnaire when it emerged, during piloting, that peer educators in the retail company were talking to customers about HIV/AIDS. It was hoped to establish the scale of such interactions with customers in the retail company and also, possibly, the financial institution (since many employees of both companies have extensive dealings with the public within the work environment). In fact peer educators in all the companies reported high levels of such interactions. During in-depth interviews it was established that such figures included not only customers but also sub-contracted workers and employees of outsourced functions as well as outside merchandisers in the retail company. Thus, this category is a valid indication of informal work conducted by peer educators though, further research will be required to establish exactly who falls into this category and in what proportions.

The Scale of Informal Peer Educator Activity

Figure 14: Informal Activity by Peer Educators
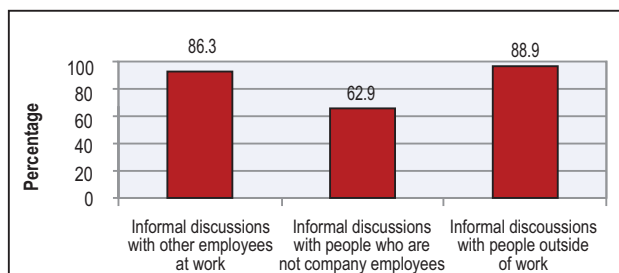
N = 597, 585, 586

A small number of peer educators indicated that they conducted informal discussion with very large numbers of people. It was established that this related to making speeches at funerals or other gatherings. While such activity is extremely important and should not be ignored, for the purposes of clarity any claim to speak informally to more than sixty people per month has been excluded from calculations.

Figure 15: Number of Informal Discussions about HIV/AIDS with Company Employees per Month at Work
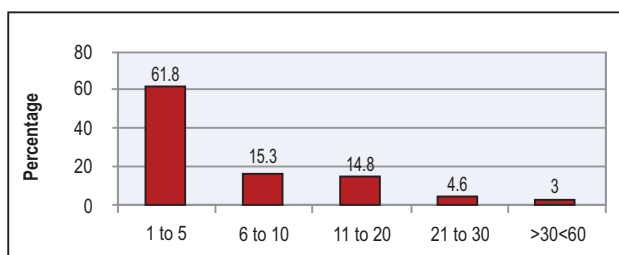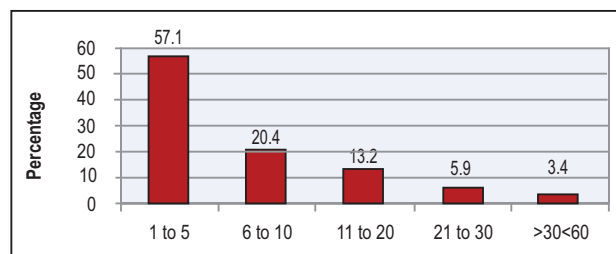

N = 372

Figure 16: Number of Informal Discussions about HIV/AIDS with Non-Company Employees per Month at Work
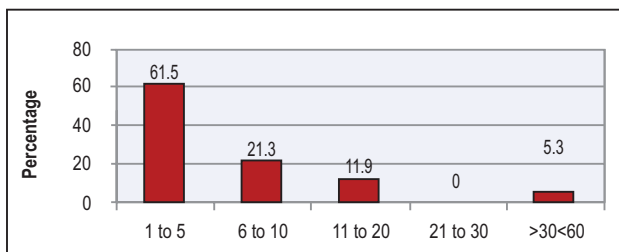
N = 244

Figure 17: Number of Informal Discussions Held by Peer Educators on HIV/AIDS in the Community per Month

N = 387

Table 22: Average and Medium Number of Informal Discussions on HIV/AIDS Held by Peer Educators per Month

Informal Discussions on HIV/AIDS per Month with…	Average	Medium	N =
Company employees	8.6	4	372
Non-company employees (at work)	7.7	4	244
Community members	8.9	5	387

Note: Claims to speak to more than 60 people per month on an informal basis in any category have been excluded from these calculations

This data indicates high levels of informal work been conducted by peer educators. Importantly, it is clear that this extends well beyond company employees to anybody they work alongside or have access to (a finding confirmed during interviews).

It is also import to note the degree of community related activity conducted by workplace peer educators. This informal activity in the community ranges widely and includes: discussions within families; providing home-based care for immediate neighbours dying of AIDS; advice to local youth, who clearly often saw them as role models; officiating at funerals as lay ministers where the person had died of AIDS (and saying so with the families permission); 'hijacking' peoples' conversations in taxis (public transport minibuses) to counter myths and misinformation; offering condoms around on 'girls' nights out;' and giving talks to church groups, youth groups and schools. Only the latter, along with the formalised company visit to AIDS-related institutions, really fit into the 'job description' of a peer educator – the other activities reflect a more deeply embedded process of community membership in which they lead by example to mitigate the impact of the disease, attempted to normalise AIDS, and engaged in the construction of meaning around the epidemic.

Informal Activity as a Contribution to the National Response to HIV/AIDS

If scaled up, the extent of this informal activity is truly

enormous and deserves much wider recognition as a major contribution towards combating HIV/AIDS in South Africa on the part of workplace peer educators and, by extension, the companies that facilitate their activity. It may well be that this informal activity, in constructing meaning around the epidemic will, in fact, be a critical influencing factor in lowering infection rates and changing attitudes towards those who are infected. Table 23 explores the scale of this informal activity in the companies concerned and the theoretical scaling up if there are 150,000 workplace HIV/AIDS peer educators in the country (see Section 1).

of peer educators report conducing formal sessions and informal activity, there is much greater specialisation when it comes to the roles described in this section. Typically, interviews established that while peer educators understood and participated in a broad spectrum of roles they generally focused the bulk of their activities – in line with their own temperament, objectives, and circumstances – within a small number of roles. This has implications for the number of peer educators within a workplace – since it indicates that a simple numerical target may not capture the spectrum of roles that form

Table 23: Scenarios for Number of Informal Interactions Undertaken by Workplace HIV/AIDS Peer Educators in Survey Companies and for South Africa

Activity	Percentage peer educators reporting some level of activity	Scenarios 1, 2 and 3	Number of interactions per year	National Scenario: Number of interactions per year
Informal interactions with other company employees	86.3	1. Five companies, average 8.6 interactions per month	158,529	
		2. Five companies, average five interactions per month	92,168	
		3. National, average five interactions per month	7,767,000	7,767,000
Informal interactions with non company employees at work	62.9	1. Five companies, average 7.7 interactions per month	103,453	
		2. Five companies, average four interactions per month	53,742	
		3. National, average four interactions per month	4,528,800	4,528,800
Informal interactions in the community	88.9	1. Five companies, average 8.9 interactions per month	169,002	
		2. Five companies, average five interactions per month	94,945	
		3. National, average five interactions per month	8,001,000	8,001,000
Total (National)				20,296,800

Notes:
1. Percentage of peer educators active in these forms of informal activity is assumed to be constant (as per column two) throughout the calculations.
2. The first scenario takes average number of interactions reported, excluding claims to have more than 60 interactions per month in any one category.
3. The second scenario reduces the number of interactions per month on the following basis: peer educators who indicated that they conducted this form of interaction, but did not indicate the frequency of such interactions may well conduct less activity than those reporting the frequency; and, peer educators in the company not returning the questionnaire may have lower levels of activity.
4. The third scenario assumes 150,000 workplace HIV/AIDS peer educators (see Section 1) with the lower level of activity. Thus the total number of interactions calculated for this scenario (final column) can be considered as conservative.

Section 7.3: The Roles Workplace Peer Educators Play

While understanding the numerical extent of workplace peer educator activity is important, this does not always capture the roles than they play within and outside of the workplace. Understanding these roles provides a richer account of peer education activity - some of which is not immediately apparent. This section draws in the in-depth interviews to describe some of the most common roles that peer educators play.

An important point to note is that while the vast majority

the broader range of peer educator activity, especially in smaller workplace units.

Supporting the Company's HIV/AIDS Programme

In many senses peer educators are a significant part of company HIV/AIDS programmes: they lie at the heart of educational activities and provide considerable information and support though informal activity. However, in addition to these fairly clearly defined roles, they support other aspects of company programmes by preparing the workforce and channelling employees into different aspects. Without fail peer educators loyally attempted to support the company's

HIV/AIDS programmes and took particular campaigns from HIV/AIDS managers very seriously.

This is illustrated in the case of company testing programmes. Here peer educators contribute to employees understanding of the need for HIV testing, the implications of taking such a test, and the availability within or outside the company for voluntary counselling and testing (VCT). Companies have ongoing VCT programmes, specific campaigns or drives (sometimes in the form of road shows) for VCT and/or anonymous testing, or a combination of both. Peer educators clearly invested considerable effort into these campaigns and often took considerable pride in the statistics provided to them on the extent of testing uptake within their workplaces. They were also aware of their own contribution to such activities and argued, for example, that without peer education companies' programmes would be unlikely to succeed. As a female peer educator in the financial institution explained in regard to an anonymous prevalence survey:

> We actually had to pep the staff to go forward, because there were so many questions… At that point in time, we had seventy eight staff members. I think through the education process and what we did to get them involved [in the prevalence survey] helped, because initially…the staff were not wanting to do it at all. And I think that whole week we psyched them up about how important it is…And we did it. We got everybody to do it. Even the ones who were thinking, 'No. No. No.' Eventually, the whole branch just said, 'Give me that toothbrush! [The oral HIV testing kit] Let's do it!' [Laughs].

Where companies drove particular campaigns this tended to produce 'waves' of activity with apparent lapses in between. From the perspectives of those in co-ordinating roles in geographically remote locations from Head Office, this appeared to present a dependence on activity with periods of inactivity in between. From the perspectives of Head Office this was sometimes seen as peer educators lacking initiative and a concern that without regular stimulation and clearly defined tasks they were likely to become inactive.

While there is some truth in the 'stop-go' nature of activity determined by centrally-determined campaigns this is probably much less of a problem, subject to good peer education organisation, than some HIV/AIDS managers perceived. This is illustrated by the following, independent or quasi-independent roles that peer educators take on in the workplace some of which are all but invisible to management.

The Influencers

By engaging with co-workers and others who work alongside them as well as neighbours and friends, peer educators influence peoples' understanding of the epidemic and provide them with alternative behavioural choices. While this research is unable to determine whether this translates into behavioural change, engagement is a pre-requisite for such change. Section 7.2 has made it clear that peer educators are actively engaging others on a significant scale. Almost every peer educator interviewed was clearly influencing others though ongoing dialogues (beyond formal presentations) that could be collective or intimate in form.

For some peer educators this was a straightforward extension of their social interactions into which they now made a point of 'dropping in' topics around HIV/AIDS. Thus, for example, a peer educator in the financial institution explained how she brought topics up during her sections lunch hours.

> They [the HIV/AIDS trainers] taught us how to introduce topics. And, like I said, if I read something and I find it's of value to the staff, I would make mention. So if I read an article… I would say, 'Guys, have any of you read the paper yesterday with regards to this particular article about this HIV issue?' Or any other issue of interest that I find is of relevance and maybe one or two people will have and then, the next thing, we're discussing it and then people give their input… And then the ball is rolling because everybody coming in is now contributing to it [the discussion]…and [if] they want to know more then we bring the article in [the next day] and then we start reading it and talking about it…

This task of influencing others around HIV/AIDS is extremely broad in scope. It can be carried out almost anywhere – in, for example, the lunch room, on transport to and from work, at the 'stations' where miners wait to be hoisted to the surface, at the checkouts of supermarkets during lulls in activity, at home, or in football club changing rooms. It can also cover almost anything since it is embedded deep within everyday social interactions – even if peer educators seek consciously to direct this towards HIV/AIDS and in so doing provide a platform for influencing others.

The Advisers

Beyond the awareness raising and shifting of understanding, peer educators deal with specific requests for advice or assistance by people who are infected or affected by HIV/AIDS. Despite the specificity of these requests, they are not always direct and frequently are couched as something concerning a 'friend of a friend'. This adds to the level of skill that a peer educator needs to use in assessing just exactly what is being asked, a process that may take some time (and influences the question of the degree of counselling skills peer educators should be provided with. See Section 13).

Some employees have been providing advice for employees (and usually others outside the workplace) on a range of

issues for a long time. HIV/AIDS is simply added to the range of subjects on which they provide advice. A male peer educator in one of the retail company's hypermarkets explained that since getting in and then out of debt 18 years ago, he has become an informal financial adviser to co-workers, showing them how to draw up a budget, cut costs, and pay off high-interest debts first. His job as the uniform clerk means that people have an excuse to see him in the privacy of his office. When he became a peer educator two years ago, the system remained much the same, except that he now has to buy boxes of tissues because when it comes to providing advice on HIV/AIDS it's often 'talk, then tears, then more talk'.

Providing advice that resonates often requires flexibility on the part of peer educators. One peer educator in the mining company, who estimated that he was approached around five times a month at work about HIV/AIDS, explained how his response differed from when he was approached with similar issues at his church.

> At work people have different religions so I have to handle them differently from people at church. At church I can refer to the gospel principles [that we share as members of the same denomination], but at work I have to handle it differently. I first ask them what religion they are so that I know what advice to give them. For example maybe they are pure Motswana [i.e. believing in traditional Tswana culture] and I must advise them in line with their beliefs. Everybody has values, no matter what their religion….I show them how important they are to their children, to their church, to the company [so that they are more likely to take steps that will prevent infection, deal with other infected people with compassion, or prolong their life if already infected].

This need to step into the shoes of co-workers indicates that we need to move beyond a simplistic view of peer status. Having a body of peer educators within a company that are representative in terms of race, gender and occupation is clearly an advantage; on a number of occasions it was explained to me how, within a particular workplace, peer educators used their own referral systems to direct co-workers to peer educators of similar race or gender. However, there are limits to such matching of individuals and, consequently, a need to recognise the value of peer educators being able to understand others who, while possibly similar to them in some respects are also different. We return to this issue in Section 11.

The Stigma Busters

Stigma, by its very nature, is difficult to tackle. Peer educators, as part of the workforce, are in a strong position

to confront it, but this is not always easy since it may well involve confronting fellow workers. Phumzile,[8] a peer educator in one of the retail company's stores, told how she publicly upbraided a woman who had been gossiping about the status of an employee whose husband had died. Asking why the woman was gossiping, she threatened to take her to the store manager. Continuing the confrontation, she asked the woman if she had tested and knew her own status; she did not. Phumzile left it at that, but clearly stigmatising those who were (or were thought to be) HIV-positive had been shifted from a good topic for *skinner* (gossip) to a somewhat risky activity open to public censure.

Public showdowns with those who chose to stigmatise was mirrored on occasions by a deliberate giving of friendship to those who were HIV-positive. Juliet, a frontline (checkout) supervisor in one of the retail company's supermarkets, had been confided in by a number of colleagues who were HIV-positive. One had been considering quitting his job to be nearer his stepmother for support. She had persuaded him otherwise, telling him that:

> In this store there might be [some] people who don't support him, but I will be here for him always…he doesn't get that much support from his stepmother, so I spoke to him and asked him if maybe it's not better for him to stay... and I will be there always to support him… if he runs short of something I may be able to help… and may be get the store manager to provide food or anything else.

When I asked, she said that she saw this colleague as a 'brother' and made a point of chatting to him every day at work. Juliet had also, like Phumzile, confronted gossip in her workplace. Once when this had led to the new boyfriend of an HIV-positive employee finding out her status before she had felt ready to tell him herself, Juliet had gathered the peer educators together and spoke to the two women at the centre of the gossiping. Although she had wanted to escalate it to a disciplinary hearing a shop steward, while firmly behind her on the principle, had not wanted to have a conflict between union members dealt with in the companies disciplinary process. They had settled on an assurance from the women that the gossip would not happen again. At the same time Juliet reversed the normal moral economy around the status of HIV-employees by deliberately befriending the woman. 'So you know, I decided from that day on that she's my friend…[and] now since that day she's my friend.' The reduction of stigma and fear around HIV/AIDS is critical to any effective response to HIV/AIDS. The statement of this ideal in company policies is important, but requires active agency for it to be effective. This is not straightforward since powerful stigmatising processes prevent the issue

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being dealt with openly. The actions of peer educators in this regard are therefore critical.

Clearly, as peer educators move into this role, they move far beyond the idea of simply being conveyers or translators of information. If their actions are to be successful they have, by example and by intervention, to reverse the moral economy of AIDS within their own workplaces. This may well be achieve in the way in which they talk about HIV/AIDS, but also critically in the way in which they respond to those who - often fearfully - reach out to them for support. While this is the positive side of their work of normalisation of the epidemic there is also a more difficult side in which they raise the cost to those who continue to stigmatise and exclude those who are HIV-positive. Much of this action is autonomous of management; below the radar of policy and formal enforcement and sometimes, far beyond what we can ever demand, under any circumstances, from people – such as the giving of friendship.

The Normalisers

While some of the previously described roles, such as stigma busting, contribute to the normalisation of the epidemic it is useful to isolate this role in its own right. Peer educators often expressed a desire that HIV/AIDS could be treated at work and in the community for what it is, not for what it might say about a person and not for what people might wrongly fear about the disease. This, they reasoned, would make HIV/AIDS much easier to deal with. A peer educator in the financial institution explained how bringing in people living with HIV/AIDS to talk to the staff had helped in this respect.

> I think the whole education process for staff has been more open, transparent for them [as a result of these talks]… because it's not an issue that they can keep behind [hidden]. It's now something that we talk about freely. You know, if we come into contact [with a client], and the client tells us, 'I'm HIV positive,' we deal with it. And you know, initially I think staff were sceptical about interacting with these people…

However, as was made clear by another peer educator in the same company, arriving at a realisation that the disease needed to be normalised could be quite dramatic. As a 'greeter,' Mohammed's job was to welcome people into the branch and direct them to an employee appropriate for their needs. One day a man came in and said that he was HIV positive. None of the staff were willing to deal with him and it was left to Mohammed to sit the man down and help him fill in the forms to open an account – despite not been authorised to do this – and defuse what had become a tense situation. The next day Mohammed made an appointment to see his manager and it was agreed that staff did not understand the actual risks of contracting HIV and that they needed training in this regard.

The training received at work is often extended to normalising the disease within families and communities. A peer educator in one of the auto companies told how she was able to assist members of her own family look after HIV-positive relatives.

> I'm very happy and I'm pleased that I was able to get the training and the information that I got through my company, because it made me a strong person…. [And because] the family [also] needs education… I've lost members of my family [to HIV/AIDS] and they [other family members] were very scared to bath them and feed them and so on … and I was there to encourage them and tell them how to do it…

The Sex Talkers

The gravity of the AIDS epidemic has necessitated the challenging of social taboos around openly discussing sex. Since safe, or safer, sex is a critical component in preventing HIV infection, there is a necessity to openly discuss what this entails and to encourage its practice. However, there are considerable differences between individuals over what forms of safe sex are most appropriate, notable between the three key recommendations of abstinence, faithfulness and using condoms. Moreover, promoting behaviour within these categories is not straightforward: realistically maintaining abstinence may require encouraging masturbation, a deeply taboo activity; faithfulness may require couples to use pornography or sex toys to prevent monogamy becoming monotony; and condoms are, for many people, not something they are comfortable with or able to use for a range of reasons.

Getting people to openly talk about sex is easier said than done, though peer educators are in a key position to promote this. Such a process involves peer educators themselves becoming comfortable in talking about sex before they can do so with others. This is not straightforward since, as peers, they are also embedded within the often sexually conservative and/or hypocritical values of their communities. As Danielle a peer educator in one of the auto companies explained,

> I was scared to talk about it [sex]. [But the company training] was very useful and it was very…like…um, how can I say…educational, ja education…it's very enjoyable to talk about it…I had know about it, obviously I had known about sex…it's just that I got more information on things that I thought [there] was a limit. [For example,] I didn't know that you could use a condom when you practiced oral sex. Now, I learned that in my training.

Good facilitation at training sessions encourages talk about sex within a supportive group of other peer educators.

Frequently, this was accompanied by humour and laughter as individuals moved collectively into previously taboo areas. One company used in its peer educator training an exercise in which participants had to assess the infection risk of different sexual practices. At one session, after anal and oral sex, with and without condoms, had been evaluated the session erupted into laughter when the facilitator asked them to assess 'vaginal sex with a condom' and a female peer educator loudly heckled her answer of 'Lovely!'

Taking the same messages out into the general workforce was more difficult and peer educators sometimes face a hostile reception from co-workers. It was necessary for them to be careful not to make implications that could cause offence while at the same time they needed to get their message across. Danielle explained how in addressing her work team, some of whom she knew paid for sex outside of their marriages in local shebeens, she needed to tread carefully:

> I would make it a joke. Like I'll say, 'You know, guys that are married, I don't think girls should be going around looking for excitement from [other] men. They have excitement [their husbands] at home and you know you can get some for [your wife] in adult [sex] shops to show how you can make your sex life exciting after fifteen, twenty years.' I'll make it up so that they'll accept it. If I tell them not to go to the shebeen, they'll ask me 'Who the hell do you think you are?'

Raising questions of sexual practices, with the objective of promoting behaviour change, by peer educators requires patience, sensitivity and a willingness to face potential unpopularity with their peer group.

The Family Builders

Many peer educators drew into the centre of their work the importance of the family and the need to actively address personal relationships between men and women in particular. Such an approach allowed for a holistic understanding of the causes of a range of problems (and not only HIV/AIDS) that they encountered among people at work and in their communities.

Far from being moralistic, their response to these problems was patient, empathetic and a desire to identify and resolve the underlying causes of frustrations within relationships. Often this approach was based on their own personal experiences of relationships and the difficulties that these entail – over ten percent of peer educators are divorced or widowed (see Table 3).

In many cases the work of such 'family builders' was remedial. As one peer educator explained, when a women came to her and confided that she was been beaten by her husband (a not uncommon occurrence for the peer

educators interviewed) it was necessary to get the husband to talk to somebody – which he almost certainly wasn't doing. This she argued was better than simply suggesting that the woman leave the abusive relationship since this is often not a possibility for many women and there was no real alternative but to get to the 'real' problems within the relationship.

In other situations, especially those peer educators working with young people, there was the possibility of being proactive. Thus, one male peer educator explained how he balanced his explanation of the dangers of having more than one sexual partner with the need to think carefully about choosing a spouse and the importance of spending time with that person which would be enhanced if there were common interests that could be shared.

The Condom Kings

Most peer educators saw the need to promote condoms within the workplace environment, even if personally they did not believe in this method of prevention on religious grounds. Frequently, the necessity to incorporate condoms into their work was based on a pragmatic acceptance that some people would have multiple partners. Others saw condoms as supportive of other prevention strategies. Thus, a number of peer educators of both sexes, but predominantly women, stressed the importance of using condoms within a monogamous relationship because they argued you could only fully trust yourself and a partner may stray and put you at risk.

In contrast to these approaches a small number of peer educators, usually men, put condoms at the centre of their work. Such 'condom kings' put a great deal of effort into ensuring condoms were available, often taking great pride in the volumes dispensed, and promoting their use. At times this took on quite remarkable levels of enthusiasm. One peer educator confronted with myths around the lubrication in condoms being harmful would fill a condom with water which he would then drink in front of his audience challenging them to identify what harm this was doing him.

Such activity is very much in line with company HIV/AIDS programmes that promote the use of condoms. However, it is important to note that while likely to be successful in preventing infection (assuming condom use is increased as a result), this activity is a much shallower in ambition than many of the other roles undertaken by peer educators. Simplifying somewhat, the condom king's focus is on achieving a very small behavioural change step, that of putting on a condom, leaving all other behavioural patterns in place. Most of the other roles that peer educators undertake attempt to bring about deeper (and probably more difficult) behaviour change – such as the way men and women relate to each other.

Formal Presentations

- The giving of formal education sessions to co-worker is extensive. Almost 90 percent of peer educators conduct such sessions, the majority at least once a month.

- The number of co-workers addressed in these sessions varies widely (for a range of reasons). However, most peer educators address relatively small groups on a regular basis; 55 percent talk to between one and 20 and a further 21.1 percent to between 21 and 40 co-workers.

- Using formal addresses as a basis for calculating the appropriate ratio of peer educators to employees yields variable results depending on whether very large groups are included. If they are, the suggested ratio of 1:50 by the Department of Labour is approximately correct. If, on the other hand, the maximum number addressed in this formal way is restricted to less than 200 (something that may well be appropriate), then a ratio of 1:26 would be more appropriate.

- Questions on the sustainability of such activity need to take into account the breadth of issues covered and the level of interactivity promoted. This latter point has a strong link to the format in which peer educator training is delivered.

- Giving formal talks help to profile peer educators within the workforce. Peer educators who give formal talks talk to more people informally about HIV/AIDS than those who do not.

Informal Activities

- Informal activity in the form of intimate discussions is widespread. 86.3 percent of peer educators talk informally about HIV/AIDS to other company employees, 62.9 percent to other people in the workplace (contractors, customers, visitors etc), and 88.9 percent to people in the community.

- On average, peer educators talk to 8.6 company employees, 7.6 other people at work, and 8.9 people in the community informally about HIV/AIDS in this way each month.

- A conservative estimate (reducing the numbers spoken to per month by peer educators to five employees, four other people in the workplace and five members of the community), produces the potential of more than 20 million conversations about HIV/AIDS per year assuming a national peer educator strength of 150,000.

The Roles that Peer Educators Take on at Work

- A full appreciation of what peer educators do requires us to understand the different roles that they play within the workplace. Not all of these roles are easy to carry out.

- With the exception of playing a supporting role to company programmes, there is a tendency for peer educators to specialise across a small number of these roles. This has implications for understanding how a 'balanced' group of peer educators might operate within a particular workplace.

- The roles played by peer educators, in addition to formal education and supporting company HIV/AIDS campaigns, identified in this report are:
  - The Influencers
  - The Advisers
  - The Stigma Busters
  - The Normalisers
  - The Sex Talkers
  - The Family Builders
  - The Condom Kings

Section 8: How Peer Educators are Organised by their Companies

The organisation of peer educator programmes varies enormously - both between and frequently within companies. Organisational structures managing the activity of peer educators – often in combination – included the following:

• HR management
• Health & Safety structures
• Occupational health practitioners
• Corporate social responsibility officers
• Multi-stakeholder HIV/AIDS committees
• Dedicated HIV/AIDS management
• Line management
• Self organisation

Often these different forms of organisation were practical responses to what organisational resources were available and who within management had picked up the challenge of organising peer educators. As one HIV/AIDS manager jokingly, but tellingly, put it, 'If X was in building maintenance,[9] we'd be organising the peer educators from there'.

Given this evolving process there were often gaps in organisational coverage and variations between well organised parts of the companies (usually associated within individuals who had put effort into building peer educator structures) and less well organised areas. This is not discussed further in this general report other than to note that in nearly all cases HIV/AIDS managers lacked the resources necessary for uniformly robust peer education structures. These managers were often juggling complex and expanding HIV/AIDS programmes of which peer educators were only a part. Most were in the process of expanding capacity – particularly around peer education – but this tended to be a slow process (and the cause of some frustration to those who wanted to move into full-time roles within HIV/AIDS programmes).

Other organisational vehicles reflected innovative use of existing structures. Thus in the mining company there was frequent use made of Health & Safety structures. Peer educators who were also senior safety officials integrated HIV/AIDS into their safety briefings that more junior safety representatives then passed on in their briefings with work teams.

One company was in the process of putting peer educators within line management structures by allocating 10 percent of peer educators' time to this function with a set of expectations that line managers would have to sign off as completed. This move deserves further monitoring and research to assess the effectiveness of this model or organisation. The issue of self organisation is addressed in the next section.

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[9] Department name changed.

Organisation by Companies

- There is a wide range of ways that companies organise peer educators. These vary within as well as between companies. Often these are based on circumstances rather than strategic planning.

- The shifting of responsibility for peer educators onto line management in one company is an interesting experiment that should be monitored.

- HIV/AIDS managers are attempting to run HIV/AIDS programmes with too few dedicated staff and need more resources for this purpose if peer education is to be properly supported and evaluated.

Section 9: What Support Do Peer Educators Get?

Introduction

If peer educators are to be active and to sustain that activity, they need an appropriate level of support. This section examines the support that peer educators get in a number of ways. First, a range of relevant resources is assessed. The contribution that time, a place to meet and the opportunity to address co-workers has on formal educational presentations is specifically examined. Second, peer educators own perceptions of the support that they receive from occupational health practitioners, HIV/AIDS mangers, supervisors and line managers, and union officials is reported and discussed. Third, the extent and forms of evaluation – a potentially critical form of support – is documented. Finally, the ways in which peer educators can support and develop each other through peer educator groups or meetings is evaluated and the different ways in which this could be facilitated put forward.

be seen as critical to the activity of peer educators. The allocation of these resources is not always straightforward and the question of time allocation is discussed in more detail in Section 12. However, what is clear is that the availability of these resources corresponds with higher levels of formal presentation on the part of peer educators. That is, peer educators that have these resources are more likely to conduct formal education sessions with co-workers and in the case of time allocation do this more often. This is shown in Figures 19 to 21.

Section 9.1: Resources

Figure 18: The Resources Available to Peer Educators
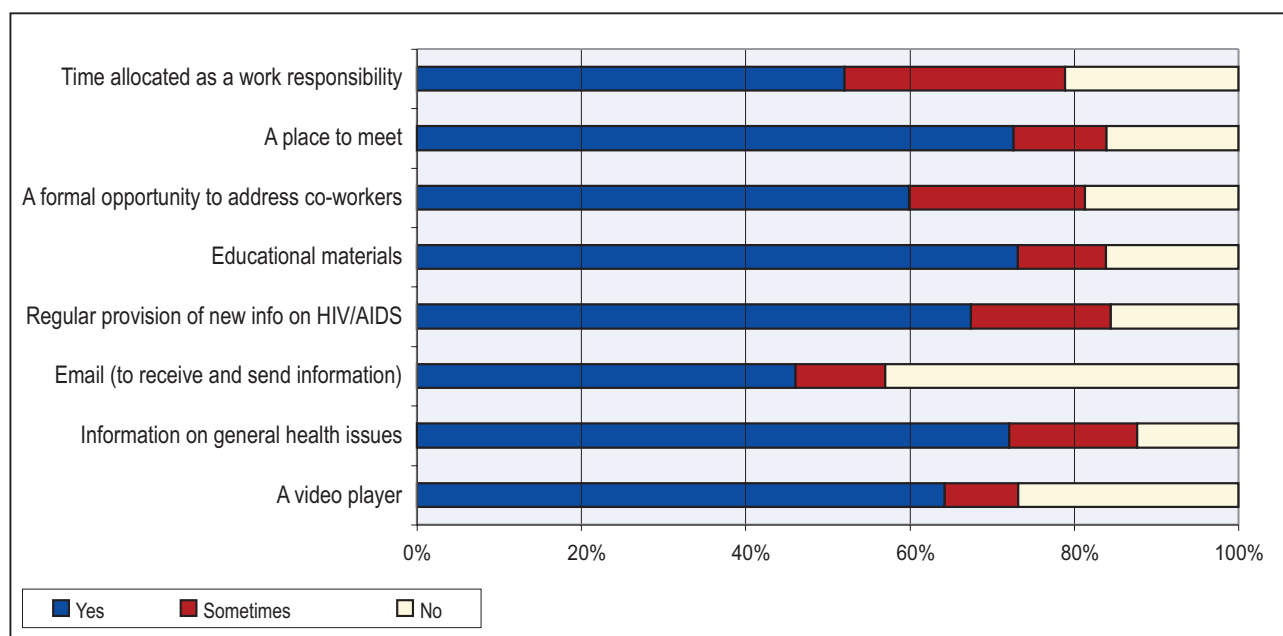
N = 536, 523, 541, 539, 528, 514, 520, 466 respectively

The general picture of what resources are available to peer educators to conduct their activities is encouraging. With the exception of access to email, over 50 percent of peer educators report having access to the eight items shown in Figure 18, with additional peer educators 'sometimes' having access to these items.

Having time allocated during working hours, a place to meet, and a formal opportunity to address co-workers can

Figure 19: Allocation of Time to Peer Educators and Conducting Formal Presentations
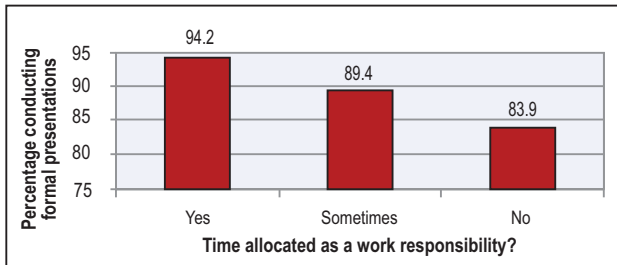
N = 529

Figure 20: Having a Place to Meet and Conducting Formal Presentations

N = 517

Figure 21: Having the Opportunity to Address Co-workers and Conducting Formal Presentations

N = 537

While the allocation of time is correlated with more frequent formal sessions being run by peer educators (see Table 24), there is no statistically significant relationship between the frequency of formal session and having a place to meet or a formal opportunity to address co-workers.
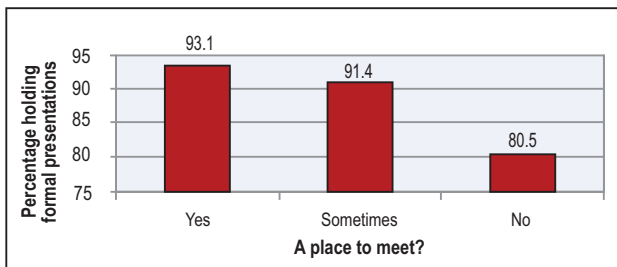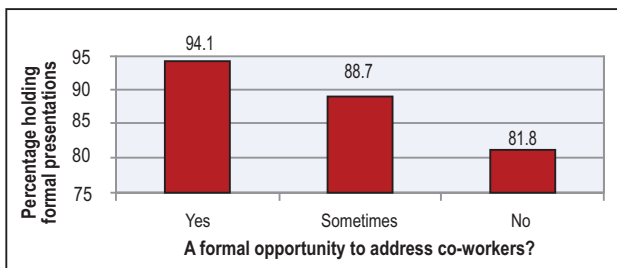
Table 24: The Allocation of Time for Peer Education Activity and the Frequency of Formal Education Sessions

Frequency of Formal Sessions	Have time allocated for peer education	Sometimes have time allocated for peer education	Don't have time allocated for peer education
Every week or month	71.1	57.5	56.8
Every two months or less frequently	28.8	42.5	43.2
Total	100	100	100

N = 457

From these results it is clear that the allocation of time for peer education activity, in particular, would increase the amount of formal workplace HIV/AIDS education been conducted. While the situation is not likely to be straightforward, we can crudely predict that allocating time is likely to increase the percentage of those conducting formal education sessions from 83.9 percent to 94.2 percent and the frequency of conducting these sessions every month or every week from 56.8 percent to 71.1 percent. Given that 21.1 percent of peer educators are not allocated work time for their peer educator activities and a further 26.9 percent allocated time only sometimes, this represents a clear opportunity to raise the level of peer education activity in the workplace – though this will need to be done in conjunction with other considerations (as discussed in Section 10).

The provision of formal opportunities to address co-workers and the provision of a place to meet also offer opportunities to increase activity though on a smaller scale.

By contrast, there is no statistically valid relationship between these resources and the conducting of informal peer educator activity in the workplace or community. This is not particularly surprising as much informal peer educator work is done during 'stolen' moments or out of sight.

While generally small, the lack of basic resources such as educational material is a matter of concern and should be rectified. This is particularly so with the relatively large percentage of peer educators who reported not having access to a video player (26.8 percent reported no access and 9.0 percent access 'sometimes'). In interviews it strongly emerged that using educational videos was an important element in many peer educators' formal presentations. It allowed material to be brought into the sessions, gives audiences a change from the peer educators own presentations, and was often seen as useful in prompting discussion and debate. On occasions videos were specifically used to address particular issue that had been raised from the audience during earlier sessions.

The relative lack of access to email (43.0 percent reported no access and 10.8 percent access 'sometimes') is perhaps not surprising given the spread of occupational levels among peer educators. The probable impact on peer education is less direct than access to video players, but not having email was a common complaint during interviews by peer educators who felt that they would be more likely to receive timely notice of meetings and events and be generally kept up to speed better if they had email access.

Section 9.2: Peer Educators Perceptions' of the Support they Receive

At the beginning of the research a question that most HIV/AIDS managers raised was the difficulty peer educators often appeared to experience with their line managers in conducting their activities. To investigate this, peer educators were asked to rate the support that they got from occupational nurses, HIV/AIDS managers, immediate supervisors and managers, and trade union officials or office bearers. The results are shown in Table 25.

Table 25: Peer Educators' Perceptions of Support for their Activity

I get the support I need for my peer educator activity from the…	All/TU members only	% Strongly Agree	% Agree	% Neutral	% Disagree	% Strongly Disagree	% N/A	N=
Occupational nurses	All	42.8	26.6	12.8	7.7	3.0	7.1	561
	TU	41.8	29.1	12.2	7.8	2.8	6.3	426
Managers who are responsible for the company's HIV/AIDS policy and programmes.	All	32.2	30.9	16.2	9.0	6.1	5.4	557
	TU	31.0	31.7	15.2	9.5	6.7	6.0	420
Immediate supervisors and managers (i.e. those that you deal with on a regular basis).	All	25.1	31.6	14.5	14.1	9.2	5.7	546
	TU	24.1	30.9	15.1	14.8	9.3	5.8	411
Trade union officials or office bearers.	All	19.3	24.5	15.7	15.0	9.4	16.3	535
	TU	21.0	26.2	16.1	16.1	7.8	12.7	409

N = 457
TU = Trade Union members

Table 25 indicates that occupational nurses are perceived by peer educators as being the most supportive, followed, with a significant drop, by HIV/AIDS managers. Contrary to prior expectations, while line managers scored lower in levels of perceived support than HIV/AIDS managers this was not dramatically lower. This results needs to be treated with some caution since there was a great deal of evidence during interviews that supervisors did restrict peer educator activity, something that will be discussed in more detail in Section 10. There is also the possibility that there is a degree of selection involved in the sample. Given the clear importance of supervisor attitudes in regard to peer educator activity, it may be that where supervisors are supportive peer educators remain active and that where they are not peer educators cease to be active (and would be much less likely to have completed the questionnaire).

There is some evidence for this possibility. Peer educators were asked to assess their level of activity as a peer educator (obviously a subjective self evaluation) and this shows a general correlation between peer educators' assessment of how active they are and the perceived level of support from supervisors and line managers. This is shown in Table 26.

Table 26: Perceived Level of Support from Immediate Supervisors and Managers and Self Assessment of Levels of Activity

I get the support I need for my peer educator activities from my immediate supervisors and managers (i.e. those that you deal with on a regular basis).	I am an extremely active peer educator (percent)	I am a very active peer educator (percent)	I am an active peer educator (percent)	I am not a very active peer educator (percent)	I am not an active peer educator (percent)
Strongly agree and agree	68.3	66.2	52.2	34.5	41.1
Neutral	7.9	12.2	17.8	18.5	29.4
Disagree & strongly disagree	20.8	16.3	24.5	38.3	23.5
Total	100	100	100	100	100

N = 527

While this requires further investigation, it clearly draws attention to the importance of supervisors in providing an environment that peer educators can work effectively within. A number of companies in the survey were in the process of rolling out supervisor training on HIV/AIDS. Where this had happened, peer educators reported improvements in supervisors' attitudes and greater levels of support for what they were doing. However, they pointed out that further improvement in this regard was still needed and that such supervisor training should not

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[10] The high percentage of peer educators who are also trade union members responding 'not applicable' to the level of support that they receive from union officials or office bearers is also telling.

be regarded as a once-off initiative. Even more surprising than the higher than expected level of support from line management reported by peer educators was that perceived support from trade unionists was lower than that given by line management, if all peer educators were considered. If only trade union members were considered there was no statistical difference between the perceived levels of support from line managers and union officials.[10]

This distance from the unions in regard to their work was reflected in interviews with peer educators. After pointing to cases of shop stewards who were active peer educators, criticism of the union in regards to HIV/AIDS activities was sometimes harsh. An African female peer educator in one of the auto companies who was a union member explained:

> To tell the truth they [shop stewards] are not active, but most of the time management are focusing on them [in the HIV/AIDS programme]. They [shop stewards] say they are busy, but I don't know what they are doing. They don't come with us on community visits. [Or] they come late, asking if they are going to get something. They just come to clock in for their voucher [see Section 6]. We don't see support from them. We've [peer educators] complained [to management] in meetings that the shop stewards are not active, but nothing has changed to date.

In a group interview of peer educators in the same auto company a union member said:

> I'd like to see the union doing something. They could make a difference, but they have no programme of their own. The union is supposed to be for the people, but we only see them in meetings. There is no motivation from the union side … Let us fight for life too [and not only money].

In general, across the five companies researched, peer educators gave credit for what the unions had been able to achieve through collective bargaining, but noted their institutional absence from the work they were doing. There may be a partnership between management and the union on HIV/AIDS, but for many peer educators, this did not filter down to support for what they were doing. Rather, what is highlighted are the difficulties that unions have in responding to HIV/AIDS. Once potential collective demands, such as provision of treatment, have been acceded, the unions' normal *modus operandi* – collective action against clearly defined social injustices – is largely impotent in the face of the AIDS epidemic. Everybody is against AIDS, but if the required response is individual change – to overcome stigma and fear and to change sexual practices – then collective demands have little purchase.

What this demonstrates is that, while some companies may have partnerships with unions on HIV/AIDS programmes, this is often superficial in regard to peer education. Despite

many peer educators having held shop steward positions (see Table 7) they are often isolated from the union. This is a problem for everybody, since trade unions represent an important source of potential support for peer education in the workplace. Such support was reported as happening at a local level in some of the companies – notably the mining company – but such co-operation (often explained by 'overlapping membership' between shop steward and peer educator structures) tends to be the exception rather than the rule. An important issue, that this general report does not go into, is what areas of overlap between unions and peer educators can be identified as a means to bridge this identified gap in the interests of effective workplace programmes.

Section 9.3: Evaluation of Peer Educators

The evaluation of peer educators provides a key source of potential support. Figure 22 shows the how many of the peer educators reported being evaluated in some way, while Figure 23 shows the different forms of evaluation that were reported to have been undertaken.

Figure 22: Evaluation of Peer Educators
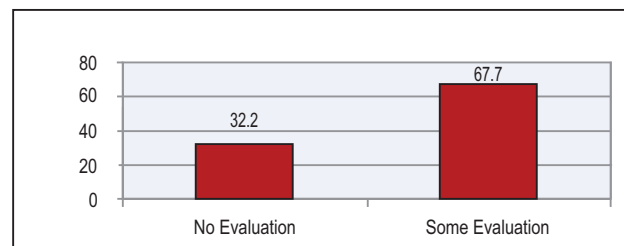
N = 562

Figure 23: Forms of Peer Educator Evaluation
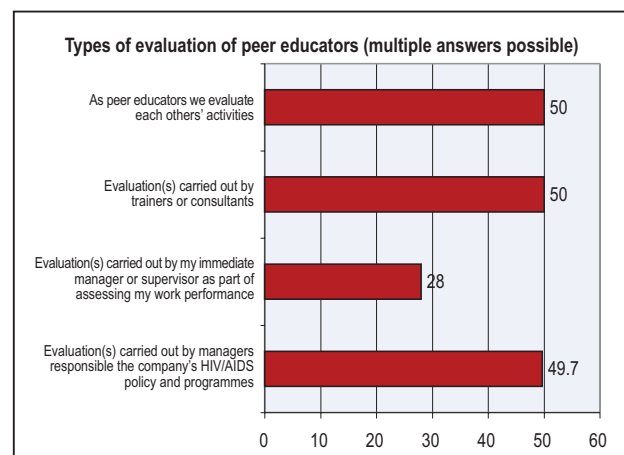
N = 382

Just over two thirds of peer educators report being evaluated in some way. Given the often relatively new

nature of peer educator structures, this is encouraging although the unevaluated third is clearly a cause for concern. The most common forms of evaluation are: evaluation by other peers; evaluation by HIV/AIDS managers; and, evaluations by trainers or consultants. Evaluation by immediate managers or supervisors is approximately half as common as these other forms. Since multiple forms of evaluation could be provided for any peer educator, getting a sense of how many forms of evaluation each peer educator gets is important. This is shown in Table 27.

Table 27: Number of Different Kinds of Evaluation

| Number of different kinds of evaluation	Percentage being evaluated
None	32.3
One	40.0
Two	13.8
Three	4.8
Four	9.1

N = 558

Table 27 indicates that that most of the peer educators who are evaluated are assessed with one form of evaluation only. However, a significant number of peer educators (27.7 percent of the total) have had two or more forms of evaluation conducted on them.

How rigorous this evaluation is was not assessed by the research. However, it is clear that often it is a matter of asking peer educators to indicate what activities they have undertaken. On occasions it was evident that such evaluations were being actively used by individual HIV/ AIDS managers or co-ordinators. For example, sometimes frequent questions that peer educators had trouble with were asked for and collated with special interventions then mounted around these. However, in general, there seemed to be little pro-active assessment of peer educators through monitoring and evaluation. A number of interviews also revealed frustration with evaluations that were not communicated back to peer educators. Some peer educators doubted that the forms that they filled in on their activities were actually read by anybody. Such perceptions are demoralising and should be actively countered.

## Section 9.4: Self Support Though Peer Educator Groups

The degree to which peer educators support each other is important given the need to maintain peer education programmes over long periods of times. Such support can only happen if peer educators are able to meet with each other. Figures 24 to 26 indicate that the majority of peer educators do meet with others, usually on a fairly regular basis, and generally find such meetings useful.

Figure 24: Peer Educators who Meet with Other Peer Educators in the Workplace
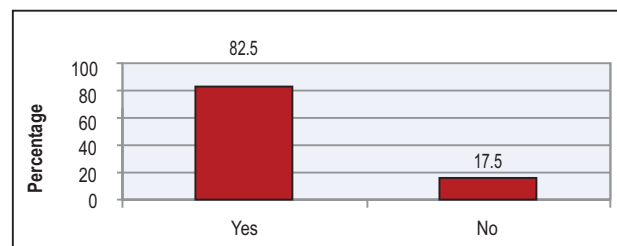
N = 588

Figure 25: Frequency of Peer Educator Meetings in the Workplace
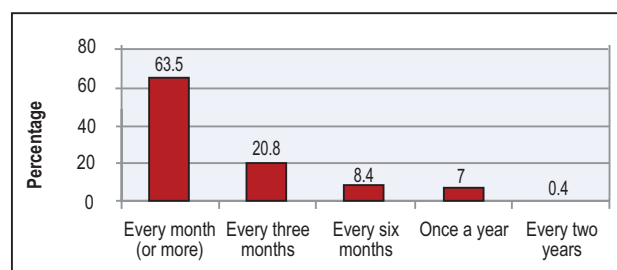
N = 477

Figure 26: Value of Meeting with Other Peer Educators in the Workplace
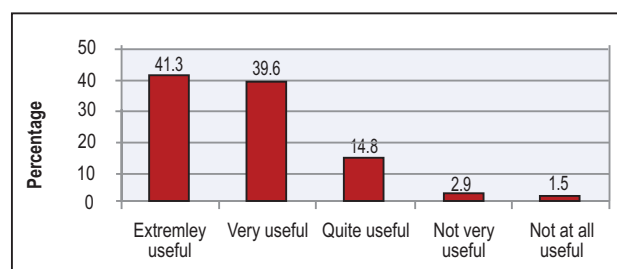
N = 480

Figures 24 to 26 need to be carefully interpreted. During interviews, relatively little evidence was provided by peer educators of meeting with other peer educators in their companies other than those in their immediate workplace. Exceptions to this were:

• Regular regional meetings of peer educators in the retail company;
• A particularly dynamic regional grouping of peer educators within one region of the retail company;
• A once-off company wide meeting in one of the auto companies;
• Launches during the research period of factory-wide

peer educator meetings in both auto companies;

- Isolated examples of strong peer educator structures at a number of shafts in the mining company;
- One strong regional structure in the financial institution; and,
- Training of peer educators. In some companies this included mixing new and old peer educators that seemed especially valuable in sharing experiences.

While this list may appear extensive (and clearly illustrates an understanding on the part of HIV/AIDS managers of the value of bringing peer educators together) the vast majority of peer educators interviewed had little if any idea of what peer educators, beyond their immediate workplace, might be doing. This would indicate that while most peer educators meet with others, this is in fact largely restricted to their own workplaces. There is very little by way of company-wide peer educator structures (excluding the predominantly top-down communication structures organised by the HIV/AIDS managers) and no cross-company peer educator structures.

The Advantage of Networking Peer Educators

This seems to be under-utilising a major potential resource to improve the effectiveness and sustainability of workplace peer education as the following data demonstrates in illustrating the clear advantages of peer educators being in contact with each other. As Figures 27 to 29 demonstrate, peer educators who meet with other peer educators rate themselves as more active, are more likely to conduct formal training sessions and are more likely to conduct informal peer education work with employees, other people at the workplace and in the community, they are also more likely to be confided in by co-workers who disclose that they are HIV positive to them.

Figure 27: Relationship Between Activity of Peer Educators and Meeting with Other Peer Educators
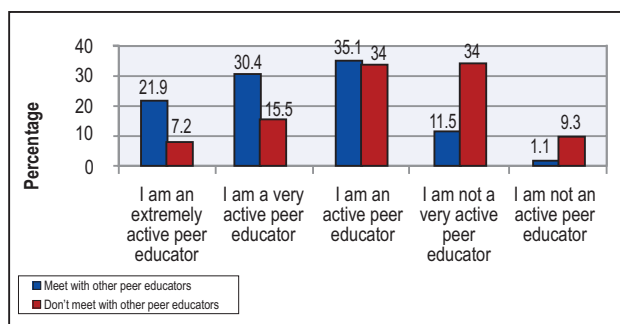
N = 567

Figure 28: Peer Educator Activity and Meeting with Other Peer Educators
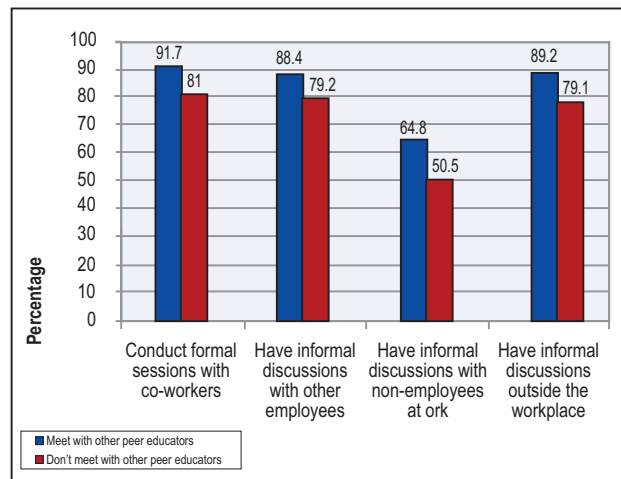
N = 581, 576, 565, 492 respectively

Figure 29: Co-workers Disclosure of HIV-positive Status to Peer Educators
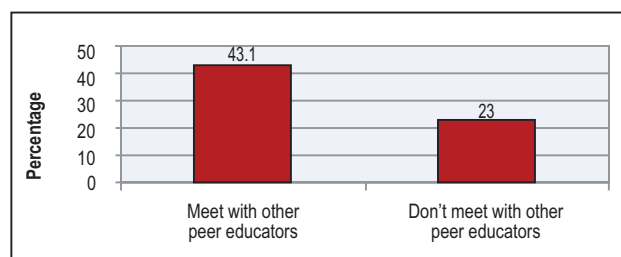
N = 544

Of course, it is important to think about the lines of causality in examining the greater levels of activity demonstrated by peer educators. While meeting other peer educators might raise levels of activity (through coordination, motivation, support and advice) it is also possible the active peer educators are more likely to meet than less active one. During interviews it was evident that both lines of causality need to be considered. However, it was very clear that meeting with other peer educators did raise activity levels and in this regard it is probably correct to see peer educators meeting with other peer educators as raising the level of activity of already active peer educators to greater heights and motivating less active peer educators to increase their activity to higher levels.

It would also appear that meeting with other peer educators helps in the sustainability of peer educator activity. As Table 28 shows the percentage of peer educator who meet with other peer educators increases the longer peer educators have been active. While the low number

of peer educators who began in 2005 and who meet with other peer educators may be explained in part by their not having had opportunity to do this to date, the long term trend indicates that, with some exceptions of peer educators who are able to continue to work in isolation, meeting with other peer educators seems to help peer educators sustain their activity.

Table 28: Meeting with Other Peer Educators by Date of Becoming a Peer Educator

| Meet with other peer educators?	Date became a peer educator						
	<2000	2000	2001	2002	2003	2004	2005
Yes	94.1	86.2	89.0	86.9	81.7	77.4	58.6
No	5.9	13.8	11.0	13.1	18.3	22.6	41.4

N = 578

Using Peer Educator to Peer Educator Communication to Identify Problems and Solutions

As part of the interview schedule I asked peer educators their views on meeting with peer educators in other companies. The response was enthusiastically affirmative. A key reason given in support of this was the desire to directly share experiences, problems and techniques with others who might be dealing with similar problems and have developed different responses. This was supported by the often expressed desire that such meetings should provide time for open discussion between peer educators. A criticism made of the peer education meetings they had attended was the tendency to overload them with expert inputs. While these were appreciated, peer educators often felt that they could learn a great deal of relevance to their day-to-day activity from other peer educators. There are strong theoretical arguments for this, as illustrated in Figure 30.

What was very apparent from interviews with peer educators was that many of them are actively thinking about the problems they are confronted with. Some of these are logistical and relate to how peer education is organised in their immediate workplaces. Other problems stem from the inherent format of peer education activity, for example how relatively young, often female peer educators, can get across messages regarding sexual behaviour to older, often male, co-workers who have strong views on sex being a taboo subject and that age is a key element of social status (an issue that is discussed further in Section 11). This problem of dealing with older men was shared across the companies researched and a number of

Figure 30: Comparison of Problem Solving by Direct Peer Educator Contact and Mediation Through Company Trainers and National Bodies
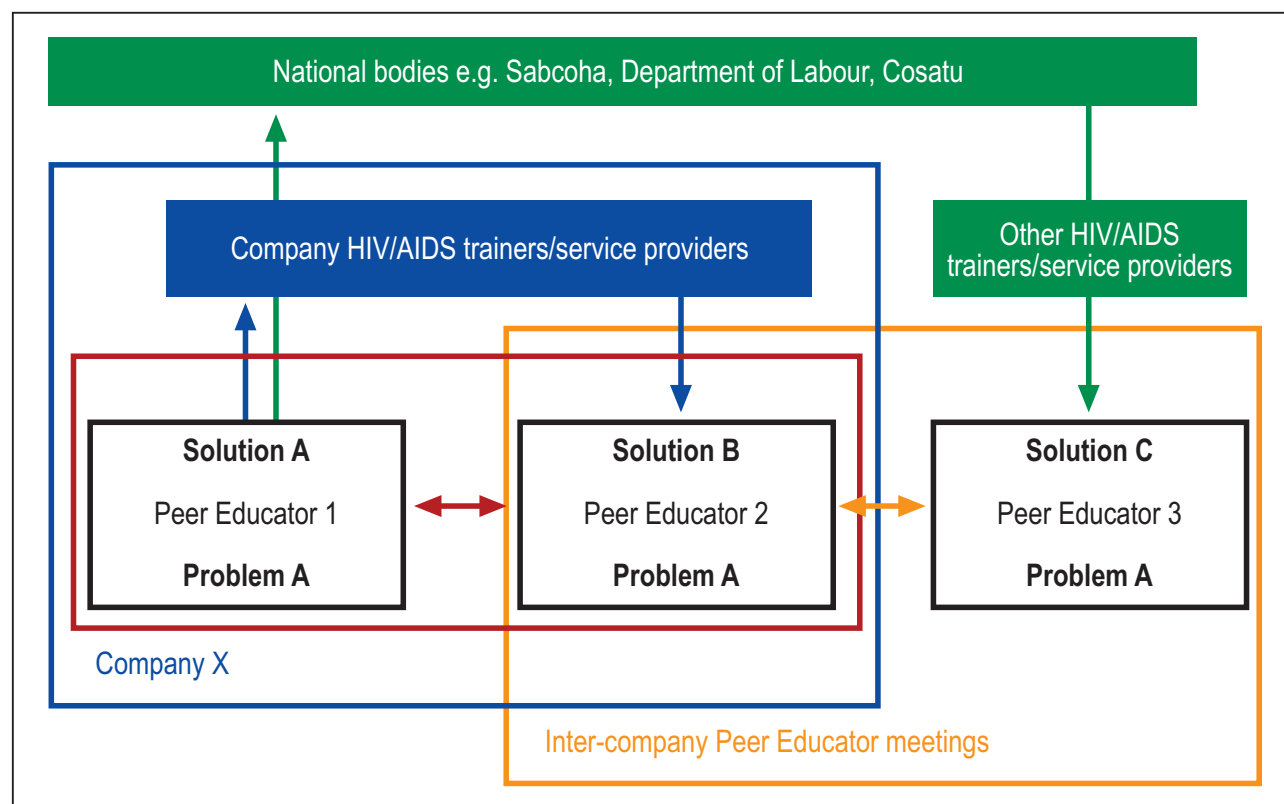
peer educators had developed solutions to this problem that seemed, from their accounts, be effective.

In Figure 30 this is represented by 'Problem A' and 'Solutions A, B and C.' For improvements in peer education it is important that a) this problem is clearly identified and that b) possible solutions are disseminated for use to other peer educators. Four (colour coded) ways of achieving this are illustrated.

Identification and Dissemination of Solutions Using Company HIV/AIDS Trainers (Blue)

This method requires the company HIV/AIDS trainers to both identify the problem (e.g. through de-briefings or workshop feedback) and solicit possible solutions. Once this has been understood this can then be incorporated into the training of other peer educators in the company. While this is clearly feasible, the following issues need to be noted:

- It assumes that company trainers understand that peer educators may develop solutions to problems (that the trainers may not even be aware of).
- It is essentially a one way flow in that a solution from one or more peer educators is transferred to other peer educators (and therefore does not necessarily draw on the full range of peer educator developed solutions).
- It requires a process of translation from peer educator to expert and back to peer educator.
- It is restricted to the company or the companies that the trainer operates within.
- It assumes that trainers have the inclination, skills and resources to conduct this process.

Identification and Dissemination of Solutions Using National Bodies (Green)

This is a scaled up version of using company trainers. In addition to the issue identified for this early model the following additional considerations:

- The path between individual peer educators and their identification of problems and solutions is much bigger than within a company.
- It will be filtered through company trainers/ service provides in reaching national bodies and in dissemination from national bodies.
- National organisations may not be focused on such grassroots issues and the need to facilitate their transfer obstructed within the organisation because of competing priorities.
- Should the national organisation find a way of facilitating such a transfer it has the advantage of disseminating this across many companies.

Identification and Dissemination of Solutions Using Peer Educator to Peer Educator Exchange Within a Company (Red)

In this model Peer Educators are brought together in some way with time allocated (possibly with prior preparation) to the raising of problems experienced and solutions tried. This means that when peer educators are brought together the agenda must not be crowded within inputs nor generic report backs on activities conducted. The following points related to this method should be noted:

- It provides a two way exchange around problems and solutions. I.e. a range of identified solutions can be brought to bear on a particular problem.
- It does not need to be translated and back-translated though experts. Peer educators can walk away with solutions that can be immediately implemented.
- It has an instant 'reality check' – if a problem experiences by one peer educator is not experienced by other relatively little time will be spent on it as priority will be given to more widely experienced problems.

Identification and Dissemination of Solutions Using Peer Educator to Peer Educator Exchange Across Companies (Orange)

This is a scaled up version of company-based peer educator to peer educator dissemination. In addition to the issue identified for this early model the following additional considerations:

- It broadens the range of identified problems and solutions. This may well be considerable because the very different trajectories of HIV/AIDS programmes in different companies (see Section 8) has led to a range of working environments for peer educator resulting in different challenges and solutions.
- It increases the scope and therefore speed of dissemination because it is working on a national level.
- It required greater organisation of peer educators within companies if it is to be feasible. While it might be possible to bring peer educators together within a single company, wider meetings will require delegates or representatives to be sent from companies who will then report back into their internal peer educator structures. This can only be effectively achieved if there are clear lines of organisation and accountability within company-based peer educator structures.

Overall, there is a range of pros and cons to these different methods of facilitating support and development of peer educators through peer educator to peer educator contact. However, it would appear that a direct, rather than mediated, approach would be the most effective, especially if this were to operate across companies. Such organisation would, however, require good internal organisation of peer educators within companies if it is to be fully effective.

Resources

• There is generally good allocation of physical resources for peer educators, though gaps need to be attended to. Access to video players and email are the least well provided physical resources.

• The allocation of time for peer education activity increases the percentage of peer educators conducting formal education sessions and the frequency with which these sessions are conducted.

• Provision of a place to meet and formal opportunities to address co-workers increases the percentage of peer educator conducting formal education sessions.

• The provision of time, a place to meet, and formal opportunity does not affect the amount of informal activity being conducted by peer educators.

Peer Educators Perceptions of the Support They Receive

• Occupational health practitioners, followed by HIV/AIDS managers, are seen by peer educators as being the most supportive.

• Line managers and supervisors are seen as less supportive, though not dramatically so. Information obtained in interviews suggested that there was still considerable, if localised, resistance by supervisors to peer education activity. This primarily results from production pressures.

• The support given by union officials is rated the same or lower than that provided by line managers and supervisors. While there are exceptions to this, there is clearly a gap between peer educators and unions (as organisations). This is likely to be a result of the collective orientation of unions and the more individual, behavioural change emphasis of peer educators. There is a need to find common ground between unions and peer educators in the interest of effective workplace responses to HIV/AIDS.

Evaluation

• Two thirds of peer educators have been evaluated in some way. There is concern among peer educators as to whether evaluations are used.

Self Support and Development Through Peer Educator Groups

- Over 80 percent of peer educators meet with other peer educators. This is usually on a monthly or three-monthly basis and it is found to be extremely or very useful by the vast majority of those attending such meetings.

- However, by and large, such meetings are localised. There are only limited (though growing) attempts to meet across workplaces within companies and no attempts to date to meet with peer educators from other companies, despite a strong desire on the part of peer educators to do so.

- Those peer educators who attend meetings with other peer educators rate themselves as more active than those who do not, are more likely to conduct formal education sessions and are more likely to have informal talks with other employees, other people at work, and in the community. They are almost twice as likely to have had a co-worker disclose their HIV-positive status to them.

- Being involved with other peer educators appears to be a factor in sustaining individuals as peer educators over time.

- Peer-educator to peer-educator contact is likely to provide an efficient means by which solutions to problems can be identified and disseminated. This will only happen if such meetings are not over-crowded with expert inputs.

- There are a number of different ways in which companies could facilitate such peer-educator to peer-educator contact. It is suggested that the best way of doing this, especially across companies, is through a direct, rather than mediated, structure. This will require good organisation of peer educators within companies if it is to be effective.

Although all the companies researched had HIV/AIDS programmes and peer educators formed a part of this, realities on the ground do not always reflect company policies on the need to respond to HIV/AIDS. This was all the more apparent in pressurised areas of the company, such as the production lines in the auto companies or underground in the mining company. Here pressures for production were intense and peer educators often found it difficult to conduct peer education work, especially that involving formal presentation. As one peer educator in the mining company put it, 'In the pit [underground] there isn't time for nothing [except production].'

Nevertheless, within generally pressurised environments certain jobs provide space for peer education. Typically, these involved positions in which the individual was expected to move around and talk to different employees. Some examples from the different types of companies are:

Auto companies: Quality inspectors on the assembly lines
Retail: Frontline (checkout) supervisors
Finance: Assistant branch managers
Mining: Health & Safety officers

As can be seen, the kind of posts that allow peer educators to operate even within pressurised environments are often supervisory posts – typically outside of the production line of reporting – that allows discretion in routine. However, this is not always the case. On the auto assembly lines, the job of quality inspectors (a non-supervisory post) is well suited to peer education because it typically involves moving around the line and spending time with employees. In effect peer educators in this position appeared to be conducting peer education activity 'on the sly,' that is disguised from production supervisors who did not know the actual content of a conversation they might be having, despite peer education being a legitimate activity sanction from the top of the company. In the mining company the emphasis on Health & Safety provided a useful vehicle for formal peer education activity since it could be incorporated into compulsory Health & Safety meetings.

Beyond these facilitating posts, within pressurised work environments, peer educators have to grasp whatever opportunity is available. Some peer educators, while finding it difficult to secure time to address workers from their supervisors found opportunities such as the time spent waiting at the 'stations' to be brought back to the surface after the shift has been completed.

With peer educators in lower occupational levels pressure was usually transmitted through supervisors or line managers. However, where peer educators had more responsibility (in managing others or in the line of their work), such pressures were effectively self imposed if they

felt the need to maintain output in addition to their peer education activity. In these cases, it is useful to note that formally allocating time for peer education activity may not ease this pressure, unless it is linked to a reduction in workload expectations in other areas.

Critical determinants of the local environment are supervisors and line managers. As discussed in Section 10, it is apparent that many supervisors are supportive of peer education work in their areas. Nevertheless, reflecting the local nature of this issue, interviews also revealed numerous accounts of supervisors not making time for peer educators to make presentations, only giving them slots at short notice if there was nothing else that needed to be discussed during a shift meeting, and constantly looking at their watches when the peer educators were presenting.

This difficulty needs to be understood both in terms of the supervisor and the peer educator. On the one hand, as mentioned in Section 9.2, the increased training of supervisors around HIV/AIDS helps to sensitise them to the value of allowing the peer education time for activities. In many cases this may be sufficient to change a hostile local environment to a benign one for peer education. However, it is also possible that this may not prove sufficient and that without building in HIV/AIDS activity into their own performance evaluations (in a similar way to which, for example, supervisors are expected to take Health & Safety seriously in the mines) that local environments could remain hostile to peer education.

However, peer educators are also partly responsible for ensuring that local environments are conducive for their activity. While some peer educators were very pro-active in this regard by, for example, making time to talk to their supervisor to explain why what they were doing was important, others felt that they could not influence the attitudes of supervisors and worked around them (probably limiting their levels of activity as a result).

A number of companies saw their peer education programmes as an opportunity to empower workers in taking responsibility for their actions. In this regard the integration of empowerment within peer education training (which was widespread) is in line with ensuring that local environments do not defeat the broader company HIV/AIDS programme. However, the complexities of local environments need to be considered within this. One peer educator in the financial institution explained how, in getting permission to conduct formal education sessions in her section, she had had to learn a great deal about how the section was organised. After a number of false starts and frustrations she met with the HR manager and got her to set up a meeting with the management team which approved her activity. To ensure that this was actually possible, she

then had to hold a meeting with the team leaders within her section to get their support. Only once this had been achieved was she able to run the sessions with reasonable numbers of employees being released by team leaders to attend.

The complexity of creating time for peer education illustrated by this example demonstrates the need for empowerment of peer educators to be specific if it is to actually impact on the local environment. It is fine to have outside motivational speakers 'pump up' peer educators during refresher training course, but such emotional strength is likely to be soon sapped in the face of work pressures and organisational complexities. Thus, building the confidence of peer educators need to also deal specifically with the likely barriers that they could face in their own workplace and how they can go about overcoming them.

- Production pressures make it difficult for peer educators to conduct their work. Nevertheless, spaces can be found for activity on occasions.

- Some jobs are better suited for the conducting of peer education in pressurised environments than others. One option is to identify these posts within a company and proactively seek to recruit peer educators in these positions.

- Allocation of time for peer education work is likely to help peer educators conduct their work within pressurised environments. There are, however, exceptions to this.

- Giving supervisors training on HIV/AIDS assists in making local environments more conducive for peer education activity.

- More empowered peer educators are in a better position to negotiate with supervisors for time to conduct their work. However, such empowerment must be specific to the challenges faced in doing this rather than simply 'motivational' in nature.

Section 11: The Peer in Peer Education

In thinking about the appropriate profile for peer educators within a company we tend to focus on race, gender and occupational level. These are critical dimensions and the evaluation that has been possible – through comparing the results from the questionnaire of peer educators against company employment equity reports – have illustrated some important findings (see Section 3). The first of these is that peer education is disproportionately shouldered by women and African women in particular. The second is that there is a symbolic lack of peer educators from more senior managerial positions. Within South African companies this symbolic gap is linked to race, an issues that will be discussed in Section 14.

While these observations are important and need to be addressed with vigour, it is also true that the creation of truly peer, peer educators by means of targeting the demographic profiles has its limits. We saw in Section 7.3 that an individual's religious beliefs may well be relevant to peer educators. Since further criteria can be added to this list, such as language or age (that we address shortly), it is clear that a statistical approach to ensuring that peer really are peers has its limits.

Given these limits, the need for flexibility in approach on the part of peer educators is essential. While some cross referral may be possible within a workplace to get a closer peer match between the worker and the peer educator, peer educators are going to have to work with people who are, in some ways, very different from themselves. In this regard, information collected during in-depth interviews is encouraging. Peer educators appear to be very focused on understanding the people who they deal with and attempting to see things from their perspective. This is a valuable asset, though it also needs to be recognised that such an approach can be time consuming. Peer educators are also generally very flexible. As previously mentioned in Section 7.3, they are often quite happy to promote condoms within the workplace, because this forms part of the company programme, even though they do not personally believe in their use and do not promote condoms in other contexts such as, for example, their church youth group.

While the approach towards the diversity of employee situations is thus encouraging there are areas of weakness. One important one is that of African traditional healing. Belief in traditional healing is widespread in South African workforces (see Dickinson 2005c for a discussion of this), but usually hidden. This is an issue that African peer educators (in particular) are well aware of, but are divided over. In line with a wider debate on the use and value of traditional healing, some peer educators are sympathetic towards it while others strongly oppose its use. This issue deserves further attention, and more open debate, if it is not to hinder companies' peer educator programmes.

It is also important to note that peer status also brings barriers into play. Age provides a good example of this. Within a number of South African cultural traditions age, along with gender, plays an important role in determining status. In situations where peer educators are young and especially young and female, addressing older men is often challenging. Older men do often not expect to be talked to by younger people, especially around issue concerning sex. Given the familiarity that peer status entails this frequently makes for difficult situation. Peer educators reported the difficulty having been ignored by older men when they made a presentation and then having to work along side them afterwards. Quite a few of these peer educators had developed strategies to overcome this problem. This included a focus on listening carefully to the concerns of older men around status and incorporating them into their work. As a result they shifted from presenting the information as something that these men should know, to it being information that the children or grandchildren of these men needed to know and that these men, as senior figures, should be able to provide this information. This shifted the position of the older men to the recipients of information from younger people that they resented to the givers of information to others within home or community that corresponded to the understanding of their own social role and status and was welcomed.

- While race, gender and occupational level are important criteria of being a peer, there are many other aspects that differentiate people. Attempting to match all of these is simply not feasible. Rather, while a spectrum of peer educators is desirable, peer educators need to be able to deal with people with different characteristics and beliefs.

- In general peer educators show a remarkable ability to emphasise with different people and demonstrate flexibility in delivering tailored messages to different audiences.

- Peer educators are devising solutions to problems that they encounter in there work. Dealing with older men (and the barriers that this status creates) is a good example of their creativity in this respect.

Section 12: Activism or Professionalism?

Introduction

An important emerging theme within workplace peer education is the relative merits of 'activism,' in which grassroots activity is driven largely by passion that is generated from the impact of the disease, and 'professionalism' in which peer education is organised and managed in a similar way to other workplace projects. This issue has already been touched on in a number of ways, including discussions around volunteering and election of peer educators (Section 4), rewarding peer educators (Section 6), and the constraints faced by peer educations within local environments (Section 10). This section takes an overall view of this issue in an attempt to identify the right balance between activism and professionalism.

Terminology

Using the terms 'activism' and 'professionalism' requires some explanation. These terms have been chosen in part because they are good descriptions of these possible approaches to peer education, even if the term activist, in particular, is sometimes viewed with suspicion, and because they allow us to distinguish between the ways in which employees become peer educators (volunteers, nominees, elected), as discussed in Section 4. Figure 31 illustrates, in a simplified form, the relationship between the categories used in this report.

Figure 31: Entry into Peer Education and Ways of Conducting Peer Education Activity
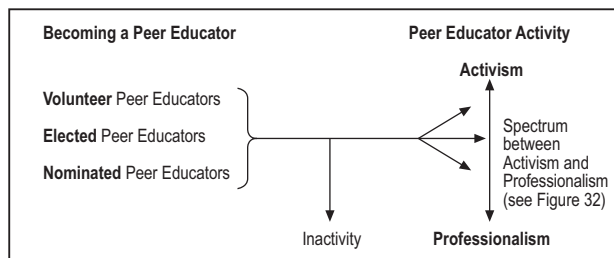
Ignoring, for the moment, the need for peer educator co-ordinators, we can understand peer education on a spectrum between complete activism in which peer education is done without any company support and complete professionalism in which 'full-time peer educators' – the extreme possibility of professionalisation - are appointed, on a salaried basis, by companies. This range of options is illustrated in Figure 32.

Figure 32: The Spectrum of Activism and Professionalism
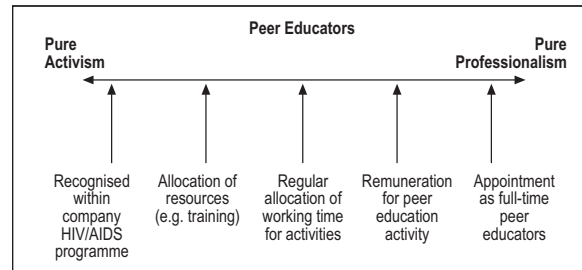
Understanding where peer education is best located on this spectrum, is informed by the following points:

- Activism is a valuable resource in raising enthusiasm and commitment, though the benefits of activism will not disappear as soon as we start to move along the spectrum illustrated in Figure 31. In fact the impact that peer educators have will be supported by steps that move away from the purely activist peer educator.
  - The allocation of working time for employees may well be a powerful tool in promoting a more professional approach from peer educators, largely because expectations on activity can be set, monitored and enforced. However, there also needs to be consideration, when deciding to allocate time for peer education activity, of a number of factors:
    - As illustrated in Section 7.3, not all peer education activity is easily quantifiable and reporting mechanism may be easily manipulated by some while under-valuing the contribution of other peer educators.
    - Time allocation for peer education activities is not the critical issue for employees in more senior positions. Rather, for this group it is the creation of time by reducing other responsibilities (while not negatively impacting on career prospects).
    - Giving time to peer educators may not be directing pressure where it is most needed if the barrier to activity is supervisors and line managers. In such cases, time (and accountability) for peer education needs, in fact, to be given to supervisors as well as peer educators.
- Pure activism is cheap for companies, since it relies on the peer educators acting in a voluntary capacity while continuing with their normal work. The greater the level of professionalism the greater the costs that will be incurred.
- Calls for remuneration for peer education activity

may well, as suggested in Section 6, be as much about conceptions of fairness and dignity as about concerns for more money. Not to recognise this could be demoralising. Thus, moving along the spectrum from pure activism toward greater professionalism will promote sustainability.

- Appointing full-time peer educators does mean the end of activism and, in fact, the core benefits of peer education in terms of its physical and sociocultural access to co-workers will fall away. Although a limited number of full-time appointees in co-ordinating roles are critical to the overall success of peer education programmes (as discussed shortly).

The changes in impact, cost and sustainability of peer education along the spectrum between pure activism and pure professionalism can be illustrated graphically and is shown in Figure 33.

Figure 33: Cost, Sustainability and Impact of Peer Educators in Relation to Activism and Professionalism (Illustrative)
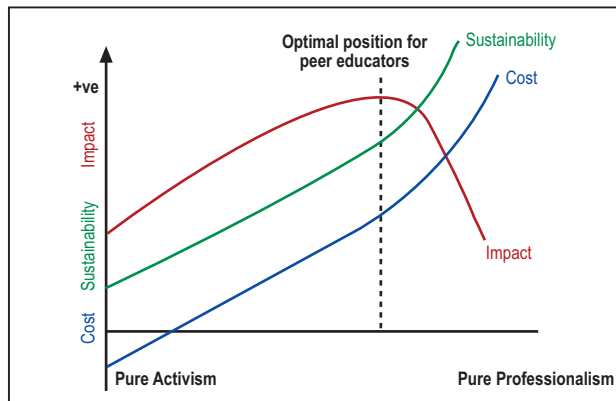

Figure 33 illustrates that impact is likely to first rise as peer educators are professionalised (e.g. greater training and time allocated for their activities), but then fall, possibly dramatically, if full-time peer educators were to be appointed. This may seem paradoxical but is based on the following considerations. First, that full-time peer educators loose a considerable degree of their peer status and the benefits of enthusiasm that activism entails. Secondly, that a relatively small number of full-time peer educators would be appointed. Third, that a two-tier system of peer education with full-time professions on the one side and activists on the other is not likely to be sustainable – in such as situation many activists are likely to drop out leaving it to those paid for the job to do it.

Costs, not surprisingly, rise with increased professionalisation. With pure activism these costs may

in fact be negative (since the company gains without any expenditure). Up to the point when full-time peer educators are appointed (and when costs are likely to accelerate) increased costs are offset by a greater level of impact. Sustainability continues to rise and professionalism is increased. At the point that full-time peer educators are employed this accelerates since a new workplace profession – which will defend its vested interests – will have been created.

The graph suggests that there is an optimal position to locate peer educators along the spectrum of activism and professionalism in which impact is maximised, sustainability is strong and costs while high can be justified. This point will vary, but is some way along the spectrum of professionalisation as illustrated in Figure 32, but, critically, short of full professionalisation.

The Value of Full-Time Peer Educator Coordinators

The above discussion ignores the need for peer educator co-ordinators (as well as HIV/AIDS managers). It was evident from interviews that active peer educator co-ordinators (often employees who had taken this role upon themselves) made a critical difference to peer education in the companies. Generally, training was more regular and more innovated, peer educators where given higher levels of support, and monitoring and feedback was a reality. It has also been noted (Section 8) that many HIV/AIDS managers were attempting to run company programmes with inadequate resources.

Thus, the need for peer educator coordinators needs to be recognised, but this should not be confused with turning peer education into a full-time post

A Need for both Activism and Professionalism

What appears to be critical is that companies have adequate HIV/AIDS managers and peer educator co-ordinators (who may well be drawn from the ranks of peer educators) who work alongside a cadre of well-trained peer educators who have access to resources, including working time, and who are appropriately recognised for their activity (see Section 6). Overall, what needs to be struck is a balance between:

- Activism and the enthusiasm this brings,
- Providing sufficient resources that enable peer educators to conduct an appropriate level of activity,
- Adequate co-ordination capacity in the form of HIV/AIDS managers and peer educator coordinators,
- Appropriate recognition and reward that is deemed fair to peer educators,
- Maintain the peer status of peer educators.

- Peer educators can be conceived as being located on a spectrum between activism and professionalism.

- 'Activism' consists of self-generated (grass-roots) activity characterised by enthusiasm and energy that can, on occasions, compensate for lack of resources and hostile local environments. 'Professionalism' consists of a series of steps that formalises peer education in order to focus resources effectively and coordinate activity.

- Professionalisation of peer education activity includes; official recognition, allocation of resources (such as training), allocation of time for activities, remuneration, and turning peer education into a full-time job.

- Steps taken to increase professionalisation will raise the costs of peer educator programmes. This however has to be balanced against the increased sustainability that such professionalisation is likely to bring. Additionally, the impact of peer educators is likely to increase with greater professionalisation, up to the point where it is turned into a full-time job (since peer status falls away and tensions are introduced).

- While the idea of fully professionalising peer education (i.e. full-time peer educators) should be treated with caution, there is a clear need for professionalised peer educator coordinators who can assist rank-and-file peer educators.

Section 13: Peer Education as Emotional Labour and the Question of Counselling

In understanding peer educators and the work that they do, it is important to acknowledge the emotional aspect of this. Most peer educators reported some level of informal discussions with other employees, though this ranged widely in extent. Some might have a couple of casual conversations on HIV/AIDS once a month with co-workers; others were regularly dealing with several people a day. Some peer educators maintained a strict emotional distance, referring to alternative support, but many took on extensive support roles for people infected or affected by the disease. The emotional labour (Hochschild 1983) that this entailed was often significant. As one female peer educator in the retail company explained, 'Being a peer educator is stressful. When you come face to face with somebody opening up to you [that they are HIV positive] you have to keep it to yourself. You have to be a rubbish bin for whatever they cough out.'

Figure 34 shows the extent to which peer educators reported that informal discussion at work on HIV/AIDS were stressful and whether employees of the company had ever disclosed their HIV-positive status to them.

Figure 34: Stress and Disclosure of HIV-positive Status to Peer Educators
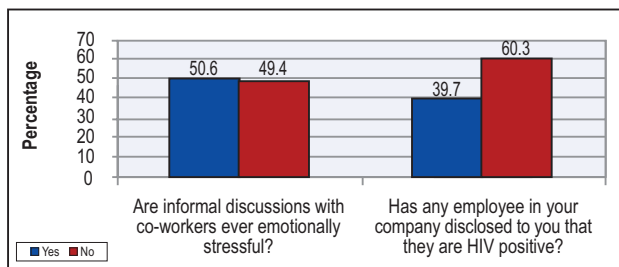
N = 516 and 559

Half of peer educators report that some discussions with co-workers are emotionally stressful. Interestingly, this is greater that the percentage that report that co-workers had disclosed that they were HIV positive to them (39.7 percent). Disclosure of HIV-positive status are likely to be emotionally stressful, but the different percentage point out that other topics of discussion that peer educators undertake are also stressful, such as relatives of co-workers being diagnosed positive or dieing of HIV/AIDS or related issues such as sexual abuse. The high incidence of rape and family violence in South Africa clearly takes a toll on peer educators. On a number of occasions during interviews harrowing personal accounts were given to me by peer educators when relating their experiences and how these informed their peer education work.

In relation to how long individuals had been peer educators, Table 29 shows that longer standing peer educators were more likely to have a co-workers reveal that

they were HIV-positive than more recent peer educators. This may be because, as more permanent features of the workplace, they have built greater levels of trust and proved their confidentiality over time. On the other hand, there is no significant change in the level of stress reported by old and new peer educators. This is perhaps not surprising given the range of potentially stressful topics peer educators deal with, in addition to disclosure of peoples' HIV-positive status, as soon as they announce to colleagues their new role.

Table 29: Stress and Disclosure to Peer Educators by Length of Activity

Discussions with co-workers that were…	Date became a peer educator						
	<2000	2000	2001	2002	2003	2004	2005
Stressful	52.5	51.9	57.1	46.9	49.5	55.1	41.3
Involved revelations of HIV-positive status	56.3	50.0	59.3	30.8	37.1	34.9	17.0

N = 502 and 544

In addition to dealing with stressful encounters, interviews revealed a degree of 'secondary stigma' attached to peer educators. Because of their close involvement with HIV/AIDS they were often labelled as, for example, 'the AIDS lady'. Not infrequently, the assumptions around this labelling extended to concluding that the peer educator must be HIV-positive themselves. In general, peer educators shrugged off these perceptions and, on occasion, took pride in them. However, it is likely that such stereotyping contributes to the overall stress of being a peer educator.

A major issue within peer education is the extent to which peer educators should act as counsellors (and be trained in this role) or should be rather taught to refer co-workers to professional sources of help when this is deemed necessary. Peer educators were asked whether they had been trained to counsel and if they had been trained to refer. The response is shown in Figure 35.

Figure 35: Counselling and Referral Training of Peer Educators
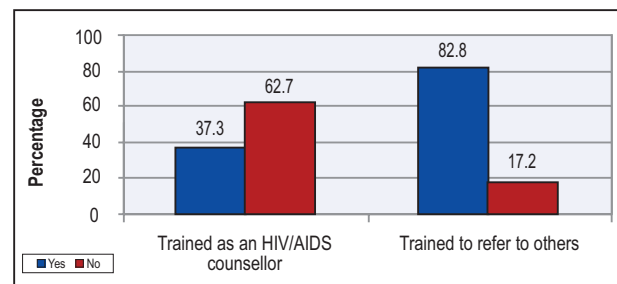
N = 584 and 586

While the current thrust of HIV/AIDS management thinking is away from using peer educators as counsellors towards referral, over a third of peer educators have had some training as an HIV/AIDS counsellor. It was also evident from interviews that 'lay' counselling of co-worker was taking place.

This lay counselling and the resulting stress presents a problem for company HIV/AIDS programmes in that having put in place a front line of contact with workers that often extended into emotional support, peer educators themselves need appropriate support and 'debriefing' if they are not to 'burn out'. The degree to which this is necessary depends on the extent to which individual peer educators are conducting counselling, while the way in which this is done depends on the degree to which counselling by peer educators is accepted as legitimate and what counselling is available for peer educators.

All companies have attempted to separate the role of peer educator from that of counselling to some degree. However, this is not easy. Even when this division was stressed, peer educators often moved beyond the provision of basic advice and referral on their own initiative. This could be driven by their own aspirations to develop themselves into a more full-time AIDS role, or even career as a counsellor; or because there was, in fact, only limited support to refer co-workers to; or because co-workers did not trust or were unhappy with these sources of help.

Moreover, drawing a clear line beyond which peer educators should refer onwards is not straightforward. The process of informal contact between a peer educator and a co-worker in need of assistance because they are infected or affected by HIV/AIDS is often slow, iterated and indirect. Often the interaction begins with a 'friend of a friend' or other ambiguous terms before developing. In this situation peer educators had no option but to effectively counsel as they got the employee to reach a point where it was clear what assistance was needed and that they were confidence enough to access it. This complication has led, in a number of the companies to an understanding of the need for 'referral counselling' (which appears to have been widely implanted, see Figure 35) that provides a somewhat ill-defined intermediate state between providing advice and 'full-blown' counselling. In one company this had been provided specifically in response to peer educator requests.

This difficult separation of peer educator activity from professional counselling is influenced by what counselling support was available to employees. In one company where there was a strong external employee assistance programme (EAP) it was possible to put emphasis on the need to maintain this separation, while personnel from the EAP provider ran a module within peer education training

that assisted peer educators in evaluating when they needed to refer a co-worker to the EAP. At the same time however, there was an acceptance that this was not always happening or that even if it was it did not mean that peer educators were not engaged in emotional labour. As a result they were encouraged to use the EAP themselves to debrief and ask for advice on coping with difficult emotional situation as a result of any support they might be providing for co-workers.

In companies where professional counselling was less readily available there was a greater acceptance that peer educators might migrate into a counselling role. In one company, which had closed down it's EAP programme some years earlier and with a relatively concentrated workforce peer educators were being supported by a psychologist who attended their monthly meetings. In another company with much more scattered workplaces and where it was recognised that the primary referral structure in the form of occupational health practitioners varied greatly, there was a deliberate training of peer educators as lay counsellors. Not to do this would, HIV/AIDS management believed, be 'irresponsible' since peer educators would inevitably find themselves in this situation. In one of the company's regions a peer educator committee had been established which helped to provide emotional support to its members. After discussing the emotionally difficult nature of peer education, three members of the committee explained how:

> PE 1: We don't have somebody that we can actually run to.
> PE 2: Yes. We can't blow off steam… [But] we're lucky in that we're together and we can blow at each other.
> PE 3: Yes. I think that's one of the positive things of the committee…It created a circle of trust where we can bond with each other and pass on the heaviness.

The degree to which peer educators should provide counselling in the workplace is an important issue for companies' response to HIV/AIDS. The extent to which peer educators should counsel co-workers and how they should be supported in this is clearly unfolding in a very uneven manner in the light of experience and within historic company structures and constraints.

- Peer educator activity often involves emotionally difficult activity. This is not confined to the disclosure by co-workers of their HIV-positive status.

- Peer educators suffer a degree of secondary stigmatisation as a result of their activities.

- Counselling activities on the part of peer educators is extensive. About a third of peer educators have received HIV/AIDS counselling training. Over 80 percent have received training on how to refer people to other forms of help.

- Drawing the line between providing information and counselling is not, in reality, easy.

- There is a range of support mechanism in place to allow peer educators to 'de-brief' and avoid burn out. These are not always adequate. Peer educator groups provide a mechanism for assisting in this support.

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Section 14: HIV/AIDS and Re-racialising the Workplace

Table 4 indicated that peer education is disproportionately shouldered by women and African women in particular. The gendered pattern of concern did not appear to be a 'live' issue for peer educators, other then when it had practical implications (such as discussions with older men, see Section 11). By contrast the question of race and HIV/AIDS was one that many peer educators had strong views on.

These views differed considerable and it would be wrong to suggest any overall consensus among peer educators in this regard. However, a strong theme that is of potential concern for companies and workers is the suggestion that HIV/AIDS could re-racialise the workplace. This stemmed from three sources.

- First, the lack of white peer educators. Table 4 confirms this perception as a reality. In addition the common linking of 'white' to 'management' within South African workplaces and the symbolic lack of senior management peer educators further emphasised this concern.
- Second, a perception that whites – usually those in supervisory positions – 'didn't care.' This was often felt directly when for example peer educators struggled to get time to make presentations to co-workers (see Section 10).
- Third, reports that whites did not attend HIV/AIDS events organised within the company.

In evaluating the possibility that HIV/AIDS will re-racialise the workplace, the importance of perceptions needs to be acknowledges. Thus, for example, in one workplace a black female peer educator bitterly complained that there were no white peer educators. Yet earlier that day I had interviewed a clearly very active white male peer educator at the same workplace. While the black peer educator might be mistaken in this case (though in general correct), this does not make her perception any less real. In this regard an encouraging sign was the deliberate attempt by a number of peer educator co-ordinators to deliberately target whites to become peer educators, with some success especially among younger employees.

- There are a wide variety of views held by peer educators on the role of race in their company's response to HIV/AIDS. However, one important negative perspective is that whites are not concerned with HIV/AIDS.

- The potential re-racialising of the workplace around HIV/AIDS is based on reality and perceptions. These should both be addressed.

Section 15: The Community Dimension

Introduction

It is instructive to assess the considerable contribution that workplace peer educators are making in their communities. Company HIV/AIDS programmes generally acknowledge the impossibility of responding in isolation to an epidemic that impacts across company and community. All participating companies were undertaking a range of community-based activities, predominantly though their peer educator programmes. This section looks, briefly, at how this activity was organised by companies, what peer educators were actually doing in their communities, and the implications of this for companies.

The Community

While the term 'community' is frequently employed, operationalising activity with the community is far from easy. A first problem is defining what exactly the community is in relation to company HIV/AIDS programmes. The companies researched employed a number of different operational, sometimes overlapping, definitions that guided their approach to the community. It is unlikely that the following list of how companies conceived of 'their communities' is comprehensive, but it provides a useful starting point for orientating thinking on this issue.

- Chance social connections to particular organisation operating within communities.
- Geographical proximity
  - 'Obviously' linked communities, especially when relatively isolated.
  - Within a convenient radius from a company site.
- The communities from which the workforce are predominantly drawn.
- The communities from which customers are predominantly drawn.
- Specialised communities (e.g. the doctors, traditional healers, or religious leaders most commonly used by employees).
- Suppliers (where other workforces become the beneficiaries of company HIV/AIDS programmes)

Thinking through these definitions of community is useful in understanding how activity can be realistically focused and achieve synergy with company objectives. However, as the following sections demonstrate any decisions emerging from such analysis has to operate alongside a realistic understanding that much of the HIV/AIDS activity conducted by workplace peer educators is done so often independently of company guidelines.

Organisation and Reality

While each participating company linked their peer educator programme to community activity, this was done in different ways. Some companies set targets for peer educators' community activity, either in the form of visits to community-based HIV/AIDS projects such as hospices or childcare centres or, in the case of one company, educational events in public places, such as taxi ranks. Others encouraged community activity, but effectively allowed this to be driven by peer educators with (hopefully) the support of their immediate managers. One company had two peer educator programmes which were almost entirely separate. One, consisting of employees, was supposed to focus on the workplace while the second, consisting of unemployed people who were provided with a stipend, worked in the community. Only the former programme was included in this research.

Despite these variations in organisation the activity conducted by peer educators in relation to the community was characterised by a number of important features. These included:

- The conducting of community activity by most workplace peer educators, irrespective of the peer educator/community activity model adopted by the company.
- A greater level of peer educator activity in the community than was expected in peer educator 'job descriptions.'
- Low visibility (within the company) of much of this activity.

Peer Educator Activity in the Community

Many workplace peer educators are involved in community-based HIV/AIDS projects which, it was clear from interviews, often had little - if anything - to do with projects that have been formally adopted by the company. This activity included support for community-based projects, sometimes known to the company though often not, along with formal and informal education and awareness projects in community settings. These different activities are more difficult to clearly separate from each other than in the workplace, frequently shading into each other.

It is, for example, not entirely clear how to categorise what a peer educator running a youth sports team is doing. Taking the team to play an away match will implicitly and explicitly include a range of education and socialisation inputs that could be categorised as: a) an HIV/AIDS project (by giving youth alternative activities to sex and respect for themselves though achievement); b) formal education (when he or she addresses them in the changing room/area); or c) informal influence through casual discussions and the provision of a positive role model. While challenging for analytical description, this reflects the fluid reality of human interaction outside the rigidities of workplace organisation. This fluidity is additionally illustrated by the range of informal activity conducted by

peer educators in the community that was reported in Section 7.2.

While complex, activity within communities can be seen as radiating from peer educators who generally operate in isolation outside of the workplace. The most immediate (and most common) forms of community activity are within their families and with friends who form the most immediately accessible audience. Beyond this, activity is often conducted with neighbours who are physically proximate and may well be long-standing acquaintances. Beyond these audiences, peer educators have a number of choices. One option is to utilise community institutions of which they are members, another is to target less structured gatherings of people, a third option is to draw community elements into workplace-located events, and finally there is the 'official' process of peer educators visiting community-based HIV/AIDS projects to show support.

The most common community institutions utilised are sports and/or youth groups and churches (all three sometimes being combined). As previously noted, peer educators appeared to find it relatively easy to combine religious belief, responsibility as an adult towards youth, and their concern over the HIV/AIDS epidemic. Peer educators who were interviewed generally reported support for their HIV/AIDS activity from leaders in their own churches even if the parent church's stance on issues such as condoms was seen as problematic.

Interventions outside of community structures tended to result from activity organised from within company peer educator programmes. These typically target taxi ranks, busy shopping streets or crowds drawn to sporting or other events. One company in particular encouraged small groups of peer educators to conduct 'street theatre' type interventions using the materials that they had been provided with for workplace education.

Less frequently peer educators bring the community into the workplace. For example, one peer educator had innovatively organised a 'mothers and daughters day' in which female employees were encouraged to bring their daughters and female friends. Over two hundred women and girls attended the day which provided information on HIV/AIDS, abuse and rape.

Company Support for Community Activity

It would be of value for companies to re-conceptualise what the engagement of their peer educators with the community comprises. A key starting point is what peer educators transfer to immediate family and social settings, and how this could be assisted by the company. (It might be valuable to explore the possibility of cascading this activity from peer educators to their workplace audiences). Beyond this, there is a need to think strategically as to the

relative values of assisting peer educators to operate within existing social institutions, such as churches, the process of 'evangelising' in pubic places, and the drawing in of the community into the workplace. All have potential roles within community-based peer education, but they require different approaches, resources, skills, and support.

Addressing this is beyond the scope of this report. However, three instructive points can be drawn from what this section has outlined.

First, we should not assume that companies create peer educators. Rather, it would seem that many peer educators would be active within their communities even if their companies did not have a peer educator programme. This realisation is important in thinking through the nature of the relationship between the company and peer educators. It is best thought of as a partnership in which companies provide space and resources to employees to extend their commitment to combating HIV/AIDS from the community and into the workplace.

Second, companies should strive for a better understanding of how their peer educators actually operate within the community and seek to promote this, rather than operate parallel styles of community activity. Achieving this – and obtaining the synergies it offers – may require explicit strategising with peer educators though workshops that focus on the community dimension of their work and the sharing of experiences.

Third, there could be more public recognition that companies are facilitating this activity. Section 7.2 illustrates the massive potential of workplace peer education in regard to informal activity alone. Viewed from this perspective company could make more of the impact that their peer educators are having.

- Activity by workplace HIV/AIDS peer educators in the community is extensive and goes beyond formal company programmes.

- Workplace peer educators are often community HIV/AIDS activists who extend their work into the company (when given the opportunity), rather than being the creation of companies.

- Peer educator activity in the community includes formal and informal components that often overlap. Activity radiates out from family and friends to the wider community.

- Community outreach beyond family and friends can be done in a number of ways. These include, working within organisations such as youth groups and churches, 'evangelising' to gatherings of people, bringing community members into the workplace, and the typically 'official' activity of visiting community-based HIV/AIDS projects.

- Companies could place more emphasis on the work their peer educators are doing in the community.

Campbell, C. 2004. 'Creating Environments that Support Peer Education: Experiences from HIV/AIDS Prevention in South Africa.' *Health Education*. Vol. 104, No. 4.

Department of Health. 2005. *Summary Report: National HIV and Syphilis Antenatal Sero-Prevalance Survey in South Africa 2004*. Department of Health, Pretoria.

Department of Labour. 2003. *HIV/AIDS Technical Assistance Guidelines*. Department of Labour. Pretoria.

Dickinson. D. 2005a. *Workplace HIV/AIDS Peer Educators and Social Protection in South Africa*. Presentation made at the 4th African IIRA Congress, 28-30 November 2005.

Dickinson, D. 2005b. *Neither Management nor Union, but for the Love of People: HIV/AIDS Workplace Peer Educators in South Africa. British Journal of Industrial Relations* Symposium on New Industrial Relations Actors. London School of Economics, 22-23 September 2005.

Dickinson, D. 2005c. 'AIDS, Order and 'Best Practice' in the South African Workplace: Managers, Peer Educators, Traditional Healers and Folk Theories'. *African Journal of AIDS Research*. Vol. 4. No. 1.

Dickinson, D. and Stevens, M. 2005. 'Understanding the Response of Large South African Companies to HIV/AIDS.' *Journal of Social Aspects of HIV/AIDS*. Vol. 2, No. 2.

Ebreo, A., Feist-Price, S., Siewe, Y. and Zimmerman, R. 2002. 'Effects of Peer Education on the Peer Educators in a School-based HIV Prevention Programme: Where Should Peer Education Go From Here?' *Health Education & Behaviour*. Vol. 29, No. 4.

Family Health International. 2002. *Workplace HIV/AIDS Programmes: An Action Guide for Managers*. www.fhi.org.

Flisher, A., Mathews, C., Cuttmacher, S., Abdullah, F. and Myers, J. 2005. 'AIDS Prevention Through Peer Education' (Editorial). *South African Medical Journal*. Vol. 95, No. 4.

Hochschild, A. 1983. *The Managed Heart: Commercialization of Human Feeling*. University of California Press.

Hope, K. 2003. 'Promoting Behaviour Change in Botswana: An Assessment of the Peer Educator HIV/AIDS Prevention Program at the Workplace.' *Journal of Health Communication*. Vol. 8.

Horizons/Population Council. ND. *Peer Education and HIV/ AIDS: Past Experience, Future Directions*. www.popcouncil.org/horizons.

Hughes-d'Aeth, A. 2002. 'Evaluation of HIV/AIDS Peer Education Projects in Zambia.' *Evaluation and Programme Planning*. Vol. 25.

Human Sciences Research Council (HSRC). 2002. *Nelson Mandela/HSRC Study of HIV/AIDS: South African National HIV Prevalence, Behavioural Risk and Mass Media*. Cape Town: HSRC.

Human Sciences Research Council (HSRC). 2005. *South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005*. Cape Town: HSRC.

International Labour Organisation (ILO). 2001. *An ILO Code of Practice on HIV/AIDS and the World of Work*. Geneva.

James, D. 2002. '"To Take the Information Down to the People": Life Skills and HIV/AIDS Peer Educators in the Durban Area.' *African Studies*. Vol. 61, No. 1.

Lewis, Y., Shain, L., Quinn, S., Turner, K., and Moore, T. 2002. 'Building Community Trust: Lessons from an STD/HIV Peer Educator Program with African American Barbers and Beauticians.' *Health Promotion Practice*. Vol. 3, No. 2.

Mametja, David. 2005. *Scaling up Interventions*. Report on Track 4 of the 2nd South African AIDS Conference. Durban, 7-10 June.

NOSA. 2003. *HIV/AIDS Management System Guideline Document*. www.nosa.co.za.

Ozer, E., Weinstein, R. and Maslach, Christina. 1997. 'Adolescent AIDS Prevention in Context: The Impact of Peer Educator Qualities and Classroom Environments on Intervention Efficacy.' *American Journal of Community Psychology*. Vol. 25, No. 3.

Rehle, T and Shisana, O. 2003. 'Epidemiological and Demographic HIV/AIDS Projections: South Africa.' *African Journal of AIDS Research*. Vol. 2, No. 1.

Setswe, G. 2005. 'Systematic Review of Behavioural Interventions for Reducing the Risk of HIV in Occupational Settings.' Presentation at the 2nd South African AIDS Conference. Durban, 7-10 June.

Shuguang, W. and Van de Ven, P. 2003. 'Peer HIV/AIDS Education with Volunteer Trishaw Drivers in Yaan, People's Republic of China: Process Evaluation.' *AIDS Education and Prevention*. Vol. 15, No. 4.

Sloan, N. and Myers, J. 2005. 'Evaluation of an HIV/AIDS Peer Education Programme in a South African Workplace.' *South African Medical Journal*. Vol. 95, No. 4.

Statistics South Africa. 2004. *Census 2001: Primary Tables South Africa*.

Strange, V., Forrest, S., Oakely, A. and The RIPPLE Study Team. 2002. 'Peer-led Sex Education: Characteristics of Peer Educators and their Perceptions of the Impact on them of Participating in a Peer Education Programme.' *Health Education Research*. Vol. 17, No. 3.

UNAIDS. 1999. *Peer Education and HIV/AIDS: Concepts, Uses and Challenges*. www.unaids.org

UNAIDS. 2004. AIDS Epidemic Update 2004. UNAIDS. Geneva.

Wolf, C. and Bond, C. 2002. 'Exploring Similarity Between Peer Educators and their Contacts and AIDS-protective Behaviours in Reproductive Health Programmes for Adolescents and Young Adults in Ghana.' *AIDS Care*. Vol. 14, No. 3.

World Economic Forum. 2003. *Action Against AIDS in the Workplace*. www.weforum.org.

Section 17: Interviews

Auto Company 1

Manager	Indian woman	1/4/05
Peer Educator/Coordinator	African woman	1/4/05
Trade unionist	African man	1/4/05
Peer Educator	African man	8/7/05
Peer Educator	African woman	8/7/05
OHP	African woman	8/7/05
Peer Educator	African man	8/7/05
Peer Educator	African man	8/7/05

Auto Company 2

OHP	White woman	13/5/05
Manager	White man	24/5/05
Peer Educator/Coordinator	African woman	24/5/05
Trade Unionist	African man	24/5/05
Trade Unionist	African man	24/5/05 [11]
Peer Educator Coordinator	African woman	24/5/05
Peer Educator	Coloured woman	3/8/05
Peer Educator	White man	3/8/05
Peer Educator	African man	3/8/05
Peer Educator	African woman	23/8/05
Peer Educator	African man	23/8/05
Peer Educator	African woman	23/8/05
Peer Educator	African man	23/8/05
Peer Educator	African man	23/8/05 [12]
Peer Educator	Coloured woman	23/8/05
Peer Educator	African man	23/8/05
Peer Educator	African man	23/8/05
Peer Educator	African man	23/8/05 [13]
Peer Educator	African woman	23/8/05

Financial Company

Peer Educator/Coordinator	African woman	8/2/05
Trainer	White man	16/2/05
Peer Educator/Coordinator	African woman	1/3/05
Peer Educator	African woman	1/3/05
Peer Educator	African woman	1/3/05
Peer Educator	White man	1/3/05
Peer Educator	African woman	1/3/05
Manager	White man	14/3/05
Trainer	White man	10/6/05
Peer Educator/Coordinator	African man	13/7/05
Peer Educator	African woman	13/7/05
Peer Educator	Coloured woman	13/7/05
Peer Educator	African woman	14/7/05
Peer Educator	White woman	14/7/05
Peer Educator	African woman	14/7/05
Peer Educator	African woman	15/7/05
Peer Educator	White man	15/7/05
Peer Educator/Coordinator	White man	2/8/05
Peer Educator	African woman	2/8/05
Peer Educator	African woman	2/8/05

Peer Educator	Indian woman	2/8/05
Peer Educator	Indian woman	2/8/05
Peer Educator/Coordinator	White man	15/8/05
OHP	White woman	15/8/05
Peer Educator	Coloured woman	15/8/05
Peer Educator	Coloured man	15/8/05
Peer Educator	White woman	15/8/05
Peer Educator	African woman	24/8/05
Peer Educator	White woman	24/8/05
Peer Educator	African woman	24/8/05
Peer Educator/Coordinator	Indian woman	24/8/05

Mining Company

Manager	White woman	11/2/05
Trainer	African woman	8/3/05
Peer Educator Coordinator	African woman	10/3/05
Peer Educator Coordinator	Coloured woman	10/3/05
Peer Educator Coordinator	African man	10/3/05
Trainer	African man	31/3/05
Peer Educator	African man	24/10/05
Peer Educator	White woman	24/10/05
Peer Educator	African man	24/10/05
Peer Educator	African man	24/10/05
Peer Educator	African woman	27/10/05
Peer Educator	African man	27/10/05
Peer Educator	White man	27/10/05
Peer Educator	African man	27/10/05
Peer Educator	White man	31/10/05
Peer Educator	African woman	31/10/05
Peer Educator	African man	31/10/05
Peer Educator	White man	31/10/05
Peer Educator	African man	31/10/05
Peer Educator	White woman	31/10/05

Retail Company

Manager	African man	11/2/05
Trade Unionist	African man	25/2/05
Manager	Black woman	29/3/05
OHP	White woman	5/4/05
Peer Educator	Coloured woman	5/4/05
OHP	African woman	11/4/05
Manager	White man	18/4/05
OHP	White woman	18/4/05
OHP	White woman	18/4/05
OHP	White woman	18/4/05 [14]
Manager	White man	20/4/05
Peer Educator	African woman	19/7/05
Peer Educator	Coloured woman	19/7/05
Peer Educator	African woman	19/7/05
Peer Educator	African woman	19/7/05
Peer Educator	African man	19/7/05
Manager	White woman	16/8/05
Peer Educator	Coloured man	17/8/05

[11] Group interview two trade unionists.
[12] Group interview three peer educators, one woman and two men.
[13] Group interview four peer educators, one woman and three men

Peer Educator	Coloured woman	17/8/05
Peer Educator	Coloured woman	17/8/05
Peer Educator	Coloured man	17/8/05 [15]
Peer Educator	Coloured man	17/8/05
Peer Educator	African woman	22/8/05
Peer Educator	African woman	22/8/05
Peer Educator	African woman	22/8/05
Peer Educator	Coloured woman	22/8/05

Geographical Distribution of Interviews

Province	'Key Players'	Peer Educators
Eastern Cape	4	19
KwaZulu Natal	1	8
Gauteng	19	25
Limpopo	2	10
North West	1	4
Western Cape	2	9

[14] Group interview of three OHPs.
[15] Group interview three peer educators, two women and one man.

Section 18: Acronyms and Terminology Used

Acronyms

AIDS	Acquired Imuno Deficiency Syndrome
HIV	Human Imunodeficiency Virus
OHP	Occupational Health Practitioner
VCT	Voluntary Counselling and Testing

Entry into Peer Education

Elected	By co-workers
Volunteer	Volunteered to be a peer educator
Self starter	Began peer educator activities on their own
Nominated	Asked/told to be a peer educator by a workplace superior

Nature of Peer Educator Activity

Activism

Self-generated (grass-roots) activity characterised by enthusiasm and energy that can, on occasions, compensate for lack of resources and hostile local environments.

Professionalism

A series of steps that formalises peer education in order to focus resources and coordinate activity.

Notes

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